

Effect of Using a Developed Guideline for Staff Nurses Participation in Decision Making and Empowerment on their Organizational Commitment

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Abstract

Background: Employee participation in decision-making now considered a key element in the successful implementation of new management strategies and plays an important role in determining the degree of empowerment and job commitment of the employee as well as their motivation. Aim: the Study aimed to identify the effect of using a Developed Guidelines of staff nurses participation in decision-making and empowerment on their organizational Commitment. Research design: a quasi- experimental research design was used in this study. Setting: This study was carried out at Minia University Hospitals, and Minia general hospital. Sample: 100 staff nurses, working in critical areas, tools: data was collected by using three tools namely I. Decisional involvement scale (DIS) (II), Conditions of Work Effectiveness Questionnaire- (CWEQ), and III. Organizational commitment questionnaire (OCQ). Results: high level of shared decisions, empowerment and low organizational commitment, highly statistical significant positive association between decision-making, empowerment and organizational commitment. Moreover a Highly statistical significant positive association between empowerment and age, experience and between age and commitment, negative statistical significant in dependent predictors of staff nurses scores of the empowerment and University hospital score. Ministry of health hospital(general hospital) has high level of empowerment and commitment while the decision is made by administration only in contrast university hospitals has lower level of empowerment and commitment with administration only decision. Conclusion: high level of shared decisions, lower empowerment and organizational commitment, negative effect using a Developed Guideline of participation in decision-making and empowerment on organizational commitment, Recommendation: Create a unit level DM structures such as shared governance model, unit committees as a strategy for promoting decisional involvement and structural empowerment; create a motivating work environment, keeping open lines of communication.

Keywords: Participation in decision-making, Empowerment and organizational commitment, nurses.

Introduction

Nurses constitute the largest professional group in the health care system and make up about half the total workforce in the health care area. Today there is a greater emphasis on participatory management, otherwise known as employee involvement in decision making, when employees involved in decision making, staff absenteeism is reduced, there's greater organizational commitment, improved performance, reduced turnover and greater job satisfaction. Participation generally defined as a process in which influence is shared among individuals who are otherwise hierarchically unequal (1,2).

Decision-making (D.M) considered as one of the most nurse's important tasks in management and choosing the method of decision-making and be the most important skills of a manager. Unfortunately, participation in decision-making is often restricted and neglected by nursing profession, which leads to increase the level of anxiety and frustration among nurses. Participation in decision making; was considered as maintaining factors for satisfaction of nurses, thus; the low participation rate of nurses in the higher level of the hierarchical system of hospital caused the feeling of disability, D.M is often restricted to chief executives (2).

In recent years management and staff nurses need to become up to date & fashionable through advocating of their employment in various approaches so that they must

know what means by empowerment ;it means that staff nurses employees, & managers, or teams at all levels in the organization have the power to make decisions without asking their superiors for permission and help. It also considered as a key ingredient in achieving the mission, vision, and strategic direction of health care organization (3). Empowerment facilitating organizational commitment, learning and innovation, in order to achieve empowerment, manager must provide the necessary means, such as, delegating more formal authority to make specified decisions, offering increased training opportunities to develop expertise and self -confidence, providing more resources and access to information to be able to implement effective decisions, in addition to that avoiding the sudden withdrawal of shared power at the first sign of trouble(4).

Organizational commitment encourages extra role behaviors among staff nurses in times of decreasing resources such as that facing all sectors of national health care (6,7,8). Hence, utilization of human and non-human resources of hospital and the achievements of hospital goal depends on nurse's commitment and satisfaction, also organizational commitment define as the level of which an employee is faithful to his /her organization (9).

Significance of the study:

Today with the current insufficiency of economic resources and shortage of nursing staff, it is essential for

most of the organization to permit a surface of freedom and involve their employee's in decision making in order to be empowered to performing at a high level to ensure high quality patient care (10,11) Nurses' responsibilities for patient care will increase. As result nurse, need more autonomy and participation in decision No one can deny that presence of a link between shared work setting (participative decision -making) and empowerment that each one leads to the other interrelated and dependable relationships that can end with organizational commitment as an indicator for the organizational effectiveness 3.

Moreover, many measures that organization must take to enhance staff nurse's decisional involvement, empowerment to reach for organizational commitment to identify the opportunities for change and monitor the attainment of target goal, 12.

Participatory decision-making and empowerment have a wide array of organizational benefits and positively have impact on the Job satisfaction, Organizational commitment, Perceived organizational support, Organizational citizenship behavior, Labor-management relations, Job performance and organizational performance, Organizational profits (8)

Research Hypothesis:

Using of a Developed Guideline for staff nurses participation in decision making and empowerment guidelines has a positive effect on organizational commitment among staff nurses

Aim of the study

The aim of the present study was to identify Effect of Using a Developed Guideline of Participation in Decision Making and Empowerment on Organizational Commitment among Staff Nurses in Minia University and General hospital through:

- [1]. Assessing the degree of participation in decision-making, identifying the degree of empowerment and determining the level of organizational commitment among staff nurses that works in each hospital.
- [2]. Using of a Developed Guideline of booklet about participation in decision-making and empowerment.
- [3]. Examine effect of Using of a Developed Guideline of booklet of participation in decision-making and empowerment ason organizational commitment among staff nurses in Minia University and General Hospitals.

Subjects and Methods

Research design:

A quasi-experimental research design was used in this study

Setting:

The study conducted at Minia University hospital and Minia General Hospital in Minia governorate, Egypt.

Subjects:

The subject included all available staff nurses working in critical care units (CCU& ER, NICU and Dialysis unit) in both hospital, during the period of data collection. Total number is 100 nurses in both Hospitals

(Minia University hospital N= 49 staff nurses) and (General Hospital N= 51 staff nurses)

Tools of Data collection:

Three tools were used in this study for data collection

Tool I: Decisional involvement scale (DIS) it was used for collecting the data for this study it consists of two main parts: Part one: this part concerns with data pertaining personal characteristics of the study subjects as age, nursing qualification, years of experience, Part two: this part consists of Decisional involvement scale: it aimed at assessing the degree of staff nurses participation in decision making, It developed by Havens and Vasey (2003)13 and ascertained for its validity and reliability by Hassan. H. M; (2007, 12,); consisted of 22 items, sub grouped under six constructs which described as the following (Unit staffing, Quality of practice, Professional recruitment, Governance and leadership, Collaboration/liaison activities, Quality of support staff practice).

Scoring system: responses were scored under five-point Likert scale ranging from one to five, which 1= totally administrative/ management decision, 2= primary administration/ management with some staff nurses input, 3= equally shared by administrative/ management and staff nurses, 4= primary staff nurses, some administration/ management, and 5= staff nurse only, all component had a positive scoring

The total score of each subscale was calculated by summing up the scores of its items, and the total divided by the number of the items, if the total score were less than 60% considered as low decisional involvement, 60%or more indicated high degree of staff nurses involvement.

Tool II: The Condition of Work Effectiveness Questionnaire-II (CWEQ-II). This tool aimed at assessing the degree of staff nurses empowerment, this tool developed by Laschinger, & Wilk, 1999, 2001)14 a modification of the original CWEQ and translated by El Sayed .W.A, (2008)4. It consisted of 44 statements, divided into four elements (access to information, access to opportunities, access to support, and access to resources). Scoring system: responses were scored under five –point Likert scale that ranging from one to five, which 1= strongly Disagree, 2= Disagree, 3=to some extent, 4=agree and 5= strongly agree. All components had a positive scoring. The total score of each subscale calculated by summing up the scores of its items, and the total divided by the number of the items, these scores were converted into a percent score.

If the total score were less than 60% considered as low structural empowerment, 60%or more considered as high structural empowerment.

Tool III: Structured Organizational Commitment Questionnaire:

Structured Organizational Commitment Questionnaire developed by Meyer & allen1997(15), adopted and translated by Hosni .E.K,(2014) (5) and modified by the researcher, aimed at assessing the level of commitment among staff nurses it consisted of 34 items, Grouped under six categories which described (Feeling experience at work, Identification, Investment, equity, trust, and resistance).

Scoring system: responses were scored under five –point Likert scale that ranging from one to five, which 1= strongly Disagree, 2= Disagree, 3=to some extent,

4=agree and 5= strongly agree. All components had a positive scoring. The total score of each subscale calculated by summing up the scores of its items, and the total divided by the number of the items. These scores were converted into a percent score.

If the total score were less than 60% considered as low organizational commitment, 60% or more considered as high organizational commitment

Tools Validity and reliability

The tools were submitted to a panel of five experts in the field of nursing administration at Minia and Ain Shams University confirmed its validity. Modifications on the tools were done according to the panel judgment in relation to appropriateness of the content and sequence accuracy of items.

Reliability of the tools (I, II, III) were performed to confirm validity of tool and calculated statistically. The internal consistency measured to identify the extent to which the items of each tool measure the same concept and correlate with each other by Cronbach's alpha test were .70, .96 and .97 respectively

Pilot study:

A pilot study was carried out on 10 staff nurses. The aim of the pilot study was to test the feasibility of the study, and finally clarity and applicability of the preliminary tool. It also served to estimate the time required for filling the questionnaire sheets which was 20 minutes. They were included in the main study subjects during the actual collection of data. The process of pilot study took one weeks' (from 15/3 to 21/3) in March 2016.

Ethical consideration:

A written initial approval was obtained from the research ethical committee of the faculty of nursing, Minia University. The researcher introducing herself to the directors and discussed the aim of the study, then met the head nurse of each department, and introducing herself with discussed the aim of the study and determined the suitable time to meet the study participants and collect the data. Nurses were reassured that all information obtained was confidential and would not affect their professional evaluation. Moreover, oral consent was obtained from each participant

before the nurses participate in this study, the nature, the aim, methods, and anticipated benefits of the study was explained. The researcher informed the participation is voluntary and they have rights to withdrawal at any time without giving any reasons.

Data collection procedure:

The official approvals were obtained from medical and nursing administration of Minia university hospital. Prior to collection of data, a formal letter issued from the dean and vice dean of post graduate studies and research at faculty of Nursing, Minia university, and the approval of ethical committee. Submitted to medical and nursing administrations and the heads of the units for obtaining their permission and help to conduct the study. The letters also listed the data needed for the study.

Before distribution of the questionnaire, the research met the participants according to the time which determined by head of each department, introducing herself

and explained the purpose of the study and the components of the tools to the participants in the study setting. Then, the researcher distributed the data collection sheets to respondents individually in their workplace. The filling time for the questionnaire sheet took about 20 minutes. The researchers checked the completeness of each filled form after the participant filled it. Data collection was done during the morning, afternoon, and night shifts two days / week, April, to January 2016-2-17. Two stages of assessment will be done as the following

The first: Pre-test will done to: Assess the degree of participation in decision-making, identifying the degree of empowerment determining the level of organizational commitment among staff nurses that works in Minia University Hospital (CCU& ER), Obstetric &gynecological hospital (NICU), Dialysis Hospital. Minia General Hospital (CCU& ER, NICU and Dialysis unit).

Intermediate stage: Developing of guidelines about participation in decision-making and empowerment booklets through reading topics about participation of decision-making and empowerment and their importance on workplace if handled by a good way from organization, management, supervisors, and unit leaders. This booklet was consisted of introduction about participation of decision-making, empowerment, and their importance and benefits on workplace. Furthermore, it include strategies that used by organization, management, supervisors, and unit leaders for encouragement of a good range of decisional involvement and good degree of empowerment, and finally the staff nurses right for decision –making as the following (Unit staffing, Quality of practice, Professional recruitment, Governance and leadership, Collaboration/liason activities, Quality of support staff practice). The staff nurses right to be empowered through (Access to information, access to opportunities, access to support, and access to resources) and translated into Arabic to match all nursing categories and distributing it among staff nurses in the different hospitals after reviewing from experts and the supervisors.

The second stage (post- test): Assessing the degree of participation in decision making, Identifying the degree of empowerment determining the level of organizational commitment among staff nurses that works at Minia University Hospital after distribution guidelines booklet about participation in decision making and empowerment.

Finally examine the effect participation in decision-making and empowerment guidelines on organizational commitment among staff nurses at Minia University Hospital included (CCU& ER), Obstetric &gynecological hospital (NICU), Dialysis Hospital and Minia General Hospital (CCU& ER, NICU and Dialysis unit).

Statistical design:

Statistical analysis was done by using Statistical Package for the Social Science (SPSS 20.0). Quality control was done at the stages of coding and data entry. Data were presented by using Data were presented using descriptive statistics in the form of frequencies and percentages, mean and standard deviations, ANOVA test Cronbach alpha coefficient was calculated to assess the reliability of the developed tool through their internal consistency. Probability (p-value) is the degree of significance, if it less than 0.05 was considered significance, the more significance is the result (*), less than 0.001 was considered highly

significance (**) and correlation coefficient was done by using Spearman rank

Results

Table (1): distribution of nurses according to personal and socio demographic data of the studied sample N=100

	Frequency	Percent
Age:		
20<25	26	26.0
25<30	28	28.0
30<35	26	26.0
35+	20	20.0
Nursing qualification:		
Nursing school diploma	55	55.0
Technical institute diploma	28	28.0
Bachelor	17	17.0
Experience years:		
<10	42	42.0
10+	58	58.0

Table 1, showed that the slightly more than half of study subject had diploma degree as related to nursing qualification, and nearly two-third were (25 < 30 yrs.' Old) (28%), as regards to age group. Also the same table showed that slightly more than half percent of nurses had more than 10 years of experience (58%), as regards the experience years.

Table 2: Involvement in decision-making as reported by nurses before and after guidelines, N=100

Involvement In Decision-making	Time				X ² test	p-value
	Before fore		After			
	No.	%	No.	%		
Unit staffing:						
Shared	3	3.0	0	0.0	Fisher	0.25
Administration only	97	97.0	100	100.0		
Quality of Professional Staff Practice						
Shared	95	95.0	98	98.0	Fisher	0.44
Administration only	5	5.0	2	2.0		
Professional Recruitment:						
Shared	99	99.0	99	99.0	Fisher	1.00
Administration only	1	1.0	1	1.0		
Unit Governance/Leadership:						
Shared	78	78.0	90	90.0	5.36	0.02
Administration only	22	22.0	10	10.0		
Collaboration/ Liaison activities:						
Shared	89	89.0	99	99.0	8.87	0.003*
Administration only	11	11.0	1	1.0		
Quality of Support Staff Practice:						
Shared	37	69.8	16	16.0	11.32	0.001*
Administration only	63	63.0	84	84.0		
Total decision-making:						
Shared	86	86.0	94	94.0	3.56	0.06
Administration only	14	14.0	6	6.0		

(*) Statistically significant at p<0.05

Table 2, shows that highly percentage of shared decision between administration and staff nurses, with a statistical improvement after using guidelines for most of subscale of decisional Involvement except the decision regards to unit staffing, Quality of professional staff practice was administration only decision. Moreover, there were a statistical significant differences improvement related to collaboration activities (p-value=0.003), Moreover as regards quality of support staff practice there were statistical significant differences not improvement (p-value=0.001) after guidelines that indicated a negative effect).

Table (3): Empowerment among nurses before and after guidelines, N=100

Empowerment	Time				X ² test	p-value
	Before		After			
	No.	%	No.	%		
Access to information:						
High	70	70.0	41	41.0	17.03	<0.001*
Low	30	30.0	59	59.0		
Access to opportunities:						
High	57	57.0	31	31.0	13.72	<0.001*
Low	43	43.0	69	69.0		
Access to support:						
High	39	39.0	36	36.0	0.19	0.66
Low	61	61.0	64	64.0		
Access to resources:						
High	18	18.0	15	15.0	0.33	0.57
Low	82	82.0	85	85.0		
Total empowerment:						
High	53	53.0	30	30.0	10.89	0.001*
Low	47	47.0	70	70.0		

(*) Statistically significant at p<0.05

Table 3 indicates that lower empowerment level in highly percent post guidelines, with a statistical differences not improvement in all empowerment sub scale in access to information(p-value=<0.001) , Access to opportunities(P-value =<0.001) (negative effect), in addition presence of a statistical significant differences not improvement as regards to total empowerment score(p-value = <0.001) .

Table 4: organizational commitment among staff nurses before and after the guidelines, N=100

Commitment	Time				X ² test	p-value
	Before		After			
	No.	%	No.	%		
Feeling experience at work:						
High	52	52.0	44	44.0	1.28	0.26
Low	48	48.0	56	56.0		
Identification:						
High	47	47.0	40	40.0	1.00	0.32
Low	53	53.0	60	60.0		
Equity:						
High	39	39.0	55	55.0	5.14	0.02*
Low	61	61.0	45	45.0		
Investment:						
High	36	36.0	59	59.0	10.61	0.001*
Low	64	64.0	41	41.0		
Trust:						
High	56	56.0	44	44.0	2.88	0.09
Low	44	44.0	56	56.0		
Resistance:						
High	56	56.0	67	67.0	2.56	0.11
Low	44	44.0	33	33.0		
Total commitment:						
High	48	48.0	39	39.0	1.65	0.20
Low	52	52.0	61	61.0		

(*) Statistically significant at p<0.05

Table 4, demonstrates that lowered organizational commitment levels, with statistical differences not improvement after distribution of guidelines, except in job equity (p-value=0.02) and investment (P-value=0.001) there were a statistical significant differences improvement after guidelines in all commitment factors

Discussion

The current study illustrates that nearly two-third of nurse’s age between 25< 30 yrs.' Old (28%), as regards to the nursing qualifications more than half of staff nurses had diploma degree which considered as the broad base of the work force for both hospitals (55%), and highly percentage was had years of experience more than 10 years. more than

half of nurses had more than 10 years of experience (58%), as regards the experience years.

The result of the present study clarify that the highest percentage of shared decision as reported by staff nurses, these results was consistent with Hassan (2007) (12), which had reported high percentage of decisional involvement in all subscale of DI. Moreover, Havens & Vasey (2005) 16) and Ahmed &Safadi (2013) 17 reported

that nurses working in governmental hospitals had more decisional involvement than nurses working in private hospitals as related to all subscale of DI. The results of the present study was consistent with Muinds (2011) & Fedai, (2010) 1, 18; Shariff(2015) 19 that reported participative decision making for all aspects of decisional involvement and consequently high level of empowerment, satisfaction and commitment that supported the present study hypothesis. On the other hand, this results was contradicting with Bhuiyah,(2010); 20 who reported a lowered worker decision making for all items of DI on behalf of nurses and highest one centered at the top level (autocratic leadership style) and , El demerdash. S.M, et.al (. 2016) 21 study that reported low level of actual decision-making.

The result of the present study as related to participation in decision making affected by distribution of guidelines because of the sensitivity to the political state of our country, any discussion about the rights for nurses cause many problem and may leads to provoking of the problems as (striking), Problems aroused when distribution of decisional involvement and empowerment booklets among nurses hospital consider this as a provoking agent for nurses against the hospital, all of the hospital directors of the two hospitals consider the change as a political criticism for the hospital authority .

the agreement contain many constrictions as assign officially person that jointing me in the individual interview that cause the negative effect on nurses response towards the study topics. Many factors interfere with the results as in general hospital there is a good working condition a well-balanced salaries that it all that meets the staff nurses initial needs and not mindedly occupied with anything else, Feeling of unsecure from nurses if they taking freely (leaving work, or termination).

As related to empowerment; lower empowerment level in access to resources and access to support, and opportunity, in contrast, high level of empowerment in access to information and with a statistical differences at $p\text{-value} < 0.001$. In addition presence of a statistical significant differences as regards to total empowerment high score ($p\text{-value} = < 0.001$) that not consistent with the study of El Said,(2009) 22; and Kacel & miller(2005) 23 who had founded that nurses perceived themselves to be moderately empowered, motivated thus, also supported by Nancy- Jane smith(2014)24.

On the contrary, the present study findings is not consistent with the study of Cynthial Willis (2015) 25 that indicated a higher structural empowerment and higher satisfaction in all subscale of empowerment that explained by good working conditions as regard to access to information(open lines of communication through meeting and conferences, good chances for upgrading and promotions as an access to opportunities, presence of sufficient resources and good achievement of workplace equity and means of job investment, but In the present study with the current insufficiency of economic resources and shortage of nursing staff, it is essential for most of the organization to permit a surface of freedom and involved their employee's in decision making in order to be empowered to performing at a high level to ensure high quality patient care.

consequently, lower organizational commitment with a statistical significant differences related to equity and job investment except in feeling of experience at work, trust and resistance among nurses. The present study revealed

low satisfaction with the fringe benefits thus consistent with Ahmed (2011) & Ibrahiem (2009) 26,27, that indicated dissatisfaction with salary, moreover the finding of the present study was consisted to the study of Muindi, (2011) 1 that reported high level of nursing satisfaction as a determinant of commitment that was relating to DI. In agreement with the positive side of present study that explained the effect of DI, empowerment on organizational commitment. In addition, participatory environment's organization plays an important role in improvement of structural and psychological empowerment by feeling of their employee importance, which the most significant factors in increasing organizational commitment as a determinant for satisfaction. Laschinger & Heather (2009) 28, reported that unit leader style and empowerment had a direct effect on organizational commitment.

Furthermore, the study of Yang, et. Al (2013) 29 supported the present study hypothesis, and noted higher empowerment among the Chinese nurses facilitate the professional practice environment and commitment, in other words empowering work environment that supports the professional practice have been positively related to nurses outcome , . In the other side, higher turnover rate was highly associated to lower commitment.

The finding of the present study was agreed to the result of Carmann, &Tobin, (2011) 8 that lack of decisional involvement in work setting, and lack of empowerment that manifested by lower satisfaction and commitment of the organization.

The finding of the present study accorded to the study of khan &Jan. (2015) 9 reported that Pakistanian nurses was mildly satisfied and mildly committed to their hospitals Moreover, the study of Bushell, (2013) 30 reported that empowering work environment consequently positively affect commitment, a healthy empowering environment nurses have access opportunities, resources, information and support. on the other side present study is contradicting with Hosni(2014) 5 that revealed lower empowerment among nurses in Assuit university hospitals while organizational commitment was high, in addition to the study of Lee, et, al, (2011) 31 reported strong loyalty to hospital among Malaysian nurses.

The results of the present study was contradicting to Mohamadean, (2017) 32 study of factors affecting nurses organizational commitment at workplace which revealed high organizational commitment

The study hypothesis was not supported by Moursi,(2007) and El leithy,(2011) 33,34 concluded that committed employee are more likely to engage in and more consistently than un committed employee, committed one have a high level of participation, remain with the organization for longer period, highly involved and exerted more effort on behalf of the organization. When employee experienced identification, trust, investment, and equity at their work commitment was increased. This study is supported by Mahmoud, (2012) 35 reported that empowerment is an important antecedent of organizational commitment among nurses

Moreover, lowered commitment among staff nurses in the present study that explained by the availability of work and many chances in private organization as a good alternative, along with shortage in nursing personnel. in this case the cost of leaving is not very high that resulted in

lower commitment, intention to leave the organization, this is accorded to a study among Taiwanese nurses reported that continuous commitment was a significant positive predictor of their retention in nursing profession (Chang et al, 2015) 36. The present study finding revealed positive relationship between DI, and commitment, moreover, there is highly statistical significant positive relation between empowerment and commitment as a result there were highly statistical significant positive correlation between decision-making, empowerment and organizational commitment thus was consistent with the finding of Hassan,(2007) 1 that presented a positive statistically significant correlation between nurses decisional involvement and empowerment, and commitment as predictors for job satisfaction and showed that staff nurses who feel happy with their work environment perceived significantly greater level of involvement, more empowered, and more committed to the organization.

El Sayed (2008) 4 was clarified that if the manager have access to resources, information, support, and opportunity he will likely to share his power with their employees. Moreover, the finding of the present study was consisted to the study of Muindi, (2011) 1 that reported high level of nursing satisfaction as a determinant of commitment that was relating to DI. In agreement with the positive side of present study that explained the effect of DI, empowerment on organizational commitment.

The finding of the present study was agreed to the result of Carmann, &Tobin,(2011) 8 revealed that the main effect of organizational conflict was on commitment, conflict can result from lack of DI in work setting, and lack of empowerment that manifested by lower satisfaction and commitment of the organization. In addition, the study of Brunetto et al, (2012) 37 who indicated that nurses who participated in nursing policy was satisfied with policy and practice was slightly and committed. The finding of the present study accorded to the study of Khan & Jan. (2015) 9 reported that Pakistani nurses was mildly satisfied and mildly committed to their hospitals. Moreover, the study of Bushell, (2013) 30 reported that empowering work environment consequently positively affect commitment, a healthy empowering environment nurses have access opportunities, resources, information and support.

The finding of the present study is contradicting with Hosni(2014) 5 that revealed lower level of empowerment among nurses in Assuit university hospitals while organizational commitment was high, also she consider empowerment as an important predictor of organizational commitment among staff nurses population. In this respect result of the present study accorded to Abdu, (2011) & Hunsaker, (2005) 3, 38 who noted a positive relation between DM, empowerment, and organizational commitment, as the feeling of empowerment were predictive of reported levels of burnout. Fostering environment can enhance nurse's perception of empowerment through effective ways of preventing stress among nurses, mentioned that nurses, who are more secure, more adapted in the organization that they work, become more motivated through participative decision-making as well as more empowered and usually intensify their effort to become more committed to a goal.

Conclusion:

Based on the finding of this current study, it was concluded that:

The present study finding indicated that high percentage of shared decision between administration and staff nurses, for all subscale of decisional involvement, low level of empowerment and commitment because of the negative effect of using a developed guideline of staff nurses participation in decision-making and empowerment.

Recommendations:

Based on results of the present study the following can be recommended:

- Create a unit level DM structures such as shared governance model, unit committees as a strategy for promoting decisional involvement and structural empowerment;
- Create a motivating work environment, keeping open lines of communication through periodical staff meeting, seeking opinion, and treating them with respect.
- Further researches are required to investigate factors that may affect decisional involvement, and identify barriers that eliminate successful sharing in decision-making at all levels of organization structures, providing necessary resources.

References

1. Nooritajer M, Mahfozpour S. Evaluating The Participation Level Of Managers (Head-Nurses) In Decision-Making And Its Relation To Their Satisfaction With Participative In The Educational Hospitals Of Iumshs (Iran University Of Medical Sciences And Health Services). *World Applied Sciences Journal*. 2008; 3(4): 603-608.
2. Muindi Fk: The Relationship Between Participation In Decision Making And Job Satisfaction Among Academic Staff In The School Of Business, University Of Nairobi, *Journal Of Human Resources Management Research* 2011, Vo. I, Ibima Publishing, 2011.
3. Abdu. S.M,: Assess Stress And Empowerment Among Nurses Interns During The Internship Year At Mansoura University Hospital, Un Published Master Theses, Faculty Of Nursing, 2011 Zagazig University
4. El Sayed W: A Motivating Work Factors And Empowerment Among Staff Nurses At Mansoura University Hospital, Master Degree Thesis, Faculty Of Nursing, (2008); Ain Shams University, Empowerment Questionnaire(Conditions Of Work Effectiveness Questionnaire- (Cweq-Ii), Pp. 128.
5. Hosni .E.K, Effect of Workplace Civility and Empowerment on Newly Graduated Nurses Organizational Commitment at Hospitals in Assiut City, Doctorate Thesis (2014); In *Nursing Administration*, Pp.6faculty of nursing Assiut university.
6. Abdullallah And Ramy M, I : Antecedents Of Organizational Commitment Of Banking Sector Employees In Pakistan, *Serbian Journal Of Management*; 2012: 7(1): 89-100

7. Rubel M. R.B, &Kee D. M. H, Perceived Fairness Of Performance Appraisal, Promotion Opportunity And Nurses Turnover Intention: The Role Of Organizational Commitment. *Asian Social Science*; 2015; 11(9).
8. Mary.B.Carman-Tobin ,Organizational Commitment Among Licensed Practical Nurses: Exploring Associations With Empowerment, Conflict And Trust University Of Iowa, Iow A Research Online These Sand Dissertations.,, 2011,
9. Khan A,&Jan F,: The Study Of Organizational Commitment And Job Satisfaction Among Hospital Nurses: A Survey Of District Hospitals Of Dera. *Global Journal Of Management And Business Research*, Gomal University, Pakistan, Online Issn: 2249- 5488& Print Issn: 0975-5853,2015
10. Lautzi M, & Laschinger,H, , Workplace Empowerment, Job Satisfaction And Job Stress Among Italian Mental Health Nurses : An Exploratory Study At Sandra *Journal Of Nursing* 2009.; Vol 17(4): 411-518
11. Lucas V., Spence. Laschinger H. K, And Wong Ca., Impact Of Emotional Intelligent Leadership On Staff Nurses Empowerment: The Moderating Effect Of Span Of Control. *Journal of Nursing Management*, 2008; 16(8)964-73.
12. Hassan H. M, Involvement Of Staff Nurses In Decision-Making And Its Effects On Their Job Satisfaction In Different Units At Menoufyia University Hospital, Unpublished Master Thesis In Nursing Administration (2007,) Faculty Of Nursing, Ain Shams University.
13. Havens Ds, Vasey J. Measuring Staff Nurse Decisional Involvement: The Decisional Involvement Scale. *Journal Of Nursing Administration (Jona)*.2003; 33(6): 331-336
14. Laschinger & Wilk, 1999, 2001), In El Sayed W. A,(2008); *Motivating Work Factors And Empowerment Among Staff Nurses At Mansoura University Hospital*, Master Degree Thesis, Faculty Of Nursing, Ain Shams University, Empowerment Questionnaire(Conditions Of Work Effectiveness Questionnaire- (Cweq-Ii), Pp. 128.
15. Meyer and Allen, (1997); Reference in Hosni .E.K, (2014); *Effect of Workplace Civility and Empowerment on Newly Graduated Nurses Organizational Commitment at Hospitals in Assiut City*, Doctorate Thesis in Nursing Administration, Pp.6.
16. Havens Ds, Vasey J. The Staff Nurse Decisional Involvement Scale Report of Psychometric Assessments. *Journal of Nursing Research* Nov and December 2005, Vol. (54), No (6), Copy Right Lippincott.2005.
17. Ahmed M. Z. 1, Safadi E. G,: *Decisional Involvement Among Nurses: Governmental Versus Private Hospitals* ,*Health Science Journal* Volume 7 (2013),Issue 1 2published By Department Of Nursing A , Technological Educational Institute Of Athens E-Issn:1791-809x | Hsj.Gr P
18. Fedai. M, and Demir. Y.: *The Impact of Structural and Psychological Empowerment on Burnout: A Research on Staff Nurses in Turkish State Hospitals*, *Canadian Social Science* Vol. 6, No.4, 2010, Pp: 63: 72. Available At [Www. Cs Canada Net](http://www.CsCanadaNet.com), [Www. Cs Canada Org](http://www.CsCanadaOrg.com).
19. Shariff N.J *Empowerment Model for Nurse Leaders' Participation in Health Policy Development: An East African Perspective*. *Bmc Nursing*. 2015; 14(31). Available At: [Http://Ecommons.Aku.Edu/Eastafrica_Fhs_Sonam/39](http://Ecommons.Aku.Edu/Eastafrica_Fhs_Sonam/39).
20. Bhuiyan. A.H, Md *Employee Participation In Decision Making In Rmg Sector Of Bangladesh: Correlation With Motivation And Performance*, Vol.V, Issue, 02, July December2010.
21. Eldemerdash. S. M, & Kobied H., the Influence of Empowerment on Nurses Participation in Decision-Making. *Iosr Journal of Nursing and Health Science*. Vol. 5, Issue 5 Ver: Vii, Sept, October, 2016, Pp: 66-72.
22. El Said E., *Organizational Climate Versus Commitment Among Nursing Work In Tanta University Hospital*, Unpublished Master Thesis, Faculty Of Nursing Ain Shams University 2009, Pp: 21.
23. Kacel B, Miller, M: *Measurement Of Nurse Practionner Job Satisfaction In A Mid-Western State*, *Journal Of The American Academy*2005; 17(1): 27.
24. Smith Nj: *Associate Head Nursing And Change: Is It Time To Revisit Empowerment*, *International Journal Of Nursing Sciences*, 2014 Vol. 1, Issue2, June, Pp: 134-136.
25. Willis. C: *Evaluation of Empowerment Levels of the Cleveland Clinlc Nurse*, Walden Dissertation and Doctoral Studies, 2015. Walden Unive Dissertation Rsity, Scholar Works, College Of Health Science. [Http:// Scholar Works, Walden. U. Edu/](http://ScholarWorks.Walden.U.Edu/)
26. Ahmed, T. And Riaz, A.: *Factors Affecting Turnover Intentions Of Doctors In Public Sectoromedical Colleges And Hospitals*, *Interdisciplinary Journal In Research In Business*, 2011; (10):57-59.
27. Ibraheim H. M.;*Relationship Between Nurses Job Satisfaction And Quality Of Their Performance In Abu-Kabier General Hospital*. Master Thesis, Faculty Of Nursing , Zagazig University, Egypt, 2009; 86.
28. Laschinger, H., Finegan, J., & Wilk, P., 2009. *Context Matters: The Impact of Unit Leadership and Empowerment on Nurses' Organizational Commitment*. *Journal Of Nursing Administration*, 39, 228-235
29. Yang, J., Liu, Y., Huang, C., Zhu, L., 2013. *Impact of Empowerment on Professional Practice Environments and Organizational Commitment among Nurses: A Structural Equation Approach*. *International Journal of Nusing Practice*, February 2013 &2016. Vol 19 (S1), 44–55.
30. Bushell P:*New Graduate Nurses Structural Empowerment And Their Experience Of Co-Worker Incivility And Burnout*, April, 2013, University Of Westren Ontario, Westren University Scholarship @ Westren, Electronic Thesis And Dissertation Repository : [Http:// Ir. Lib. Uwo.Ca/ Etd](http://Ir.Lib.Uwo.Ca/Etd)

31. Lee S., P., Chitpakdee B., And Chontawan R.: Factors Predicting Organizational Commitment Among Nurses I State Hospitals, Malaysia ,2011: Vol. 10 , No., 2, Faculty Of Nursing, International Islamic University Of Malaysia (Iium), P. 21-22.
32. Mohamadean A.,S, : Study Of Factors Affecting Nurses Organizational Commitment At Work Master Degree Thesis, Faculty Of Nursing , Ain Shams University ,Pp115. 2017 .
33. Moursi. R. A., The Relationship Between Leadership Behaviour Of Head Nurses And Nurses Organizational Commitment Master Theses In Nursing Sciences, Faculty Of Nursing , University Of Alexandria.2007 Pp: 15: 22.
34. El Leithy.H: The Relationship Between Conscientiousness And Professional Work Autonomy And Nursing Staff Organizational Commitment, Master Theses In Nursing Sciences, Faculty Of Nursing, University Of Alexandria.2011 Pp: 15: 22.
35. Mahmoud. A. M., The Relation Among Work Empowerment, Organizational Justice, Respect, And Trust In Nursing Management And Its Association With Nurses Job Satisfaction And Organizational Commitment, Master Theses In Nursing Sciences, 2012. Faculty of Nursing, University Of Alexandria. Pp: 28-35.
36. Chang H. Y, Shyu Y. I, Wong M. K, Friesner D., Chu T. L. And Teng C, I,: Which Aspects Of Professional Commitment Can Effectively Retain Nurses In The Nursing Profession? Journal of Nursing Scholars. 2015 47(5): 468- 76.
37. Brunetto, Y. Wharton R: Communication, Training, Wellbeing, and Commitment across Nurse Generations, Elsevier, Nursing Outlook, Sciencedirect. Aavailable Online At [Www.Sdiencedirect. Com](http://Www.Sdiencedirect.Com) / [Www. Nursing Outlook. Org](http://Www.NursingOutlook.Org). 2012
38. Hunsaker, Ph., Management Skill Approach, 2nd Ed., Pearson Education, Inc. United States of America2005. Pp: 441-457.