Registered Nurses' Perception Regarding Shared Governance and Its Relation to their Job Satisfaction

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Abstract

Background: In today`s complex nursing care setting. Nurses leave their jobs in search of healthier work settings and job satisfaction. Shared governance has been revealed to increase nurses' satisfaction, reduce nurses' turnover, and positively impact outcomes. **Aim**: The study aimed to assess registered nurses' perception regarding shared governance and its relation to their job satisfaction. **Subjects and Method: Design**: Descriptive correlational design was operated. **Setting**: The study was conducted at EL-Mahalla General Hospital which affiliated to Egyptian Ministry of Health and Population. **Subjects**: The sample consists of all (419) Registered nurses employed at the above-mentioned setting. **Two tools**: (1) Registered nurses' perception regarding shared governance questionnaire sheet and (2) Registered nurses` Job satisfaction questionnaire. **Results:** The present study concluded that, registered nurses at EL-Mahalla General Hospital showed traditional perception of shared governance and its dimensions, except for goals, nursing personal and information dimensions of shared governance they perceived shared level. Also, they showed totally low level of job satisfaction and its dimensions except communication and coworkers' dimension the had moderate and high level. **Conclusion:** There was a significant positive correlation between total registered nurses` perception of shared governance and their total perception of job satisfaction. It was recommended that top management at EL-Mahalla General Hospital need to develop policies that enable registered nurses to improve working environment and promote nursing governance through providing nurses with equal opportunities for education and training on nursing governance practices.

Keywords: Job satisfaction., Perception, Registered nurses, Relation, Shared governance.

Introduction

Generating a shared governance culture in hospitals allows nurses to be vigorously involved with administration in decision manipulating practice and enhance decentralization, which will lead to making the organizational structure and professional practice more complementary and will ensure that registered nurses are involved in decisions regarding their practice [1-3]. Shared governance is defined as "a decentralized approach which gives nurses greater authority and control over their practice and work setting, produces a sense of responsibility and accountability, and allows active sharing in the decision-making process, mainly in the administrative area from which they were previously excluded [4-6]

Applying for a shared governance context advances the delivery of quality of care, promotes collaborative relations between healthcare professionals, improves their quality of care and global clinical effectiveness, increases registered nurses' confidence, assists them to develop personal and professional skills, and increases their professional profile, which leads to improve communication, facilitates expansion of new knowledge and skills, increases professionalism and accountability, increases direction and focus, and decreases duplication of effort. Moreover, it increases registered nurses' satisfaction and decreases nurses' turnover [7,8].

Shared governance includes four types of models namely; unit-based governance, which generally refers to governance derived from a nursing unit; councilor governance, which refers to decisions made by hospital-wide nurse councils; administrative governance, which considers executive rule as leadership for smaller nurse councils; and congressional governance, which considers that all nursing staff work to form cabinets responsible for guiding practice [9,10].

Hess (1998) designed the Index of Professional Nursing Governance (IPNG) to measure the perception of nurses concerning the governance status of the hospital from traditional, to share, and self-governance [11,12]. It included six main dimensions as follows control over practice, influence over resources, control over personnel, participation in committee structures, access to information, and the ability to set goals) [13]. Shared governance has been proposed as essential to produce many positive outcomes in a variety of settings as increasing nurses' perceptions of opportunities for professional growth, and promotion, improving quality patient care, containing costs, retaining nursing staff, and increasing nurse satisfaction [14,15].

Job satisfaction is another important technique used to motivate nurses to work harder. It has often been said that "A happy nurse is a productive one [16]." A happy nurse is generally satisfied with their jobs. Job satisfaction is very important because most people spend a major portion of their lives at their working place [17]. Moreover, job satisfaction has an impact on the general well-being of nurses. A highly satisfied nurse has better physical and mental well-being [18,19]. In simple words, job satisfaction can be defined as the extent of positive feelings or attitudes that individuals have towards their jobs [20,21].

Nurses' job satisfaction is a multidimensional occurrence affected by many variables. They can be divided into intrinsic and extrinsic variables. Extrinsic factors include perceptible aspects of the work, such as pay, benefits, working conditions, and resources, whereas intrinsic factors include personal achievement, sense of accomplishment, and prestige [19,20] the achievement of a high level of job satisfaction is recommended to provide a high-quality health care system and high efficiency and productivity of human resources [21,22].

Significance of study:

The healthcare system has been traditionally mechanistic and hierarchical. Registered nurses suffer from frustration and a lack of participation in either management or care decisions, which leads to a lack of self-esteem and job satisfaction. Registered nurses are creative

and need to be in the middle of making decisions in healthcare organizations. Shared governance creates a more positive and productive atmosphere for registered nurses and provides better quality outcomes for patients.

Nursing shared governance has been widely used to empower nurses in practice settings for decades. Also, improving the empowerment of staff nurses may help in bringing about a positive change in the healthcare system, as affects nurses' work satisfaction levels, improves retention of nurses, and quality of patient care. As well as acceptance and implementation of shared governance resulted in increasing nurses' satisfaction, and perceptions of opportunities for professional growth, promotion, and enhanced patient outcomes in many healthcare organizations.

Registered nurses' are licensed by the state in which they are employed. Duties of registered nurses vary depending upon where they work but often include providing direct care to patients, assisting physicians in medical procedures, offering guidance to family members, leading public health education campaigns, and operate medical monitoring equipment and administer medications. With concentrated training or certifications, registered nurses can focus on specialty as geriatric, pediatric and neonatal care.

Aim of the study

Assess the registered nurses' perception regarding shared governance and its relation to their job satisfaction.

Research questions:

1-What are the perceptions levels of shared governance of registered nurses?

2-What are the levels of job satisfaction of registered nurses?

3- What is the relation between registered nurses' perception regarding

shared governance and their job satisfaction?

Subjects and Method

Study Design:

A descriptive –correlational design study was used in the present study.

Setting:

The study was conducted at EL-Mahalla General Hospital which affiliated to Egyptian Ministry of Health and Population. It includes different departments as intensive care units, inpatient departments, and others. The bed capacity is 100 and there are 600 registered nurses.

Subject:s

The present study sample consists of all (419) registered nurses who are employed at the above-mentioned setting.

Tools:

The following tools were operated to attain the aim of this study.

Tool1: Registered nurses' perception regarding shared governance questionnaire.

This tool was developed by Hess (1998) [14] and reused by Cohen (2015) [7] This tool was adopted by the researcher to assess nurses' perception of shared governance.

The tool was consisting of two parts as follow:

Part one: Personal data of registered nurses was included items related to (sex, age, educational level, years of experience and department).

Part two: Index of Professional Nursing Governance (IPNG). It was developed by **Hess (1998)** to assess registered nurses' perceptions about who governs and controls over nursing practice in their

professional environment. It includes 86-questions measuring the perceptions of shared governance on a continuum from traditional, to shared, and to self-governance. IPNG measures six dimensions of governance including: Nursing personnel (26) items, Information (15) items, Resources (9) items, Participation (14) items, Practice (12) items, Goals (10) items.

Scoring system:

Registered nurses' responses were based on a 5-point Likert-like response scale. Ranging from 1-5 including 1= nursing management/ administration only, 2= primarily nursing management/ administration with some staff nurse input, 3= equally shared by staff nurses and nursing management/ administration, 4= primarily staff nurses with some nursing management/administration, and 5= staff nurses only.

Classification of professional nursing governance:

a) 1 and 2 indicate decision-making dominated by management/administration.

b) Scores higher than 3 indicate more staff nurse participation in decision making.

c) The IPNG range of total scores reflecting a traditional (management) decision making environment is from 86 - 172.

d) An environment which utilizes shared decision making between nurses and management would have an IPNG range of 173 - 344.

e) If nurses are the decision-making group, IPNG range would be from 345- 430.

**Tool 2: Registered Nurses` Job satisfaction questionnaire tool.** This tool was developed by Alnems (2005) and reused by EL sayad (2016) and it was modified by the researcher. It includes 36 items to assess registered nurses`

satisfaction. It is consisting of nine dimensions as follow: supervision (4) items, promotion (4) items, contingent reward (5) items, operating procedure (5) items, coworkers (3) items, nature of work (5) items, communication: (4) items, payment (3) items, and benefits (3) items.

Scoring system:

Registered nurses` responses were rated on a 5-points Likert Scale ranging from "strongly disagree (1) to strongly agree (5)". Reversed questions were numbers 2, 3, 5, 10, 12, 14, 16, 17, 18, 20, 23, 24, 26, 28, 29, 30, 32 & 34. A total score of 160 was allocated for the items of questionnaire according to nurses' responses, they were classified into three levels as follow:

– High level of job satisfaction ≥75%

– Moderate level of job satisfaction 60 <75%.

– Low level of job satisfaction< 60%

Method

1- An official permission was obtained from the Dean of Faculty of Nursing and the authoritative personal that was submitted to the previously mentioned setting.

2-Ethical considerations:

a. An approval was obtained from the Scientific Research Ethics Committee before conducting the study. (Insert code number if it is available).

b. Nature of the study was not causing harm to the entire sample.

c. Informed consent was be obtained from the study's participants after explanation of the study's aim.

d. Confidentiality and anonymity was maintained regarding data collection and the participants have right to withdrawal.

3-The study tools were tested for their content validity by a panel of five experts

in the field of nursing administration. The experts' response was reported in four points scale ranging from strongly reliable =4 to not reliable =1. The validity of tool I was 98.89% and tool II was 99.9%. The five experts were: Two assistant professors of Nursing Administration in Faculty of Nursing at Tanta University, and three assistant professors of Nursing Administration in Faculty of Nursing, at Mansoura University.

1-A pilot study was carried out after the development of the tools and before starting the actual data collection It was carried out on a sample of registered nurses (10% of total 419 was 42). The aim of the pilot study was to test the sequence of items, clarity, applicability, and relevance of the questions. The time needed to complete the questionnaire ranged between 20-30 minutes.

2-**Tool I:** Registered nurses' perception regarding shared governance questionnaire and **tool II:** Registered nurses' job satisfaction questionnaire were tested for their reliability by Cronbach Alpha coefficient factors to measure the internal consistency of the items. The tool 1: Registered nurses' perception regarding shared governance were reliable (Cronbach Alpha coefficient) was 0.941 and tool 2 nurses' job satisfaction questionnaire and their subscales were reliable (Cronbach Alpha coefficient) was 0.920.

Results

Table (1): Illustrates percentage distribution of registered nurses according to their personal data. The table shows that registered nurses' ages ranged from 22 to 24 years old with a mean age (29.40 ± 3.74). 79.5% of registered nurses were in age group 25-<35, and 11.7% of them were in age group ≥35. High percent

(70.4%) of registered nurses were married. All (100%) of them had Bachelor of Science in Nursing. The majority (88.1%) of registered nurses were females, while 11.9% of them were males' registered nurses.

The table revealed that 39.4% of registered nurses had 5 to less than 10 years of experience, followed by 37.5% of them had less than 5 years of experience with a mean 6.23± 3.89. More than fifty percent (58.7%) of registered nurses worked in inpatient departments, 36.5% worked in intensive care units, and 4.8% worked in other departments as central sterilization, insulation and natural therapy.

Table (2): Explains registered nurses' perception levels of shared governance. It was observed that, as total more than sixty percent (67.3%) of registered nurses` perceived traditional governance level, while the lowest percent (32.7%) of registered nurses` perceived shared governance level. The majorities (90.9%, 90.0%) and high percent (71.6%) of registered nurses` perceived traditional governance level in practice, resources, and participation dimensions of shared governance respectively. More than half (61.8%, 57.3% and 51.3%) of registered nurses` perceived shared level in goals, nursing personal and information dimensions of shared governance.

Table (3): Shows mean scores of the registered nurses` perception of shared governance. The total mean scores of registered nurses` perception of shared governance was 162.99±36.30 with median 159.0% that falls within the range of organizations that are traditional governed which ranged from 86 to 172. All mean scores of registered nurses` perception of shared governance ranged

from 18.72±5.14 to 48.38±12.50 in goals, resources, practice, participation, information, and nursing personnel dimension.

Table (4): Illustrates correlation between registered nurses` perception of shared governance and their job satisfaction, the table showed that there was significant positive correlation between total registered nurses` perception of shared governance and their total perception of job satisfaction at p ≤ 0.05. Also, the table showed that their positive significant correlation between registered nurses` perception of supervision, communication, and fringe benefits with all shared governance dimensions at r= 0.356, p ≤ 0.05.   While there is no correlation between registered nurses` perception of promotion, contingent reward, operating procedures and payment with information dimensions of shared governance at p ≤ 0.05.

Table (1): Percentage distribution of registered nurses according to their personal data (n=419)

Personal data	No	%
Sex		
Male	50	11.9
Female	369	88.1
Social status		
Single	123	29.4
Married	295	70.4
Divorced	1	0.2
Age (years)		
<25	37	8.8
25–<35	333	79.5
≥35	49	11.7
Min. – Max.	22.0 – 42.0	
Mean ± SD.	29.40 ± 3.74	
Median	30.0	
Scientific qualification		
Bachelor of Science in Nursing	419	100.0
Years of experience		
<5	157	37.5
5–<10	165	39.4
≥10	97	23.2
Min. – Max.	0.17 – 20.0	
Mean ± SD.	6.23 ± 3.89	
Median	6.0	
Department		
Inpatient	246	58.7
Intensive	153	36.5
Others	20	4.8

Table (2): Registered nurses` perception levels of shared governance (n = 419)

Shared governance Dimensions	Registered nurses (419)					
	Traditional		Shared		Self-governance	
	No	%	No	%	No	%
Nursing personal	177	42.2	240	57.3	2	0.5
Information	203	48.4	215	51.3	1	0.2
Resources	377	90.0	42	10.0	0	0.0
Participation	300	71.6	118	28.2	1	0.2
Practice	381	90.9	38	9.1	0	0.0
Goals	155	37.0	259	61.8	5	1.2
Total	**282**	**67.3**	**137**	**32.7**	**0**	**0.0**

Table (3): Registered nurses' levels of job satisfaction (n = 419)

Job satisfaction dimensions	Levels of registered nurses					
	Low		Moderate		High	
	No	%	No	%	No	%
Supervision	183	43.7	137	32.7	99	23.6
Promotion	379	90.5	34	8.1	6	1.4
Contingent reward	386	92.1	28	6.7	5	1.2
Operating procedure	74	17.7	230	54.9	115	27.4
Coworker	160	38.2	85	20.3	174	41.5
Nature of work	286	68.3	120	28.6	13	3.1
Communication	321	76.6	69	16.5	29	6.9
Payment	394	94.0	18	4.3	7	1.7
Fringe benefits	416	99.3	2	0.5	1	0.2
Total	**262**	**62.5**	**154**	**36.8**	**3**	**0.7**

Table (4): Correlation between registered nurses` perception of shared governance and their job satisfaction (n = 419)

Registered Nurses` Job satisfaction		Part II: perception regarding shared governance						
		Nursing Personal	Information	Resources	Participation	Practice	Goals	Total
Supervision	r	0.215*	0.224*	0.192*	0.105*	0.161*	0.169*	0.225*
	p	<0.001*	<0.001*	<0.001*	0.032*	0.001*	0.001*	<0.001*
Promotion	r	0.274*	-0.022	0.102*	0.404*	0.187*	0.241*	0.251*
	p	<0.001*	0.657	0.037*	<0.001*	<0.001*	<0.001*	<0.001*
Contingent reward	r	0.345*	0.091	0.133*	0.352*	0.337*	0.218*	0.317*
	p	<0.001*	0.062	0.007*	<0.001*	<0.001*	<0.001*	<0.001*
Operating procedure	r	-0.176*	0.081	0.015	-0.196*	-0.096*	-0.104*	-0.111*
	p	<0.001*	0.099	0.763	<0.001*	0.049*	0.034*	0.024*
Coworker	r	0.006	0.120*	0.078	0.010	0.081	0.078	0.067
	p	0.908	0.014*	0.111	0.839	0.099	0.110	0.171
Nature of work	r	0.120*	0.175*	0.059	0.138*	0.107*	0.137*	0.154*
	P	0.014*	<0.001*	0.228	0.005*	0.028*	0.005*	0.002*
Communication	r	0.338*	0.325*	0.272*	0.262*	0.299*	0.205*	0.361*
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
Payment	r	0.299*	-0.015	0.151*	0.371*	0.248*	0.190*	0.266*
	p	<0.001*	0.767	0.002*	<0.001*	<0.001*	<0.001*	<0.001*
Fringe benefits	r	0.390*	0.119*	0.153*	0.450*	0.317*	0.217*	0.357*
	p	<0.001*	0.015*	0.002*	<0.001*	<0.001*	<0.001*	<0.001*
Total	r	0.347*	0.197*	0.215*	0.361*	0.309*	0.257*	0.356*
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*

r: Pearson coefficient

*: Statistically significant at p ≤ 0.05

Discussion

The result of the present study showed that more than sixty percent of registered nurses` perceived a traditional governance level, as totally indicated by registered nurses with a low mean percent, which means that the nursing profession related decisions were taken primarily by nurse managers and leaders without or only little input from nurses. The result of the current study are in agreement with **Qasim et al. (2022)** [23], **Maged et al. (2021)** [24], **Kaddourah (2021)** [1], **Sayed et al . (2019)** [25] **who** revealed that the majority of the studied nurses practiced the first level of nursing governance; traditional governance level. **El-Shaer and Ahmed (2019)** [26] indicated that more than two thirds of nursing staff in Mansoura University Hospital and more than half of them in Oncology Center showed

traditional management level of shared governance.

This result is in disagreement with the findings of **Ta'an et al. (2022)** [27], who's revealed that nurses' average perception of professional governance demonstrated shared governance. **Mohamed and Saad (2019)** [28] who revealed that less than half of the studied staff nurses reported that they have shared governance as the decisions are primarily taken by nursing management with equally shared with nursing staff.

The result of the present study displayed that majority of registered nurses` perceived traditional shared governance level of practice. This could be attributed to many factors such as lack of autonomy and accountability for nurses in practice. This result is in agreement with **Banakhar et al. (2020)** [29] who noticed that nurses in the study setting approved that they had no control over these areas. On contrary, **Hashish and Fargally (2018)** [4] mentioned that nurses and administration were equally involved in decision- making activities concerning their control over professional practice.

The result of the present study showed that a high percent of registered nurses` perceived traditional shared governance level in resources' dimension of shared governance in a variety of procedures including procedures for determining daily patient care assignments, writing policies and procedures, monitoring and obtaining supplies, consulting services both outside of nursing and in the unit, and generating schedules.

This means that nursing management has primary control over practice, resources, involvement, and information in nursing. Inadequate staffing could be an

explanation for these findings because it serves as an obstacle to shared governance. This result is similar with result of **Kaddourah et al. (2020)** [1] because nurses had no influence over resources. The results are disagreed with **Hashish and Fargally (2018)** [4] who reported that nurses indicated high influence over practice and resources.

In relation to participation subscale, the results of current study indicated that high percent of registered nurses perceived traditional shared governance level of participation dimensions. This means that there is less involvement of registered nurses with hospital and nursing management in administrative decisions such as setting the hospital and work-related mission, philosophy, and goals as well as most of the conflict issues that are being solved by the management with little participation from registered nurses.

Similarly, **Sayed et al. (2019)** [25] revealed that participation in organizational decisions had the lowest rating in nursing staff assessment of professional nursing governance elements. The result is in disagreement with **Tourangeau et al. (2006)** [30] who reported that registered nurses rated the highest aspect of their nursing professional practice environment was related to the increase in participation in hospital affairs.

Concerning the access to information dimension, the result of the present study found that more than half of registered nurses perceived a shared access to information in in nursing practice, hospital strategic plans for the next few years and compliance of hospital nursing practice with requirements of surveying agencies. This result could be due to the active role of nurses in quality activities at all levels,

an orientation program for all newly employed nurses, availability of library within hospital and an annual training plan for nursing department.

This result is consistent with **Aljohani et al. (2020)** [31] **Sajan and Al Faisal (2019)** [32] **Mohamed and Saad (2019)** [28] who noticed that nurses believed that they had access to the information related to governance activity **.** The result is disagreed with **Kamel and Mohammed (2015)** [33] who mentioned that nurses perceived a low level of shared access to information in the activities that control and support the professional practice environment.

Regarding the goals dimension, the result of the present study showed that more than half of registered nurses perceived ashared level of goals. This result means that nurses have a more shared ability to set goals and manage conflict with management/administration. This finding was supported by **Aljohani et al. (2020)** [31] who showed that nurses believed to share some responsibility for resolving conflicts among professional nurses, also between professional nurses and other healthcare services providers, as well as the nursing management.

This study's result is disagreed with **Kaddourah et al. (2020)** [1] who mentioned that nurses perceived a lack of shared ability with nursing management to engage in nursing profession committees mostly concerning their clinical practices, staff scheduling, and strategic planning.

The result of the present study showed that more than half of registered nurses` perceived shared level of nursing personal dimension of shared governance. this finding indicates that decisions equally shared by staff nurses and nursing

management. This result was consistent with the results of **Dechairo-Marino, et al. (2018)** [34] **Weaver et al. (2018)** [35]; found that personnel subscale had the lowest score and failed to reach shared governance. But, **Aljohani et al. (2020)** [31] approved that nurses had no control over personnel.

Finding of the current study showed that more than sixty percent of registered nurses were had low level of job satisfaction. This result may be attributed to how those nurses perceived a traditional governance level, which means that the nursing profession related decisions were taken primarily by nurse managers and leaders without or with little input from nurses as mentioned above. It may be due to corona virus crisis and its consequences of work overload.

This result is agreed with **Barmanpek et al. (2022)** [36], **Abou Shaheen and Mahmoud (2021)** [37] **Said et al. (2021)** [38], **Elsherbeny and El-Masry (2018)** [39] who found the majority of staff nurses had low level of job satisfaction. On the other side, **Zakiyah et al. (2021)** [40] found that about sixty percent of nurses had moderate level of job satisfaction. **Singh et al. (2019)** [41] above sixty of the respondents were satisfied with their present job.

Finding of the current study showed that the vast majority of registered nurses had low level of job satisfaction with fringe benefits dimension of job satisfaction. This means those nurses need nursing management to pay more attention to fringe benefits. The insufficient fringe benefits may lead to decrease in quality of services that nurses give to the hospital and by the time the staff nurses leave their work either voluntary or involuntary.

Along with this result **Paudel et al. (2022)** [42] revealed that sixty nurse were dissatisfied with the benefits they receive **Abdullah** and **Nusari (2019)** [43] result who revealed that overall nurses' job satisfaction and its dimensions are low.

Findings of the current study showed that the vast majority of registered nurses had a low level of job satisfaction in the payment dimension. This result means that payment has a major impact on job satisfaction. Low salaries may affect the peace of mind and hence the satisfaction. Pay is viewed as very important reward or outcome for nurses to become satisfied with their work and give more for their work. Moreover, Financial aspects especially salary were the most important aspect among all domains because each employee needed a livelihood to support his/ her family.

Similarly, **Paudel et al. (2022)** [42] revealed that about three-quarters of the respondents were not satisfied with their salaries. **Shalonda (2019)** [44] showed that most participants were dissatisfied with their salaries.

Findings of the current study showed that the vast majority of registered nurses had low level of job satisfaction regarding contingent reward. This result may be attributed to nurses' feel that efforts are not rewarded, they do not receive recognition for good job, and they feel appreciate to do work. This result is agreed with **Zakzouk (2019)** [45] showed that a high percent of staff nurses low level of satisfaction about contingent rewards including appreciation, recognition, and rewards for good work done with a low mean percent.

On the other side, **Li, zhang et al. (2019)** [46] stated that high percent of nurses were satisfied with contingent praise/ recognition. **Singh et al. (2019)** [41]

revealed that most of the workers felt satisfied with their current pay scales.

Findings of the current study showed that the vast majority of registered nurses had low level of job satisfaction with promotion dimension of job satisfaction. This may be related to those nurses have not enough chance for promotion and no fair chances of promotion. Nursing managers should provide opportunities and encourage nurses to attend continuing education programs and pursue a degree. This may cause a lot of anxiety among the nurses, especially those of them who feel that their promotion is long overdue.

This result is agreed with **Abdullah** and **Nusari (2019)** [43] who revealed that nurses had a low level of job satisfaction with promotion.

Findings of the current study showed that high percent of registered nurses had a low level of job satisfaction with communication. This result indicates that supervisors must make their nurses a part of vital discussions where they can inform their thoughts and insights, which will reduce conflict and stress in work environments, raise nurses' successful relationships with colleagues and elevate nurses' job satisfaction.

This result is agreed with **Elsherbeny and El-Masry (2018)** [39] who indicates lack of colleagues-communication and supervisor support at work predicted the outcome variable which is low job satisfaction.

The current study showed that high percent of registered nurses had a low level of job satisfaction with the nature of their work. This may be attributed to staff nurses feeling that their work is not rewarded and lack of support or recognition from the nurse manager, especially when they were criticized or verbally abused by patient or

other families. This result is agreed with **Abdullah** and **Nusari (2019)** [43] who revealed that had low level of job satisfaction with nature of work.

In relation to supervision, the present study result indicates that more than forty percent of registered nurses were dissatisfied with their jobs' supervision. This result may be related to their nurse managers were low in using nurses' supervision as motivated factors which means that nurse manager communicates passively with registered nurses, treat them with no equality and respect and don't have confidence in their abilities.

This result is agreed with **Abdullah** and **Nusari (2019)** [43] who revealed that nurses had a low level of job satisfaction with supervision. Contradictory, **Janíková and Bužgová (2021)** [47] results demonstrated a correlation between satisfaction with supervision and job satisfaction.

Findings of the current study showed that above fifty of registered nurses had a moderate level of job satisfaction with operating procedures dimensions of job satisfaction. This result may attribute to that hospital has rigid rules and procedures as well as they have to do too much paperwork due to lack of information technology especially in the period of corona virus crises. This result is agreed with **Abdullah** and **Nusari (2019)** [43] who revealed that nurses had low level of job satisfaction with operating procedures.

Findings of the current study showed that above forty of registered nurses satisfied with coworkers' dimension of job satisfaction. This finding might be due to the reasons that the nursing managers fosters good interpersonal relationships among nurses by creating an atmosphere of mutual trust and open-minded

environment, and problem solving. Also, they may be high motivators in peer interaction. So, they feel welcomed and understood in their concerns. They also feel positive about their individuality, their job as well as about being a part of their organization.

This result is going with the results of **Shalonda (2019)** [44] who showed that the majority of participants were satisfied with the co-workers.

Findings of the current study showed that there was significant positive correlation between total registered nurses` perception of shared governance and their total perceptions of job satisfaction. Also, the table showed a significant positive correlation between registered nurses` perception of supervision, communication, and fringe benefits with all shared governance dimensions. This means that shared governance could impact nurses' outcomes such as satisfaction, engagement, and turnover.

This finding is consistent with **Ahmed1 and Abdelhafez (2020)** [48] who discovered a highly positive correlation between professional practical model that contain shared governance work satisfaction items.

Conclusion

The present study concluded that, registered nurses at EL-Mahalla General Hospital showed traditional perceptions of shared governance and its dimensions except for goals, nursing personal and information dimensions of shared governance. Also, they showed totally low level of job satisfaction and its dimensions except for communication and coworkers' dimension the had moderate and high level. There was significant positive correlation between total registered nurses`

perception of shared governance and their total perception of job satisfaction.

Recommendations

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

Top management at EL-Mahalla General Hospital

1-Need to develop policies that enable registered nurses to improve working environment and enhance nursing governance through providing equal opportunities for education and training on nursing governance practices and job satisfaction.

2-Top manager should play an important role to support the presence of registered nurses at all levels of decision making and measure patient and nurse satisfaction as well as systems outcomes.

3-Prime importance for nursing managers and policymakers upgrade their motivation strategies such as pay, promotions growth opportunities and challenges, recognition, and contingent rewards in order to increase staff nurses' job satisfaction and keep them internally motivated.

Future research

1-This study may serve as a base for future studies in different hospitals on a larger scale. Further analysis of data is needed, as there are numbers of issues that can be explored further.

2-Future research using focus groups to discuss shared governance in nursing practice in their particular area this would enable identification of challenges that registered nurses and management face to be acknowledged, and perhaps allow for necessary interventions to follow.

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