Centralization and Decentralization of Decision Making in Relation to the Well-being of Nursing Staff at their Work Setting

Sanaa Romany Marzok[1], Safaa Mohamed Abd Elrhmaan[2], Rasha Mohamed Nagib Ali[3], Heba Dakrory Ali El-said[4]

1. Corresponding author: B. Sc in Nursing, Minia University.
2. Professor of Nursing Administration, Faculty of Nursing –Minia University.
3. Assistant prof. of Nursing Administration, Faculty of Nursing –Minia University.
4. Lecturer of Nursing Administration, Faculty of Nursing –Minia University

Abstract

Background: Nurses have probably always known that their decisions have important implications for patient outcomes. Nurses are increasingly regarded as key decision makers within the healthcare team. **Aim of the study:** was to assess centralization and decentralization of decision making in relation to the well-being of nursing staff at their work setting. **Research design:** a descriptive research design was used to achieve the aim of the present study. **Setting:** The study was conducted at the Health Insurance Hospital **Subjects:** Convenience sample included all staff nurses who worked at Health Insurance Hospital with total numbers were 222 nurses. **Tools of data collection:** Tool (I): centralization and decentralization decision –making scale as well as Tool (II): nurses' well-being at work scale. **Results**: The main findings of the study revealed that (78.8%) of the nursing staff have high decentralized decision making and (23.9%) of them have high centralized decision making. Also (7.8%) of them have moderate level of total well-being **Conclusion**: This study concluded that there were no statistical significance differences between the nursing staff's personal as well as occupational data and (centralized as well as decentralized decision making. While were no statistical significance differences between nursing staff's personal as well as occupational data and the degree of well-being except attendance a seminar, moreover there was a negative correlation between the nursing staff wellbeing and total centralized as well as decentralized decision making. **Recommendations:** Increase superior care to staff nurses to ensure that effective and safe care is provided and enhance the work effectiveness as well as nursing staff well being and minimize errors and dissatisfactions

Key Words: Centralization and Decentralization of Decision Making, Relation, Well-being of Nursing Staff

Introduction:

Global health is undergoing wide changes. These changes embrace developments in technology and in developing new methods for patient care. These advances in technology have led to an increase in the complexity of nurses' decision making particularly in critical care areas where nurses usually care for patients with multiple problems **(Fernandes et al., 2023)**.

Decision making can be defined as selecting the most appropriate conceivable way to solve problem and effective decision, it is very important to reach the most accurate information for the solution of the existing problem and use it in the decision making process. Decision making is essential managerial function in any organization. Its success or failure depends to a great extent on the quality of leaders' decisions at various levels. Any decisions related to planning, organizing, staffing, or directing is closely connected to the process of decision-making **(Abdelhadi et al., 2020)**.

A centralized organization defined an organization where the decisions are made from the top whereas a decentralized organization is characterized by decision-making lower in the organization. There are advantages and disadvantages with centralized decision-making; the advantages are that it creates uniformity, sends clear signals to the employees and provides a clear path for the organization. On the other hand, the disadvantages are that it can have a negative effect on the nurses' motivation and creativity. The degree of centralization and standardization reduce the flexibility, autonomy and increase control, which may result in a decreased level of self-determination, and also a reduced level of intrinsic motivation among the nurses **(Arkan et al., 2022)**.

Decentralization is an organization structure in which the decision-making is made at various levels of the organization. Typically, decentralized organization are divided into smaller segments or groups in order to make it easier to measure the performance of the company and the individuals within each of the sub-groups **(Bellavitis et al., 2023)**.

There are numerous advantages of a decentralized management, such as quick decision and response times, better ability to expand company, skilled and/or specialized management, increased morale of nurses, link between compensation and responsibility, also better use of lower and middle management. Furthermore, there are also disadvantages to this type of structure, including coordination problems, increased administrative costs due to duplication of efforts, incongruity in operations, each department/division is often self-centered, and significant, if not almost total, reliance on the divisional or department managers **(Scheuer et al., 2023)**.

Nurses have probably always known that their decisions have important implications for patient outcomes. Increasingly, however, they are being cast in the role of active decision makers in healthcare by policy makers and other members of the healthcare team. Nurses are increasingly regarded as key decision makers within the healthcare team. Finally, we need to better understand the relation between the decisions that nurse's make and nurses' well-being **(Stanley et al., 2022)**.

The term "well-being" covers many aspects of the way we feel about our lives, jobs, and relationships. Our feelings of well-being at work are influenced by day to day experiences with colleagues and management, how purposeful we feel and the work that we do. Employers can have a major

influence on an individual sense of well-being, which can have a multitude of benefits for the organization itself **(Kim et al., 2019)**. Well-being defined simply keeping staff healthy, motivated and present at work, so that they carry out the duties they are paid to do, are productive and contribute to the profit of the organization. Well-being at work is about self-preservation for both employers and employees **(Brockis, 2019)**.

Significance of the study

Today, we want to gain an understanding about the role of using centralized and decentralized decision making of multiunit organizations play a motivational role to improve employees' health demonstrated in physical, social and psychiatric well-being. Through my work in the Health Insurance Hospital, it was found that most nurses not participate in decision making all instruction in orders shape without discussion that lead to them quickly angry, worry, emotionally distressed, no loyalty to the hospital, and no commitment toward their organization. So the researcher introducing this studies about using centralization and decentralization in decision making and its relation on nurses 'well-being because it is vital to the organization, nursing and care of patients.

There were no previous studies which linked those two interrelated variables together, but **Eriksson et al., (2013)** studied centralization in decentralization- A case study of centralized goal-settings effect on employee motivation in a multiunit organization, the study results revealed that centralized and decentralization assigned goals have a positive effect on motivation for most of the employees.

Moreover, **(Hall et al., 2016)** studied Healthcare staff wellbeing, burnout, and patient safety: a systematic review, and found a significant correlation between poor wellbeing and worse patient safety

Aim of the study:

Current study aimed to assess centralization and decentralization of decision making in relation to the well-being of nursing staff at their work setting

Research questions:
- What is the degree of centralization and decentralization decision making among nursing staff?
- What is the degree of well-being among nursing staff?
- What is the relation between centralization, decentralization decision making and well-being among nursing staff?
- What is the relation between personal data centralization, decentralization decision making and well-being among nursing staff?

Subjects and methods:
Research Design: A descriptive research design was used to achieve the aim of the current study.

Research Setting: The study was conducted at the Health Insurance Hospital, Minia City, Egypt.

Subjects: A convenience sampling technique was utilized in this study. It includes all staff nurses who worked at Health Insurance Hospital with total numbers were 222 nurses and are classify as follows

Department	Total
Emergency Department (ER)	32
Intensive Care Unit (ICU)	16
Cardiac Care Unit (CCU)	19
Operating Rooms (OR)	48
Neonatal Intensive Care Unit (NICU)	16
Pediatric Department	9
General Medical (GM)	16
General Surgical (GS)	21
Oncology Department	26
Orthopedic Department	19
Total	222

Data collection tool:
Tool (I): centralization and decentralization decision - making scale: - It included two parts:
- **Part one: Personal data:** It was used to collect data about nursing staff and encompass item such as age, sex, job, qualification, department, years of experience in the nursing field, residence, and attended of workshop.
- **Part two**: centralization and decentralization decision – making scale. This tool developed by **Fihan, (2004)** to test centralization and decentralization decision –making. It consists of 14 items (8 items related to centralized decision and 6 items related to decentralized decision). Each item reposed with five likert scale ranged as (Strongly agree=5, Agree= 4, Neutral =3, Disagree =2, and Strongly disagree =1). The scoring system was ranged from 8 to 40 in centralized decision and from 6 to30 in decentralized decision.

So the scoring system was divided as follow.

Level	Centralized decision	Decentralized decision
Low	From 8 to 18	From 6 to 13
Moderate	From 19 to 29	From 14 to 21
High	From 30 to 40	From 22 to 30

Tool (II): Nurses' Well-being at Work scale: -

This part developed by **Parker et al., (2011)** to assess well-being among nurses. It consisted of 31 items and it was divided into 4dimensions as follow: Work satisfaction (10 items); Organizational respect for the employee (7 items); Superiors care (7 items); and Intrusion of work into private life (7 items). Each item reposed with five Likert scale ranged as: (Extremely = 4, Very = 3, moderately = 2, slightly = 1, and Not at all = 0) (reversed scored item – i.e. a score of 4 is reversed to a 0, a score of 3 is only given a score of 1). So the scoring system was divided as follow:

Items	Low	Moderate	High
Work satisfaction	From 0:11	From 12:30	From 31:40
Organizational respect for the employee	From 0:7	From 8:21	From 22:28
Superiors care	From 0:7	From 8:21	From 22:28
Intrusion of work into private life	From 0:7	From 8:21	From 22:28
Nurses' well-being at work	From 0:41	From 42:83	From 84:124

Validity and Reliability of Tools:
Validity:

The tool was submitted to a jury of 5 experts in the field of Nursing Administration"four professor from Assuit University as well as one Assistant professor from Minia university" from the Faculty of Nursing. Tool content validity was done to identify the degree to which tools supposed to be measured. The tools were examined for content coverage, the sequence of items, clarity, relevance, applicability, wording,

length, format, and overall appearance. Necessary modifications were done.

Reliability:

The Reliability of the tool was performed to confirm the consistency of the tool. The internal consistency measured to identify the extent to which the items of the tool measured what it was intended to measure. The internal consistency of the tool was assessed with the Cronbach's alpha coefficient. Cronbach's alpha coefficient of 0.00 indicates no reliability and a coefficient of 1.00 indicates perfect reliability. So for the 1st tool was .95 while the 2nd tool was .89.

Pilot Study:

Before starting to collect the data, a pilot study was carried out on (10%) of staff nurses (22 staff nurse) from the Health Insurance Hospital to test the feasibility and the applicability of the questionnaire, and to identify the most suitable time to collect data. The results of the pilot study were not included in the study results because some changes were applied to the questionnaire to clarify some questions.

Data Collection Procedure:

Before starting data collection an official letter was granted from the dean of faculty of nursing to the manager of Health Insurance Hospital, asking for permission to collect data. This letter was including a brief explanation of the objectives of the study to gain his cooperation and to allow meeting with nurses. Staff nurses were interviewed on group basis to explain the nature and purpose of the study. Also the written approval was obtained from director of the Health Insurance Hospital. The time required for fill the questionnaires was from 20:30 minutes. The data of this study were gathered trough two days in the week as Saturday as well as Wednesday so the time taken to collect the data four months from the beginning of January to finishing of April, 2021.

Ethical Consideration:

- An official letter was granted from the research ethics committee of the Faculty of Nursing, Minia University

- Approval to conduct the study was obtained from Dean of the Faculty of Nursing, Minia University and permission and consent was obtained from director of the hospital and nursing directors.
- A permission and consent was obtained from the head of the department and the head nurse.
- Before the conduction of the pilot study as well as the actual study, oral consent was obtained from the participants that are willing to participate in the study, after explaining the nature and purpose of the study.
- Study subject has the right to refuse to participate or withdraw from the study without any rational any time. Study subject privacy was considered during collection of data. Participants were assured that all their data are highly confidential; anonymity was also assured through assigning a number for each nurse instead of names to protect their privacy.

Statistical Analysis

Data were analyzed using the statistical package for social science (SPSS) version 20. Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. Relations between different numerical variables were tested using the using chi square test. A statistically significant level was considered when the p-value was less than 0.05. Also the fisher exact: provides a p-value, corrected for multiple testing hypotheses, and used to determine if there are nonrandom associations between two categorical variables. Correlation analysis: The nature and degree of the relationship between two quantitative or ordinal variables are examined using correlation. The Pearson coefficient is used to represent the Spearman correlation coefficient (rho). The value of the relationship's strength is shown by the value of the coefficient, which can be either positive or negative. Rho levels under 0.25 have a weak correlation, rho values between 0.25 and 0.74 have an intermediate connection, and rho values between 0.75 and 0.99 have a strong correlation.

Results:

Table (1): Percentage distribution of the nursing staff's personal as well as occupational data at Health Insurance Hospital (no.=222).

Items	Nursing Staff (no.=222)	
	no.	%
Age		
- 21-<32	201	90.5
- 32-<43	12	5.4
- 43-60	9	4.1
Mean ± SD	27.51±5.663	
Gender		
- Male	15	6.8
- Female	207	93.2
Educational Qualifications		
- Secondary school nursing diploma	20	9
- Technical institute of nursing	189	85.1
- Bachelor of nursing	13	5.9
Years of Experience		
- 1-10years	198	89.2
- 11-21years	13	5.8
- >22years	11	5
Mean ± SD	7.14±6.036	
Residence		
• Rural	121	54.5

Items	Nursing Staff (no.=222)	
	no.	%
• Urban	101	45.5
• **Attendance a seminar or workshop**		
- Yes	33	14.90
- No	189	**85.10**

Table (1) shows that (90.5%) of the studied nursing staff's aged between 21 - < 32 years with mean 27.51±5.663years, also (93.2%) of them were females, (85.1%) of them have technical institute of nursing education, and (89.2%) of them have 1-10 years of experience. Moreover, (54.5%) of the studied nursing staff's lives in rural area and (85.1%) of them doesn't attendant seminar or workshop.
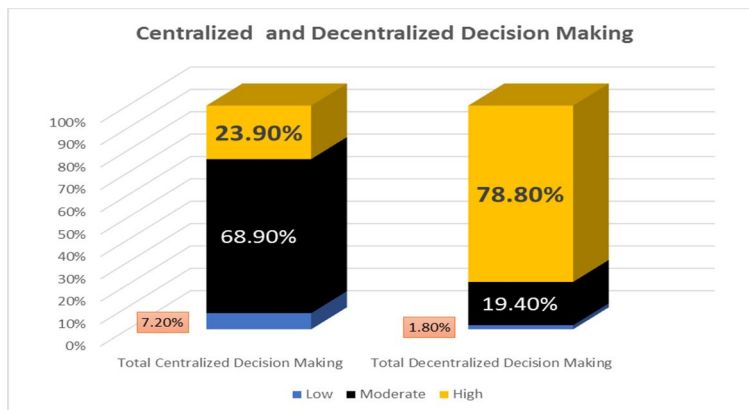

Figure (1): Percentage distribution of nursing staff's centralized and decentralized decision making at Health Insurance Hospital (no.=222)

Figure (1): demonstrates that (78.8%) of the nursing staff have high decentralized decision making and (23.9%) of them have high centralized decision making.
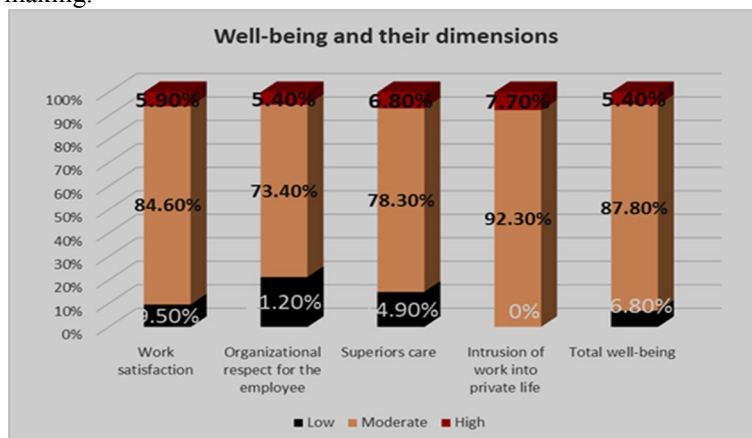

Figure (2): Percentage distribution of nursing staff's well-being and their dimensions at Health Insurance Hospital (no.=222)

Figure (2): illustrates that the (92.3%; 84.6%; 78.3%; 73.4%) of nursing staff have moderately level of intrusion of work into private life; work satisfaction; superior care; and organizational respect for the employee. Finally (87.8%) of them have moderate level of total well-being while (5.6%) of them have high level of total well-being as well as (6.8%) of them have low level of total well-being.

Table (2): Relation between nursing staff's personal as well as occupational data regarding centralized decision making at Health Insurance Hospital (no.= 222).

Personal data	Low no.=16		Moderate no.=153		High no.=53		Fisher-exact test (p value)
	No.	%	No.	%	No.	%	
Age							
• 21-<32	13	6.5	139	69.2	49	24.4	3.67 (.398)NS
• 32-<43	1	8.3	8	66.7	3	25	
• 43-60	2	22.2	6	66.7	1	11.1	
Gender							
• Male	0	0	14	93.3	1	6.7	3.61(.145)NS
• Female	16	7.7	139	67.1	52	25.2	
Educational Qualification							
• Secondary school nursing diploma	3	15	14	70	3	15	2.90(.543)NS
• Technical institute of nursing	12	6.3	130	68.8	47	24.9	
• Bachelor of nursing	1	7.7	9	69.2	3	23.1	
Years of Experience							
• 1-10years	13	6.6	136	68.7	49	24.7	2.92(.511)NS
• 11-21years	1	7.7	10	76.9	2	15.4	
• >22years	2	18.2	7	63.6	2	18.2	

Personal data	Low no.=16		Moderate no.=153		High no.=53		Fisher-exact test (p value)
	No.	%	No.	%	No.	%	
Residence							
• Rural	11	9.1	80	66.1	30	24.8	1.65
• Urban	5	5	73	72.3	23	22.7	(.445)NS
Attendance a seminar or workshop							
• No	16	8.5	132	69.8	41	21.7	5.28(.59)
• Yes	0	0	21	63.6	12	36.4	

Table (2): explains that there are no statistical significance differences between the nursing staff's personal as well as occupational data and centralized decision making at Health Insurance Hospital (p value > 0.05).

Table (3): Relation between nursing staff's personal as well as occupational data regarding decentralized decision making at Health Insurance Hospital (no.= 222).

Personal data	Low n=4		Moderate n=43		High n=53		Fisher-exact test (p value)
	No.	%	No.	%	No.	%	
• **Age**							
• 21-<32	4	2	41	20.4	156	77.6	
• 32-<43	0	0	2	16.7	10	83.3	2.62(.554)NS
• 43-60	0	0	0	0	9	100	
• **Gender**							
• Male	0	0	1	6.7	14	93.3	1.57(.482)NS
• Female	4	1.9	42	20.3	161	77.8	
• **Educational Qualification**							
• Secondary school nursing diploma	0	0	1	5	19	95	
• Technical institute of nursing	4	2.1	38	20.1	147	77.8	4.28(.296)NS
• Bachelor of nursing	0	0	4	30.8	9	69.2	
• **Years of Experience**							
• 1-10years	4	2	40	20.2	154	77.8	
• 11-21years	0	0	3	23.1	10	76.9	3.33(.75)NS
• ≥22years	0	0	0	0	11	100	
• **Residence**							
• Rural	0	0	26	21.5	95	78.5	5.07(.066)NS
• Urban	4	4	17	16.8	80	79.2	
• **Attendance a seminar or workshop**							
• No	4	2.2	36	19	149	78.8	.296(.903)Ns
• Yes	0	0	7	21.2	26	78.8	

Table (3): mentions that there are no statistical significance differences between the nursing staff's personal as well as occupational data and decentralized decision making at Health Insurance Hospital (p value > 0.05).

Table (4): Relation between nursing staff's personal as well as occupational data regarding well-being at Health Insurance Hospital (no.= 222).

Personal data	Low n=15		Moderate n=153		High n=12		Fisher-exact test (p value)
	No.	%	No.	%	No.	%	
• **Age**							
• 21-<32	14	7	176	87.5	11	5.5	
• 32-<43	0	0	11	91.7	1	8.3	1.61(.707)Ns
• 43-60	1	11.1	8	88.9	0	0	
• **Gender**							
• Male	1	6.7	14	93.3	0	0	.383(1.00)NS
• Female	14	6.8	181	87.4	12	5.8	
• **Educational Qualification**							
• Secondary school nursing diploma	1	5	18	90	1	5	
• Technical institute of nursing	13	6.9	165	87.3	11	5.8	.553(1.00)NS
• Bachelor of nursing	1	7.7	12	92.3	0	0	
• **Years of Experience**							
• 1-10years	13	6.6	174	87.8	11	5.6	
• 11-21years	0	0	12	92.3	1	7.7	3.14(.423)NS
• ≥22years	2	18.2	9	81.8	0	0	
• **Residence**							
• Rural	10	8.3	105	86.7	6	5	1.03(.613)NS
• urban	5	5	90	89.1	6	5.9	
• **Attendance a seminar or workshop**							
• No	14	7.4	169	89.4	6	3.2	9.59(.006*)
• yes	1	3	26	78.8	6	18.2	

Table (4): reveals that there are no statistical significance differences between nursing staff's personal as well as occupational data and the degree of wellbeing except attendance a seminar or workshop (p= .006*).

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Table (5): Correlation between centralization as well as decentralization of decision making and the well-being of nursing staff at Health Insurance Hospital (no.=222).

Variable	Centralized decision making		Decentralized decision making	
	R	P	R	P
Well-being	.138-*	.040	.076-	.261

**Correlation is significant at the 0.01 level (2-tailed). * p≤0.05 (significant) **p≤0.05 (highly significant), PCC: P – value based on Pearson correlation coefficient

Table (5): discuss that there is a negative correlation between the nursing staff centralized as well as decentralized decision making and their well being.

Discussion

Nurses spend more of their hours at workplace; their organization's culture affects both their work lives as well as their personal lives. Organizational culture has the potential to enhance organizational performance, job satisfaction and enhance the sense of certainty about problem solving. If an organizational culture becomes incongruent with the changing expectations of internal and/or external stakeholders, the organization's effectiveness can decline **(Kamel et al., 2017)**.

Nursing wellbeing refers to the general feelings of a person about his occupation and assessment of his job. Employees with higher job satisfaction are physically and mentally in good condition. The factors affecting wellbeing and job satisfaction can be classified into four categories: organizational factors, environmental factors, the nature of work and individual factors. Job satisfaction for nurses has a far-reaching impact as nurses make up the largest portion of staff in most healthcare organizations. Therefore, nurses' job satisfaction is very important to both the organization and patients **(Hamad Al-Qahtani et al., 2020)**.

The current study aimed to assess centralization and decentralization of decision making in relation to the well-being of nursing staff at their work setting.

As regard to personal data among the studied sample, the current study findings showed that, showed that the majority of the studied nursing staff aged between 21 - < 32 years with mean 27.51±5.663years, the majority of them were female, the most (85.1%) of them had technical institute of nursing education, and the most of them had 1-10 years of experience. Moreover, more than fifty percent of the studied nursing staff's lives in rural area and less than half of them lives in urban area, the most of them didn't attendant seminar or workshop while less than fifth of them was attendant seminar or workshop.

Regarding percentage distribution of nursing staff's centralized and decentralized decision making at Health Insurance Hospital, the finding of current study revealed that more than three quarter of the studied sample had high decentralized decision making and less than one quarter of them had high centralized decision making. These findings might be explained with numerous advantages of a decentralized management, such as quick decision and response times, better ability to expand hospital, skilled and/or specialized management, increased morale of nurses, link between compensation and responsibility.

This outcome was supported by **Darvishmotevali, (2019)** who conducted a study entitled " Decentralization and Innovative Behavior: The Moderating Role of Supervisor Support" she found that Decentralization positively impacts the innovative behavior among employees, it allows employees with different skills and different thoughts to bring together different products and technologies to satisfy the unmet needs of patients or customers.

This result was in contradiction with **Fetouh et al., (2023)** who conducted a study entitled " factors affecting decisional involvement among staff nurse" they reported that the highest percentages of staff nurses viewed actual decision-making is made by administration (centralized). This ranged between 62.0% for collaborative decisions to 97.3 % for support staff. While the lowest percentages were shared decisions (decentralized) were related to collaborative decisions (21.3%) and unit nursing staffing (19.3%).

This outcome was contradicted with the study conducted by **Copeland and Chambers, (2017)** who conducted a study entitled " Effects of unit design on acute care nurses' walking distances, energy expenditure, and job satisfaction: A pre–post relocation study" they found that most of group members significantly favoring a centralized layout to help manage their stress level and achieve their wellbeing.

Regarding percentage distribution of nursing staff's well-being and their dimensions at Health Insurance Hospital, the finding of current study displayed that the most of the nursing staff's well-being had moderately level of intrusion of work into private life; work satisfaction; superior care; and organizational respect for the employee. Finally the highest percent of them had moderate level of total well-being, from the researcher interpretation this is might be the working hours effect on the children cares as well as the home care , moreover the care of the superior to the subordinate had some issues as the little sharing of the staff in the hospital policy, workload as well as stress of the work, and inadequate satisfaction from the nursing staff about their scheduling, theses issues reflect on the work satisfaction which reflect on the nursing staff's well-being.

. The current study finding was compatible with the study conducted by **Eshetu et al., (2021)** who revealed that more than half of study participants were highly satisfied with scheduling, support, payment and other benefits and superior care.

The same as reported by **Ahmed Sadek et al., (2022)** whose study findings showed that nearly two-thirds (64.0%) of the nursing staff have a high level of quality and safety; majority of them (88.3%) have a moderate level of acceptable workload, more than two-thirds (70.3% & 67.6% respectively) have a moderate level of job involvement and intension to stay.

Besides, the current study finding disagreed with the study done by **Al Momani, (2017)** who showed that the majority of nurses in our study population were dissatisfied with their work, a fact that should prompt hospital administrators to seek practical strategies to improve staff retention in their public hospitals.

At the same line, **Rizany et al., (2019)** reported a low satisfaction level and organizational respect which perceived by nurses. The low level of satisfaction may be resulted from various factors as lower satisfaction level with salary and organizational regulations.

Concerning Relation between nursing staff's personal as well as occupational data regarding centralized decision making at Health Insurance Hospital, the current study found that there were no statistical significance differences between nursing staff's personal as well as occupational data and centralized decision making at Health Insurance Hospital (p value > 0.05).

The current study finding was compatible with the study conducted by **Fetouh et al., (2023)** whose findings showed that regarding the demographic characteristics influencing staff nurses' views of decision-making as supposed to be, the presented study could not identify any statistically significant relations in bivariate or multivariate analyses. The same as reported by **Abd El-Hamid et al., (2019)** whose study findings showed that that there is no statistical significant correlation between study sample's sociodemographic data and their decision making involvement.

As regards, relation between nursing staff's personal as well as occupational data regarding decentralized decision making, the current study found that there were no statistical significance differences between nursing staff's personal as well as occupational data and decentralized decision making.

The current study finding was compatible with the study conducted by **Brown, (2012)** whose study findings showed that that there was no statistical significant correlation between study sample's sociodemographic data and decentralized decision making model.

Regarding relation between nursing staff's personal as well as occupational data regarding well-being at Health Insurance Hospital, the current study findings revealed that there were no statistical significance differences between nursing staff's personal as well as occupational data and the degree of wellbeing. But there were highly statistical significance differences between the attendance of seminar or workshop and the level of staff wellbeing. This may be explained with attendance workshop and seminars help improving nursing wellbeing and job satisfaction.

In contrast with the study of **Murthy, (2022)** who found that there were negative correlations between nursing staff personal data and the degree of wellbeing .

Regarding correlation between centralization as well as decentralization of decision making and the well-being of nursing staff at Health Insurance Hospital, the current study findings revealed that negative correlation between the nursing staff centralized as well as decentralized decision making and their well being, from the researcher point of view the centralized as well as decentralized decision making had advantages and disadvantages that reflected on the nursing staff well being.

The same as reported by **Nordholm et al, (2022)** whose study findings showed that The centralized as well as decentralized decision making of the staff hade advantages and disadvantage according to the situation.

Conclusion

In light of the study findings, it was concluded that the highest number of the nursing staff had high level of decentralized decision making and less than one quarter of them had high level of centralized decision making. Also there were no statistical significance differences between the nursing staff's personal as well as occupational data and (centralized as well as decentralized decision making. While

were no statistical significance differences between nursing staff's personal as well as occupational data and the degree of well-being except attendance a seminar or workshop (p= .006*).

Moreover there was a negative correlation between the nursing staff wellbeing and total centralized as well as decentralized decision making.

Recommendations:

Based on the results of the present study, the researcher came up with the following recommendations:

- Increase superior care to staff nurses to ensure that effective & safe care is provided and enhance the work effectiveness and minimize errors and dissatisfactions.
- Enhance organizational respect for the staff nurses and co-workers lead to improve dignity and honoring the presence of each other, including feelings, thoughts and expertise
- Continuous educational training for new nurses to improve nurses' supervisor decision making.
- The rules and regulation governing decision making in the hospital and who should be involved should be revised to give more room to staff nurses' involvement.
- Hospital administrators with help of nurse managers should conduct periodic assessment of staff nurses' views of actual decisional involvement.
- Hospital administrators should make annual evaluation for the hospital departments to reward the highest department which utilized decisional involvement.
- Further studies should be conducted to investigate impact of work environment and job characteristics on decisional involvement among staff nurses.

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