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Comparing Nurses' Perceptions Of Governance Related to Hospitals' Journeys to Excellence Status In the Middle East

Executive Summary

- The interest in the Magnet Journey extends to the Middle East.
- The results of this study revealed nurses in hospitals that are on the Journey to Magnet perceive that decision making is shared between nursing management/administration and staff nurses.
- Nurses in these hospitals positively attribute their involvement and engagement in every aspect of the nursing profession.
- This scheme of shared governance promotes professional accountability and enhances individual autonomy, authority, and control.
- The growth of health care in the Middle East region with rising expectations for patient care outcomes will challenge the nursing profession in the future.
- Shared governance will certainly help nurses take ownership in making decisions for patient care and as a result achieve better patient outcomes.

Health care organizations in Lebanon and Jordan face a serious nursing shortage. Experienced and qualified nurses are leaving their careers and student enrollment in schools of nursing is decreasing. At a nursing conference organized by the Lebanese Nursing Order in 2008, the official body for the nursing profession in Lebanon, the president of the order reported only 7,054 were registered as nurses and 87% were working. Moreover, there was one RN for every 567 people, and the ratio of nurse to hospital beds was 1 to 4.5 compared to Europe where it is 1 to 2.5 beds and the United States where the ratio is 1 to 2. Based on records of established recruitment firms in Lebanon between 2000 and 2006, the primary reasons for leaving nursing jobs were financial and professional career development (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009). In Jordan, the situation was even bleaker where there are three nurses per thousand population (7,840 registered nurses; 64% working) (Kronful, 2009). This shortage is likely to persist as nurses report heavy workload, limited autonomy, a nonsupportive environment in the workplace, lack of appreciation, and meager salaries (Al-Maaitah & Shokeh, 2009; Badr, Rizk, & Farha, 2010).

To address this challenge, a group of nurse researchers in the United States took a unique approach to understanding the shortage. The groundbreaking research described in 1983 in the book *Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses* (McClure &

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Hinshaw, 2010) identified themes that later became the Forces of Magnet® designation. Currently more than 370 domestic and international hospitals and health care organizations have been recognized as Magnet® hospitals. These organizations have a long history of nurses' satisfaction in the workplace linked to increased autonomy in practice, structural empowerment, participation in decision making, and positive working environment (Drenkard, 2010).

Unfortunately, organizations with hierarchical structures and little staff engagement in decision making are the predominant facilities in the Middle East. As of 2009, only one facility in Lebanon, the first in the Middle East and the third in the world outside the United States, has received the Magnet designation. Only two hospitals, one located in Saudi Arabia and another in Jordan, are currently embarking on the Journey to Magnet Excellence™. This designation, developed by the American Nurses Credentialing Center, implies the institution has met exceptional global standards for professional nursing care and essentially recognizes structures, processes, and outcomes of health care organizations (Drenkard, Wolf, & Morgan, 2011).

The purpose of this study is to assess whether by creating a shared governance environment in Middle Eastern hospitals, the perception of nurses will be enhanced and the nursing shortage in the Middle East decreased.

Literature Review

The Magnet Recognition Program formally recognizes a hospital environment that provides the best quality nursing care. The Magnet milieu strengthens professional nursing practice by enhancing nurses' autonomy, control over nursing practice, communication and teamwork, and the nursing role in leadership (Aiken, Smith, & Lake, 1994; Bumgarner & Beard, 2003; Havens & Aiken, 1999; Laschinger, Almost, & Tuer-Hodes, 2003; Miller, Galloway, Coughlin, & Brennan, 2001). Research shows that high autonomy, decentralized organizational structure, supportive management, and self-governance are attractive factors to a nurse (Upenieks, 2002, 2003). Magnet hospitals have the advantage of providing excellent nursing care, sustaining competent and skilled nurses, and limiting attrition (Aiken et al., 1994; Bumgarner & Beard, 2003; Havens & Aiken, 1999; Romano, 2002).

Although team building, collaborating across disciplines, and building staff engagement are not easily quantifiable, they can be the consequences of the Magnet Journey (Drenkard, 2010). Magnet nurses are encouraged to evaluate recent clinical practice and to contribute to the formation of clinical policies and procedures based on latest evidence (Lacey et al., 2007). VanOyen Force (2004) attributed success in implementing a shared governance framework and incorporating the Magnet standards of excellence in a hospital to nurses' perceptions of being appreciated and respected, and to their level of participation.

Several studies link a Magnet environment to several positive outcomes for nurses and patients as seen in Table 1.

No studies to date have examined the link between having a Magnet environment and its effect on nurses, patients, and the organization in the Middle East. However, studies related to the nursing environment in the region have revealed some important points about the Middle Eastern nursing profession. In Lebanon, according to nursing directors in 76 hospitals, the main retention challenges are unsatisfactory salary and benefits, unsuitable shifts and working hours, presence of better opportunities abroad, better opportunities in other hospitals within the country, workload, instability of the country, marriage, and the geographical location of the hospital (El-Jardali et al., 2009). In a more recent study, Badr and colleagues (2010) found the perception of the Lebanese nurses regarding the top priorities in the nursing workforce were the need to develop nursing skills (knowledge of new skills/technology and preparation for the job), and the need for continuing education. Contrary to expectations, this study did not confirm that working conditions (salary, working hours, stress, etc.) and appreciation/recognition were critically important to Lebanese nurses. On the other hand, anecdotal evidence at the only Magnet Journey hospital in the region has shown reduced turnover (18.8% in 2001 to 11.68% in 2009) and some positive patient outcomes, such as a reduction in pressure ulcer rates from 16.67% in 2007 to 0 in 2009.

A study of a Jordanian private hospital identified several problems, including nursing shortage, job dissatisfaction, burnout, and turnover (Mrayyan, 2007). The nursing shortage in Jordan has been attributed to several factors such as slow salary increases, a small number of women choosing to work in the nursing careers, a reduction in the number of nursing faculty, and unappealing work environment (Abualrub, 2007). A study conducted in a private hospital in Saudi Arabia revealed nurses were least satisfied with the hospital benefits, hospital policies, bonuses, fairness of the performance appraisal system, paid time off, and recognition of achievements (Zaghloul, Al-Hussaini, & Al-Bassam, 2008). A study conducted in the Ministry of Health hospitals in Saudi Arabia identified lack of recognition, technical aspects of supervision, work conditions, utilization of skills, pay, and limited job advancement, as the main determinants of nurses' job dissatisfaction (Al-Ahmadi, 2002).

Methodology

Design. A cross-sectional descriptive design with a survey was used to determine the perception

Table 1.
Studies Linking Magnet Environment to Positive Outcomes for Nurses, Patients, and Organizations

Authors	Patient Outcomes	Nurse Outcomes	Organizational Outcomes
Abualrab, 2007; Aiken, Smith, & Lake, 1994; Al-Ahmadi, 2002; Brady-Schwartz, 2005; Clarke, Sloane, & Aiken, 2002; El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009; Goode & Blegen, 2009; Havens & Aiken, 1999; Lacey et al., 2007; Laschinger, Almost, & Tuer-Hodes, 2003; Laschinger, Finegan, Shamian, & Wilk, 2004; Laschinger & Leiter, 2006; Mrayyan, 2007; Nelson et al., 2006; Rosenberg, 2009; Shirey, 2006; Stone et al., 2007; Stone & Gershon, 2006; Upenieks, 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004; Zaghloul, Al-Hussaini, & Al-Bassam, 2008	• Lower morbidity and mortality • Higher satisfaction • Less pressure ulcers • Less falls	• Less needlesticks • Less occupational health injuries • Less blood and body fluid exposure • Diminished burnout • Higher autonomy and control over practice • Higher involvement in decision making • Better cooperation among nurses • Perception of superb quality of care • Perception of less daily workload • Better job satisfaction	• Culture of safety • No mandatory overtime • Better nurse-physician relationships

of registered nurses towards a shared governance environment in their workplace.

Setting. This study involved four main hospitals located in major cities; three in Lebanon (Hospitals A, C, and D) and one in Jordan (Hospital B). Hospitals A and B were on the Journey to Excellence at the time of the study and are accredited by Joint Commission International. Hospital A received Magnet designation in 2009 but Hospital B has not yet received Magnet designation. Hospitals C and D were not on the Journey to Excellence at the time of the study. The number of beds in all four hospitals ranged between 300 and 400.

Sample. All staff nurses (1,590) working in the four selected hospitals in Lebanon and Jordan were asked to complete the Index of Professional Nursing Governance (IPNG). Of these, 1,220 (76.7%) agreed to participate.

Instrument. The IPNG is a questionnaire developed by Hess (1998) which covers information on socio-demographic characteristics (gender, education, employment status), organizational factors (number of years practicing in nursing and in current institution, and the type of nursing unit), and six dimensions of governance including control over nursing personnel, access to information, influence over organizational resources, participation, control over nursing practice, and goals and conflict resolution. The six dimensions are composed of 86 items with a five-point Likert scale as follows: (a) nursing management/administration only, (b) primarily nursing management/administration with some staff nurse input, (c) equally shared by nursing management/administration, (d) primarily staff nurses with some nursing management/administration input, and (e) staff nurses only.

Approval from the institutional review board of each participant hospital was secured. An oral statement script was given to all staff nurses explaining to them the objectives of the study and assuring them the information collected will only be used for research purposes. The oral statement script included that participation is strictly voluntary and there is no foreseeable risks to the participant nurses. Moreover, the completed surveys were stored in a secure area.

Data Analysis

In the univariate analysis, the socio-demographic characteristics and the organizational factors were examined for each participant hospital. To check for significant associations between hospital status regarding Journey to Excellence and the IPNG total/subscale scores, student's T-test was conducted and interpreted at a predetermined significance level (alpha = 0.05).

Results

Sample description. Most of the sample consisted of females in Hospitals A, C, and D, whereas the majority of the sample was males in Hospital B. The median age ranged from 25 to 29. As for the educational level, most of the surveyed nurses had bachelor's of science in nursing degrees. The mean years worked as a nurse was 7.18 in Hospital A, 4.14 in Hospital B, 8.51 in Hospital C, and 5.24 in Hospital D.

IPNG total and subscales. IPNG total and subscale shared governance ranges and means for the participant hospitals are presented in Table 2. The means of the Information, Goals, Resources, Participation, and Practice do-

Table 2.
IPNG Total and Subscale Shared Governance Ranges and Means for Study Hospitals

	Shared Governance	Journey to Excellence Hospitals (Hospitals A and B) *N* (Mean ± *SD*)	Not Journey to Excellence Hospitals (Hospitals C and D) *N* (Mean ± *SD*)	*P* Value
Total IPNG Score	173-344	652 (184.28 ± 41.174)*	324 (169.41 ± 42.316)	<0.001
Subscale 1: Nursing personnel	44-88	654 (36.14 ± 11.836)	328 (37.69 ± 12.663)	= 0.065
Subscale 2: Information	31-60	653 (34.03 ± 9.732)*	327 (28.76 ± 9.004)	<0.001
Subscale 3: Goals	17-32	654 (16.41 ± 5.556)	328 (15.28 ± 5.695)	<0.005
Subscale 4: Resources	27-52	654 (32.91 ± 8.416)*	327 (26.99 ± 7.638)*	<0.001
Subscale 5: Participation	25-48	654 (27.28 ± 7.932)*	327 (24.21 ± 8.968)	<0.001
Subscale 6: Practice	33-64	653 (37.61 ± 8.826)*	327 (36.30 ± 9.456)*	= 0.036

* Within shared governance range

mains were significantly higher in Journey to Magnet hospitals compared to hospitals not on the journey. No statistical difference was noted among the hospitals for the Nursing Personnel domain. The total score for A (Mean=185.78, *SD*=34.807) and B (Mean=181.64, *SD*=50.716) falls within the range of organizations that have shared decision making between nurses and management (173 to 344). This score indicates Hospitals A and B are in the early stage of shared governance. Whereas, the total score for Hospital C (Mean=170.83, *SD*=42.713) and Hospital D (Mean=166.99, *SD*=41.699) indicates decision making by management predominates in these facilities.

Two of the subscale scores in Hospitals A, B, C, and D are consistent with traditionally governed hospitals. Particularly, nurses perceive nursing management/administration dominates, with little or no staff nurse input, in decisions related to Nursing Personnel (who controls nursing personnel; shared governance range in this domain [44-88], Hospital A [Mean=33.91, *SD*=9.228], Hospital B [Mean=40.15, *SD*=14.639], Hospital C [Mean=37.26, *SD*=12.572], and Hospital D [Mean=38.44, *SD*=12.833]); and Goals (who sets goals and negotiates resolution of conflict at different organizational levels; shared governance range in this domain [17-32], Hospital A [Mean=16.08, *SD*=5.114], Hospital B [Mean=16.99, *SD*=6.241], Hospital C [Mean=15.43, *SD*=5.313], and Hospital D [Mean=15.01, *SD*=6.311]).

Alternatively, four of the subscale scores in Hospitals A and B reflect those of organizations in the early implementation of governance. Particularly, in areas of Resources (who influences the resources that support professional practice; shared governance range in this domain [27-52]; Hospital A [Mean=33.43, *SD*=8.035] and Hospital B [Mean=32.00, *SD*=9.005]); Participation (who creates and participates in committee structures related to governance activities; shared governance range [25-48], Hospital A [Mean=29.15, *SD*=6.909] and Hospital B [Mean=23.92, *SD*=8.535]); Practice (who controls professional practice; shared governance range [33-64], Hospital A [Mean=38.09, *SD*=8.278] and Hospital B [Mean=36.82, *SD*=9.792)]; and Information (who has access to information relevant to governance activities; shared governance range [31-60], Hospital A [Mean=35.12, *SD*=8.740] and Hospital B [Mean=32.08, *SD*=11.056]). Furthermore, Participation and Information scores in Hospitals C and D did not fall within shared governance range with scores being Hospital C (Mean=24.36, *SD*=9.099) and Hospital D (Mean=23.96, *SD*=8.771), respectively.

Discussion

The mean total IPNG score (184.28) is within the range of shared governance for the hospitals that are on the Journey to Magnet and significantly higher than the mean total IPNG score (169.41, $p<0.001$) of the hospitals not pursuing Magnet.

The four dimensions in which the journey organizations are within the shared governance range are Information, Resources, Participation, and Practice. The two dimensions in which these organizations are below the shared governance range are Personnel and Goals. In addition, the areas in which the journey organizations have scored significantly higher than non-journey hospitals are Information, Goals, Resources, Participation, and Practice. In the following section, we will discuss some of the initiatives taken at the journey hospitals that have contributed to the higher scores.

In the Information domain, nurses on the journey scored significantly higher than nurses not

on the journey on access to resources related to advances in nursing practice. This is probably due to the availability of highly resourceful medical libraries, online journals and books, and human resources in both journey hospitals. Other highly perceived areas are nursing peers' and management's opinion of bedside nursing practice, and nurses' overall satisfaction with their practice and nurse-physician relationships. In both journey hospitals nurses regard their practice and general environment to be superior to those of neighboring hospitals. Journey nurses believe they are more respected than their colleagues in other hospitals, and believe health care providers regard them as efficient and essential members of the collaborative team. Areas where no significant differences are apparent among journey and non-journey hospitals are (a) nurses' knowledge of the hospital's financial status, (b) their units' projected budget and expenses, and (c) the hospital's plans for coming years.

In the Resources domain, the scores that were significantly higher in journey hospitals were related to nurses' ability to make daily patient care assignments and influence procedures regarding patient flow and allocations. Nurses in journey hospitals perceive they have the authority and responsibility to control the daily processes of patient care. Leaders on the other hand mentor and support staff in making the right decisions. The next higher score in this domain is related to nurses' influence in mentoring and securing supplies for patient care. This is done based on careful planning to provide safe care in a cost-effective manner. The availability of a nurse business manager in one of the journey hospitals has also proved to be successful while working closely with nurses and being a liaison with other departments regarding purchase and evaluation of new products. The ability of nurses to make consultations within and outside of nursing care was also rated significantly high. This is due to the effective integration of the nurse's role within the health care team to influence and facilitate the provision of comprehensive patient care. Areas where journey and non-journey hospitals did not differ significantly are in making recommendations concerning other departments and in influencing organization-wide decisions for patient flow, placements, and referrals.

In the domain related to Participation, journey nurses scored significantly higher in their involvement in unit and departmental committees, dealing both with clinical and administrative matters. This is due to the high number of journey nurses in such committees and the continuous mentoring of management to enhance staff engagement. Both journey hospitals have grown from traditional to shared governance councilor structures in order to ensure staff nurses' authority, responsibility, and accountability in making unit-based and departmental decisions. Areas rated low and not significantly different from non-journey hospitals were in determining hospital-wide policies and procedures. Remodeling of the shared governance structures to embrace multidisciplinary governance is recommended where nurses can influence organizational decision making.

In regards to the remaining subscales of the IPNG, scores did not differ much between journey and non-journey hospitals only in the domain of Nursing Personnel (Hospital A [Mean=33.91, *SD*= 9.228], Hospital B [Mean=40.15, *SD*=14.639], Hospital C [Mean= 37.69, *SD*=12.572], Hospital D [Mean=38.44, *SD*=12.833]). However, journey hospitals did not score within the shared governance range in the domains of Goals and Practice.

In the journey hospitals, the Nursing Personnel subscale was the farthest from the shared governance range, which is a finding that is in line with other studies that have used the IPNG. It is presumed that while nursing organizations transition from a traditional to a shared governance environment, areas such as disciplining and promoting staff, making hiring and firing decisions, salaries and benefits, are the most difficult areas to change. In both countries where journey hospitals reside, the authors believe existing governmental and organizational structures support hierarchical frameworks which may affect the health care sector as well. It is worth noting that journey nurses perceived their involvement significantly different than non-journey hospitals in their involvement in performance appraisals of nursing personnel. This is believed to be due to the peer review processes established at these organizations.

Conclusion

The results of the study reveal nurses in hospitals that are on the Journey to Magnet perceive that decision making is shared between nursing management/administration and staff nurses. Nurses in these hospitals positively attribute their involvement and engagement in every aspect of the nursing profession. This scheme of shared governance promotes professional accountability and enhances individual autonomy, authority, and control. A shared nursing governance model can meet the current challenge of a nursing shortage to attract and retain nurses (Porter-O'Grady, 1992). The foundations of the work of every profession – practice, quality, learning, and generating new knowledge (research) – are organized in a shared governance environment (Hess & Swihart, 2011).

Today, there is an interest in the Magnet Journey in the Middle East. Hospitals will need to work on a shared governance structure to encourage decision making at the bedside. The study clearly reveals

the need to work on strategies to create a framework for shared governance. Moreover, the implications of this study in assessing nurses' perceptions about shared governance is to develop appropriate strategies to allow hospitals to better incorporate elements of a Magnet hospital environment such as better quality of nursing, leadership, a participative management style, and improved quality of patient care. Some hospitals in Lebanon and Jordan that have been successful in the initiatives taken to create a shared governance environment can serve as role models for others in this region in addition to helping them on their Journey to Magnet. The growth of health care in the Middle East region with rising expectations for patient care outcomes will challenge the nursing profession in the future. Shared governance will certainly help nurses take ownership in making decisions for patient care and as a result achieve better patient outcomes. **$**

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