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The Impact of Nursing Shared Governance on the Hospital Performance

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Introduction

Nursing shared governance is a management approach that integrates nurses into decision-making processes, ensuring they actively contribute to shaping hospital policies and improving clinical practices. Unlike traditional hierarchical management models, shared governance promote collaboration between hospital leadership and frontline nursing staff, enhancing professional autonomy, accountability, and collective responsibility. This approach has been widely recognized for its ability to drive improvements in hospital performance by optimizing operational efficiency, enhancing patient outcomes, increasing staff satisfaction, and ensuring financial sustainability. As Phillippe (2019) showed, shared governance strengthens the professional role of nurses, providing them with decision-making authority that directly influences patient care quality and hospital outcomes. Given the complex and rapidly evolving nature of healthcare systems, engaging nurses in governance structures is essential for achieving high-quality care and institutional effectiveness (O'Grady & Clavelle, 2021).

Historically, hospital management structures followed a top-down decision-making approach, where hospital executives and administrators dictated policies with minimal input from nursing staff. This rigid system often resulted in inefficiencies, workforce dissatisfaction, and increased patient safety concerns. Shared governance emerged as a solution to these challenges, offering a decentralized model that distributes authority across different levels of nursing practice. Through structured mechanisms such as nursing councils, unit-based committees, and interdisciplinary decision-making teams, shared governance ensures that those directly involved in patient care contribute to policy development, workflow optimization, and quality improvement initiatives (Owen et al., 2018). Jaber et al. (2022) further emphasized that engaging nurses in governance structures strengthens hospital administration by reducing hierarchical inefficiencies and promoting participatory leadership.

The impact of shared governance on hospital performance extends beyond workforce engagement. Research has demonstrated that hospitals implementing shared governance models report higher clinical efficiency, reduced medical errors, improved patient safety, and greater financial sustainability (Kutney-Lee et al., 2016). Additionally, shared governance promote a culture of teamwork, transparency, and leadership development, enabling nurses to take on more active roles in hospital administration and healthcare delivery. As Brennan and Wendt (2021) observed, shared governance contributes to improved interprofessional collaboration and enhances institutional decision-making processes, leading to overall hospital performance improvements.

Hospital performance assessment involves evaluating multiple aspects, including clinical effectiveness, operational efficiency, financial management, and patient-centered care. Shared governance plays a critical role in improving these dimensions by enabling collaborative decision-making, reducing inefficiencies, and strengthening communication across hospital departments. Speroni et al. (2021) found that hospitals with well-integrated governance structures demonstrated superior patient care outcomes, reduced delays in clinical procedures, and enhanced overall service delivery. One of the most significant contributions of shared governance to hospital performance is its impact on clinical outcomes and patient safety. When nurses actively participate in governance structures, they become more engaged in patient-centered care models, leading to fewer medical errors, improved adherence to evidence-based practices, and better infection control

measures. Studies indicate that hospitals with well-established shared governance frameworks have witnessed a 10%–20% decrease in hospital-acquired infections (HAIs) and a significant reduction in preventable medical errors (Barasteh et al., 2021). Additionally, higher nurse engagement has been linked to better patient satisfaction scores, as patients receive more attentive and coordinated care. Albargi et al. (2024) emphasized that when nurses influence policy decisions, hospitals experience improved clinical efficiency, as well as strengthened accountability in patient care.

Beyond clinical improvements, shared governance significantly enhances hospital operational efficiency. Traditional hospital management models often suffer from bureaucratic delays, poor communication, and inefficient resource allocation, which can negatively impact hospital performance. Shared governance addresses these issues by promoting collaboration between nurses, administrators, and other healthcare professionals, leading to more effective decision-making and streamlined workflow processes. Hospitals that adopt shared governance models have reported a 15% increase in overall efficiency, including shorter patient wait times, reduced length of hospital stays, and faster response times to clinical issues (Nurmeksela et al., 2021). Improved coordination among nursing teams and hospital departments also helps minimize workplace conflicts, creating a harmonious work environment that enhances productivity and service delivery.

Financial sustainability is another key area where shared governance contributes to hospital performance improvement. Many healthcare institutions face financial strain due to high operational costs, workforce turnover, and inefficiencies in hospital management. Shared governance helps mitigate these financial challenges by reducing nurse turnover rates, optimizing resource utilization, and improving budget allocation. Hospitals that successfully implement shared governance models have reported a 20% decrease in turnover rates, leading to significant cost savings on recruitment, onboarding, and training expenses (Adkins, 2023). Additionally, nurses who feel empowered in decision-making are less likely to experience burnout, absenteeism, or job dissatisfaction, reducing the financial burden associated with excessive overtime and staff shortages. Meyer and Allen (1991) showed that when employees feel a strong sense of commitment to their organizations, they are more likely to remain in their positions, reducing overall turnover costs.

Workforce stability and leadership development are also essential components of hospital performance, and shared governance plays a crucial role in these areas. When nurses are given the opportunity to participate in decision-making, they develop stronger leadership skills, a sense of professional accountability, and a commitment to institutional success. Hospitals that invest in shared governance not only benefit from higher levels of nursing engagement but also create a pipeline for future healthcare leaders (Blau, 1964). Encouraging nurses to take on advisory and leadership roles promote continuous learning, professional development, and career satisfaction, contributing to a more resilient and skilled healthcare workforce. Herzberg (1959) emphasized that employee motivation is driven by factors such as professional growth, recognition, and involvement in decision-making, all of which are enhanced by shared governance models.

In Saudi Arabia, the healthcare sector has undergone significant transformations under Vision 2030, which prioritizes improving healthcare services, strengthening workforce engagement, and promoting patient-centered care. As part of these reforms, Saudi hospitals have been increasingly adopting shared governance models to enhance

hospital performance and workforce satisfaction (World Health Organization, 2020). Hospitals under the Ministry of Health (MOH), King Fahd Medical City, King Saud Medical City, and specialized military hospitals have integrated shared governance principles to strengthen nursing leadership and participation in healthcare decision-making (World Health Organization, 2021).

Despite the benefits of shared governance, several challenges persist in implementing this model across Saudi hospitals. The traditional hierarchical hospital structure, combined with cultural resistance to decentralized decision-making, has slowed down the widespread adoption of shared governance (Vroom & Yetton, 1973). Additionally, variations in nurse empowerment levels across different institutions have impacted the effectiveness of governance structures. Addressing these barriers requires strong leadership commitment, structured governance policies, and ongoing training programs to cultivate a collaborative and participatory work culture (Phillippe, 2019).

Nursing shared governance is a transformational model that has demonstrated significant positive effects on hospital performance (O'Grady & Clavelle, 2021). Hospitals that embrace this model report higher patient safety outcomes, improved workflow processes, and increased cost-effectiveness.

In Saudi Arabia, integrating shared governance into hospital management aligns with the country's healthcare reforms under Vision 2030, making it an essential strategy for building a high-performing healthcare workforce. As Saudi hospitals continue to expand and develop, shared governance will play a vital role in ensuring better patient care quality, stronger institutional resilience, and long-term workforce engagement (Albargi et al., 2024). Prioritizing this governance model will allow Saudi healthcare institutions to achieve sustainable improvements in service delivery, workforce stability, and overall hospital performance.

Problem Statement

The efficiency and sustainability of healthcare systems depend mainly on hospital performance, and this performance is affected by governance structures, workforce stability, and operational efficiency. One of the most pressing challenges affecting hospital performance globally is the shortage of nursing professionals, which has reached alarming levels. According to the World Health Organization (WHO), the global nursing shortage affected hospital operations, also increased workloads, stress, and inefficiencies in healthcare delivery (World Health Organization, 2021). Currently, the world has approximately 28 million practicing nurses, yet there remains a deficit of 5.9 million nurses, with projections indicating that this gap will persist, reaching 5.7 million by 2030. The most affected regions include Africa, Southeast Asia, the Middle East, and South America, where hospitals had difficulties maintaining enough staffing levels, resulting in compromised patient care and an increased risk of medical errors (Albargi et al., 2024).

At the regional level, the Eastern Mediterranean region faces a 17% shortage in the nursing workforce, creating severe operational challenges for hospitals and healthcare institutions (Speroni et al., 2021). In Africa, the nurse-to-population ratio stands at 8.7 per 10,000 people, while in Southeast Asia and the Middle East, the ratio is approximately 16 nurses per 10,000 people. This disparity in workforce distribution not only limits access to essential medical services but also overburdens existing hospital staff, leading to increased stress, lower job satisfaction, and declining hospital efficiency (Adkins, 2023). Hospitals in these regions that face chronic nursing shortages experience longer patient wait times, higher rates of preventable complications, and an overall decline in care quality (Jaber et al., 2022).

In Saudi Arabia, nursing shortages present a challenge to hospital quality of care. In 2023, the total number of nurses in the healthcare sector reached 235,461, reflecting a 23% increase since 2016. However, the percentages of Saudi citizens in the nursing workforce remains low at only 37%, showed continued reliance on non Saudi nursing staff (Albargi et al., 2024). The national average for nurses per 1,000 people was reported at 2.2 in 2021, with ambitious targets set to increase this figure to 4.25 per 1,000 people by 2030. Despite these targets, the recruitment and retention of skilled nursing professionals remain challenging due to global competition for healthcare workers (Brennan & Wendt, 2021). The continued shortage of qualified nurses in Saudi Arabia threatens hospital performance, leading to higher staff turnover, increased medical errors, and reduced patient satisfaction (Speroni et al., 2021).

The consequences of inadequate hospital staffing are extensive, affecting both workforce well-being and patient outcomes. Hospitals with deficient nursing resources reduced patient safety, operational problems, and lower healthcare quality (Kutney-Lee et al., 2016). Nurses working under workloads face higher rates of stress, lower job satisfaction, and a greater rates of leaving the job, further exacerbating workforce shortages (Adkins, 2023). These factors contribute to rising operational costs, declining hospital efficiency, and worsening healthcare outcomes (Jaber et al., 2022). Given Saudi Arabia Vision 2030 healthcare transformation goals, studying workforce problems is essential to improving hospital performance and sustaining healthcare excellence (Albargi et al., 2024).

Justification

This study will contribute to the theoretical framework of hospital performance and governance models by examining how nursing shared governance will influence the efficiency, quality, and sustainability of hospital operations. Shared governance, as a leadership and management model, will be explored within the context of participatory decision-making, empowerment, and organizational commitment, particularly in the healthcare sector. Through integrating concepts from Health Promotion Theory, Self-Determination Theory, and Organizational Commitment Theory, this research will expand existing literature on how governance structures impact workplace motivation, engagement, and overall hospital efficiency. As Albargi et al. (2024) showed, participatory governance models promote increased engagement and a sense of ownership among healthcare professionals, leading to improved institutional effectiveness.

Theoretical importance

From a theoretical perspective, this study will advance the understanding of how nurse autonomy and involvement in decision-making will contribute to hospital performance. Traditional hospital management structures have placed nurses in subordinate roles, limiting their influence on hospital policies and strategic decisions. This research will challenge hierarchical governance models by providing empirical evidence on how decentralized decision-making frameworks will enhance hospital efficiency, reduce operational inefficiencies, and improve workforce stability. Speroni et al. (2021) emphasized that governance models that promote nurse participation contribute to improved healthcare delivery and better resource allocation. Furthermore, this study will bridge the gap between leadership theories and hospital performance optimization, offering a foundation for future research on governance frameworks that support hospital sustainability, workforce retention, and patient-centered care.

Additionally, this study will contribute to human resource management theories within the hospital sector by analyzing the relationship between hospital governance, leadership styles, and workforce engagement. As Brennan and Wendt (2021) pointed out, shared governance enhances leadership development among nurses, improving staff engagement and hospital-wide decision-making processes. The study will align with contemporary discussions on healthcare system resilience and workforce management, reinforcing the importance of collaborative, employee-centered governance models in achieving efficient hospital administration and high-quality patient care.

Practical Importance

The practical significance of this study will lie in its direct application to hospital administration, healthcare leadership, and policy development. Addressing the persistent challenges of hospital inefficiencies, workforce shortages, and operational constraints will become a global priority, and this research will provide evidence-based recommendations for improving hospital performance through shared governance models. As Adkins (2023) observed, shared governance reduces staff turnover and increases retention rates, which significantly improves hospital stability and workforce efficiency.

For hospital administrators and policymakers, this study will show the advantages of nurse-led decision-making structures in creating a more efficient and high-performing hospital environment. When demonstrating how shared governance will enhance hospital

workflow, professional accountability, and resource utilization, this study will offer actionable insights for hospitals seeking to improve operational efficiency, optimize workforce retention, and reduce burnout among staff. These findings will be particularly relevant to Saudi Arabia's Vision 2030 healthcare strategy, which will prioritize healthcare workforce nationalization, service quality enhancement, and long-term sustainability. Jaber et al. (2022) emphasized that shared governance improves healthcare outcomes by promoting a collaborative environment where nurses contribute to hospital policies and operational strategies.

For nursing leaders and healthcare practitioners, this study will offer a practical roadmap for implementing shared governance councils, participatory decision-making models, and hospital-wide leadership programs that will empower nurses and enhance institutional efficiency. The study will provide strategic recommendations that can be integrated into hospital operations to strengthen teamwork, improve resource management, and optimize decision-making processes. The research will emphasize how nursing-led governance initiatives will contribute to patient safety, improved care delivery, and enhanced hospital reputation. Speroni et al. (2021) found that hospitals adopting shared governance models experienced a reduction in patient complications and an increase in healthcare quality metrics.

Study Objectives

General Objective:

To examine the impact of nursing shared governance on hospital performance in Dr. Sulaiman Al Habib Hospital in Saudi Arabia.

Specific Objectives:

1. To assess the implementation and key characteristics of nursing shared governance in Dr. Sulaiman Al Habib Hospital.
2. To evaluate the hospital performance indicators, including clinical efficiency, patient care quality, and operational effectiveness in Dr. Sulaiman Al Habib Hospital.
3. To analyze the relationship between nursing shared governance and hospital performance, determining how governance structures influence overall institutional effectiveness.

Study Questions

General Research Question:

What is the impact of nursing shared governance on hospital performance in Dr. Sulaiman Al Habib Hospital in Saudi Arabia?

Specific Research Questions:

1. What are the key characteristics, structure, and implementation strategies of nursing shared governance in Dr. Sulaiman Al Habib Hospital?
2. How does hospital performance, including quality of patient care, clinical efficiency, and operational management, manifest in Dr. Sulaiman Al Habib Hospital?
3. What is the relationship between nursing shared governance and hospital performance, and how do governance practices contribute to improvements in healthcare delivery and institutional efficiency?

Study Hypothesis

Null Hypothesis (H_0):

There is no significant relationship between nursing shared governance and hospital performance in Dr. Sulaiman Al Habib Hospital in Saudi Arabia.

Alternative Hypothesis (H_1):

There is a significant relationship between nursing shared governance and hospital performance in Dr. Sulaiman Al Habib Hospital in Saudi Arabia.

Previous studies

Research on nursing shared governance and hospital performance has gained significant attention due to its role in enhancing healthcare efficiency, patient outcomes, and workforce stability. Numerous studies have explored how shared governance structures contribute to improved decision-making, operational effectiveness, and overall hospital quality. Existing literature suggests that hospitals implementing shared governance models experience better workflow coordination, reduced medical errors, and stronger staff engagement. These studies also showed the impact of shared governance on hospital-wide collaboration, emphasizing its role in promoting a culture of accountability and professional autonomy among nursing staff. The following review presented studies that assessed the relationship between nursing shared governance and hospital performance, providing empirical evidence on its effectiveness in improving healthcare delivery and institutional efficiency.

Albargi et al. (2024) conducted a qualitative study in Saudi Arabia to examine how nursing shared governance influences hospital performance by analyzing nurses' perspectives, experiences, and challenges within governance structures. The study explored factors that either facilitate or hinder the integration of nurses in hospital decision-making processes. Using semi-structured interviews with 13 registered nurses, the study revealed that many nurses had limited understanding of shared governance but acknowledged its potential to enhance hospital efficiency and care quality. The findings indicated that hospitals with structured shared governance models experienced better workflow coordination, improved staff morale, and higher levels of operational efficiency. Nurses involved in governance reported greater trust in hospital leadership, better interdepartmental communication, and more effective resource utilization. The study concluded that nursing shared governance positively influences hospital performance by increasing workforce engagement and optimizing healthcare operations. However, it showed the need for stronger leadership support and structured governance policies to maximize its benefits in Saudi hospitals.

Phillippe et al. (2019) investigated the effect of nursing shared governance on hospital performance in the United States, focusing on how governance models impact hospital efficiency, decision-making processes, and staff collaboration. The study found that shared governance promote improved hospital performance by promoting interprofessional collaboration and increasing nursing accountability. Hospitals with established shared governance structures reported enhanced decision-making efficiency, fewer medical errors, and improved patient satisfaction scores. The study concluded that integrating nurses into governance strengthens hospital workflow, reduces inefficiencies, and improves financial management by lowering turnover costs and enhancing staff retention. It emphasized that hospitals adopting shared governance benefit from a more engaged nursing workforce, optimized hospital operations, and improved healthcare delivery.

Owen et al. (2018) conducted a study examining the impact of shared governance on hospital efficiency and institutional effectiveness. Using a quantitative cross-sectional design, the study surveyed 69 full-time faculty and staff members to analyze their perceptions of governance structures. The results indicated that hospitals with participatory governance models demonstrated higher workflow efficiency, improved hospital coordination, and reduced administrative bottlenecks. The study further revealed that nurses in hospitals with strong shared governance frameworks reported higher engagement in decision-making, which contributed to streamlined hospital operations and improved patient care standards. The findings showed that shared governance is a key factor in optimizing hospital

performance by enhancing communication, reducing workplace conflicts, and improving hospital resource allocation.

Adkins et al. (2023) examined the role of nursing shared governance in improving hospital efficiency and service quality in acute care settings. The study was prompted by rising nurse attrition rates and hospital performance challenges, emphasizing the need for governance models that support workforce retention and operational efficiency. The study found that hospitals that implemented shared governance experienced a 25% improvement in patient throughput, reduced administrative delays, and increased staff collaboration. Additionally, hospitals with strong shared governance structures reported lower medical error rates, higher patient safety scores, and improved hospital-wide communication. The study concluded that shared governance is a practical, cost-effective approach to strengthening hospital performance by improving efficiency, workforce stability, and patient care delivery.

Jaber et al. (2022) explored the effects of nursing shared governance on hospital performance in Jordan, focusing on governance structures in clinical settings. The study, which surveyed 111 nurses, found that shared governance positively influenced hospital operations by improving clinical decision-making processes and strengthening hospital management efficiency.

The study showed that hospitals with participatory governance models reported better coordination between nursing and administrative teams, improved patient flow management, and more effective resource allocation. However, it also showed challenges related to limited nurse involvement in strategic decision-making, suggesting that further efforts are needed to reinforce shared governance as a driver of hospital performance improvement.

Kutney-Lee et al. (2016) conducted a study examining the relationship between nursing shared governance and hospital-wide performance indicators. The study analyzed secondary data from multiple hospitals and found that higher levels of nurse participation in governance correlated with improved hospital efficiency, lower patient complication rates, and increased operational stability. Hospitals with strong governance frameworks demonstrated a 15% reduction in patient readmission rates, a 20% increase in patient safety scores, and overall higher efficiency in hospital administration. The study concluded that shared governance serves as a valuable hospital management strategy, improving workflow processes and reducing inefficiencies in hospital settings.

Brennan and Wendt (2021) investigated how nursing shared governance enhances hospital performance by improving quality control and patient outcomes. The study focused on hospitals implementing structured governance models to optimize workflow processes and enhance service delivery. Findings indicated that hospitals utilizing shared governance frameworks reported a 30% improvement in overall hospital efficiency, a 20% increase in staff engagement, and a 10% reduction in patient wait times. The study concluded that nursing shared governance leads to significant performance gains by promoting transparency, optimizing resource allocation, and reducing inefficiencies in hospital management.

Speroni et al. (2021) conducted an international comparative study to assess how nursing shared governance affects hospital performance across multiple countries. Analyzing data from 2,170 nurses across 205 hospital units, the study found that hospitals with well-established shared governance models consistently outperformed traditional governance

structures in efficiency, safety, and patient satisfaction. The findings demonstrated that hospitals with high levels of nurse engagement in governance achieved a 25% improvement in hospital-wide efficiency metrics, a 30% reduction in adverse patient events, and stronger staff collaboration. The study concluded that shared governance is a critical strategy for optimizing hospital performance, regardless of geographical and institutional differences.

Literature Gap and Contribution of the Study

Despite the growing body of research on nursing shared governance and hospital performance, significant gaps remain in both global and regional contexts. Globally, existing studies have primarily focused on the impact of shared governance on nursing engagement, job satisfaction, and workforce retention, with limited emphasis on how shared governance influences broader hospital performance metrics, such as patient care quality, resource utilization, and operational efficiency. While research from countries like the United States and the United Kingdom has demonstrated the positive effects of shared governance on staff collaboration and institutional effectiveness, fewer studies have provided comprehensive quantitative assessments of its direct impact on hospital-wide performance indicators, including financial sustainability and patient safety outcomes. Additionally, most studies have been conducted in Western healthcare settings, with limited investigation into how shared governance models operate in non-Western healthcare systems where cultural and organizational factors may present unique challenges.

In Saudi Arabia, research on nursing shared governance within hospital performance frameworks remains limited. Existing studies have largely explored nurse participation in decision-making and leadership development, but few have examined the direct correlation between shared governance and hospital efficiency, patient outcomes, and institutional effectiveness. The Saudi healthcare system is undergoing rapid transformation under Vision 2030, with increasing emphasis on improving governance structures, enhancing workforce engagement, and optimizing hospital operations. However, the extent to which nursing shared governance has been successfully implemented and its measurable impact on hospital performance in Saudi hospitals remains underexplored. Additionally, there is a lack of region-specific empirical evidence on how shared governance can address challenges related to workforce retention, hospital workflow optimization, and patient safety improvements in the Saudi healthcare context.

This study aims to bridge these gaps by providing a comprehensive examination of the impact of nursing shared governance on hospital performance in Saudi Arabia. Unlike previous studies that have focused solely on workforce engagement and leadership participation, this research will assess both qualitative and quantitative performance indicators, including hospital efficiency, operational workflows, patient care outcomes, and institutional sustainability. The findings of this research will contribute to policy development, hospital management strategies, and the advancement of participatory governance models in the region, ultimately supporting the long-term sustainability of the Saudi healthcare sector.

Theoretical foundations of the study:

This study is grounded in several key theories that explain the relationship between nursing shared governance and hospital performance. These theories provide a conceptual foundation for understanding how participatory governance, leadership models, and employee commitment contribute to hospital efficiency, patient care quality, and institutional effectiveness.

Participatory Decision-Making Theory (Vroom & Yetton, 1973) suggests that organizational performance improves when employees are actively involved in decision-making processes. In the context of nursing shared governance, this theory supports the idea that allowing nurses to participate in governance structures leads to more efficient hospital operations, enhanced coordination, and improved patient safety outcomes. Hospitals that implement participatory governance models benefit from reduced medical errors and more effective interdisciplinary collaboration (Vroom & Yetton, 1973).

Herzberg's Two-Factor Theory (1959) showed the importance of workplace conditions in influencing job satisfaction and performance. Nursing shared governance contributes to hospital efficiency by addressing both hygiene factors (e.g., salary, job security) and motivational factors (e.g., recognition, professional development). When nurses have a voice in governance, they experience greater job satisfaction, which in turn enhances hospital performance through improved workflow and patient care (Herzberg, 1959).

Social Exchange Theory (Blau, 1964) further explains the relationship between shared governance and hospital performance, suggesting that employees reciprocate organizational support with higher commitment and productivity. When hospitals involve nurses in governance, a culture of trust and collaboration emerges, leading to improved hospital efficiency and stronger workforce stability. Nurses who feel valued contribute more effectively to patient care and operational effectiveness (Blau, 1964).

Meyer and Allen's Three-Component Model of Organizational Commitment (1991) provides insight into how shared governance influences workforce retention. Engaging nurses in decision-making strengthens their commitment, reducing burnout and optimizing hospital performance (Meyer & Allen, 1991). These theoretical foundations collectively explain how nursing shared governance enhances hospital performance by promoting a participatory work culture, improving job satisfaction, increasing workforce stability, and optimizing hospital operations.

Methods

Study Design

This study will use a quantitative, observational, cross-sectional hospital based research design

Study Setting

The study will be conducted at Dr. Sulaiman Al Habib Hospital in Riyadh, a leading private healthcare institution in Saudi Arabia known for its advanced medical services and large nursing workforce. Dr. Sulaiman Al Habib Hospital in Riyadh is part of the Dr. Sulaiman Al Habib Medical Group, one of the leading healthcare providers in the Middle East. Established in 1995, the group has expanded to include multiple hospitals and medical centers across Saudi Arabia, the UAE, and Bahrain. The hospital in Riyadh is known for its state-of-the-art medical facilities, advanced technology, and highly skilled healthcare professionals.

Study Duration

The study will be conducted over a period of six months, including survey development, data collection, analysis, and reporting.

Study Population

The target population consists of registered nurses employed at Dr. Sulaiman Al Habib Hospital.

Inclusion Criteria

- Registered nurses employed at Dr. Sulaiman Al Habib Hospital.
- Nurses with at least six months of work experience in the hospital.
- Nurses willing to participate in the study and provide informed consent.

Exclusion Criteria

- Nurses with less than six months of employment at the hospital.
- Administrative staff or healthcare professionals other than nurses.
- Nurses on extended leave (e.g., maternity leave, medical leave) during the study period.
- Nurses unwilling to participate or fail to provide informed consent.

Sampling

Since this is a cross-sectional study, with known number of population (number of participants in the study area and duration who fulfilled the study criteria), the size of the study can be determined through the following formula:

$$n = N / (1 + N (e)^2)$$

Where n is the sample size and N is the population size (number of nurses who fulfilled with the study criteria).

Estimated population size = 699 participants

So, the sample size (n) = $699 / (1 + 699 \times (0.05 \times 0.05)^2) = 255$ participants

Sampling Technique

To ensure a representative sample, the nursing workforce will be stratified based on hospital departments, including Intensive Care Unit (ICU), Emergency Department, Surgery, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Outpatient Services. The proportion of nurses selected from each department will be aligned with their actual distribution within the hospital, ensuring that the sample accurately reflects the diverse roles and responsibilities within the nursing staff.

Data Collection Tools

This study will employ three primary data collection tools to assess personal and professional characteristics, nursing governance, and hospital performance. These tools have been carefully selected based on their relevance to the study variables and their established validity in healthcare research.

1. Personal and Professional Data Section (12 Questions)
 - This section will collect demographic and professional information about participants, including sex, age, nursing education level, highest attained degree, employment status, years of nursing experience, current position, nursing unit, years worked in the institution, years in the current position, specialty certification, and professional satisfaction rating.
 - The data collected from this section will provide a comprehensive understanding of the participants' background and its potential influence on governance involvement and hospital performance.
 - The questions are sourced from the Index of Professional Nursing Governance (IPNG) 3.0 (Hess, 2017).
2. Index of Professional Nursing Governance (IPNG) 3.0 (38 Questions, 5 Sections)
 - Developed by Hess (1998, revised in 2013 and 2017), the IPNG 3.0 assesses the level of nursing governance within an organization, focusing on decision-making authority and professional autonomy.
 - Sections:
 - Control Over Practice (8 Questions) – Evaluates the extent to which nurses participate in determining bedside care practices and policies.
 - Influence Over Resources (8 Questions) – Assesses nursing staff involvement in budget allocation, personnel management, and supply procurement.
 - Official Authority Over Practice (8 Questions) – Measures the formal control nurses have in policies affecting patient care and professional roles.
 - Participation in Committees (8 Questions) – Examines how involved nurses are in various decision-making committees.

- Access to Information (6 Questions) – Evaluates the availability of data on hospital performance and nursing standards.
 - Responses will be recorded on a five-point Likert scale ranging from (1) "Nursing Management Only" to (5) "Staff Nurses Only," reflecting the distribution of governance authority.
- 3. Hospital Performance Assessment Tool (45 Questions, 5 Sections)
 - Adapted from the Rwandan Hospital Accreditation Standards Performance Assessment Toolkit (3rd Edition, 2022), this instrument evaluates hospital performance across key quality indicators.
 - Sections:
 - Leadership and Accountability (10 Questions) – Measures the hospital's strategic leadership and decision-making processes.
 - Workforce Management (8 Questions) – Evaluates staffing adequacy, competencies, and professional development initiatives.
 - Patient Safety and Care Quality (10 Questions) – Assesses adherence to clinical guidelines, patient identification procedures, and infection control measures.
 - Operational Efficiency (9 Questions) – Examines resource utilization, risk management, and infrastructure sustainability.
 - Quality Improvement and Patient Satisfaction (8 Questions) – Investigates hospital initiatives to enhance service quality, address patient concerns, and monitor outcomes.
 - Responses will be recorded using a three-point scale where (0) = "Not Implemented," (1) = "Partially Implemented," and (2) = "Fully Implemented."

Data Collection Procedure

- The survey will be conducted both electronically (via Google Forms) and through printed copies distributed to eligible nurses at Dr. Sulaiman Al Habib Hospital, Riyadh.
- Inclusion criteria: Participants must have been employed for at least six months in their current role to ensure familiarity with governance structures and hospital performance standards.
- Confidentiality: Informed consent will be obtained before survey administration, emphasizing voluntary participation and data privacy.
- The data collection process will last four weeks, with periodic reminders sent to maximize response rates.
- Data Analysis:
 - Descriptive Statistics – Mean, standard deviation, and frequency distributions for demographic and hospital performance variables.
 - Inferential Statistics – Pearson's correlation and multiple regression analysis to examine relationships between shared governance and hospital performance indicators.
 - Statistical Software: SPSS (Version 28.0) will be used for data analysis.

Ethical Considerations

- Ethical approval will be obtained from the hospital's Institutional Review Board (IRB) before data collection.

- Participants will receive an informed consent form explaining the study's purpose, confidentiality, and voluntary participation.
- Data will be anonymous and stored securely to protect participant privacy.
- No personal data will be collected.
- Participants can withdraw at any stage without consequences.
- Digital data will be password-protected, and printed questionnaires will be stored in a locked cabinet accessible only to the research team.

Budget

This study will be self-funded by the researcher.

Study Scope and Limitations

Scope of the Study

This study will focus on nurses at Dr. Sulaiman Al Habib Hospital in Riyadh, Saudi Arabia, examining the impact of nursing shared governance on hospital performance. It will utilize validated quantitative tools, including the Index of Professional Nursing Governance (IPNG) 3.0 and the Hospital Performance Assessment Tool, to assess governance structures and hospital efficiency. The cross-sectional design will provide insights into governance effectiveness, offering recommendations for improving hospital management and decision-making processes.

Limitations of the Study

The study is limited to one hospital, affecting the generalizability of the findings. Self-reported data may introduce social desirability bias, and the cross-sectional nature of the study will not establish causality between governance and performance. Additionally, resource constraints may limit the sample size and data collection methods. Despite these limitations, the study will provide valuable insights into strengthening participatory governance models in hospital management.

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Data collection tool

Part 1: Demographic Information

1. **Today's Date:** __ / __ / ____
2. **Sex:** ☐ Male ☐ Female
3. **Age:** _____
4. **Basic Nursing Educational Preparation:**
☐ Nursing Diploma ☐ Associate Degree in Nursing ☐ Baccalaureate Degree in Nursing
5. **Highest Educational Degree Attained:**
☐ Nursing Diploma ☐ Associate Degree in Nursing ☐ Baccalaureate Degree in Nursing
☐ Master's Degree in Nursing ☐ Master's Degree (Non-Nursing) ☐ Doctorate in Nursing
☐ Doctorate (Non-Nursing)
6. **Employment Status:**
☐ Full-time (36-40 hours per week)
☐ Part-time (Specify number of hours per week: _____)
7. **Total Years in Nursing Practice:** _____
8. **Current Position Title:** _____
9. **Type of Nursing Unit You Work In:**
☐ Medical ☐ Surgical ☐ Critical Care ☐ Emergency Room ☐ Pediatrics
☐ Maternity ☐ Psychiatry ☐ Operating Room ☐ Recovery Room ☐ Education
☐ Quality Management ☐ Clinic ☐ Other (Specify: _____)
10. **Number of Years in This Institution:** _____
11. **Number of Years in Current Position:** _____
12. **Do You Hold Any Specialty Certifications from Professional Organizations?**
☐ Yes ☐ No (If yes, specify type and year received: _____)
13. **Rate Your Overall Satisfaction with Your Professional Practice (1 = Lowest, 5 = Highest):**
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Part 2: Governance assessment

Section 1: Governance Control

Please circle the group that CONTROLS the following areas in your organization:

(1 = Nursing Management/Administration Only, 2 = Primarily Nursing Management with Some Staff Input, 3 = Equally Shared, 4 = Primarily Staff Nurses with Some Management Input, 5 = Staff Nurses Only)

Governance Area	1	2	3	4	5
Determining bedside nursing practices	☐	☐	☐	☐	☐
Developing and evaluating patient care policies, procedures, and protocols	☐	☐	☐	☐	☐
Establishing qualifications for nursing positions	☐	☐	☐	☐	☐
Determining activities of ancillary nursing personnel	☐	☐	☐	☐	☐

Conducting disciplinary actions for nursing personnel	☐	☐	☐	☐	☐
Assessing and providing for nursing staff development	☐	☐	☐	☐	☐
Selecting products used in nursing care	☐	☐	☐	☐	☐
Determining nursing care delivery models (e.g., primary, team-based)	☐	☐	☐	☐	☐

Section 2: Influence on Decision-Making

Please circle the group that **INFLUENCES** the following activities:

(Same scale as above: 1 = Management, 5 = Staff Nurses Only)

Influence Area	1	2	3	4	5
Making daily patient care assignments	☐	☐	☐	☐	☐
Regulating patient admissions, transfers, and discharges	☐	☐	☐	☐	☐
Formulating annual unit budgets	☐	☐	☐	☐	☐
Recommending nursing salaries, raises, and benefits	☐	☐	☐	☐	☐
Consulting with external nursing specialists (e.g., wound care, psychiatric services)	☐	☐	☐	☐	☐
Consulting with non-nursing departments (e.g., dietary, social services, finance)	☐	☐	☐	☐	☐
Creating new clinical positions	☐	☐	☐	☐	☐
Creating new administrative or support positions	☐	☐	☐	☐	☐

Section 3: Official Authority Over Governance

Please indicate which group has **OFFICIAL AUTHORITY** over these areas:

(Same scale as above: 1 = Management, 5 = Staff Nurses Only)

Authority Over	1	2	3	4	5
Credentialing and hiring standards for RNs	☐	☐	☐	☐	☐
Organizational job structure (who reports to whom)	☐	☐	☐	☐	☐
Disciplinary policies for nursing personnel	☐	☐	☐	☐	☐
Hiring and transferring nursing staff	☐	☐	☐	☐	☐
Policies for promoting nurses to leadership roles	☐	☐	☐	☐	☐
Budget recommendations for nursing units	☐	☐	☐	☐	☐

Adjusting nursing salaries and benefits	☐	☐	☐	☐	☐
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Section 4: Participation in Governance Committees

Please indicate the level of nursing participation in these governance activities:

(Same scale as above: 1 = Management, 5 = Staff Nurses Only)

Participation In	1	2	3	4	5
Unit-level administrative committees (e.g., staffing, budgeting)	☐	☐	☐	☐	☐
Nursing department committees for administrative matters	☐	☐	☐	☐	☐
Interprofessional committees for collaborative practice	☐	☐	☐	☐	☐
Hospital administration committees for strategic planning	☐	☐	☐	☐	☐
Forming new nursing departmental committees	☐	☐	☐	☐	☐

Section 5: Access to Information

Please indicate the level of access nurses have to the following types of information:

(Same scale as above: 1 = Management, 5 = Staff Nurses Only)

Access To	1	2	3	4	5
Compliance with regulatory agencies (e.g., Joint Commission)	☐	☐	☐	☐	☐
Unit and departmental goals and objectives	☐	☐	☐	☐	☐
Organizational strategic plans	☐	☐	☐	☐	☐
Results of patient satisfaction surveys	☐	☐	☐	☐	☐
Nurse turnover and vacancies	☐	☐	☐	☐	☐

Part 3: Hospital Performance Assessment Questionnaire

Instructions:

This questionnaire aims to evaluate hospital performance based on accreditation standards. Each criterion should be rated according to the level of compliance. Please mark (✓) in the appropriate box for each assessment item.

Basic Information

- **Hospital Name:** _____
- **Department:** _____
- **Assessment Date:** __ / __ / ____

- Assessor's Name: _____

Section 1: General Evaluation of Healthcare Quality

Criterion	0 - Not Implemented	1 - Partially Implemented	2 - Implemented with Required Improvements	3 - Fully Implemented
Medical assessments for all admitted patients are conducted according to standardized hospital procedures.	☐	☐	☐	☐
Patient conditions are reassessed regularly in accordance with hospital standards.	☐	☐	☐	☐
All assessments are documented clearly and systematically in medical records.	☐	☐	☐	☐
Written guidelines for clinical assessments are available for all medical specialties within the hospital.	☐	☐	☐	☐

Section 2: Compliance with Patient Safety Standards

Criterion	0 - Not Implemented	1 - Partially Implemented	2 - Implemented with Required Improvements	3 - Fully Implemented
Infection prevention policies and procedures are implemented in all medical departments.	☐	☐	☐	☐
All medical errors are recorded and reported for corrective actions.	☐	☐	☐	☐

The medical staff undergoes periodic training on safety protocols.	☐	☐	☐	☐
Personal protective equipment (PPE) is provided to all staff in accordance with health guidelines.	☐	☐	☐	☐

Section 3: Operational Efficiency and Resource Management

Criterion	0 - Not Implemented	1 - Partially Implemented	2 - Implemented with Required Improvements	3 - Fully Implemented
Hospital occupancy rates are monitored and managed effectively to avoid overcrowding.	☐	☐	☐	☐
Surgical procedures are scheduled efficiently to reduce patient waiting times.	☐	☐	☐	☐
Medical supplies are managed efficiently to ensure availability at all times.	☐	☐	☐	☐
Emergency response plans are in place to handle disasters or health crises.	☐	☐	☐	☐

Section 4: Medical Staff Participation in Clinical Governance

Criterion	0 - Not Implemented	1 - Partially Implemented	2 - Implemented with Required Improvements	3 - Fully Implemented
Physicians and nurses regularly participate in quality management meetings.	☐	☐	☐	☐
The nursing staff is actively involved in	☐	☐	☐	☐

hospital decision-making committees.				
Staff feedback is collected and used to improve hospital policies.	☐	☐	☐	☐
There is a structured framework for nursing shared governance within the hospital.	☐	☐	☐	☐