Factors Affecting Decisional Involvement among Staff Nurse

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Abstract

Background: Decisional involvement "is the pattern of distribution of authority for decisions and activities that govern nursing practice policy and the practice environment, Staff nurse decisional involvement can improve quality of patient care as well as nurses' Job satisfaction. There is also evidence that decisional involvement improves the nurse work environment , commitment, perceived empowerment, self-growth, organizational development ,patient and organizational outcomes, and employee well-being. **Aim of study:** the study aimed to identify factors affecting decisional involvement among staff nurses. **Subjects and methods:** A cross-sectional analytic design was used. The study was conducted in Mobart EL Mahalla Hospital; it is affiliated to General Authority for Health Insurance, western branch. Simple random sample that included 150 out of 250 staff nurses. Two data collection tools were used to carry out this study namely, Decisional involvement scale (DIS) and decisional involvement Factors questionnaire. **Results:** The highest percentage of staff nurses viewed actual decision-making is made by administration. While more than three quarter of them viewed that decision making decisions should tend more towards sharing and nurse led rather than administration. The highest percentage of staff nurses had high level agreement upon the organizational factors affecting decision making ,compared with minority of the study participants had agreement regarding the items personal factors**. Conclusion:** The highest percentage of staff nurses of administration were actually group that makes units decisions with minimal involvement of nursing. The staff nurses view of the organizational factors that affecting their involvement in decision making is much higher in comparison with their view of personal factors. **Recommendation:** 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. The decision making in matters closely related to nursing work should primarily led by nurses, examples are the areas of staffing and recruitment and quality of nursing support staff. Hospital administrators with help of nurse managers should conduct periodic assessment of staff nurses' views of actual decisional involvement. Head nurse and nurse supervisors should periodically involve staff nurses in decision making at the unit level and for simple matters to foster their abilities and encourage their decisional involvement. Staff development and training officers in the hospital should provide adequate training in decision making for staff nurses to enhance their involvement.

Keywords: Decisional Involvement, Staff nurses.

Introduction:

Today's healthcare environment is challenging for nurses. In healthcare systems, several aspects, such as clients and financial system, technology, and rules may have an effect on the cost, accessibility, quality of healthcare services, and decision-making *(Ugur et al., 2017)*. Nurses are increasingly regarded as key decision makers within the healthcare team. Nurses are called upon to make ethical, policy, practice, clinical, and nonclinical decisions on routine basis. They are also expected to use the best available evidence in their judgments and decisions *(Abdelhadi et al., 2020)*.

Decision making can be defined as selecting the most appropriate conceivable way to solve problem *(Arkan et al., 2021)*. While problem solving in nursing has mostly been done through trial and error, decision making has gained an information-based infrastructure in the light of scientific approaches developed today. In order for the nurse to make the right

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 *(Rogers et al., 2012).*

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 *(Khalafi et al., 2016).* In nursing, decision-making helps guiding nurses in the assessment, assimilation, and evaluation of information to make proper judgments in clinical and other situations that may be associated with conflict *(Valcarenghi et al., 2018).*

Decision making characteristics**,** rational thinking, decision is the end results of deliberation and reasoning and is based on rational thinking. Since the human brain with its ability to learn, remember, and relate many complex factors, makes the rationality possible *(Nibbelink and Brewer, 2018)*. Analytical-intellectual, it is process followed by deliberations and reasoning.it is not totally intellectual but has intuitive and deductive logic with both conscious and unconscious facets. *(Abdelhadi et al., 2020)*.Selective, it is also selective in the sense of selecting the best among available alternative identified by the decision-maker *(Bagnasco et al., 2020).*

Decision-making is a focal point at which plans, policies, and objectives are translated into concrete actions .it is usually purposive, i.e., it relates to the end or the solution to the proble*m (Oh et al., 2022)*. It is the selection of a course of action needed to solve a problem. Although any decision is actually positive, certain decisions may be negative, i.e., not to decide is still decision *(Johansen and O'Brien, 2016)*. It involve commitment, as it commitment of time, effort, and money.it is a dynamic process, by using inputs effectively in the solution of selected problems and the creation of outputs that have utility *(Choi and Kim, 2015)*. Evaluation, it involves evaluation of alternatives *(Ludin, 2018).*

Nurses and their employers would derive important benefits from a better understanding of nurses' decision making. These involve better organizational effectiveness, improved nurses' ability to work with patients as partners, more protection from litigation, and better-quality management. For nurses, the key benefit is in strengthening their position within the multidisciplinary health care team (Pillay and Pillay, 2021).

Decisional involvement is defined as the pattern of the distribution of authority for the decision and the activities that govern the nursing practice policy and the practice environment *(Belita et al., 2020)*.staff nurse decisional involvement means the staff nurse has authority and responsibility in governance for nursing practice policy and the practice environment *(Anton et al., 2021)*.

Involvement in decision making can improve the quality of patient care as well as nurses' job satisfaction. There is also evidence that decisional involvement improves the nurses work environment, commitment, perceived empowerment, self-growth, organizational development, patient and organizational outcomes, and employee well-being *(Ugur et al., 2015)*. As staff nurses experienced success in participation in decision making, they increased success in participation in decision making about other issues (e.g., physician relationships, care guidelines, patient satisfaction) *(Fischer et al., 2018)*.

Decisional involvement scale is the only tool specifically designed and validated to measure staff nurse decisional involvement *(Gimbel et al., 2017)*. It comprised 21 items that measure the actual and preferred DI of nurses. The DIS also measure nurse involvement in decisions associated with six subscale: unit staffing, quality of professional practice, unit leadership, professional recruitment, quality of support staff practice and collaboration activities decisions *(Fischer et al., 2018)*.

The DIS uses a 5- point scale to indicate the degree to which the participant perceives decisions are the responsibility of staff nurses and administration/management on the nursing

unit. the score ranges from 21 to 105; a high score indicates a high degree of nursing involvement, while a lower score indicates little staff nurse involvement *(Bina et al., 2014)*.

Factors related to decisional involvement of staff nurses are; shared governance (or decentralization or participative management), formal/ informal power, empowerment structure, clinical/ work autonomy, professional/organizational autonomy, content/ of nursing practice, control over nursing practices, accountability, responsibility, distribution of authority, collaboration, professional work environment, job satisfaction, professional development professional fulfillment, work engagement, work effectiveness, organizational commitment, patient outcome *(Havens et al., 2013)*.

Strategies to promote staff nurses' decisional involvement, these strategies may involve input in resource allocation, promotion, enhanced skill development, conflict resolution, participation in scheduling, selecting and review of leaders, and development and implementation of mechanisms for the promotion of staff nurses *(Lu and Liao, 2022)*.

Significance of the study:

Staff nurse decisional involvement has a great significance in organizations such involvement affects staff nurses' retention and recruitment, job satisfaction, accountability, autonomy, collaboration, and patient outcomes. So, absence of rules and regulations that indicate staff nurse involvement in decision making can lead to low performance, low productivity, decrease morale of the staff, increase turnover among staff, dissatisfaction of the patients and staff and job strain *(Ahmed, 2019)*.

The researcher observed some of problems facing staff nurses during their work such as obligatory scheduling and insufficient vacations, all the decisions related to patient care under control of physicians with minimal and /or no participation from nurses such creates different kinds /forms of conflict. additionally, many factors affecting staff nurses participation in decision making such as autocratic leadership style used by head nurse, organizational culture such as the hierarchies and norms within the organization that captures the wisdom of employees from the involvement in decision making, the work environment such as absence of educational programs to support decision making skills and absence of collaboration between staff nurses in patient care. So, this study will be conducted to identifying factors affecting decisional involvement among staff Nurses.

Aim of the study:

This study aimed at identify factors affecting decisional involvement among staff nurses through:
- Assessing types of unit decisions through using of decisional involvement scale.
- Assessing factors affecting decisional involvement among staff nurses.

Research questions:

What are factors affecting decisional involvement among staff nurses?

Research design:

A cross-sectional analytical design was used in carrying out this study.

Subjects & Methods
Setting:

This study was conducted in Mobart EL Mahalla Hospital; it is affiliated to General Authority for Health Insurance, Western Branch. The study was conducted in 15 departments namely: emergency department, medical intensive care, cardiac intensive care, medical department, surgical department, kidney dialysis, operating room, urology department, E N T department, pediatric department, nursery department, obstetric department, orthopedic department, Oncology department, intermediate intensive care. This hospital provides general and medical services and its specialties which include immunology and allergic diseases, tropical medicine, chest diseases, kidney diseases, intensive care services.

Subjects:

The subjects of this study included 150 out of 250 staff nurses who are working at the pre mentioned setting. They were selected randomly using simple random sampling technique.

The sample size calculated according to the following equation *(Thompson, 2010)*:

Sample size n =

[DEFF*Np(1-p)]/   [(d2/Z21-α/2*(N-1)+p*(1-p)]

Sample size n =

Population size(for finite population correction factor or fpc)(N):		250
Hypothesized % frequency of outcome factor in the population (p):	5	50%+/-
Confidence limits as % of 100(absolute +/- %)(d):		5%
Design effect (for cluster surveys-DEFF):		5%

Tools of data collection

Data were collected using two tools namely, Decisional involvement scale (DIS) and decisional involvement Factors questionnaire.

Tool 1: decisional involvement scale: this tool aims to assess actual and preferred level of decisional involvement among staff nurses. It will be adopted from *(Havens et al., 2003)*. **This tool consisted of two parts:**

The first part:
This part aimed to collect data related to the demographic characteristics of study subjects such as age, gender, place of residence, years of experience, position, work unit and qualification.

The second part:
Decisional involvement scale (DIS): It contains 21 items related to 6 constructs as follows: unit staffing, quality of professional practice, unit leadership, professional

recruitment, quality of support staff practice and collaboration activities decisions. It will be adopted from *(Havens et al., 2003).*

❖ **Scoring system:**

The subject's responses were presented in the scale ranging from (5 to 1)
5=staff nurses only
4=primarily staff nurses-some administration/ management.
3=equally shared by administration/ management and staff nurses.
2=primarily administration/management-some staff nurses.
1= Administration/ management only.

Tool 2: decisional involvement Factors questionnaire: this tool aims to identify factors affecting decisional involvement among staff nurses. It will be adopted from *(Eid, 2009)*.

This tool consists of two parts:-

The first part:

Decisional involvement factors at personal level: this part divided into (3 scales)

1- Individual disposition scale: - divided into (2 subscales)

a) Self-confidence scale it contains (9 questions) b) Systematicity scale it contains (11questions)

2- Individual competency scale: - divided into (3subscales)
a) Creativity competency scale: it contains (10 questions)
b) Intentionally scale: it contains (14 questions)
c) Interpersonal connection and relations scale: It contains (10 questions)

3) Job feeling scale: Divided into (3subscales)
a) Feeling toward work itself scale: it contains (10 questions)
b) Feeling toward the supervisor: it contains (10 questions)
c) Feeling toward work group scale: it contains (9 questions)

The second part:

Decisional involvement factors at organizational level, it include(23 questions), It includes items related to organizational rules and regulations, and managerial support factors affect staff nurses involvement in making unit related decisions**.**

❖ **Scoring system:**

Scoring: The responses from "strongly agree" to "strongly disagree" were scored from 5 to 1, respectively. Reverse scoring was used for negatively stated items, so that a higher score indicates higher level of agreement. The totals of each dimension and its components were calculated, and the sums of scores were converted into percent scores. For the categorical analysis of each component as well as for the total score of the scale, a score of 60% or higher was considered as high agreement, while a lower score was considered low agreement.

Operational design

The operational design included preparatory phase, pilot study, and field work.

• **Preparatory phase:**

A review of literature was done including current and past available literature covering the various aspects of the study variables using text books, articles, magazines and internet search, to be aquatinted with and oriented about aspect of the research study.

• **Pilot study:**

A pilot study was conducted on 15 staff nurses selected randomly. They represent 10% of the total study subject. The aim of the pilot study was to examine the feasibility, practicability of the tools, clarity of the language and for estimating the time needed to fill it out. The staff nurses took 15-20 minutes to fill in the questionnaire sheet. Necessary modifications were done according to the result of the pilot study. The pilot sample was not included in the main study sample.

Field work:

The field work started by getting official permission from the dean of the Faculty of Nursing, Ain Shams University to Mobart EL Mahalla Hospital. The researcher visited the study setting, met the directors of the hospital to explain the aim of the study and get their approval and cooperation. Then, the researcher met nurse managers as well as the staff nurses, explained the aim of the study to them, and invited them to participate. Those who gave their verbal consent to participate were given the data collection tools and instructed in how to fill them in. Questionnaire forms were distributed to the respondents at their workplace. Then sheets collected by the researcher at the same time or at another time at the next day. The filled forms were revised by the researcher to ensure their completeness. The return rate was 100%.

The appropriate time of data collection was according to type of work and work load of each department, sometimes it was in the middle of the morning and afternoon shift and other time before the end of the afternoon shift and in the beginning of night shift. Collection of data took three months from beginning of September 2021 to the end of November 2021.

Ethical considerations:

Prior to the study conduction, approval was obtained from the scientific research ethical committee from Faculty of Nursing-Ain Shams University. In addition, the researcher met the director of the hospital and explained the aim of the study to gain their approval. All subjects were informed that participation in the study is voluntary, the collected data will be treated confidentially and the anonymity of each participant was assured by the allocation of a code number to the questionnaire sheets. Subjects were informed that this data and responses were used for the research purpose only. Each participant was also informed that he/she has right to withdraw from the study at any time without giving any reason.

Administrative design:

An official letters requesting permission to conduct the study were directed from the dean of Faculty of Nursing-Ain Shams University to the hospital directors and nursing directors of Mobart EL Mahalla Hospital to obtain their approval to carry out this study. These letters included the aim of the study and

photocopy from data collection tools in order to get the permission and help for collection of the data.

Statistical design:

Data entry and statistical analysis were done by using SPSS 20.0 statistically software package. Data were presented using descriptive statistics in the form of frequency distribution for qualitative variables, mean and standard deviation for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of tools through their internal consistency. Pearson correlation was conducted to assess the relationship between quantitative variables; simple linear regression was conducted to assess the effect relationship. Statistical significance was considered at p-value < 0.05

Results:

Table (1): The study sample consisted of 150 staff nurses whose age ranged between 24 and 50 years, median 33.0 years, with a majority of females (76.0%) as presented in The majority were bachelor's degree nurses (80.0 %) and worked as specialists (80.0 %). Their experience years ranged between one and 29, median 12.1 years. Only 10.0 of them had postgraduate studies.

Table (2): the highest percentages of staff nurses viewed actual decision-making is made by administration. This ranged between 62.0% for collaborative decisions to 97.3 % for support staff. The highest percentages of shared decisions were related to collaborative decisions (21.3%) and unit nursing staffing (19.3%).These were also the highest areas viewed as nurse-led decisions.

Table (3): As regards the supposed to be decision-making from staff nurses 'views, that in the area of unit nursing staffing most decision-making should be led by nurses (46.0%). Meanwhile, decision-making should be more shared in the areas of unit leadership/ administration (48.7%) and collaborative decisions (42.0%). The decision-making in the remaining three areas should be more led by the administration.

Table (4): Concerning the personal factors affecting decisional involvement as viewed by the staff nurses in the study sample, indicates individual competency (74.7%) and disposition (74.0%), were the highest, while the job feeling was the least viewed (16.7%). Among the individual disposition factors, self-confidence was the highest (83.3%), while creativity was the highest among individual competency factors (78.7%).

Table (5): As for the organizational factors affecting decisional involvement as viewed by the staff nurses in the study sample, Table 6 shows high percentages of agreement upon both rules and regulations (84.0%) and administration (77.3%).

Table (1): Demographic characteristics of nurses in the study sample (n=150).

Personal variable	Frequency	Percent
Age group		
< 35 years	86	57.3
35+ years	64	42.7
	Range 1-29	
	Mean ± SD= 33.7±5.3	
	Median=33.0	
Gender:		
Male	36	24.0
Female	114	76.0
Experience years:		
< 10 years	66	44.0
10 + years	84	56.0
	Mean ± SD= 12.1±6.1	
	Median=12.1	
Job position:		
Nurse	30	20.0
Specialist	120	80.0
Work unit:		
Special units	39	26.0
Critical care	22	14.7
Medicine	30	20.0
Surgery	44	29.3
Theater	15	10.0
Nursing qualification		
Diploma	30	20.0
Bachelor	120	80.0
post graduate studies		
No	135	90.0
Master	11	7.3
Doctorate	4	2.7
post graduate studies		
No	135	90.0
Yes	15	10.0

Table (2): views about actual decisions-making among staff nurses. (n=150)

Types of unit Decisions	Decision-making (actual)					
	Administration		**Shared**		**Nurses**	
	No.	%	No.	%	No.	%
Unit nursing schedule	107	71.3	29	19.3	14	9.3
Performance quality	141	94.0	6	4.0	3	2.0
Recruitment	141	94.0	4	2.7	5	3.3
Unit administration	137	91.3	8	5.3	5	3.3
Support	146	97.3	2	1.3	2	1.3
Collaborative decisions	93	62.0	32	21.3	25	16.7
Total (group that makes decisions)	141	94.0	5	3.3	4	2.7

Table (3): Views about supposed to be decisions-making among staff nurses. (n=150)

Types of unit Decisions	Decision-making (supposed to be)					
	Administration		Shared		Nurses	
	No.	%	No.	%	No.	%
Unit nursing schedule	40	26.7	41	27.3	69	46.0
Performance quality	91	60.7	45	30.0	14	9.3
Recruitment	94	62.7	43	28.7	13	8.7
Unit administration	62	41.3	73	48.7	15	10.0
Support	85	56.7	42	28.0	23	15.3
Collaborative decisions	53	35.3	63	42.0	34	22.7

Table (4): Nurses' views of the personal factors affecting decisional involvement in the study sample (n=150).

High (60%) agree	Frequency	Percent
Individual disposition:		
Self-confidence	125	83.3
Systematicity	67	44.7
Total Individual dispositio:		
High	111	74.0
Low	39	26.0
Individual competency:		
Creativity	118	78.7
Intentionality	81	54.0
Interpersonal relations	111	74.0
Total Individual competency:		
High	112	74.7
Low	38	25.3
Job feeling:(feeling toward):		
Work itself	33	22.0
Supervisor competency "head nurse"	60	40.0
Work group	31	20.7
Total job feeling:		
High	25	16.7
Low	125	83.3

Table (5): Nurses views of the organizational factors affecting decisional involvement in the study sample (n=150).

High (60%) agree	Frequency	Percent
Organizational factors:		
Rules and regulations	126	84.0
Administration "managerial factors"	116	77.3

Discussion:

Involvement in decision making signifies ones' feeling of being in control of the related situation as well as accepting to be accountable and responsible for the consequences of the decision taken *(kinchen et al., 2021).* For this, for a nurse to be involved in decision making this mandates that she/he has scientific background and experience to make such decisions proper and based on scientific evidence *(Novalia et al., 2021).* Meanwhile, being involved in decision-making has been identified as significant factor in alleviating nurse' burnout *(Aranda-Reneo et al.,2021).*

The study was aimed at identifying factors affecting decisional involvement among staff nurses. The study findings are presented in the following parts. The results of the study indicate that a great majority of the staff nurses viewed that decision-making is actually done by the administration, either in part or fully. On the other hand, only around a half of them viewed that decision-making should be or supposed to be led by the administration. There is also a high agreement among them regarding the

factors affecting decisional involvement, whether personal or organizational.

The sample of staff nurses in the presented study were mostly in the early and mid-career phases, with median experience of twelve years, and the majority were holding a bachelor's degree in nursing. These characteristics with their university level qualification would make them more aware of the decision-making process and their related roles and inputs.in congruence with this, a study of the factors affecting nurses' decisional involvement in Australia identified the level of background knowledge and experience as significant factors *(Gurung et al., 2022).*

A cording to the present study findings, almost all staff nurses viewed that decision-making is actually done by the administration. This was most evident in the area of the quality of nursing support staff, where only two of them viewed it was shared, and another two viewed it as led by nurses. This would lead to staff nurses' feeling of being neglected by the administration in such decisions that have a direct impact on their daily work. The findings are in agreement with those of a study in Iraq, which similarly demonstrated that nurses' involvement in decision-making is still limited *(Abed et al., 2021).*

Meanwhile, around one-third of the staff nurses in the presented study viewed that decision-making is shared or made by nurses in the areas of collaborative decisions and unit nursing staffing. This is expected given the nature of decisions in these two areas, one being collaborative needing sharing, and other directly related to nursing. Yet, these are still low percentages of staff nurses' decisional involvement . Thus, research recommended more staff nurses' decisional involvement is needed particularly in the areas of staffing and unit resources and purchases as an essential component of shared governance *(Mcknight and Moore, 2021).* Moreover, *Jacob et al. (2021)* in a study in the United Kingdom underscored the role of nurses' professional judgment in the process of staffing of nurses.

The presented study findings could not reveal any statistically significant relations between staff nurses' views of actual decision-making and any of their characteristics. This

was noticed in both bivariate and multivariate analysis. The lack of such statistical relations could be explained by that the great majority of staff nurses were viewing decision-making as led by administration, with very small numbers viewing it as shared or nurse- led, thus not allowing valid statistical analysis.

As for staff nurses' views of how decision should be or is supposed to be, the current study results showed that approximately one-half of them viewed that decision-making should be shared or led by nurses. The findings indicate a wide gap between what is actually occurring in decision-making, and what is supposed to be. This was demonstrated when the differences between "actual" and "supposed to be" decision-making were calculated, where the great majority of the staff nurses viewed that decision-making should tend more towards sharing and nurse-led rather than administration-led. In this respect, *Heck et al.(2022)* in a study in brazil highlighted the importance of nurses' involvement in decision-making and its close connection to their advocacy and ethical nursing roles.

According to the present study result, approximately one half of the staff nurses viewed that unit nursing staffing decision-making should be led by nurses. This is quite understandable science this area is predominantly related to nursing work, and thus any related decisions should be made by nurses, or at least should be shared. This has been shown to be extreme importance in the proper allocation of resources particularly in the era of COVID-19 pandemic in a study in the United States *(Mcknight and Moore, 2021).* Similarly, a study in Portugal demonstrated critical shortage in nursing staffing and identified its association with the involvement in decision-making *(Neves et al., 2021).*

Moreover, around one-half of the staff nurses in the current study viewed that decision-making should be more shared in the areas of unit leadership/administration. This is again expected given that the unit leader or manager acts as a liaison between the unit staff and the hospital administration. Thus, any decision-making related to her/him should be shared between nurses and administration. The liaison role of nurse managers and leaders has been

provisory reported in many studies *(McnGonigal and Snyder, 2021; Wolbers et al, 2021)*.

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. Nonetheless, the staff nurses carrying a bachelor's degree tended to view that decision-making should be more led by nurses. This might be explained by their deeper knowledge and awareness of the decision-making process they acquire during their university studies, which is in line with the previously mentioned Australian study by *Gurung et al. (2022).*

Regarding the personal factors, the present study indicates that the staff nurses' competency, particularly creativity and interpersonal relations, and their disposition, especially their self-confidence were the most viewed. Conversely creative, and has good interpersonal relations is more likely to be involved in the process of decision-making, which is quite reasonable. In agreement with this, a study in Cyprus demonstrated that nurses' empowerment, self-efficacy, and sel-confidence were essential for their being involved in decision-making *(Leontiou et al., 2021)*

Regarding the organizational factors affecting staff nurses' decisional involvement, the current study results demonstrated high agreement upon most of these factors among them. A higher percentage agreed upon the rules and regulations factors in comparison with the administration factors. This indicates that most of them are aware that it is the regulations and laws that have the greater negative impact on their involvement in decision-making, and that the hospital administration is just applying these regulations. Similar results were also reported by *Alaseeri et al. (2021)* in their study in Saudi Arabia.

Conclusion:

The current study concluded that the majority of staff nurses in the study setting view that decision making is actually done by the administration with minimal involvement of

nursing. However, around a half of them have feeling that it should be shared, or nurse led. Their view of the organizational factors affecting their decisional involvement is much higher in comparison with their views of personal factors.

Their scores of job feeling factor negatively predicts their score of view of actual decision –making, whereas their score of individual competence factor positively predicts their score of decision-making as supposed to be.

Recommendation:

In the light of results of this study, the following recommendations were suggested:

1- 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.

2- The decision making in matters closely related to nursing work should primarily led by nurses, examples are the areas of staffing and recruitment and quality of nursing support staff.

3- Hospital administrators with help of nurse managers should conduct periodic assessment of staff nurses' views of actual decisional involvement.

4- Head nurse and nurse supervisors should periodically involve staff nurses in decision making at the unit level and for simple matters to foster their abilities and encourage their decisional involvement.

5- Staff development and training officer in the hospital should provide adequate training in decision making for staff nurses to enhance their involvement.

6- Hospital administrators should make annual evaluation for the hospital departments to reward the highest department which utilized decisional involvement.

7- Further studies should be conducted to:

- Determine the effect of decisional involvement on the quality of patient care and on virtual team effectiveness..

- Investigate impact of work environment and job characteristics on decisional involvement among staff nurses.

Reference:

Abdelhadi, N., Drach-Zahavy, A. and Srulovici, E. (2020): The nurse's experience of decision-making processes in missed nursing care: A qualitative study. J Adv Nurs. 2020 Apr 13. doi: 10.1111/jan.14387. Epub ahead of print. PMID: 32281675.

Ahmed, A. (2019): Relationship between Nursing Staff's Decisional Involvement and Their Decision-Making Abilities. The Department of Nursing Administration, Faculty of Nursing, Cairo University. Med. J. Cairo Univ.; 87(1): 407-413. 2019 www. Medical journal of cairouniv ersity.net.

Arkan, B., Yılmaz, D., Gökdere Çinar, H. and Uzun, R. (2021): Clinical Decision Making Levels of Nursing Students and Affecting Factors. Cyprus J Med Sci; DOI: 10.5152/cjms.2021.2857.

Anton, N., Hornbeck, T., Modlin, S., Haque, M.M., Crites, M. and Yu, D. (2021): Identifying factors that nurses consider in the decision-making process related to patient care during the COVID-19 pandemic. PLoS One.; 16(7):e0254077.doi:10.1371/journal.pone. 0254077. PMID: 34214122; PMCID: PMC8253418.

Bagnasco, A., Dasso, N., Rossi, S., Timmins, F., Aleo, G., Catania, G., Zanini, M. and Sasso, L. (2020): A qualitative descriptive inquiry of the influences on nurses' missed care decision-making processes in acute hospital paediatric care. J Nurs Manag.;28(8):1929-1939. doi:10.1111/jonm.12935. Epub 2020 Feb 4. PMID: 31845542.

Belita, E., Squires, J.E., Yost, J., Ganann, R., Burnett, T. and Dobbins, M. (2020): Measures of evidence-informed decision-making competence attributes: a psychometric systematic review. BMC Nurs.; 19:44. doi: 10.1186/s 12912-020-00436-8. PMID: 32514242; PMCID: PMC 7254762.

Bina, J.S., Schomburg, M.K., Tippetts, L.A., Scherb, C.A., Specht, J.K. and Schwichtenberg, T. (2014): Decisional involvement: actual and preferred involvement in decision-making among registered nurses. West J Nurs Res.; 36(4):440-55. doi: 10.1177/ 0193945913503717. Epub 2013 Sep 5. PMID: 24014616.

Choi, M. and Kim, J. (2015): Relationships between Clinical Decision-Making Patterns and Self-Efficacy and Nursing Professionalism in Korean Pediatric Nurses. J Pediatr Nurs.; 30(6):e81-8. doi: 10.1016/j. pedn. 2015.07. 001. Epub 2015 Jul 31. PMID: 26239122.

Eid, W.M. (2009): Barriers Facing Clinical Nurses Specialist in Decisional Involvement. Unpublished Master Thesis, faculty of Nursing, Tanta University.

Fischer, S.A., Horak, D. and Kelly, L.A. (2018): Decisional Involvement: Differences Related to Nurse Characteristics, Role, and Shared Leadership Participation. J Nurs Care Qual.; 33(4):354-360. doi: 10.1097/ NCQ. 0000000000000312. PMID: 29256944.

Gimbel, S., Kohler, P., Mitchell, P. and Emami, A. (2017): Creating academic structures to promote nursing's role in global health policy. International Nursing Review; 64(1): 117–125. https:// doi.org/ 10.1111/inr.12338.

Havens, D.S., Warshawsky, N.E. and Vasey, J. (2013): RN work engagement in generational cohorts: The view from rural US hospitals. Journal of Nursing Management; 21: 927-940. doi:10.1111/jonm.12171

Johansen, M.L. and O'Brien, J.L. (2016): Decision Making in Nursing Practice: A Concept Analysis. Nurs Forum.; 51(1):40-8. doi: 10.1111/nuf.12119. Epub 2015 Feb 2. PMID: 25639525.

Khalafi, A., Elahi, N. & Ahmadi, F. (2016):

Holistic Care for Patients During Weaning from Mechanical Ventilation: A Qualitative Study. Iran. Red Crescent Med. J.; 18: e33682.

Lu, K. and Liao, H. (2022): A survey of group decision making methods in Healthcare Industry 4.0: bibliometrics, applications, and directions [published online ahead of print, 2022 Jan 5]. Appl Intell (Dordr).; 1-25. doi:10.1007/s10489-021-02909-y

Ludin, S.M. (2018): Does good critical thinking equal effective decision-making among critical care nurses? A cross- sectional survey. Intensive Crit Care Nurs.; 44:1-10. doi: 10.1016/j.iccn.2017.06.002. Epub 2017 Jun 26. PMID: 28663105.

Nibbelink, C.W. and Brewer, B.B. (2018): Decision-making in nursing practice: An integrative literature review. J Clin Nurs.; 27(5-6):917-928. doi: 10.1111/jocn.14151. Epub 2018 Jan 23. PMID: 29098746; PMCID: PMC5867219.

Oh, S., Gu, M. and Sok, S. (2022): A Concept Analysis of Nurses' Clinical Decision Making: Implications for Korea. Int J Environ Res Public Health; 19(6):3596. doi: 10.3390/ ijerph19063596. PMID: 35329283; PMCID: PMC8951257.

Pillay, T. and Pillay, M. (2021): Contextualising clinical reasoning within the clinical swallow evaluation: A scoping review and expert consultation. S Afr J

Commun Disord. 29; 68(1):e1-e12. doi: 10.4102/sajcd. v68i1.832. PMID: 34342487; PMCID: PMC8335787.

Rogers, M., Zach, L., An, Y. and Dalrymple, P. (2012): Capturing information needs of care providers to support knowledge sharing and distributed decision making. Appl Clin Inform.; 3(1):1-13. doi: 10.4338/ ACI-2011- 08-CR- 0053. PMID: 23616896; PMCID: PMC3613015.

Ugur, E., Scherb, C.A., Specht, J.P., Sen, S. and Lazzara L.K. (2017): Staff Nurse Decisional Involvement in the United States and Turkey. West J Nurs Res.; 39(12):1589-1605. doi: 10.1177/0193945916679630. Epub 2016 Nov 30. PMID: 27903828.

Ugur, E., Scherb, C.A. and Specht, J.K. (2015): Decisional involvement among staff nurses based on educational level and certification status. West J Nurs Res.; 37(5):619-33. doi: 10.1177/0193945914528069. Epub 2014 Apr 6. PMID: 24709855

Valcarenghi, D., Bagnasco, A., Aleo, G., Catania, G., Zanini, M., Cavaliere, B., Carnevale, F. and Sasso, L. (2018): Exploring the Interaction Between Nursing Decision Making and Patient Outcomes in 2 European Cancer Centers: A Qualitative Study. Cancer Nurs.; 41(5): E40- E49. doi: 10.1097/NCC.000 000000000 0490. PMID:28426536.