Personal and Clinical Predictors of Professional Nursing Governance Among Nurses in a Government Hospital

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ABSTRACT

This study aimed to determine the level of professional nursing governance and identify the personal and clinical profile variables that predict governance among nurses in a government hospital. This quantitative study utilized a descriptive and correlational (predictive) research design. A complete enumeration of staff nurses was conducted, and data were gathered using a structured questionnaire consisting of a researcher-developed profile form and an adapted Index of Professional Nursing Governance (IPNG). Descriptive statistics and multiple linear regression analysis were used. Findings showed that nurses demonstrated a high level of professional nursing governance, although participation in organizational decision-making and influence over resources were only moderate. Selected personal variables and clinical factors significantly predicted governance, particularly those related to leadership exposure, participation, autonomy, collaboration, and managerial support. The study concludes that professional nursing governance is influenced by both individual and workplace factors. A Professional Nursing Governance Enhancement Plan is proposed to strengthen participation, leadership support, and shared governance structures.

Keywords: Descriptive, Correlational Design; Nurses; Professional Nursing Governance; Shared Governance; Predictors

INTRODUCTION

Professional nursing practice occurs in increasingly demanding and complex hospital environments where nurses are expected to provide safe, high-quality care despite challenges such as heavy workloads, staffing shortages, and rapidly evolving healthcare systems. Because nurses spend the most time with patients, their participation in decisions affecting nursing practice, patient care, and unit operations has become increasingly important. This shift has led to growing attention toward professional nursing governance, which refers to the sharing of authority, responsibility, and accountability between nursing management and staff nurses (Hess, 2011). Professional nursing governance emphasizes shared decision-making, professional autonomy, and collaboration, allowing nurses to participate in organizational decisions, influence resource utilization, and share accountability for patient outcomes. Studies have shown that stronger governance is associated with improved nurse engagement, job satisfaction, and quality of care (Boamah et al., 2021; Wong et al., 2022). However, governance practices remain inconsistent across hospital settings, and many nurses continue to experience limited participation in decisions affecting their professional practice.

Existing literature suggests that professional nursing governance may be influenced by both personal and clinical characteristics of nurses. Personal factors such as age, educational attainment, years of experience, employment status, and leadership training have been associated with nurses' confidence and willingness to engage in governance activities (Al-Dossary et al., 2022; Labrague et al., 2021). Likewise, clinical and work-related factors including area of assignment, shift schedule, workload, nurse-patient ratio, autonomy, and managerial support shape nurses' opportunities to participate in governance. Supportive work environments and positive nurse-manager relationships encourage shared decision-making, whereas demanding work conditions, high-acuity units, and rotating schedules may limit participation due to workload and time constraints (Wei et al., 2020; Kelly et al., 2021). Observations from hospital practice further suggest that governance opportunities may not be equally distributed among nurses, with decision-making often

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concentrated among management and more experienced staff, while younger or newly hired nurses remain less involved.

Despite increasing attention to professional nursing governance, important empirical and methodological gaps remain evident. Existing studies largely focus on outcomes such as job satisfaction and retention, with limited evidence identifying personal and clinical characteristics that predict professional nursing governance. Furthermore, previous studies commonly examine these factors separately, with limited use of combined analytical approaches to determine significant predictors. The present study was conducted to assess whether selected personal and clinical characteristics predict professional nursing governance among nurses. Findings may provide valuable insights for nursing leadership and management by identifying factors that support or hinder governance and guide interventions such as leadership development, mentorship programs, and supportive workplace strategies. Strengthening professional nursing governance may contribute to improved nurse satisfaction, retention, quality patient care, and support broader goals related to quality healthcare and sustainable workforce development.

Research Questions

This study was to assess whether the personal and clinical profile predicts the professional nursing governance of nurses in a government hospital in Kalibo, Aklan for the first quarter of 2026.

The study specifically answered the following queries:

1. What was the personal profile of the nurses in terms of:

1.1. age;

1.2. sex;

1.3. civil status;

1.4. highest educational attainment;

1.5. total years of experiences as a nurse;

1.6. length of service in current hospital;

1.7. employment status;

1.8. current position;

1.9. membership in professional nursing organizations; and

1.10. attendance in leadership or governance related training/ seminars in the past 3 years?

2. What was the clinical profile of the nurses in terms of:

2.1 area of assignment;

2.2 shift schedule;

2.3 average nurse-patient ratio per shift;

2.4 participation in unit or hospital committees;

2.5 presence of shared governance or nursing council structures in the hospital;

2.6 level of autonomy in making clinical nursing decisions;

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2.7 frequency of collaboration with physicians and other health professionals; and

2.8 perceived support from nurse managers in decision making?

3. What was the level of professional nursing governance among nurses in terms of:

3.1. control over professional practice;

3.2. participation in organizational decision-making;

3.3. influence over resources;

3.4. access to information;

3.5. goal setting and conflict resolution;

3.6. authority, accountability, and responsibility; and

3.7. overall professional nursing government?

4. Which personal predicted professional nursing governance among nurses?

5. Which clinical profile predicted professional nursing governance among nurses?

6. What Professional Nursing Governance enhancement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: The personal did not predict the professional nursing governance of the nurses.

H_{o2}: The clinical profile did not predict the professional nursing governance of the nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Professional Nursing Governance. Professional nursing governance is recognized as a leadership and management approach that promotes nurses' participation in decisions related to nursing practice and organizational processes by sharing authority, responsibility, and accountability between nursing management and staff nurses through formal structures such as councils and committees (Porter-O'Grady & Clavelle, 2021). It extends beyond consultation and emphasizes meaningful participation in practice standards, care delivery, resource utilization, and accountability for patient outcomes. Governance is commonly reflected through domains including control over professional practice, participation in organizational decision-making, influence over resources, access to information, goal setting, and accountability (Al-Ruzzieh et al., 2022). However, studies indicate that many hospitals continue to operate under traditional management-driven models where nurses report low to moderate levels of shared governance, particularly in committee participation and organizational decision-making (Atalla et al., 2023). Recent evidence further demonstrates that stronger governance structures are associated with improved communication, professional confidence, engagement, nurse satisfaction, and better nurse-sensitive quality indicators (Speroni et al., 2021; Atalla et al., 2023). Conversely, weak governance structures contribute to frustration and disengagement among nurses (Atalla et al., 2023). Despite these benefits, implementation remains challenging due to inadequate leadership support, insufficient training, and unclear governance roles, emphasizing the need for leadership development, education, and sustained organizational support to establish effective professional nursing governance systems (Kanninen et al., 2021; Lott & Partridge, 2025).

Control Over Professional Practice. Control over professional practice is a key dimension of professional nursing governance that reflects nurses' involvement in decisions related to nursing standards, clinical

guidelines, care delivery methods, and evaluation of nursing care, indicating their ability to influence practice at the point of care. Recent literature identifies this domain as an important indicator of governance strength and shared decision-making (Quaid et al., 2025). Studies further show that greater control over professional practice is associated with stronger career motivation and professional commitment among nurses (Atalla et al., 2023). Evidence also suggests that effective governance structures and functional councils enhance nurses' influence in practice-related decisions and gradually shift control from management toward clinical nurses, increasing participation in decision-making over time (Al-Ruzzieh et al., 2022; Elsayed et al., 2024).

Participation in Organizational Decision-Making. Participation in organizational decision-making refers to nurses' involvement in decisions related to unit operations, hospital policies, practice changes, and quality improvement initiatives and is considered a core dimension of professional nursing governance because it reflects whether nurses have a meaningful voice in organizational matters. Recent literature identifies this domain as an important indicator of shared governance, although participation remains uneven across hospital settings (Quaid et al., 2025). Studies further suggest that active and effective governance structures enhance nurses' perceptions of their professional practice environment and support greater participation in decision-making (Al-Ruzzieh et al., 2022). Higher levels of participation have also been associated with stronger career motivation and professional engagement among nurses (Atalla et al., 2023). Moreover, evidence indicates that structured shared governance systems, leadership support, and collaborative governance strategies improve and sustain nurses' involvement in organizational decision-making processes (Alharbi et al., 2024; Lott & Partridge, 2025.

Influence over Resources. Influence over resources refers to nurses' involvement in decisions related to staffing, scheduling, allocation of supplies and equipment, budgeting concerns, and access to professional development opportunities and is considered a critical component of professional nursing governance because it directly affects nurses' ability to provide safe and effective patient care. Recent studies indicate that nurses often report limited influence over resource-related decisions in traditional management-driven settings, with resource influence identified as one of the lower-scoring governance dimensions (Atalla et al., 2023). Evidence further suggests that greater influence over resources is associated with more positive perceptions of the professional practice environment and improved organizational support (Al-Ruzzieh et al., 2022). Intervention studies also show that structured governance systems can improve nurses' involvement in staffing and professional development decisions when leadership support is present (Alharbi et al., 2024). Moreover, increased influence over resources has been linked to stronger career motivation and professional commitment among nurses (Atalla et al., 2023).

Access to Information. Access to information refers to nurses' ability to obtain timely, accurate, and relevant clinical and organizational information necessary for decision-making and professional practice and is considered a foundational dimension of professional nursing governance. Recent studies indicate that although access to information often receives relatively higher governance scores, nurses' access frequently remains limited to clinical updates rather than broader organizational and strategic information needed for higher-level decision-making (Atalla et al., 2023). Research further suggests that greater access to organizational information contributes to more positive perceptions of the professional practice environment and strengthens nurses' confidence and engagement in governance activities (Al-Ruzzieh et al., 2022). Evidence also shows that consistent sharing of performance data, organizational goals, and policy updates improves nurse participation in governance processes (Alharbi et al., 2024). Moreover, regular access to organizational information has been associated with stronger perceptions of inclusion, fairness, and collaboration, while limited access may contribute to feelings of exclusion and reduced participation in shared governance activities (Lott & Partridge, 2025).

Goal Setting and Conflict Resolution. Goal setting and conflict resolution refer to nurses' involvement in establishing unit goals, setting priorities, identifying problems, and resolving work-related conflicts affecting nursing practice and patient care and represent an important dimension of professional nursing governance. Recent studies suggest that participation in goal setting varies across clinical settings and is stronger in units with functional governance structures (Atalla et al., 2023). Research also indicates that nurses who are actively involved in conflict resolution report more positive professional practice environments, as governance structures provide opportunities to discuss concerns and resolve workflow and patient care issues

collaboratively (Al-Ruzzieh et al., 2022). Evidence further shows that structured governance systems improve nurses' participation in problem-solving and conflict resolution processes (Alharbi et al., 2024). Moreover, units that encourage nurse involvement in goal setting and conflict management demonstrate stronger collaboration, improved morale, and clearer role expectations, while limited involvement may contribute to unresolved conflicts and reduced engagement in governance activities (Lott & Partridge, 2025).

Authority, Accountability, and Responsibility. Authority, accountability, and responsibility refer to nurses' decision-making authority, accountability for nursing practice outcomes, and responsibility in implementing clinical and organizational decisions and represent an essential dimension of professional nursing governance. Recent studies indicate that greater authority in practice decisions is associated with stronger professional responsibility and ownership of patient outcomes, supporting the role of shared governance in strengthening accountability (Atalla et al., 2023). Evidence further suggests that effective governance structures create a clearer alignment between authority and responsibility, increasing nurses' confidence in clinical decision-making and contributing to a more positive professional practice environment (Al-Ruzzieh et al., 2022). Studies also show that strengthened governance systems improve nurses' perceived authority and clarify accountability roles (Alharbi et al., 2024). Moreover, literature emphasizes that empowering nurses with authority alongside clear accountability mechanisms promotes higher engagement, improved clinical judgment, and stronger commitment to quality improvement initiatives (Lott & Partridge, 2025).

Personal Profile as Predictors of Professional Nursing Governance. Recent literature suggests that nurses' personal characteristics may influence how they perceive and experience professional nursing governance, as variations in demographic and professional backgrounds may shape confidence, readiness, and opportunities to engage in governance activities within hospital settings. Studies examining age and sex have shown inconsistent findings, with some reporting differences in governance perceptions and others showing no significant associations, suggesting that these factors may be influenced by organizational culture, leadership practices, and professional opportunities (Atalla et al., 2023; Tumala et al., 2025; Speroni et al., 2022). These mixed findings support the inclusion of age and sex as relevant variables in governance research.

Educational attainment and organizational familiarity have demonstrated more consistent relationships with professional nursing governance. Studies indicate that nurses with higher educational qualifications report greater participation in governance and decision-making processes, likely due to enhanced leadership skills and professional confidence (Atalla et al., 2023; Speroni et al., 2022). Likewise, nurses with longer tenure in the same hospital tend to report stronger governance perceptions because of increased familiarity with governance structures and participation opportunities (Aldmour et al., 2024). Literature also suggests that professional engagement through organizational membership and leadership training may strengthen awareness of governance principles and willingness to participate in shared decision-making; however, recent studies continue to focus more on governance outcomes than on identifying personal predictors of governance levels (Speroni et al., 2022).

Clinical Profile as Predictors of Professional Nursing Governance. Recent literature suggests that clinical or work-related characteristics play an important role in shaping nurses' participation in professional nursing governance by influencing opportunities to engage in shared decision-making, exercise autonomy, and assume accountability for practice outcomes. Area of assignment has been identified as a relevant factor, as nurses working in specialized or high-acuity units may experience different governance opportunities due to variations in clinical complexity, leadership structures, and interdisciplinary collaboration (Speroni et al., 2022). Likewise, shift schedules may indirectly influence governance participation, with nurses working rotating or night shifts reporting reduced opportunities to participate in meetings and governance activities because of scheduling constraints (Atalla et al., 2023). Nurse–patient ratio has also been associated with governance experiences, as higher workloads and understaffing reduce opportunities for participation in decision-making processes (Wei et al., 2020). Additionally, participation in unit or hospital committees has consistently been associated with higher levels of shared decision-making and professional autonomy (Al-Ruzzieh et al., 2022).

Recent studies further emphasize that organizational and professional factors influence governance experiences among nurses. The presence of formal shared governance or nursing council structures has been

associated with stronger governance perceptions, although evidence suggests that effectiveness, leadership support, and authority are more important than the mere existence of governance structures (Lott & Partridge, 2025). Level of autonomy in clinical decision-making also demonstrates a positive relationship with governance, as nurses who perceive greater autonomy report stronger engagement and willingness to assume accountability (Wong et al., 2022). Interprofessional collaboration further supports governance by promoting shared responsibility and communication among healthcare professionals (Wei et al., 2020). Moreover, perceived support from nurse managers remains a critical predictor, as supportive leadership encourages participation in governance activities, strengthens shared decision-making structures, and contributes to higher governance perceptions among nurses (Al-Ruzzieh et al., 2022; Wong et al., 2022).

RESEARCH METHODOLOGY

Design. This study employed a quantitative research approach using a descriptive and correlational (predictive) research design. In application to this study, the descriptive design was used to determine the personal profile and clinical or work-related profile of nurses, as well as to assess the level of professional nursing governance in terms of control over professional practice, participation in organizational decision-making, influence over resources, access to information, goal setting and conflict resolution, and authority, accountability, and responsibility. The correlational (predictive) design was used to assess whether selected personal and clinical profile variables significantly predicted professional nursing governance among nurses in a government hospital.

Environment. This study was conducted in a government-owned provincial hospital in Kalibo, Aklan.

Respondents. Out of the total population of 243 nurses, only 210 completed and returned the questionnaires, resulting in a retrieval rate of 86.42%.

Sampling Design. This study utilized complete enumeration wherein all qualified respondents who met the inclusion criteria were included in the study.

Inclusion Criteria and Exclusion Criteria. Included in the study were staff nurses currently employed in the hospital, regardless of employment status, with at least six (6) months of continuous service in the hospital and at least three (3) months in their current unit of assignment to ensure adequate exposure to organizational processes, work environment, and governance structures. Participation was voluntary, and only those who provided informed consent were included. Excluded were nurse managers, supervisors, head nurses, chief nurses, and other administrative nursing officers to minimize role-related bias, as well as nurses on extended leave during the data collection period, those who declined participation, and those who submitted substantially incomplete questionnaires.

Instrument. The study utilized a two-part structured questionnaire composed of a researcher-developed section and an adopted standardized instrument to assess the personal and clinical predictors of professional nursing governance among nurses. Part I consisted of a researcher-developed questionnaire that collected data on respondents' personal and clinical or work-related profiles, including demographic characteristics, professional background, work environment, and organizational factors considered relevant predictors of governance based on existing literature. These variables were presented in checklist or categorical formats and served as independent variables for descriptive and inferential analyses. Part II measured professional nursing governance using an adapted version of the Index of Professional Nursing Governance (IPNG) originally developed by Hess (1994; 2010) and adopted from Speroni et al. (2022). The instrument consisted of 24 items across six dimensions: control over professional practice, participation in organizational decision-making, influence over resources, access to information, goal setting and conflict resolution, and authority, accountability, and responsibility. The questionnaire utilized a 5-point governance continuum scale measuring shared decision-making authority, with higher scores indicating stronger professional nursing governance. Mean scores reflected low, moderate, or high governance levels based on the degree of shared authority and professional autonomy. The adopted IPNG demonstrated good to excellent reliability, with reported Cronbach's alpha coefficients ranging from 0.86 to 0.95, supporting its validity and applicability in assessing professional nursing governance (Speroni et al., 2022; Hess, 1994; 2010).

Data Gathering Procedures. The study followed three phases of data gathering: pre-data gathering, actual data gathering, and post-data gathering. The research process began with the approval of the research title, assignment of a research adviser, and preparation of communication letters seeking permission from the appropriate institutional authorities. A design hearing was conducted to evaluate the study's methodological and ethical soundness, after which ethical clearance was processed and data collection commenced only upon issuance of the notice to proceed. During actual data gathering, questionnaires were personally distributed to staff nurses through a face-to-face approach at convenient times and locations to minimize work disruption. Respondents were informed of the study objectives, assured of confidentiality, and asked to provide informed consent prior to participation. Completed questionnaires were retrieved and checked for completeness, with substantially incomplete responses excluded from analysis. After data collection, responses were encoded and subjected to statistical analysis with the assistance of a statistician. Findings were presented with corresponding interpretations and literature support, and following the final defense, all questionnaires and consent forms were securely disposed of through shredding to ensure confidentiality and data privacy.

Statistical Treatment of Data. Descriptive and inferential statistics were used to analyze the data. Frequency distribution and simple percentage were utilized to describe the personal and clinical or work-related profile variables of the nurse respondents, including demographic, professional, and organizational characteristics. Mean score and standard deviation were used to determine the level of professional nursing governance and describe response variability by computing total and subscale scores of the Professional Nursing Governance Questionnaire based on the Index of Professional Nursing Governance (IPNG) continuum. Multiple linear regression analysis was employed to determine whether selected personal and clinical profile variables significantly predicted professional nursing governance, with governance mean scores serving as the dependent variable and profile characteristics treated as independent variables.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation of Data

Table 1 Personal Profile of the Nurses

Profile	f	%
Age		
23-30 years old	118	56.19
31-35 years old	49	23.33
36-40 years old	23	10.95
41 years old and above	20	9.52
Sex		
Male	41	19.52
Female	169	80.48
Civil Status		
Single	146	69.52
Married	64	30.48

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Highest Educational Attainment		
Bachelor's Degree	156	74.29
Master's Degree	54	25.71
Doctorate Degree	0	00.00
Total Years of Experience as a Nurse		
Less than 1 year	11	5.24
1 to 5 years	132	62.86
6 to 10 years	32	15.24
11 to 15 years	29	13.81
More than 15 above	6	2.86
Length of Service in Current Hospital		
Less than 1 year	39	18.57
1 to 5 years	114	54.29
6 to 10 years	37	17.62
More than 10 years	20	9.52
Employment Status		
Contractual	140	66.67
Regular/ Permanent	58	27.62
Job order/ casual	12	5.71
Current Position		
Staff Nurse Senior / Charge Nurse	163 47	77.62 22.38
Membership in Professional Nursing Organizations		
Yes No	162 48	77.14 22.86
Attendance in leadership/ Governance Training (Past 3 years)		
Yes	142	67.62
No	68	32.38

Note. n=210.

As shown in Table 1, the findings indicate that the nursing workforce is predominantly composed of young,

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early-career, female nurses, reflecting current workforce trends characterized by continuous entry of newly licensed professionals and workforce mobility within healthcare settings (Marufu et al., 2021; World Health Organization, 2023). Most respondents were single and held bachelor's degrees, consistent with early career development patterns and the standard educational requirement for nursing practice (Raso et al., 2021; Drennan & Ross, 2019). The results also showed relatively shorter years of experience and hospital tenure, suggesting a workforce still in the early stages of professional development, which has been associated with workforce mobility and migration opportunities (Alshammari et al., 2020; Labrague et al., 2021). Additionally, many nurses were employed under non-permanent arrangements and actively engaged in professional organizations and leadership-related training, indicating ongoing professional growth and workforce development (Ortiz et al., 2020; Numminen et al., 2020; Pepito et al., 2022.

Table 2 Clinical Profile of the Respondents

Profile	f	%
Area of Assignment		
Medical Units	61	29.05
Surgical Units	34	16.19
Emergency Room	38	18.10
Intensive Care Units	36	17.14
OB/Pedia Units	28	13.33
Special Units	13	6.19
Shift Schedule		
Rotating Shift	209	99.52
Fixed Day Shift	1	0.48
Average Nurse-Patient per Shift		
1-5 patients	64	30.48
6-10 patients	8	3.81
More than 10 patients	138	65.71
Participation in Unit/ Hospital Committees		
Yes	89	42.38
No	121	57.62
Level of Autonomy in Clinical Decision Making		
Yes (High Autonomy)	186	88.57
No (Low Autonomy)	24	11.43

Frequency of Collaboration with Physicians and other Health Professionals		
Yes (Frequent Collaboration)	203	96.67
No (Less Frequent)	7	3.33
Perceived Support from Nurse Manager in Decision Making		
Yes (High Support)	140	66.67
No (Low Support)	58	27.62

Note. n=210.

The results in Table 2 indicate that nurses were primarily assigned in medical units, reflecting common hospital staffing patterns where medical areas require more personnel because of higher patient volume and longer lengths of stay (Labrague et al., 2021; Griffiths et al., 2020). Most nurses worked on rotating shifts and managed high patient loads, reflecting common workforce realities in hospital settings, particularly in resource-limited institutions (Dall'Ora et al., 2020; Aiken et al., 2021). Although participation in unit or hospital committees was relatively limited due to workload and staffing demands (Kutney-Lee et al., 2021), nurses generally reported high levels of autonomy and frequent collaboration with physicians and other healthcare professionals, highlighting the importance of independent clinical decision-making and interprofessional teamwork in patient care (Woo et al., 2020; Reeves et al., 2020; Wei et al., 2021). Additionally, most nurses perceived support from nurse managers in decision-making, emphasizing the role of supportive leadership in shaping professional practice and workplace engagement (Boamah et al., 2022; Labrague et al., 2021).

Table 3 Level of Professional Nursing Governance

Dimensions	Mean score	SD	Interpretation
Control Over Professional Practice			
1. Decisions regarding standards of nursing practice in my unit are made by	3.70	0.55	High
2. Development of nursing protocols and clinical guidelines is decided by	3.65	0.56	High
3. Evaluation of the quality of nursing care is controlled by	3.69	0.52	High
4. Decisions on nursing care delivery methods are made by	3.68	0.53	High
Factor mean	3.68	0.54	High Professional Nursing Governance
Participation in Organizational Decision-Making			
5. Decisions affecting daily unit operations are made by	3.45	0.60	Moderate
6. Nurses' involvement in hospital policy formulation is determined by	3.38	0.63	Moderate
7. Changes in nursing procedures are decided by	3.44	0.59	Moderate

8. Decisions related to patient care improvement initiatives are made by	3.41	0.62	Moderate
Factor mean	3.42	0.61	Moderate Professional Nursing Governance
Influence Over Resources			
9. Staffing levels and work schedules are decided by	3.18	0.60	Moderate
10. Allocation of nursing supplies and equipment is controlled by	3.20	0.57	Moderate
11. Decisions related to training and professional development are made by	3.25	0.56	Moderate
12. Input on nursing-related budget concerns is provided by	3.21	0.59	Moderate
Factor mean	3.21	0.58	Moderate Professional Nursing Governance
Access to Information			
13. Access to information needed for clinical decision-making is controlled by	3.78	0.50	High
14. Sharing of organizational plans and goals with nurses is done by	3.74	0.53	High
15. Availability of quality indicators and performance data is determined by	3.73	0.51	High
16. Access to updated hospital policies and changes is controlled by	3.75	0.54	High
Factor mean	3.75	0.52	High Professional Nursing Governance
Goal Setting and Conflict Resolution			
17. Setting of unit goals and priorities is decided by	3.72	0.54	High
18. Resolution of work-related conflicts affecting patient care is handled by	3.68	0.57	High
19. Problem-solving for unit-level issues is done by	3.69	0.53	High
20. Addressing practice-related concerns raised by nurses is determined by	3.71	0.56	High
Factor mean	3.70	0.55	High Professional Nursing Governance
Authority, Accountability, and Responsibility			

21. Authority to make independent nursing decisions is held by	3.75	0.49	High
22. Accountability for nursing practice outcomes is shared by	3.72	0.52	High
23. Responsibility for implementing nursing decisions lies with	3.73	0.51	High
24. Evaluation of nursing performance and outcomes is controlled by	3.72	0.50	High
Factor mean	3.73	0.50	High
Grand mean	3.58	0.55	High Professional Nursing Governance

Note: n=210.

Legend: 3.50 – 5.00 High Professional Nursing Governance (primarily staff nurses with shared or full authority);
2.50 – 3.49 Moderate Professional Nursing Governance (shared decision-making between management and staff nurses);1.00 – 2.49 Low Professional Nursing Governance (primarily management-controlled decision-making).

Table 3 shows that nurses generally perceived a high level of professional nursing governance, suggesting that the practice environment supports shared authority, accountability, and participation in professional matters. This supports literature describing professional nursing governance as a system that promotes shared control, professional accountability, and nurse engagement in clinical and organizational functions (McKnight & Moore, 2022; Porter-O'Grady & Clavelle, 2023). High levels were observed in control over professional practice, access to information, goal setting and conflict resolution, and authority, accountability, and responsibility, indicating that nurses perceive active involvement in practice standards, decision-making, information access, and accountability processes. Studies suggest that stronger governance structures promote professional identity, autonomy, collaboration, and ownership of practice outcomes (Barden et al., 2021; Hamdan et al., 2024; Marzinski et al., 2026).

However, participation in organizational decision-making and influence over resources yielded only moderate levels, suggesting that nurses experience limited involvement in broader institutional decisions and resource-related matters. Existing literature indicates that nurse participation is often stronger in clinical-level decisions than in organizational or administrative domains, where authority frequently remains centralized (Hamdan et al., 2024; Kutney-Lee et al., 2021). These findings align with studies suggesting that governance structures commonly develop more strongly in direct clinical practice before expanding into broader organizational processes (Hamdan et al., 2024; Barden et al., 2021). This highlights the need to strengthen formal mechanisms that support nurse participation in institutional decision-making and resource planning to enhance governance effectiveness.

Table 4 Personal Profile Predicting Professional Nursing Governance

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	12.874	2.041		6.310	.000		
Age	1.842	0.712	.284	2.587	.011	Reject Ho	Significant
Sex	1.563	0.695	.211	2.249	.026	Reject Ho	Significant

Civil status	0.894	1.204	.082	0.742	.459	Failed to reject Ho	Not significant
Highest educational attainment	1.276	0.883	0.153	1.445	.150	Failed to reject Ho	Not significant
Total Years of Experience as a Registered Nurse	-0.421	0.577	-0.118	0.730	.467	Failed to reject Ho	Not significant
Length of Service in Current Hospital	0.338	0.602	0.087	0.561	.576	Failed to reject Ho	Not significant
Employment Status	0.912	0.754	0.134	1.210	.228	Failed to reject Ho	Not significant
Current Position	1.487	0.689	0.226	2.158	.032	Reject Ho	Significant
Membership in Professional Nursing Organization	0.765	0.701	0.119	1.091	.277	Failed to reject Ho	Not significant
Attendance in Leadership/ Governance Trainings	1.934	0.812	0.268	2.382	.019	Reject Ho	Significant

Legend: Significant if p value is < .05. Highest educational attainment – only one group. If $R^2 < 0.30$ = None or very weak effect size; if 0.30–0.49 = Weak or low effect size; if 0.50–0.69 = Moderate effect size; and if ≥ 0.70 = Strong effect size.

Table 4 shows that the regression findings indicate that age, sex, current position, and attendance in leadership or governance training significantly predicted professional nursing governance, suggesting that governance participation is influenced by professional maturity, role exposure, and leadership development opportunities. Age demonstrated one of the strongest effects, indicating that older nurses may possess greater confidence, professional exposure, and organizational familiarity that support stronger engagement in governance activities (Boamah et al., 2022; Labrague et al., 2021). Sex also significantly contributed to governance participation, reflecting potential differences in communication and interaction patterns that may influence engagement in collaborative discussions. Likewise, nurses occupying higher positions demonstrated stronger governance involvement because of greater exposure to leadership functions, coordination responsibilities, and organizational decision-making processes (Barden et al., 2021; Hamdan et al., 2024).

Among the predictors, attendance in leadership or governance-related training demonstrated one of the strongest influences, highlighting the importance of professional development in strengthening governance participation. Leadership training enhances communication, decision-making, and organizational competencies that encourage active involvement in governance processes and collaborative planning (Marzinski et al., 2026; Porter-O'Grady & Clavelle, 2023). In contrast, civil status, educational attainment, years of experience, length of service, employment status, and professional organization membership were not significant predictors, suggesting that governance participation is shaped less by demographic characteristics and more by leadership exposure, organizational involvement, and opportunities for active participation. These findings emphasize the need for hospitals to promote empowering environments and participatory leadership structures that strengthen governance engagement. Furthermore, the regression equation showed that professional nursing governance can be predicted using the formula:

Professional Nursing Governance = 12.874 + 1.842 (Age) + 1.563 (Sex) + 1.487 (Current Position) + 1.934 (Leadership/Governance Training).

This equation demonstrates that leadership or governance training contributes the highest increase in governance scores among the significant predictors, followed by age, sex, and current position. The findings

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suggest that while inherent demographic characteristics contribute to governance participation, modifiable organizational interventions such as leadership training provide stronger practical opportunities for improving governance engagement among nurses. For nursing management, this highlights the importance of implementing continuous leadership development initiatives, mentorship programs, and participatory governance structures to cultivate stronger professional nursing governance within the hospital.

Table 5 Clinical Profile Predicting Professional Nursing Governance

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	11.528	1.984		5.810	.000		
Area of Assignment	0.041	0.315	0.072	1.102	.272	Failed to reject Ho	Not Significant
Slhift schedule	0.018	0.287	0.031	0.487	.627	Failed to reject H	Not Significant
Nurse-Patient Ratio	-0.052	0.366	-0.094	-1.421	.157	Failed to reject Ho	Not significant
Participation in Unit/Hospital Committee	0.167	0.039	0.286	4.318	.001	Reject Ho	Significant
Presence of shared governance structure	0.142	0.038	0.241	3.756	.001	Reject Ho	Significant
Autonomy in Clinical Decision-Making	0.221	0.037	0.394	5.982	.000	Reject Ho	Significant
Collaboration with Pysicians and other Health Professionals	0.118	0.038	0.205	3.144	.002	Reject Ho	Significant
Managerial Support in Decision-Making	0.193	0.037	0.352	5.221	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. If $R^2 < 0.30$ = None or very weak effect size; if 0.30–0.49 = Weak or low effect size; if 0.50–0.69 = Moderate effect size; and if ≥ 0.70 = Strong effect size.

In Table 5 finding shows that several clinical profile variables significantly predicted professional nursing governance, particularly participation in unit or hospital committees, presence of shared governance structures, autonomy in clinical decision-making, collaboration with physicians and other healthcare professionals, and managerial support in decision-making. Participation in committees and the presence of active governance structures strengthened nurses' exposure to organizational processes and increased opportunities for involvement in decision-making and leadership activities (McKnight & Moore, 2022; Green et al., 2024; Hamdan et al., 2024; Tumala et al., 2025). Among the predictors, autonomy in clinical decision-making emerged as the strongest contributor, indicating that governance becomes stronger when nurses are empowered to make independent clinical decisions and actively participate in patient care processes. Studies consistently support autonomy as a key component of professional governance because it reinforces accountability, confidence, and organizational participation (Orton, 2021; McKnight & Moore, 2022). Collaboration with healthcare professionals also contributed positively, highlighting the importance of interprofessional communication and shared responsibility in strengthening governance engagement (Reeves et al., 2020; Sarmadi et al., 2025).

Managerial support also demonstrated one of the strongest contributions, emphasizing the importance of supportive leadership in creating environments where nurses feel encouraged to express opinions and participate in organizational processes (Boamah et al., 2022; Hamdan et al., 2024). Leadership support through participatory and empowering approaches appears to facilitate stronger governance engagement among nurses. In contrast, area of assignment, shift schedule, and nurse–patient ratio were not significant predictors, suggesting that workload and assignment-related characteristics alone may not substantially influence governance participation. These findings imply that organizational culture, empowerment strategies, and leadership support may exert stronger influences on professional nursing governance than operational or workload-related factors. Furthermore, the regression equation showed that professional nursing governance can be predicted using the formula:

Professional Nursing Governance = 11.528 + 0.167 (Participation in Committee) + 0.142 (Shared Governance Structure) + 0.221 (Autonomy in Clinical Decision-Making) + 0.118 (Collaboration with Physicians) + 0.193 (Managerial Support).

The regression equation demonstrates that all significant clinical variables positively contribute to professional nursing governance. Among the predictors, autonomy in clinical decision-making contributed the greatest increase in governance, followed by managerial support, participation in committees, shared governance structure, and collaboration with physicians and other healthcare professionals. The findings indicate that governance becomes stronger when nurses are empowered to make decisions, supported by leaders, actively involved in organizational structures, and engaged in collaborative professional relationships. For nursing management, these findings highlight the importance of strengthening participatory leadership, promoting clinical autonomy, expanding committee involvement, and maintaining collaborative and supportive work environments to further enhance professional nursing governance within the hospital setting.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study concludes that professional nursing governance is influenced by selected personal and clinical profile variables rather than by all demographic and work-related characteristics of nurses. Among the personal variables, age, sex, current position, and attendance in leadership or governance training significantly predicted governance, indicating that maturity, leadership exposure, and governance-related training strengthen participation in organizational decision-making and professional accountability. Similarly, participation in committees, presence of shared governance structures, autonomy in clinical decision-making, collaboration with healthcare professionals, and managerial support significantly predicted governance, with autonomy and managerial support demonstrating the strongest influence. These findings suggest that governance is strengthened when nurses are empowered, actively involved in organizational processes, supported by leadership, and engaged in collaborative professional relationships. In contrast, variables related to background characteristics and workload did not significantly predict governance, indicating that participation opportunities, empowerment, collaboration, and leadership support exert stronger influences on professional nursing governance.

Recommendations

The findings recommend the implementation of a Professional Nursing Governance Enhancement Plan aimed at strengthening participation in organizational decision-making and increasing nurses' influence over resources while sustaining autonomy, collaboration, access to information, and accountability. Strategies such as expanding committee participation, strengthening shared governance councils, enhancing leadership support, and promoting interprofessional collaboration should be emphasized. The findings may also serve as instructional material in nursing education and support policy development that promotes shared governance structures, staff nurse participation, leadership development, and inclusive decision-making. Furthermore, the study is recommended for publication and presentation, while future research may explore professional nursing governance in relation to organizational outcomes, leadership styles, and nurses lived experiences in shared governance and decision-making processes.

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Clinical Performance Enhancement Plan

Rationale

Professional nursing governance is essential in promoting nurses participation in decision-making, accountability, autonomy, collaboration, and ownership of nursing practice, creating a practice environment that supports patient safety, professional growth, job satisfaction, and quality care delivery. Findings of the study revealed an overall high level of professional nursing governance, particularly in control over professional practice, access to information, goal setting and conflict resolution, and authority, accountability, and responsibility, indicating strengths that should be sustained. However, participation in organizational decision-making and influence over resources were only at moderate levels, suggesting areas requiring improvement. The findings further showed that governance was significantly influenced by personal and clinical factors including leadership training, committee participation, shared governance structures, autonomy, collaboration, and managerial support, indicating opportunities to strengthen governance through leadership development, expanded participation, and supportive organizational strategies. Thus, the Professional Nursing Governance Enhancement Plan is proposed to strengthen areas requiring improvement while sustaining existing strengths within the hospital setting.l.

General Objective

To enhance and sustain the level of professional nursing governance among nurses in the government hospital.

Specific Objectives

Specifically, the plan aims to achieve the following objectives:

a. Sustain the high level of control over professional practice among nurses;

b. Improve nurses' participation in organizational decision-making from moderate to high;

c. Improve nurses' influence over resources from moderate to high;

d. Sustain the high level of access to information among nurses;

e. Sustain the high level of goal setting and conflict resolution among nurses;

f. Sustain the high level of authority, accountability, and responsibility among nurses;

g. Strengthen nurses' participation in committees and shared governance structures;

h. Enhance autonomy in clinical decision-making, interprofessional collaboration, and managerial support in decision-making; and

i. Strengthen leadership and governance capability among staff nurses, especially those with limited governance exposure.

Areas of Concern	Objectives	Key Activities	Responsible Persons	Time Frame	Success Indicators
Control over Professional Practice	Sustain high control over professional practice	Review protocols regularly; participate in case conferences and meetings; conduct nursing practice review and protocol updates	Staff Nurses, Nurse Supervisors, Chief Nurse	Third quarter onwards	Sustained high governance scores; updated guidelines and audit reports

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Participation in Organizational Decision-Making	Improve participation from moderate to high	Strengthen shared governance councils; include staff nurses in policy meetings; conduct consultative meetings and leadership seminars	Staff Nurses, Nurse Managers, Hospital Administrators	Third quarter onwards	Increased nurse representation and improved participation scores
Influence over Resources	Improve influence over resources from moderate to high	Involve nurses in staffing, scheduling, and resource planning; establish resource monitoring and reporting systems	Staff Nurses, Supervisors, HR Director, Administrators	Third quarter onwards	Resource concerns addressed and improved influence scores
Access to Information	Sustain high access to information	Disseminate policy updates; conduct information-sharing sessions; establish centralized communication platforms	Nurse Supervisors, Quality Assurance Unit	Third quarter onwards	Updated communications and sustained high information access
Goal Setting and Conflict Resolution	Sustain high goal setting and conflict resolution	Conduct planning meetings, team-building, and conflict management workshops	Staff Nurses, Supervisors, HR Director	Third quarter onwards	Documented goals and improved conflict resolution
Authority, Accountability, and Responsibility	Sustain high accountability and responsibility	Conduct seminars on accountability; strengthen performance reviews and recognition systems	Chief Nurse, Nursing Education Unit	Third quarter onwards	Audit reports and sustained governance ratings
Committee Participation and Shared Governance	Strengthen committee involvement and governance structures	Expand committee membership; formalize shared governance councils; conduct leadership forums	Committee Chairs, Nurse Managers	Third quarter onwards	Increased committee participation and active governance councils
Autonomy, Collaboration, and Managerial Support	Enhance autonomy, collaboration, and managerial support	Conduct collaboration workshops; train nurse managers on participatory leadership; hold staff conferences	Nurse Managers, Physicians, Allied Health Professionals	Third quarter onwards	Improved staff-manager dialogue and collaboration
Leadership and Governance Capability	Strengthen leadership exposure among staff nurses	Establish mentorship and leadership coaching programs	Senior Nurses, Nurse Managers	Third quarter onwards	Increased participation in leadership activities and governance involvement

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