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Factors Facilitate Head Nurses' Policy Development and Autonomy in Decision Making

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Abstract: Background: Creating a participative work environment for the professional nurses is an exciting organizational strategy that fostering the autonomous decision making, reducing job burnout and dissatisfaction in healthcare settings. **Aim of the study:** to assess factors facilitate head nurses' policy development and autonomy in decision making **Design:** descriptive, comparative design was used to fulfill this study. **Setting:** in International Teaching Hospital affiliated to Tanta University Hospital and El-Menshawy Hospital affiliated to Ministry of Health in Tanta. **Sample:** The sample size integrated all available nurse leaders in International Teaching and El-Menshawy Hospitals estimated 350 head nurses. **Tools of data collection:** An structured questionnaire was used to collect data for the present study consists of two tools likert type rating scale, tool 1: Factors that act as facilitators to nurse leaders participation in health policy development scale, tool 2: Nurse leaders autonomy scale **Results:** Factors of involvement, knowledge and skills, support, image of nursing, enabling structures and available resources were identified as a high facilitators for head nurses participation in health policy development process in El – Menshawy hospital 87.00% and in the teaching hospital 98.00% , the head nurses perceived high autonomy related to their unit operations decisions 88.00% and patient care decisions 94.00% in the teaching hospital while moderate in El – Menshawy hospital, there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to patient care decisions in both hospitals. **Conclusion:** Factors that facilitate head nurses participation in health policy development process were high in both hospitals, the head nurses perceived high autonomy related to their unit operations decisions and patient care decisions in the teaching hospital while moderate in El – Menshawy hospital, there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to patient care decisions in both hospitals **Recommendations:** Support participative decision making through minimizes bureaucratic management style and facilitate upstream communication and empower involvement of nurse leaders on organizational committees and workgroups.

Key Words: Participation in the health policy development, Autonomy, Decision making

INTRODUCTION

Health policies affect the entire health care workforce especially the nursing profession as nurses constitute the largest health care workforce in most countries. An estimated 35 million nurses make up the greater part of the global health workforce (**World Health Organization (WHO), 2009**). International Council of Nurses reiterates that nurses can make a major contribution in promoting and shaping effective health policy because they closely interact with clients, gaining an appreciation of the health needs of the population and factors that influence these health needs, how factors in the environment affect the health situation for clients, their families and communities (**International Council of Nurses, 2009**).

Nurses have made progress in political participation and they exert influence in health policy in some industrialized countries such as the United States of America and the United Kingdom. Politics is defined as striving to share power or to influence the distribution of power among groups within the state (**Cramer, 2002**). Health political activity refers to being part of groups and participation in activity to influence health policy (**Venturato, 2007; McCloskey, 2005; Ryan, 2004; Corey, 1999**). Different studies indicated that when nurses participated in policy development they were able to make valuable contribution

and positively influence areas that include: access to health services; development of guidelines for the care and improving continence services (**Ditlopoetal, 2014&Geshe, 1999**).

Nurses involvement in health policy development ensures that health care is safe with high quality, accessible and affordable (**Prybil, 2007**), also nurses who have command expert knowledge based on their education and experience that could contribute positively towards improving all spheres of health care (**Maryanne, 2004**). Numerous factors influence nurse leaders' ability to be politically active in influencing health policy development. These factors can act as facilitators or barriers to their participation in health policies. The factors which could facilitate nurse leaders participation in health policy development included; being involved; being knowledgeable and skilled; being supported ;positive image of nursing; enable structures and available resources(**Sheriff, 2014**).

Being involved is identified as facilitators of nurse leaders' participation in health policy development. It includes having experience and exposure; being accorded opportunity; being present at all stages of policy development; seeking opportunity for participation and being active participants. Being knowledgeable and skilled are includes possessing a university education; and content

related to health policy being covered in the university curriculum. Being supported includes benefiting from role models; supportive mentorship and networks for support and sharing experiences. Positive image of nursing is another facilitator. The nursing must be considered a valuable partner development, and nurses with potential must be appointed in policy making positions and engage the media to change the image of nursing (Chavasse, 1998).

Also, enabling structures emerged as a facilitator, includes a legislature which ensures that national nurse leader are included in policy development, a directorate of nursing services, enhancing the numbers of nurses at policy development level; nurses with ability in health policy activity; and gender balance. The availability of resources also emerged as a facilitator which includes; resources for business and financial skills; and being able to mobilize them for policy making activity (Nelms&Gorski, 2004).

Factors that act as barriers that hinder nurse leaders' participation in health policy development. Includes; lack of involvement; lack of knowledge and skills; negative image of nursing, lack of resources and lack of enabling structure. Lack of involvement hinder nurse leaders to participation that includes; lack of opportunity at various levels; lack of forum; lack of experience; lack of active participation; top down approach to policy making and poor planning on the process of problem identification. Lack of knowledge, skills and support emerged as hinders to nurse leaders participation in policy activity. Theses includes: lack of tertiary education, lack of knowledge pertaining to health policy development process and throughout the stages of policy development, as well as lack of support and confidence (Havens, 2001).

Negative image of nursing emerged as a barrier and includes: nurses' contribution to the policy process not being recognized and lack of opportunity to be involved in health policy development. These barriers could potentially deprive head nurses of the opportunity to gain knowledge, experience and thus hinder their participation in health policy development process (Marisa & Mary, 2001). These facilitators and barriers were interconnected and there seem to be push and pull factors that facilitate and hinder participation of head nurses in policy activity making (Abdullah & Shaw, 2017).

The International Council of nurses has stressed the importance of nurses' contribution to health services planning and their participation in policy development (Kramer &Schmalenberg, 2003). Considerable progress has been made in advancing nurses presence, role, experienced enhanced job satisfaction, self-esteem and enhanced autonomy in decision making (Britnell, 2007). Autonomy is an important element of professional identity and a source of power in clinical practice(Varjus&Kilp and Suominen, 2011). Autonomy is the freedom to make independent decisions on behalf of patients but in their interests (Finne, 2001). In clinical setting, autonomy means acting independently without being restricted by bureaucratic rules of hospitals and receiving orders or permission from others(Fabre, 2007). Autonomy is an important indicator of supportive work environments and

positive patients and organizational outcomes (Lin et al., 2007). Nurses' autonomy has been found to correlate with reduced turnover and more favorable patient outcomes. Therefore, autonomous nurses are expected to possess higher career, commitment as a result of higher job satisfaction, job performance and higher quality of patient care (Currie& Harvey, 2005).

Autonomous nurses generally communicate effectively with patients, families, and healthcare teams. These nurses provide continuous, accurate and efficient patient care. Also, they decide upon their units operation, determine their own educational plane and participate in research project. Moreover, solves conflict when presented, establish standards of care and communicates organizational policies and procedures. For autonomous practice to flourish, it is necessary that supportive work environments with provided flexible policies. Organizational policies formulated by autonomous nurses are more accurate, and will result in cost-effective patient care. Nurses face challenges in being involved in health policy development at the grassroots level, as well as at the government level. However, research study reveal that when nurses are involved and successfully influence health policy development and have autonomous of decision, there are benefits to health care delivery (Mighten, 2007) .

Aim of the Study:

This study was aiming to assess factors facilitate head nurses' policy development and autonomy in decision making

Research question:

1. What are the factors that act as facilitators and barriers to head nurses' participation in health policy development?
2. What are the levels of nurse leaders' autonomy in decision-making?
3. What is the relationship between head nurses opinion about factors affecting on participation in health policy development and their level of autonomy in decision-making?

SUBJECTS AND METHODS

Technical design:

The technical design included the research aim, design, setting, sample and data collection tools.

Study Design:

Descriptive, comparative study design was used to fulfill this study.

Setting:

The study will be conducted in International Teaching Hospital affiliated to Tanta University Hospital and El-Menshawy Hospital affiliated to Ministry of Health in Tanta.

Study Sample:

The study sample integrated all available head nurses in International Teaching Hospital estimated 150 head nurses and all head nurses in El-Menshawy Hospital estimated 200 head nurses.

Tools of Data Collection:

A structured questionnaire was used to collect data for the present study consists of two tools likert type rating scale as the following:

Tool 1: Factors that act as facilitators to nurse leaders participation in health policy development Scale, developed by **Shariff(2014)**, Includes three parts;

Part 1: socio – demographic characteristics:5 questions related to age, gender, years of experience, marital status name of hospital

Part 2:Factors that act as facilitators to nurse leaders participation in health policy development scale, consists of factors that acted as facilitators to nurse leaders participation in health policy activity. These facilitators included: being involved; being knowledgeable and skilled; being supported; positive image of nursing; enabling structures and available resources.

Scoring system:

Head nurses response will be measured on a four points Likert Scale ranging from(4) refer to strongly agree to (1) refer to disagree. The total score will be calculated by numerating scores of the categories, where a score of >75% will indicate high facilitators factors, 75% to 60% will indicate moderate facilitators factors and <60% will illustrate low facilitators factors.

Part 3:Factors that act as barriers to nurse leaders' participation in health policy development scale, these barriers include: lack of involvement; lack of knowledge, skills and support; negative image of nursing; lack of available resources.

Scoring system:

Head nurses response will be measured on a four points Likert Scale ranging from (4) refer to strongly agree to (1) refer to strongly disagree. The total score will be calculated by numerating scores of the categories, where a score of >75% will indicate high hinder factors,75% to 60% will indicate moderate hinder factors and <60% will illustrate low hinder factors.

Tool 2:Head nurses autonomy Scale developed by **AL-Hamdan et al., (2013)**,to assess head nurses autonomy in decision making the scale was consisting of 42 items under two subscales ,21 items related to patient care and the other 21 items related to unit operations decisions.

Scoring system:

Head nurses response will be measured on a five points Likert Scale ranging from 5 to 1 as follows:

5=Nurses have full independent authority and accountability

4=Nurses consult with others and participate in decision making.

3=Nurses share authority and accountability.

2=Nurse assume authority and accountability.

1=Nurses have no authority and accountability. The total score will be calculated by numerating scores of the categories, where a score of >75% will indicate high level of autonomy, 75% to 60% will indicate moderate level of autonomy and <60% will illustrate low level of autonomy.

Operational design:

This part of the study included the validation of tools, Reliability test, the pilot study, and the field work phase.

Validation of tools:

The data collection tools were reviewed by five professors in nursing administration. They were asked to examine the questionnaire for content coverage, clarity, wording, length, format, and overall appearance. Based on experts' comment and recommendations minor changes had been made for face and content validation.

Reliability test:

Cronbach alpha coefficient was used to assess the internal consistency of the tool.

Pilot study:

A pilot study conducted before performing the main study. The questionnaires tested on a sample of 30head nurse, and they excluded from the main study sample. The aim was to check the clarity, completeness and practicability of the survey tools, and time needed to fulfill the questionnaires.

Field work:

Data collection was started from April 2017 to August 2017. Data will be collected from identified subject. The researcher will meet the head nurses in small groups in each hospital of the study during their shifts to distribute the tools.

Administrative design:

An official permission to conduct the study will be obtained from the responsible authorities.

Ethical considerations:

Ethical consideration: nursing leader consent to participate in the study was be obtained head nurses was be informed about the privacy of information obtained from them, nature of study and their right to withdraw from the study.

Statistical analysis:

The collected data was organized, tabulated and statistically analyzed by SPSS software (Statistical Package for the Social Sciences, account 16, SPSS Inc. Chicago, IL,USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparisons among two groups and more were done using Chi-square test (χ^2). student t-test was used for comparison between means of two groups of parametric data of independent samples, F value of ANOVA test was calculated for comparison between more than two means of parametric data, Pearson's correlation coefficient(r) evaluate correlation between variables. Significance was adopted for explanation of results of tests of significance at ($p<0.05$)

RESULTS

The results of the present study are presented as follows;

Part I: Characteristics of the studied sample (tables 1 and figures 1-2).

Part II: the factors that act as facilitators and barriers to the nurse leaders' participation in health policy development (tables 2-4 and figure 3-4).

Part III: the levels of nurse leaders autonomy in decision-making (tables 5-6 and figure 5- 6).

Part IV: Relationship between the nurse leaders' autonomy in decision-making (tables 7-12). participation in health policy development and their level of

Table (1): Percentage distribution of head nurses regarding to their socio-demographic characteristics (n=350)

Variables		Hospital Name					
		El-Menshay Hospital		Teaching Hospital		Total	
		N	%	N	%	N	%
Marital status	Married	179	89.50	106	70.67	285	81.43
	Divorce	10	5.00	0	0.00	10	2.86
	Widow	3	1.50	0	0.00	3	0.86
	Single	8	4.00	44	29.33	52	14.86
Position	Head nurse	54	27.00	12	8.00	66	18.86
	Specialist nurse	137	68.50	138	92.00	275	78.57
	Staff nurse	9	4.50	0	0.00	9	2.57

Table (1) reveals that, 89.50% of head nurses from El-Menshay hospital and 70.67% from teaching hospital were married. Also this table shows that, more than two thirds of

head nurses from El- Menshay hospital 68.5% and 92.00% of head nurses in Teaching hospital were specialist nurses.

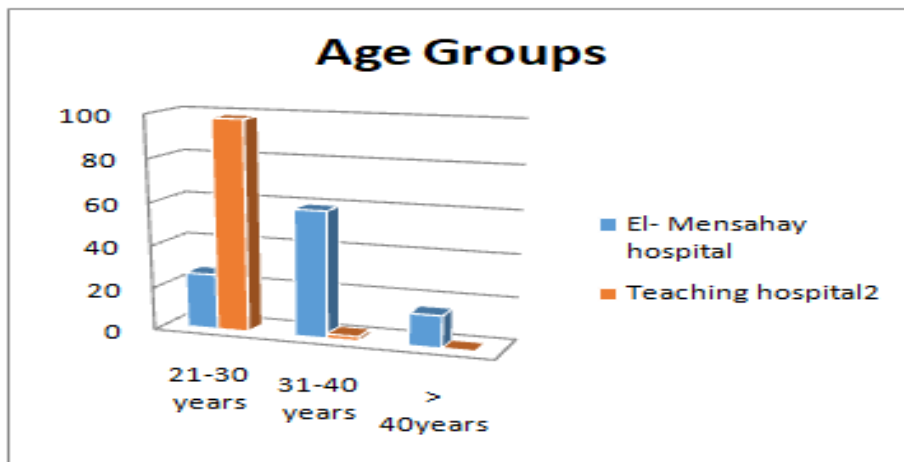


Figure (1): Percentage distribution of head nurses regarding to their age group (n=350)

Figure(1) shows that, 59% of head nurses from EL-Menshay hospital were in the age group between 31-40 years, while the majority 98.00% of head nurses from

Teaching hospital were in the age group between 21-30 years.

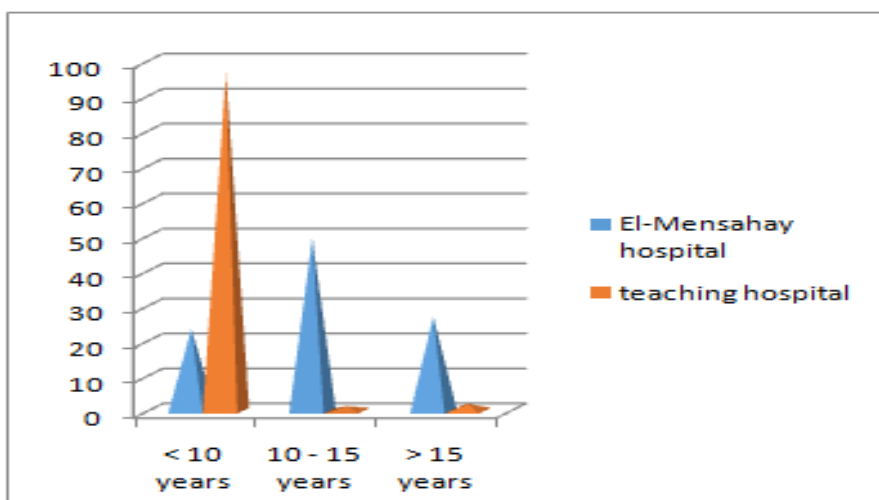


Figure (2): Percentage distribution of head nurses regarding to their years of experience (n=350)

In figure (2) near than half (49.50%) of head nurses from El-Menshaw hospital had years of experience ranged from 10 to less than or equal 15 years of experience, while 96.67 of

head nurses from Teaching hospital had years of experience less than 10 years of experience.

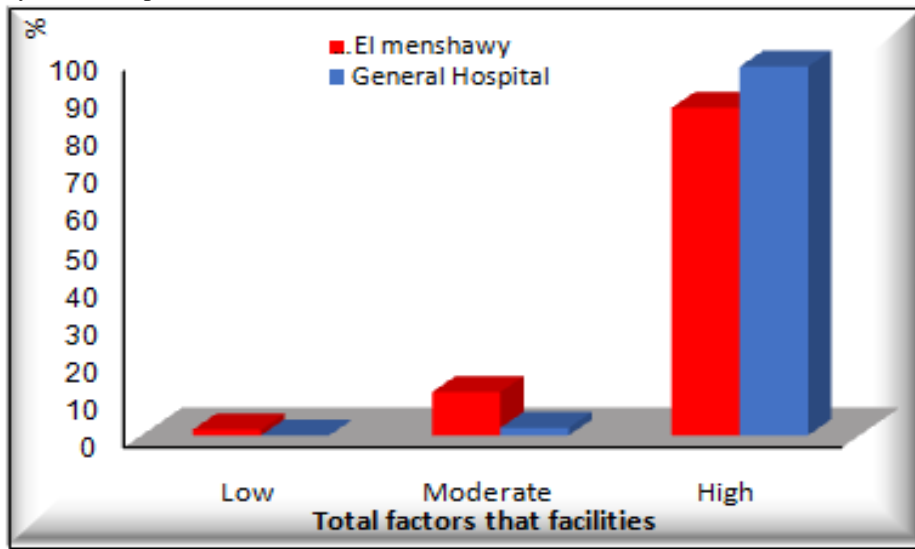


Figure (3) percentage distribution of head nurses agreement regarding their total factors that facilitate participation in health policy development in El-Menshaw and Teaching Hospitals

In figure (3) total factors that facilitate head nurses participation in health policy development in teaching hospital with percent 98.00% which higher than the percent

in EL-Menshaw hospital 87.00%. On the other hand 20.00% of head nurses were moderate agreement in EL-Menshaw Hospital but 10.00% only in Teaching Hospital.

Table(2) percentage distribution of head nurses agreement regarding their total factors that facilitate participation in health policy development in El-Menshaw and Teaching Hospitals n= (350)

Factors		Hospital Name						Chi-Square	
		El menshawy Hospital n=200		Teaching Hospital N=150		Total		X ²	P-value
		N	%	N	%	N	%		
Being Involved	Low	2	1.00	0	0.00	2	0.57	3.436	0.179
	Moderate	15	7.50	6	4.00	21	6.00		
	High	183	91.50	144	96.00	327	93.43		
Being knowledgeable and skilled	Low	4	2.00	0	0.00	4	1.14	19.657	<0.001*
	Moderate	29	14.50	3	2.00	32	9.14		
	High	167	83.50	147	98.00	314	89.71		
Being supported	Low	6	3.00	0	0.00	6	1.71	13.198	0.001*
	Moderate	19	9.50	3	2.00	22	6.29		
	High	175	87.50	147	98.00	322	92.00		
Positive image of nursing	Low	9	4.50	0	0.00	9	2.57	8.455	0.015*
	Moderate	32	16.00	18	12.00	50	14.29		
	High	159	79.50	132	88.00	291	83.14		
Enabling structures	Low	12	6.00	0	0.00	12	3.43	18.046	<0.001*
	Moderate	25	12.50	6	4.00	31	8.86		
	High	163	81.50	144	96.00	307	87.71		
Available resources	Low	13	6.50	6	4.00	19	5.43	2.899	0.235
	Moderate	34	17.00	35	23.33	69	19.71		
	High	153	76.50	109	72.67	262	74.86		
Total factors that facilities	Low	3	1.50	0	0.00	3	0.86	13.794	0.001*
	Moderate	23	11.50	3	2.00	26	7.43		
	High	174	87.00	147	98.00	321	91.71		

Significant (P<0.05)*

Table (2): Illustrates relationship between total levels of the studied head nurses agreement about the factors that facilitate participation in health policy making in EL-Menshaw and Teaching Hospitals. The data shows that

there were statistically significant differences between total levels of studied head nurses agreement regarding the factors that act as a facilitator to participation in health policy in EL-Menshaw Hospitals and Teaching Hospitals'.

98.00% of head nurses had high level of agreement for total factors that facilitate participation in health policy making in Teaching Hospital, While 87.00% of head nurses had high level of agreement in EL-Menshaw Hospital. As regard to the Teaching Hospital the high level of head nurses agreement for the factors of being knowledgeable and skilled, Being supported ,enabling structure and positive

image (98.00%,98.00%,96.00%,88%)respectively. While , the high level of head nurses agreement for factors that act as facilitator to health policy making in EL-Menshaw Hospital related to factors for being involved ,being supported, knowledgeable and skilled, enabling structure (91%,87%,83%,81%) respectively.

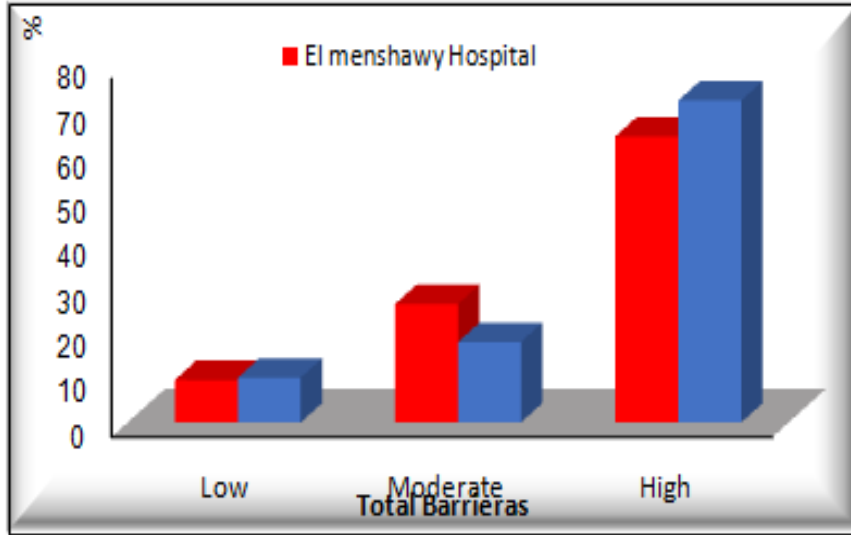


Figure (4) Distribution of total levels of barriers that hinders head nurses to participation in policy making in EL-Menshaw and Teaching Hospitals

Figure (4) shows that, total factors that hinders head nurses to participation in health policy development in Teaching hospital higher percent 72% than the percent in EL-Menshaw hospital 64%. On the other hand, the moderate

level of factors that hinders head nurses participation in health policy development in EL-Menshaw hospital with percent 26.5% higher than the percent in Teaching hospital 18%.

Table(3)Relationship between head nurse levels regarding total factors that barriers participation in health policy development in EL-Menshaw and Teaching Hospitals

Factors		Hospital Name						Chi-Square	
		El Menshaw Hospital n=200		Teaching Hospital N=150		Total		X ²	P-value
		N	%	N	%	N	%		
Lack of involvement	Low	20	10.00	21	14.00	41	11.71	1.429	0.489
	Moderate	49	24.50	33	22.00	82	23.43		
	High	131	65.50	96	64.00	227	64.86		
Lack of knowledge, skills and support	Low	20	10.00	15	10.00	35	10.00	0.706	0.703
	Moderate	46	23.00	29	19.33	75	21.43		
	High	134	67.00	106	70.67	240	68.57		
Negative image of nursing	Low	35	17.50	18	12.00	53	15.14	2.108	0.348
	Moderate	56	28.00	47	31.33	103	29.43		
	High	109	54.50	85	56.67	194	55.43		
Lack of available resources	Low	14	7.00	15	10.00	29	8.29	5.442	0.066
	Moderate	9	4.50	15	10.00	24	6.86		
	High	177	88.50	120	80.00	297	84.86		
Total Barriers	Low	19	9.50	15	10.00	34	9.71	3.545	0.170
	Moderate	53	26.50	27	18.00	80	22.86		
	High	128	64.00	108	72.00	236	67.43		

Table (3) clarifies that, lack of available resources was the highest factor that hinder head nurses participation in health policy development in El-Menshaw hospital with percentage of 88.5% and Teaching Hospital with percentage of 80.00%, then the lack of knowledge, skills and support in

El-Menshaw hospital with percentage of 67.00% and Teaching Hospital with percentage of 70.67%, then the lack of involvement in El-Menshaw hospital with percentage of 65.50% and Teaching hospital with percentage of 64% and finally the negative image of nursing.

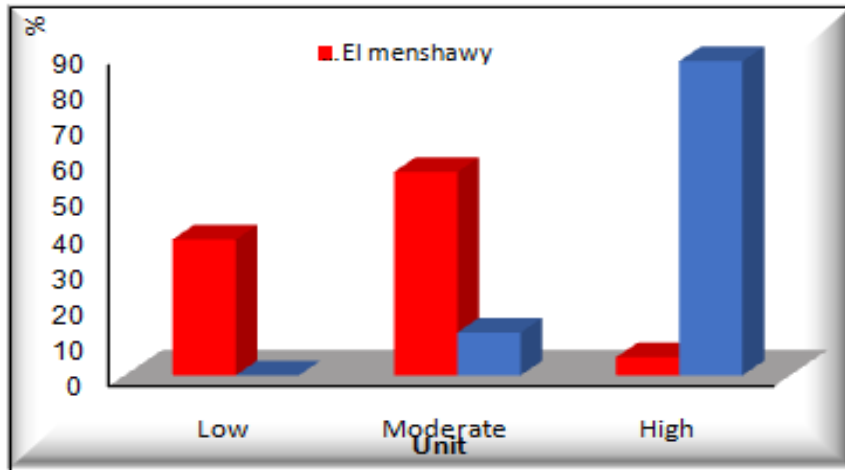
Table(4)Relationship between total mean and standard division of head nurses agreement regarding that factors that facilitate head nurses participation in health policy development in EL-Menshawey and Teaching Hospitals(n=350)

Factors	Hospital Name						T-Test	
	El-Menshawey Hospital			General Hospital				
	Mean	±	SD	Mean	±	SD	t	P-value
Being Involved	17.920	±	2.077	18.440	±	1.689	-2.507	0.013*
Being knowledgeable and skilled	13.000	±	1.771	14.027	±	1.129	-6.215	<0.001*
Being supported	13.130	±	1.734	14.000	±	1.237	-5.226	<0.001*
Positive image of nursing	17.135	±	2.539	17.840	±	1.742	-2.923	0.004*
Enabling structures	20.895	±	3.210	21.787	±	2.135	-2.947	0.003*
Available resources	8.140	±	1.601	8.120	±	1.409	0.122	0.903
Total factors that facilities	90.220	±	10.880	94.213	±	6.511	-3.990	<0.001*

(p<0.05)*Significant

Table (4) : Illustrate mean scores of the studied nurses agreement at EL-Menshawey hospital and Teaching Hospital about the factors that facilities head nurses participation in health policy development. The tables reveals that there was a statistically significant difference between the total head

nurses agreement at the most factors that facilitate participation in health policy development , being involved ,being knowledgeable and skilled, positive image and enabling structures at p=0.001.



Figure(5) Distribution of total levels of head nurses unit autonomy decision making in EL-Menshawey and Teaching Hospitals

Figure (5) shows that, head nurses agreement regarding their autonomy of decisions making related to their unit operation in teaching hospital was high with percentage of 88.00%,

while in EL-Menshawey hospital was moderate with percentage of 57.00%.

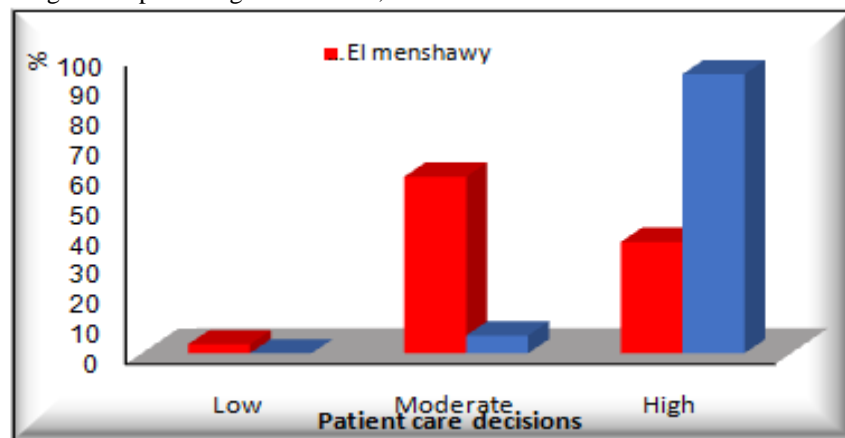


Figure (6): percentage distribution of head nurses agreement regarding their total autonomy of decisions making related to their patient care decisions in EL-Menshawey and Teaching hospitals (350)

Figure (6) shows that, head nurses agreement regarding their autonomy of decision making related to their unit operation in teaching hospital was high percentage of 88%,while in

EL-Menshawy hospital was moderate percentage of 57.00%.

Table(5)Relationship between head nurse levels regarding their total Autonomy of decisions making in EL-Menshawy and Teaching Hospitals

Items		Hospital Name						Chi-Square	
		El menshawy Hospital		Teaching Hospital		Total		X ²	P-value
		N	%	N	%	N	%		
Unit	Low	76	38.00	0	0.00	76	21.71	248.565	<0.001*
	Moderate	114	57.00	18	12.00	132	37.71		
	High	10	5.00	132	88.00	142	40.57		
Patient care decisions	Low	6	3.00	0	0.00	6	1.71	115.921	<0.001*
	Moderate	119	59.50	9	6.00	128	36.57		
	High	75	37.50	141	94.00	216	61.71		

P <0.005

Table (5) reveals that, head nurses agreement regarding their autonomy of decision making related to their patient care decision in Teaching hospital was high percent 94.00% than in EL-Menshawy hospital 37.50% .Also , head nurses agreement regarding their autonomy of decision making

related to unit decision in Teaching hospital was high percent 88.00% but only in EL-Menshawy hospital 5.00% . The table shows that there is statistical differences between Teaching hospitals and EL-Menshawy hospital related to unit and patient care decision.

Table(6) Relationship between total mean score and standard division on head nurses agreement regarding that unit operation and patient care autonomy decision making in EL-Menshawy hospital and Teaching Hospital(n=350)

variables	Hospital Name						T-Test	
	El menshawy Hospital			Teaching Hospital			t	P-value
	Mean	±	SD	Mean	±	SD		
Unit operation decisions	74.015	±	12.075	102.233	±	9.939	-23.304	<0.001*
Patient care decisions	65.230	±	6.007	76.733	±	6.643	-16.939	<0.001*

(p<0.05) Significant

Table (6) : Illustrate mean scores of the studied nurses agreements t regarding that unit operation and patient care autonomy decision making in EL-Menshawy hospital and Teaching Hospital. The tables reveals that there was a

statistically significant difference between the total head nurses agreement regarding to unit operation and patient care decision making in EL-Menshawy and Teaching hospital at p=0.001.

Table (7)Correlations between factors that facilitates and barriers to nurse leaders' participation in health policy development and their autonomy in decision making in EL-Menshawy and Teaching Hospitals(n=350)

Correlations				
ALL Data	Unit operation decisions		Patient care decisions	
	r	P-value	r	P-value
Patient care decisions	0.718	<0.001*		
Being Involved	0.172	0.001*	0.270	<0.001*
Being knowledgeable and skilled	0.313	<0.001*	0.347	<0.001*
Being supported	0.275	<0.001*	0.352	<0.001*
Positive image of nursing	0.184	0.001*	0.361	<0.001*
Enabling structures	0.223	<0.001*	0.343	<0.001*
Available resources	0.025	0.638	0.161	0.002*
Total factors that facilities	0.250	<0.001*	0.388	<0.001*
Lack of involvement	-0.037	0.494	0.015	0.778
Lack of knowledge, skills and support	0.053	0.319	0.067	0.213
Negative image of nursing	0.031	0.567	0.094	0.079
Lack of available resources	-0.016	0.771	-0.060	0.263
Total Barriers	0.022	0.677	0.058	0.281

(p<0.05)*Significant

Table (7) clarifies that, there was a positive correlations between head nurses agreement regarding their autonomy in decision making related to their unit operation and total factors that facilitate nurse leaders participation in health policy development (r= 0.250, p- value<0.001)and there was

a positive correlation between head nurses agreement regarding their autonomy in decision making related to their patient care decisions and total factors that barriers nurse leaders participation in health policy development(r= 0.388, p- value<0.001).

Table (8): relationship between factors that facilitate and factors that barrier the nurse leaders participation in health policy development and their autonomy in decision making in El-Menshawhy hospital (n=350)

Correlations				
El menshawhy Hospital	Unit		Patient care decisions	
	r	P-value	r	P-value
Patient care decisions	0.327	<0.001*		
Being Involved	0.075	0.290	0.231	0.001*
Being knowledgeable and skilled	0.131	0.065	0.300	<0.001*
Being supported	0.128	0.072	0.217	0.002*
Positive image of nursing	0.077	0.277	0.322	<0.001*
Enabling structures	0.094	0.187	0.306	<0.001*
Available resources	-0.006	0.929	0.245	<0.001*
Total factors that facilities	0.101	0.156	0.329	<0.001*
Lack of involvement	0.080	0.262	0.123	0.082
Lack of knowledge, skills and support	0.257	<0.001*	0.197	0.005*
Negative image of nursing	0.049	0.489	0.177	0.012*
Lack of available resources	0.045	0.526	-0.064	0.372
Total Barriers	0.150	0.033*	0.172	0.015*

(p<0.05)*Significant

Table (8) shows that, there was a positive correlation between head nurses agreement regarding their autonomy in decision making related to their unit operation and total factors that barriers nurse leaders participation in health policy development in El-Menshawhy hospital (r= 0.150, p-value=0.033). Also, there was a positive correlation between

head nurses agreement regarding their autonomy in decision making related to their patient care decisions and total factors that facilitate (r= 0.329, p-value<0.001) and the total factors that barriers (r= 0.172, p-value=0.015) the nurse leaders participation in health policy development in El-Menshawhy hospital.

Table (9) Correlations between factors that facilitates and barriers to nurse leaders' participation in health policy development and their autonomy in decision making in El-Menshawhy Hospital (n=350)

Correlations				
El menshawhy Hospital	Unit		Patient care decisions	
	R	P-value	r	P-value
Patient care decisions	0.327	<0.001*		
Being Involved	0.075	0.290	0.231	0.001*
Being knowledgeable and skilled	0.131	0.065	0.300	<0.001*
Being supported	0.128	0.072	0.217	0.002*
Positive image of nursing	0.077	0.277	0.322	<0.001*
Enabling structures	0.094	0.187	0.306	<0.001*
Available resources	-0.006	0.929	0.245	<0.001*
Total factors that facilities	0.101	0.156	0.329	<0.001*
Lack of involvement	0.080	0.262	0.123	0.082
Lack of knowledge, skills and support	0.257	<0.001*	0.197	0.005*
Negative image of nursing	0.049	0.489	0.177	0.012*
Lack of available resources	0.045	0.526	-0.064	0.372
Total Barriers	0.150	0.033*	0.172	0.015*

(p<0.05)*Significant

Table (9) shows that, there was a positive correlation between head nurses agreement regarding their autonomy in decision making related to their unit operation and total factors that barriers nurse leaders participation in health policy development in El-Menshawhy hospital (r= 0.150, p-value=0.033). Also, there was a positive correlation between

head nurses agreement regarding their autonomy in decision making related to their patient care decisions and total factors that facilitate (r= 0.329, p-value<0.001) and the total factors that barriers (r= 0.172, p-value=0.015) the nurse leaders participation in health policy development in El-Menshawhy hospital.

Table (10)Correlations between factors that facilitates and barriers to nurse leaders’ participation in health policy development and their autonomy in decision making in El-Teaching Hospital(n=350)

Correlations				
Teaching Hospital	Unit		Patient care decisions	
	R	P-value	R	P-value
Patient care decisions	0.560	<0.001*		
Being Involved	0.180	0.028*	0.276	0.001*
Being knowledgeable and skilled	0.064	0.436	0.005	0.956
Being supported	0.063	0.441	0.291	<0.001*
Positive image of nursing	0.162	0.048*	0.430	<0.001*
Enabling structures	0.337	<0.001*	0.386	<0.001*
Available resources	0.150	0.067	0.198	0.015*
Total factors that facilities	0.256	0.002*	0.412	<0.001*
Lack of involvement	-0.110	0.179	0.002	0.985
Lack of knowledge, skills and support	-0.080	0.333	0.023	0.780
Negative image of nursing	-0.004	0.962	0.035	0.672
Lack of available resources	-0.010	0.907	-0.034	0.684
Total Barriers	-0.063	0.444	0.018	0.830

(p<0.05)*Significant

Table (10) clarifies that, there was a positive correlation between head nurses agreement regarding their autonomy in decision making related to their unit operation and total factors that facilitate the nurse leaders participation in health policy development(r= 0.256, p- value=0.002). Also, there

was a positive correlation between head nurses agreement regarding their autonomy in decision making related to their patient care decisions and total factors that facilitate the nurse leaders’ participation in health policy development in teaching hospital(r= 0.412, p- value<0.001).

Table(11): Relationship between total mean and standard deviation of head nurses agreement regarding factors that facilitate , factors that barriers nurse leaders participation in health policy development, their autonomy of decision making and their age (n=350)

Factors	Age									ANOVA	
	21-30 Years			31-40 Years			>40 Years			F	P-value
	Mean	±	SD	Mean	±	SD	Mean	±	SD		
Being Involved	18.121	±	1.914	18.041	±	2.014	18.700	±	1.705	1.427	0.242
Being knowledgeable and skilled	13.638	±	1.432	12.950	±	1.830	14.100	±	1.269	10.131	<0.001*
Being supported	13.663	±	1.454	13.091	±	1.830	14.100	±	1.094	7.376	0.001*
Positive image of nursing	17.528	±	2.054	16.992	±	2.612	18.633	±	1.377	6.958	0.001*
Enabling structures	21.337	±	2.468	20.719	±	3.325	23.133	±	2.063	9.259	<0.001*
Available resources	8.156	±	1.367	7.942	±	1.790	8.733	±	1.112	3.362	0.036*
Total factors that facilities	92.442	±	8.109	89.736	±	11.361	97.400	±	6.441	8.950	<0.001*
Lack of involvement	23.090	±	4.967	23.579	±	4.916	25.800	±	3.718	4.087	0.018*
Lack of knowledge, skills and support	38.523	±	8.779	38.752	±	7.670	44.033	±	6.245	5.999	0.003*
Negative image of nursing	30.286	±	6.798	30.017	±	6.313	34.500	±	5.043	6.106	0.002*
Lack of available resources	8.352	±	2.052	8.628	±	1.674	8.800	±	1.400	1.271	0.282

(p<0.05)*Significant

Table (11) reveals that, there was a positive relationship between age and total factors that facilitate nurse leaders participation in health policy development (F= 8.950, p-value<0.001)and there was a positive relationship between age and total factors that barriers nurse leaders participation in health policy development(F= 5.836, p- value=0.003),

also this table shows, there was a positive relationship between age and head nurses agreement regarding their autonomy in decision making related to their unit operation (F= 63.694, p- value<0.001) and patient care decisions(F= 845.516, p- value<0.001).

Table(12): Relationship between total mean and standard deviation of head nurses agreement regarding factors that facilitate, factors that barriers nurse leaders participation in health policy development, their autonomy of decision making and their years of experience (n=350)

Factors	Years of Experiences									ANOVA	
	<10 Years			10-15 Years			>15 Years			F	P-value
	Mean	±	SD	Mean	±	SD	Mean	±	SD		
Being Involved	18.083	±	1.934	18.020	±	2.078	18.561	±	1.626	1.634	0.197
Being knowledgeable and skilled	13.646	±	1.436	12.822	±	1.915	13.842	±	1.251	11.444	<0.001*
Being supported	13.698	±	1.419	12.921	±	1.968	13.877	±	1.119	10.202	<0.001*
Positive image of nursing	17.448	±	2.056	17.059	±	2.763	18.070	±	1.741	3.715	0.025*
Enabling structures	21.318	±	2.489	20.584	±	3.433	22.368	±	2.388	7.551	0.001*
Available resources	8.130	±	1.376	7.950	±	1.791	8.456	±	1.428	2.029	0.133
Total factors that facilities	92.323	±	8.170	89.356	±	11.882	95.175	±	7.409	7.527	0.001*
Lack of involvement	22.938	±	4.977	23.208	±	5.090	25.860	±	3.456	8.397	<0.001*
Lack of knowledge, skills and support	38.365	±	8.692	38.653	±	8.110	42.211	±	6.787	4.967	0.007*
Negative image of nursing	30.089	±	6.860	30.248	±	6.320	32.667	±	5.820	3.562	0.029*
Lack of available resources	8.339	±	2.081	8.614	±	1.543	8.754	±	1.693	1.406	0.246
Total Barriers	99.729	±	20.858	100.723	±	18.473	109.491	±	15.627	5.699	0.004*
Unit	94.964	±	15.698	74.960	±	14.455	76.035	±	13.781	73.713	<0.001*
Patient care decisions	73.510	±	8.590	65.327	±	6.704	67.439	±	5.305	42.482	<0.001*

(p<0.05)*Significant

Table (12) reveals that, there was a positive relationship between years of experience and total factors that facilitate nurse leaders participation in health policy development (F= 7.527, p- value=0.001) and there was a positive relationship between years of experience and total factors that barriers nurse leaders participation in health policy development (F= 5.699, p- value=0.004), also this table shows, there was a positive relationship between years of experience and head nurses agreement regarding their autonomy in decision making related to their unit operation (F= 73.713, p- value<0.001) and patient care decisions (F= 42.482, p- value<0.001).

DISCUSSION

Health care environment has rapidly changing, thus causes the nurse leaders have to participate and have a strong voice to advocate the decisions that have an impact on patient care and all the health policy process. Nurses feel that the rules and regulations of hospitals and health care organizations affect their work autonomy, there are factors hindering nurses' engagement in policy making, it is necessary to address these factors in order to enhance nurses' engagement in policy making and have autonomous decision making that further contribution to quality of services.

In relationship to socio – demographic characteristics of the participated head nurses, The result of the current study revealed that, the majority of head nurses were in the age group between 21 and less than or equal 30 years in the teaching hospital and more than half of them were in the age group between 31 and less than or equal 40 years in El-menshawy hospital, this result may be due to almost of head nurses were graduated from faculty of nursing and appointed as head nurses immediately after graduation especially in the teaching hospital. These result in the same

line with **Jaafarpour& Khan, (2011)** whose study the participation of nurses in decision making; they found that the mean age was 32.2 + 6.3. This result in contrast with **Sheriff, (2014)** who carried out a study entitled “factors that act as facilitators and barriers to nurse leader’ participation in health policy development “she reported that 86% of the studied sample were more than 15 years of experience. As regard to marital status, in this study more than three quarters of head nurses were married, this result may be due to the fact that, our Arab culture tends to settle on marriage. This result was aligned with **Jaafarpour& Khan, (2011)**, they stated that 58% of the studied sample were married.

Regarding to years of experience, the present study showed that, the majority of head nurses had years of experience less than 10 years of experience in the teaching hospital and near than half of them had years of experience ranged from 10 to 15 years of experience in El-menshawy hospital. This result may be due to the fact that, the majority of their age were between 21 and less than or equal 30 year. This result in contrast with **Sheriff, (2014)** who carried out a study entitled “factors that act as facilitators and barriers to nurse leader’ participation in health policy development “she reported that 86% of the studied sample were more than 15 years of experience. As regard to marital status, in this study more than three quarters of head nurses were married, this result may be due to the fact that, our Arab culture tends to settle on marriage. This result was aligned with **Jaafarpour& Khan, (2011)**, they stated that 58% of the studied sample were married.

Regarding the agreement of head nurses about the total factors that facilitate participation in health policy making the finding of the present study revealed that near of one hundred 98% percent of head nurses had high level of a agreements at teaching hospital and 87% in El_Menshawy

hospitals. This could be due to important of head nurses to be involved in health policy activities and consulted before policies are started. Nurses have everything education, brains, but they lack chance to air views .They stamp on what is already decided. They should decide and give the feedback at national level from lower level. They are back bone of the hospitals.

The result of the current study clarified that, the majority of head nurses agreed that the factor of being involved was considered as a factor that facilitate the head nurses participation in health policy development in both El-menshawy and the teaching hospitals, this result may be due to head nurses agreement that they must have opportunity to be included by policy maker at every stage of health policy process which will improve the head nurses experience, self-esteem, decision making abilities and in turn their participation in health policy development. This result agreed with study of **Juma et al., (2014)**, they carried out a study entitled “Kenyan nurses involvement in national policy development process” they found that nurses involvement in health policy process enhance their participation in the process of development.

Regarding to factor of being knowledgeable and skilled, the current study showed that, the majority of head nurses had high level of agreement for this factor in both Teaching and EL-Menshawy hospitals. This result indicate that knowledge and skills are important precursor to head nurses participation in health policy activities .Head nurses participation in health policy development can be enhanced if they have attained knowledge and skills in health policy activities. These finding concur with **Sheriff(2014)** and **RainsandCorroll(2000)**. Furthermore studies by **Byrdetal (2012)**, **Primomo (2007)** and **Bjoraling (2013)** indicatethatexposing nursing students to learning related to policy and knowledge of the legislative and policy process enhances their political involvement.

Also, the present study clarified that, the factor of being supported was a factor that facilitate the participation of head nurses in the policy development. From researcher point of view the existence of good role models of leaders can empower, motivate, inspire and support the head nurses to participate in health policy activities. Positive image of nursing , also was identified as a factor that facilitate nurse leaders’ participation in health policy development as nurse leaders can be respected and taken their opinion into account from all policy makers through the positive image of nursing. This result was aligned with study of **Shariff&Potgieter, (2012)** who carried out a study entitled “Extent of east- African nurse leaders’ participation in health policy development”. **Sundguist (2009)** study similarly found that support, encouragement and inspiration were necessary for participation in health policy development.

As regard to factors of enabling structures and available resources, the present study revealed that, enabling structures and available resources were factors that facilitate the participation of head nurses in the policy development. From researcher point of view in order to be to be representative in development process, head nurses must be

engaged in several leadership positions and provided with adequate resources even financial, material or human. This result was aligned with study of **Shariff&Potgieter, (2012)**.

In the present study , it was found that, the factors that facilitate and factors that barriers participation of head nurses in health policy development were two side for the same coin, the current study revealed that, lack of involvement, lack of knowledge, skills and support, negative image of nursing and lack of available resources were identified as barriers for engagement of head nurses in health policy development process to some extent as near than two thirds of head nurses in El- menshawy hospital and 72.00% of head nurses in the teaching hospital agreed that these factors hinder the nurse leaders participation in health policy development process. Furthermore the finding indicates that a negative public image of nursing appears to hinder head nurses ability to be part of the policy making arena.

The negative public image of nursing undermines head nurses inclusion in the health policy development process. These findings are supported by **Phaladze (2003)** who concluded that the reasons for being excluded from the policy development process included the negative image of the profession amongst policy makers. From researcher point of view the head nurses agreed that the factors of involvement, knowledge and skills support, image of nursing and available resources were being facilitators than being barriers because the more important side that affects the active participation is the administrative hierarchies, the hierarchy which followed the top – down authority limit the nurse leaders’ participation. These results goes in the same line with studies of (**Juma et al., 2014; Jaafarpour&khani, 2011**), they found that the factor of hierarchies and structures hinder the nurse leaders participation more than the factors of involvement, knowledge and skills support, image of nursing and available resources, while **Sheriff, (2014)** reported that the factors of involvement, knowledge and skills support, image of nursing and available resources were facilitators as well as barriers.

Concerning to head nurses autonomy in decision making, the present study revealed that, the head nurses’ perceived high autonomy related to their unit operations decisions in the teaching hospital .This result due to that the head nurses participated in making patients assignments, determine delivery of care method, and choose new equipment and supplies. While moderate in El – Menshawy hospital, this result may be due to authoritative management style in El – Menshawy hospital that embeds the head nurses’ decision making process in their unit. This result agreed with study of **Mrayyan, (2005)**who carried out a study entitled “American nurses’ work autonomy on patient care and unit operations” he found that nurse leaders autonomy in decision making related to their unit operations was moderate with mean score 2.65.

Also, this study clarified that, the head nurses’ perceived high autonomy related to their patient care decisions in the teaching hospital while moderate in El – menshawy hospital. This result may be due to that all head nurses in the teaching hospital had baccalaureate degree in nursing give them the

chance to be more autonomous in services related to patient care and also in their unit. Also, the head nurses reported that they were autonomous in: serving as patient advocates, questioning physician orders, teaching patients and preventing skin breakdown. This result is in the same line with **Mrayyan, (2005)** who reported a high mean score related to patient care (3.87).

In the current study, there was a positive relationship between age, years of experience of head nurses and total factors that facilitate, total factors that barriers nurse leaders participation in health policy development and the total head nurses autonomy related to their unit operations decisions and patient care decisions. This result may be due to the fact that the more head nurses aged, the more they became have experience, knowledge and skills which in turn enhance their participation health care process and decision making process. This result is in the same line with study of **Dorgham&Al.Mahmoud, (2013)** entitled "Leadership Styles and Clinical Decision Making Autonomy among Critical Care Nurses: A Comparative Study" they found a positive relationship between age, years of experience of head nurses and the total head nurses autonomy in decision making.

Finally there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to patient care decisions in both hospitals while there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to unit operations decisions in the teaching hospital only. As the head nurses perceived a moderate autonomy related to their unit operations decisions in El – Menshawy hospital. This result goes partially with studies of **Jaafarpour&khani (2011)** and **Weston, (2010)** who carried out a study entitled "strategies for enhancing autonomy and control over nursing practice", he stated that, involvement of nurses, embedding the nursing knowledge into the clinical practice and enabling a learning environment enhancing nurses autonomy.

CONCLUSION

Factors of involvement, knowledge and skills, support, image of nursing, enabling structures and available resources were identified as high facilitators than being barriers for head nurses participation in health policy development process in both hospitals, the head nurses perceived high autonomy related to their unit operations decisions and patient care decisions in the teaching hospital while moderate in El – Menshawy hospital, there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to patient care decisions in both hospitals while there was a positive relationship between factors that facilitate the nurse leaders' participation in health policy development and their autonomy in decision making related to unit operations decisions in the teaching hospital only.

RECOMMENDATIONS

Support participative decision making through minimize bureaucratic management style and facilitate upstream communication to encourage participation in decisions. Empower involvement of nurse leaders on organizational committees and workgroups. Create a learning environment and provide educational opportunities to enhance competence in practice. Ensure good leadership models that encourage autonomy in decision making.

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