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Shared Governance and Empowerment in Registered Nurses Working in a Hospital Setting

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Empowerment of registered nurses through professional practice models inclusive of shared governance has been proposed as essential to improve quality patient care, contain costs, and retain nursing staff. The purpose of this study was to determine the relationship between perceptions of governance and empowerment among nurses working in acute care hospital units in which a shared governance model had been in place for 6 to 12 months. The 158 nurses who participated perceived themselves to be moderately empowered and in an early implementation stage of shared governance. There was a statistically significant positive relationship between perceptions of shared governance and empowerment. Recommendations for professional practice and future research are included. **Key words:** *acute care setting, empowerment, shared governance*

EMPOWERMENT OF REGISTERED NURSES (RNs) through professional practice models inclusive of shared governance has been proposed to be essential to improve quality patient care, contain costs, and retain nursing staff. Economic constraints and the need for health care systems to cut costs have led to a series of measures that influence nursing, including earlier discharge of patients, downsizing of the professional workforce, changes in staff mixes, restructuring

of services, and decreased support services for patient care.¹ In an economically constrained health care system, it is a challenge to develop and maintain a professional practice model of nursing. A professional practice model of nursing has several goals, including the achievement of positive patient care outcomes, improved recruitment and retention of nurses, and the provision of necessary support and resources.¹ Shared governance, which gives staff nurses control over their professional practice, is an essential element of a professional practice nursing model, providing structure and context for health care delivery.²⁻⁴

The increasing shortage of professional nurses is a matter of grave concern. Many experienced nurses are approaching retirement and fewer individuals are choosing to enter the profession.^{2,5,6} As a result of downsizing initiatives in health care, nurses have heavier workloads and increased responsibilities, leading to concerns about patient safety.

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Concentrated efforts are needed to improve the working conditions of nurses, retain nurses in the workplace, and encourage and develop new recruits to the nursing profession.^{5,6}

The nursing shortage has revitalized the need for shared governance in nursing.² During the 1980s, when shared governance was first introduced, participatory management in which staff nurses were involved in decision-making processes led to increased job satisfaction and improved patient outcomes.⁶

Shared governance is an integral component of professional practice nursing models in hospitals that have attained the American Nursing Credentialing Center Magnet designation. Magnet-designated organizations serve as the gold standard of knowledge and expertise for the delivery of nursing care globally. The American Nursing Credentialing Center Magnet model focuses on 5 components: transformational leadership; structural empowerment; exemplary professional nursing practice; new knowledge, innovations, and improvements; and empirical quality outcomes. In the designation process, each of these components is weighted to determine achievement of Magnet status. Sources of evidence are reviewed, and site visits are done by Magnet surveyors.⁷ Research on Magnet hospitals has shown that nurses are attracted to hospital work environments that foster good interdisciplinary relationships, promote autonomy, and support control over nursing practice.⁵ Shared governance provides an opportunity for nurses to exercise control over their practice.

Hospitals aiming to achieve American Nursing Credentialing Center Magnet recognition status have begun to implement shared governance in their nursing practices. Several forces of Magnetism, indicators for the Magnet program, reflect the values of shared governance and staff-based decision making.⁸ National organizations, such as the American Hospital Association and the Institute of Medicine, have recommended the creation of Magnet work environments as a strategy to assure excellent patient care delivery.⁹⁻¹¹

Staff nurses working in Magnet hospitals have demonstrated empowerment and greater levels of job satisfaction than staff nurses working in a non-Magnet facilities.¹² Empowerment, participatory change management, and shared leadership are key characteristics of Magnet hospitals.¹³ The study hospital had begun its journey on the road to Magnet designation in 2007 and the development of a shared governance model was hoped to be instrumental in a positive cultural transformation.

Nurses need to be empowered to make decisions about their practice. Decision making that is staff driven is a strong indicator of excellence. Excellence in nursing practice can only be achieved and sustained if nurses have influence that leads to satisfaction and excellence.⁸ Shared governance provides a vital communication and decision-making infrastructure that is an essential element for a professional practice environment.¹ As health care systems embark on systems of shared governance, it is important to evaluate their effectiveness and their impact on empowerment for the hospital-based nurse.¹⁴⁻¹⁶

Shared governance has been an important management strategy for many years. Other disciplines including business, education, politics, and religion have implemented and benefited from the utilization of shared governance models.^{1,2} Health care organizations have mirrored the success of other industries by designing decentralized, interpersonal structures and relationships among staff and administrators^{1,17-19}

The concept of shared governance came into nursing practice in the 1980s through the work of Porter-O'Grady. It was seen as a strategy to enable nurses to exercise control over decisions that affected their practice. Porter-O'Grady emphasized that shared governance is a professional practice model based clearly in the principles of partnership, equity, accountability, and ownership at the unit level where the point of service occurs.²⁰

In the 1980s, shared governance in nursing began to grow as a result of nurses' dissatisfaction within their respective hospitals.^{1,18-21} However, in the late 1990s, many elements of

shared governance were eliminated. Although some hospitals maintained their shared governance structure many hospitals disbanded their councils and fewer hospitals began to invest in the shared governance structure. The *Journal of Shared Governance*, which was created in the early 1980s when shared governance was popular, ceased publication in the late 1990s because of the lack of interest in shared governance in nursing.²

Before 1998, consistent relationships had not been found between shared governance models and outcomes.²² Furthermore, there was a lack of valid and reliable instruments to measure changes in governance, and no mechanism was available to connect changes to certain outcomes.^{22,23}

Shared governance in nursing has been in existence for more than 20 years. Much research on shared governance was done in the late 1980s and 1990s. Little research has been done on shared governance since the late 1990s. Only one research study has been done examining shared governance and empowerment in nursing.²³ In this study, the researcher examined differences in the indicators of professional governance, empowerment, and job satisfaction between nurses working in a shared governance setting and nurses working in a nonshared governance setting. Nurses in the shared governance setting had significantly higher scores in overall governance, empowerment, and job satisfaction than nurses in the non-shared governance setting. A moderate significant relationship was found between governance and empowerment and governance and job satisfaction in both groups.²³ This is the only study on shared governance and empowerment. Further research is warranted to study this relationship.

SUMMARY OF LITERATURE ON SHARED GOVERNANCE

Hess's Index of Professional Nursing Governance (IPNG) has been utilized in health care organizations to measure governance for more than 10 years.¹ The literature does not

include consistent findings that shared governance achieves desired outcomes. A number of researchers reported insignificant or negative findings^{24,25} and one positive finding.²⁶ Other researchers reported mixed results.^{6,27} Despite the prevalence of shared governance in the 1980s and the current resurgence, there has been little research on shared governance.

Summary of literature on empowerment

Several studies provided support for Kanter's theory, showing that Kanter's theory could be used to assist nursing leaders in creating structures such as shared governance. These structures increase accessibility of information and resources, reinforce the importance of workforce empowerment, and provide a satisfying work environment for nurses. Researchers also linked empowerment to Magnet characteristics, certification, and patient satisfaction.

Summary of literature on shared governance and empowerment

There was inconsistency in the literature regarding the outcomes of implementation of models of shared governance. Negative findings between the correlation of shared governance and autonomy in RNs working in shared governance structures were found primarily in the late 1990s and 2000. Positive findings were found in current literature. The relationship between Magnet designation and shared governance was supported. Magnet-designated hospitals participate in shared governance models and embrace the empowerment of their staff. Many studies on shared governance were focused on job satisfaction, retention of staff, and patient satisfaction. There has been limited research done on the relationship of the measurement of governance and empowerment in staff nurses. This study was designed to add to the knowledge of shared governance and empowerment.

The purpose of this descriptive correlational study was to determine the relationship between perceptions of governance and

empowerment among nurses working in an acute hospital setting. Kanter's structural theory of empowerment was the conceptual framework for the study conducted in a large tertiary care hospital located in Queens, New York. The purposive sample included 348 nurses working in the study site facility in 13 units that had a shared governance model in place for at least 6 months to 1 year. The study units included medicine, surgery, neurology, orthopedics, oncology, and cardiology. The total number of nurses that participated was 158. The participants completed 2 surveys: the Index of Professional Nursing Governance and the Conditions of Work Effectiveness II Questionnaire (CWEQ-II).

Data were analyzed using Statistical Analysis Software (IBMSPSS, Armonk, New York) to evaluate the research question. Descriptive statistics were used to describe the sample. Frequency distributions were utilized to describe the percentage of RNs for each categorical background variable (gender, age, basic nursing educational preparation, highest educational preparation, employment status, years practicing nursing, present position in nursing, nursing unit, years worked in the institution, years in present position, certification status, and council member status). Measures of central tendency (mean, median, and mode) and variability (range and standard deviation) were used to describe each continuous variable.

To answer the research question, what is the relationship between perception of shared governance and empowerment among nurses who work in a professional governance structure in a hospital setting, Cronbach alpha was used to establish the reliability of the instruments in the study sample, and Pearson product moment correlational analysis was used.

Descriptive statistics revealed that nurses were in an early implementation phase of shared governance and the nurses perceived themselves to be moderately empowered. There was a significant relationship ($r = 0.34$, $P < .0001$) between perceptions of shared governance and empowerment. This indi-

cated that as shared governance progressed so did empowerment.

The sample included 158 RNs. The majority of the nurses was women, staff nurses, worked full-time, and were aged between 22 and 65 years. The total score on the IPNG was 157.61, indicative of traditional governance seen in early implementation of shared governance innovation.²⁸ The total score on the CWEQ-II was indicative of moderate levels of empowerment.²⁹ A Pearson correlation coefficient on the sum of the IPNG and the CWEQ-II revealed a significant relationship among the variables. There was a moderate positive linear correlation between shared governance and empowerment. Additional analysis revealed no significance between the background variables of gender, age, educational level, employment status, years practicing nursing, years in present position, years at institution, certification status, or council status and the CWEQ-II and the IPNG. As shared governance increased so did empowerment.

Nurses in this study perceived themselves to be moderately empowered. The average score of the CWEQ-II survey was 19.88. According to Laschinger,³⁰ a score between 14 and 22 is indicative of empowerment at a moderate level. The CWEQ-II mean score for this study exceeded all but one study reported by Laschinger on her Web site for hospital nurses. Conditions of Work Effectiveness II Questionnaire scores from previous studies ranged from 17.35 to 20.04. The implementation of the health system's professional practice model for all disciplines within the organization may account for this relatively high score. In addition the implementation of the shared governance element of the professional practice model may have also contributed to this score.

Empowerment subscale mean scores for this study exceeded or were in the upper range to previous studies reported by Laschinger on her Web site with the exception of Resources, which was in the lower range.³⁰ Nurses in this study rated *access to opportunity* as the highest empowerment

subscale ($M = 4.13$), followed by *information* ($M = 3.34$), *support* ($M = 3.26$), and *resources* ($M = 2.83$).

Implications for nursing

The study results demonstrate a positive relationship between a nurse's perception of shared governance and empowerment. In an economically constrained health care system, it is challenging to maintain a professional practice model of nursing where the goals include achievement of positive patient care outcomes, improved recruitment and retention, and provision of necessary support and resources.¹ Shared governance is an essential element of a professional practice nursing model providing structure and context for health care delivery.³ The total score on the IPNG was 157.61, indicative of traditional governance seen in early implementation of shared governance innovation.²⁸ The total score on the CWEQ-II was indicative of moderate levels of empowerment.²⁹ A Pearson correlation coefficient on the sum of the IPNG and the CWEQ-II revealed a significant relationship among the variables. There was a moderate positive linear correlation between shared governance and empowerment. Additional analysis revealed no significance between the background variables of gender, age, educational level, employment status, years practicing nursing, years in present position, years at institution, certification status, or council status and the CWEQ-II and the IPNG. As shared governance increased so did empowerment.

Shared governance provides a vital communication and decision-making infrastructure. The current nursing shortage has revitalized the need for shared governance in nursing by providing an environment where nurses are involved in decision-making processes. This can lead to improved patient outcomes and increased job satisfaction.^{6,12} Shared governance is a suggested strategy to improve job satisfaction for the younger generation of nurses.³¹ American Nursing Credentialing Center Magnet hospitals support shared gov-

ernance structures and Kanter's theory of structural empowerment. This study results provides a baseline for the hospital as it continues on its Magnet journey. Nurse executives play a key role in the creation and sustenance of a professional practice environment that promotes a culture of clinical excellence, autonomy, collaborative decision making, and positive interdisciplinary relationships.

Suggestions for future research

This study was an initial evaluation of shared governance and empowerment of nurses in the study institution. As the hospital progresses in its development of a shared governance model, it is essential to evaluate its continued progression. A shared governance structure requires allocation of time and resources. Change is achieved not only through the reorganization of structures and committees but in the ongoing development of the interdisciplinary team members. Utilization of a structured measure of governance may provide a mechanism to evaluate the current status of governance and evaluate progress of continued development.^{22,23} Research findings suggest that empowerment can increase over time as a shared governance professional practice model develops within an organization.³ It would be beneficial to repeat this study over the next 3 years to see whether the empowerment scores correlate with the progression of shared governance implementation.

The shared governance model in the study organization is interdisciplinary in nature. This study used the IPNG to measure nurses' perceptions of shared governance. Hess also created a tool the Index of Professional Governance to measure the perceptions of all health care professionals within an organization. It would be beneficial to evaluate all members of the health care team in the progression of the shared governance model.

CONCLUSION

The purpose of this study was to examine the relationship between perceptions

of shared governance and empowerment in nurses working in a shared governance practice model. Results of this study support the relationship between shared governance and empowerment. In addition, study results support the relationship between Laschinger's conceptual model, on the basis of Kanter's theory of structural empowerment in an organization. As shared governance increased, so did empowerment. Significant relationships were found between nurses' perceptions of empowerment and access to opportunity, information, support, and resources. Shared

governance provides a vital communication and decision-making infrastructure. The current nursing shortage has revitalized the need for shared governance in nursing and providing an environment where nurses are involved in decision-making processes. Such an environment can lead to improved patient outcomes and increased job satisfaction.^{6,12} Nursing leaders must continue to identify and sustain new strategies to empower nurses so that nurses can continue to be an integral component in the health care delivery team.

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