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Improving Nurse Engagement Through Unit Practice Councils: A Literature Review

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1 **Abstract**

2 **Problem:** According to The Advisory Board Company, nurses are the least engaged group of  
3 healthcare employees (The Advisory Board Company, 2014). This finding concerns healthcare  
4 organizations because those with a high percentage of disengaged nurses have increased nurse  
5 turnover rates and decreased patient satisfaction and safety scores (Kutney-Lee et al., 2016).

6 Shared governance, in the form of the Unit Practice Councils (UPC), is a model healthcare  
7 organizations implement to increase nurse engagement. A review of the current literature is  
8 needed to evaluate if the model is effective.

9 **Purpose:** The purpose of this article is to provide a comprehensive literature review of shared  
10 governance in relation to nursing unit practice councils.

11 **Methods:** The Databases utilized for this search were the Cumulative Index to Nursing and  
12 Allied Health Licensure (CINAHL), PubMed, Joana Briggs, and OVID. The terms used for the  
13 literature search were “shared governance,” “unit practice councils,” “unit-based council,”  
14 “nurse engagement,” “professional practice model,” and “ANCC Magnet Recognition  
15 Program®.” Databases utilized for this search were Cumulative Index to Nursing and Allied  
16 Health Licensure (CINAHL), PubMed, Joana Briggs, and OVID.

17 **Conclusions:** The literature review demonstrates that implementing UPCs improves nurse  
18 engagement and has a positive impact on nurse turnover, patient satisfaction, and safety scores.

19 *Keywords:* unit-based council, unit practice council, nurse engagement, shared governance  
20  
21  
22  
23

## 24 Improved Nurse Engagement Through Unit Practice Council: A Literature Review

### 25 **Introduction**

26 The Advisory Board Company (2014) estimates 33% of nurses surveyed across North  
27 America (n=180,384) constituted the least engaged of all employees in their workplace. A highly  
28 engaged nursing workforce has a positive impact on nursing practice, as evidenced by improved  
29 outcomes, including lower staff turnover, increased job satisfaction, and lower burnout rates  
30 (Brooks Carthon et al., 2019). Engaged employees are individuals inspired to do their best work,  
31 are motivated to help the organization succeed, and are willing to exceed patient care service  
32 expectations (The Advisory Board Company, 2014). Nurses are trained to practice at the highest  
33 level of their licensure, and because they are close to the patient, they can be the first to identify  
34 opportunities to impact patient care outcomes. Engaged nurses feel empowered to speak up to  
35 advocate for improvements in patient care. In the complex, fast-paced, high-quality health care  
36 system, engaging frontline nurses is imperative, and healthcare organizations are exploring  
37 shared governance models (The Advisory Board Company, 2014).

38 Shared governance in nursing was founded in the 1980s. Tim Porter-O'Grady and  
39 Sharon Finnegan first published on the topic of shared governance in 1984. Shared governance  
40 is a nursing practice model for professional practice based on the principles of partnership,  
41 equity, accountability, and ownership (Ballard, 2010). Shared governance is a nonhierarchical  
42 structure for nursing, which enables the profession to come together in purpose and discipline  
43 (Clavelle, Porter-O'Grady, & Drenkard, 2013). In the past thirty-five years, thousands of health  
44 care organizations have implemented shared governance. The first hospitals to implement  
45 shared governance in the United States were St Joseph's Hospital of Atlanta, St. Michael's  
46 Hospital in Milwaukee, and Rose Medical Center in Denver (Porter-O'Grady, 2017). Over the

47 last three decades, many organizations have implemented shared governance in the pursuit of the  
48 American Nurses Credentialing Center (ANCC) Magnet Recognition Program®.

49 Organizations with the ANCC Magnet Recognition Program® must demonstrate nursing  
50 involvement in self-governance and decision-making processes that impact professional  
51 engagement, nursing empowerment, and independent practice (Clavelle et al., 2013). The unit  
52 practice council (UPC) is a format for organizations to fulfill the shared governance model  
53 required by the ANCC Magnet Recognition Program®. It is a forum for nurses to work  
54 collaboratively with their managers to improve nursing practice by implementing evidence-based  
55 practice. The UPC model provides a platform for issues to be resolved closest to the point of  
56 patient care by the staff delivering the care.

57 Studies demonstrate that organizations, which provide nurses with the most significant  
58 opportunities to engage in shared governance, such as UPCs, have highly engaged nurses and  
59 better patient care outcomes (Kutney-Lee et al., 2016; Cox Sullivan, Norris, Brown, & Scott,  
60 2017; Brooks Carthon et al., 2019). The studies support engaged nurses are more likely to ensure  
61 improved quality of care and, patient satisfaction for their patients, and demonstrate increased  
62 nursing retention, improved job satisfaction, and enhanced performance (Kutney-Lee et al.,  
63 2016). The literature reviewed in this manuscript focuses on the impacts of implementing unit  
64 practice councils to improve nurse engagement.

### 65 **Search Strategy**

66 The terms used for the literature search were “shared governance,” “unit practice  
67 councils,” “unit-based council,” “nurse engagement,” “professional practice model,” and  
68 “ANCC Magnet Recognition Program®.” Databases utilized for this search were Cumulative  
69 Index to Nursing and Allied Health Licensure (CINAHL), PubMed, Joana Briggs, and OVID.

70 These databases were selected for their evidence-based articles and emphasis on nursing-related  
71 topics. Inclusion criteria consisted of journals that were written in the English language,  
72 evidence-based, and published within the last five years. Exclusion criteria rejected articles with  
73 no relevance to nursing outcomes or nurse engagement, were not in the English language, or  
74 were older than five years. An exception was made for two articles that provided primary-source  
75 information and were older than five years, and when the primary source information was  
76 valuable and could not be found in more recent articles. The total yield from these search criteria  
77 resulted in 133 articles. The search for “shared governance” and “implementation” was  
78 conducted to narrow the search, which resulted in 29 articles. These articles were then reviewed  
79 for those most relevant to nursing outcomes and nurse engagement, and were narrowed to 12  
80 articles.

81 The John Hopkins Research and Evidence Appraisal Tool (Dang & Dearholt, 2018) was  
82 used to analyze and evaluate the level and quality of evidence of each journal article. The  
83 Fineout-Overholt table (Melnyk, Gallagher-Ford, & Fineout-Overhot, 2017) was then utilized to  
84 document the literature articles in a concise and easy to read format. The resulting table outlines  
85 the articles’ purpose, conceptual framework (as applicable), research design, sample and setting,  
86 major variables studied, data analysis, study findings, and the level and quality of the journal  
87 articles (See Appendix). The literature review included the top five articles with the most  
88 relevance and best evidence related to UPCs. The articles were chosen for the nursing practice  
89 and impact on patient care outcomes as they relate to quality, patient safety, and improved nurse  
90 engagement. The following review of the evidence demonstrates the impact shared governance  
91 has on nurse engagement.

92

93 **Review of the Evidence**

94 Kutney-Lee et al. (2016) conducted a qualitative study to examine nurse engagement in  
95 hospitals with a shared governance model. The authors utilized the Hospital Consumer  
96 Assessment of Healthcare Providers and Systems (HCAHPS) survey data, which measures  
97 patients' perceptions of their hospital experience. In hospitals with an ANCC Magnet  
98 Recognition Program® and a shared governance model (n=46), 22% of nurses described  
99 themselves as “moderately engaged,” 78% described themselves as “highly engaged,” and 0%  
100 responded, “somewhat engaged” or “least engaged” (Kutney-Lee et al., 2016). The results are  
101 impressive; 100% of nurses employed at ANCC Magnet Recognition Program® facilities report  
102 feeling engaged—with zero nurses disengaged. Moreover, hospitals with a shared governance  
103 model had higher HCAHPS scores, with 68% patients most likely to recommend hospitals with  
104 the most engaged nurses, as compared to patients at hospitals without shared governance  
105 (Kutney-Lee et al., 2016). Least engaged nurses reported a higher percentage of job  
106 dissatisfaction (43%) compared to highly engaged nurses (13%) (Kutney-Lee et al., 2016).  
107 Regarding nurse's quality of work, least engaged nurses reported a higher percentage of fair or  
108 poor quality of care (33%) compared to highly engaged nurses (8%) that reported a lower  
109 percentage of fair or poor quality of care. (Kutney-Lee et al., 2016). The study results show  
110 hospitals that provide a shared governance model, such as a unit-based council, have more highly  
111 engaged nurses, who are most likely to improve quality of care and are satisfied with their jobs.

112 Cox Sullivan, Norris, Brown, and Scott (2017), studied the nurse manager's perspective  
113 in implementing shared governance. The qualitative study took place at the Central Arkansas  
114 Veterans Health Administrative (VA) facility in Little Rock, Arkansas. Ten managers were  
115 interviewed to investigate nurses' motivation to participate in shared governance and



116 recommendations for success regarding the implementation and outcomes of nursing shared  
117 governance. Under the category of motivation, the study measured whether the staff was  
118 motivated to improve the quality of their work and whether the managers were motivated to  
119 remove roadblocks to enhance project success for staff nurses. Nursing participation in UPCs  
120 was associated with improvements in catheter-associated urinary tract infections, central line-  
121 associated bloodstream infections, ventilator-associated pneumonia, and hospital-acquired  
122 pressure ulcers. The study recommends that managers coach nurses, observe, and promote nurse  
123 autonomy in problem-solving instead of providing them with fixed solutions. Therefore, role of  
124 the manager should be to support the nurses in their practice by facilitating autonomous decision-  
125 making in shared governance meetings (Cox Sullivan et al., 2017).

126 In another qualitative research study, Wilson, Gabel, Speroni, Jones, and Daniel (2014)  
127 studied the difference between nurses' and nurse managers' perceptions related to shared  
128 governance activities and nurse engagement. In the qualitative research design, the nurses  
129 (n=129) and managers (n=15) completed a 26-item research survey. The results of the study  
130 indicated that in order to support nurses' involvement in shared governance and improve nurse  
131 engagement, nurse managers need to focus on four key elements:

- 132 1. Support the nurses' participation in shared governance activities.
- 133 2. Ensure nurses work as a team
- 134 3. Ensure there is no disruption to patient care during the time nurses are participating in  
135 shared governance activities
- 136 4. Ensure nurses are paid for their time, including UPC meetings (Wilson et al., 2014).

137 In 2019, Brooks Carthon et al. examined the relationship between the level of  
138 engagement, staffing, and assessment of patient safety among nurses working in a hospital

139 setting. Their paper is a secondary review and analysis of linked cross-sectional data from  
140 26,960 survey responses involving 599 hospitals in four states. The independent variables  
141 examined were staffing and engagement. The dependent variables were a patient safety  
142 grade, favorable (grade of A/Excellent or B/Good) or unfavorable (grade of C/Acceptable,  
143 D/Poor, or F/Failing), based on seven indicators of the patient safety climate survey. The  
144 seven safety climate questions focus on nursing-specific safety questions related to patient  
145 care. The seven questions are:

- 146 1. Methods to prevent errors from occurring are not discussed.
- 147 2. Actions of administrators do not show that patient safety is a top priority.
- 148 3. Staff is not given feedback about changes implemented based on incident reports.
- 149 4. Meaningful information about patients is lost during shift change.
- 150 5. Things fall through the cracks during patient transfer.
- 151 6. Staff does not feel free to question the decisions of those in authority.
- 152 7. Staff feel mistakes are held against them (Brooks Carthon et al., 2019)

153 The results of the nurse engagement survey demonstrated that nurses are somewhat to most  
154 engaged when provided with opportunities to participate in committees. The survey findings also  
155 suggest that the least engaged nurses are those who are not offered opportunities to participate.  
156 As nurse engagement increased, the odds of a hospital receiving an unfavorable patient safety  
157 grade decreased by 29%. Engaged nurses were 35% less likely to report a failure of  
158 administrators prioritizing patient safety. More engaged nurses were 26% more likely to provide  
159 feedback about changes based on incident reports, 24% more likely to discuss error prevention  
160 strategies, and 21% felt free to question authority. Highly engaged nurses were less likely to  
161 report that mistakes were held against them (19%), relevant information was lost during shift

162 change (13%), or that things fell through the cracks (12%) (Brooks Carthon et al., 2019). The  
163 study findings support nurse participation in UPCs as an effective way to improve nurse  
164 engagement, quality of care, and patient safety (Brooks Carthon et al., 2019).

165 Clavelle et al. (2013) described the characteristics of shared governance and its  
166 relationship with nursing practice environments in organizations with the ANCC Magnet  
167 Recognition Program®. They conducted a study of 95 Chief Nursing Officers (CNO) and  
168 leaders of facilities with the ANCC Magnet Recognition Program® using the Index of  
169 Professional Nursing Governance (IPNG) and the Nursing Work Index-Revised (NWI-R). The  
170 IPNG is an 86-item instrument, which measures the perceptions of governance in six scales:

- 171 1. Control over personnel.
- 172 2. Access to information.
- 173 3. Resources in support of practice.
- 174 4. Participation.
- 175 5. Control over practice.
- 176 6. Goals and conflict resolution (Clavelle et al., 2013).

177 Five of the six scales are within the shared governance range (access to information, resources  
178 supporting practice, participation, goals and conflict resolution, and control over practice). The  
179 leaders perceived the top characteristic of shared governance to be nurse autonomy, which is  
180 described as nurses having decision-making authority for patient care. The evidence  
181 demonstrates a positive relationship between shared governance and a nursing practice  
182 environment that is consistent with the ANCC Magnet Recognition Program® (Clavelle et al.,  
183 2013). This article reaffirms that nurses engaged in shared governance are active participants in  
184 improving their professional practice.

185 **Discussion**

186 Nurse engagement has been defined as the inclusion of nursing in organizational  
187 decision-making, inter-professional collaboration, and opportunities for professional  
188 development (Brooks Carthon et al., 2019). Nursing participation in advisory boards, unit  
189 councils, and hospital committees promote engagement. Organizations that foster employee  
190 engagement outperform their counterparts in job satisfaction, retention, profitability, and  
191 performance (Kutney-Lee et al., 2016). The professional benefits of nurse engagement are  
192 documented in the literature as decreased nurse turnover, decreased nurse burnout, and increased  
193 job satisfaction. Nurses are the ideal professionals to make decisions for their nursing practice  
194 since they are the closest to the patient and delivery of care. The Exemplary Professional  
195 Practice domain of the ANCC Magnet Recognition Program® emphasizes the importance of  
196 supporting and promoting nurse autonomy through shared governance decision-making. An  
197 optimal method to improve nurse engagement, as documented in the literature, is through the  
198 implementation of UPCs. The literature reviewed for this article demonstrated the benefits of  
199 shared governance to improve nurse engagement, which ultimately results in improved patient  
200 outcomes.

201 **Conclusion**

202 Shared governance is a professional practice model supported by the ANCC Magnet  
203 Recognition Program®. The unit practice council is an effective forum for shared governance,  
204 and the literature review in this manuscript supports the benefits of UPCs to improve nurse  
205 engagement. The UPC empowers nurses to make decisions about their own practice and make  
206 changes that affect nursing care overall (Kutney-Lee et al., 2016). Unit-practice councils  
207 promote professional autonomy of the nurse to empower involvement in decision-making while

208 respecting the expertise of the staff nurse at the point of care. Patients cared for by highly  
209 engaged nurses are much more satisfied with their nursing care and are more likely to receive  
210 higher quality of care. It is likely that organizations will continue to implement unit-practice  
211 councils to experience the benefits of nurse retention and the quality of care given by highly  
212 engaged nurses.

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