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Improving Nurse Engagement Through Unit Practice Councils: A Literature Review

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Abstract

Problem: According to The Advisory Board Company, nurses are the least engaged group of healthcare employees (The Advisory Board Company, 2014). This finding concerns healthcare organizations because those with a high percentage of disengaged nurses have increased nurse turnover rates and decreased patient satisfaction and safety scores (Kutney-Lee et al., 2016). Shared governance, in the form of the Unit Practice Councils (UPC), is a model healthcare organizations implement to increase nurse engagement. A review of the current literature is needed to evaluate if the model is effective.

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

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

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

Keywords: unit-based council, unit practice council, nurse engagement, shared governance
Introduction

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

Shared governance in nursing was founded in the 1980s. Tim Porter-O’Grady and Sharon Finnegan first published on the topic of shared governance in 1984. Shared governance is a nursing practice model for professional practice based on the principles of partnership, equity, accountability, and ownership (Ballard, 2010). Shared governance is a nonhierarchical structure for nursing, which enables the profession to come together in purpose and discipline (Clavelle, Porter-O’Grady, & Drenkard, 2013). In the past thirty-five years, thousands of health care organizations have implemented shared governance. The first hospitals to implement shared governance in the United States were St Joseph’s Hospital of Atlanta, St. Michael’s Hospital in Milwaukee, and Rose Medical Center in Denver (Porter-O’Grady, 2017). Over the
last three decades, many organizations have implemented shared governance in the pursuit of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. Organizations with the ANCC Magnet Recognition Program® must demonstrate nursing involvement in self-governance and decision-making processes that impact professional engagement, nursing empowerment, and independent practice (Clavelle et al., 2013). The unit practice council (UPC) is a format for organizations to fulfill the shared governance model required by the ANCC Magnet Recognition Program®. It is a forum for nurses to work collaboratively with their managers to improve nursing practice by implementing evidence-based practice. The UPC model provides a platform for issues to be resolved closest to the point of patient care by the staff delivering the care.

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

**Search Strategy**

The terms used for the literature search were “shared governance,” “unit practice councils,” “unit-based council,” “nurse engagement,” “professional practice model,” and “ANCC Magnet Recognition Program®.” Databases utilized for this search were Cumulative Index to Nursing and Allied Health Licensure (CINAHL), PubMed, Joana Briggs, and OVID.
These databases were selected for their evidence-based articles and emphasis on nursing-related topics. Inclusion criteria consisted of journals that were written in the English language, evidence-based, and published within the last five years. Exclusion criteria rejected articles with no relevance to nursing outcomes or nurse engagement, were not in the English language, or were older than five years. An exception was made for two articles that provided primary-source information and were older than five years, and when the primary source information was valuable and could not be found in more recent articles. The total yield from these search criteria resulted in 133 articles. The search for “shared governance” and “implementation” was conducted to narrow the search, which resulted in 29 articles. These articles were then reviewed for those most relevant to nursing outcomes and nurse engagement, and were narrowed to 12 articles.

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

Kutney-Lee et al. (2016) conducted a qualitative study to examine nurse engagement in hospitals with a shared governance model. The authors utilized the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data, which measures patients’ perceptions of their hospital experience. In hospitals with an ANCC Magnet Recognition Program® and a shared governance model (n=46), 22% of nurses described themselves as “moderately engaged,” 78% described themselves as “highly engaged,” and 0% responded, “somewhat engaged” or “least engaged” (Kutney-Lee et al., 2016). The results are impressive; 100% of nurses employed at ANCC Magnet Recognition Program® facilities report feeling engaged—with zero nurses disengaged. Moreover, hospitals with a shared governance model had higher HCAHPS scores, with 68% patients most likely to recommend hospitals with the most engaged nurses, as compared to patients at hospitals without shared governance (Kutney-Lee et al., 2016). Least engaged nurses reported a higher percentage of job dissatisfaction (43%) compared to highly engaged nurses (13%) (Kutney-Lee et al., 2016).

Regarding nurse’s quality of work, least engaged nurses reported a higher percentage of fair or poor quality of care (33%) compared to highly engaged nurses (8%) that reported a lower percentage of fair or poor quality of care. (Kutney-Lee et al., 2016). The study results show hospitals that provide a shared governance model, such as a unit-based council, have more highly engaged nurses, who are most likely to improve quality of care and are satisfied with their jobs.

Cox Sullivan, Norris, Brown, and Scott (2017), studied the nurse manager's perspective in implementing shared governance. The qualitative study took place at the Central Arkansas Veterans Health Administrative (VA) facility in Little Rock, Arkansas. Ten managers were interviewed to investigate nurses’ motivation to participate in shared governance and
recommendations for success regarding the implementation and outcomes of nursing shared
governance. Under the category of motivation, the study measured whether the staff was
motivated to improve the quality of their work and whether the managers were motivated to
remove roadblocks to enhance project success for staff nurses. Nursing participation in UPCs
was associated with improvements in catheter-associated urinary tract infections, central line-
associated bloodstream infections, ventilator-associated pneumonia, and hospital-acquired
pressure ulcers. The study recommends that managers coach nurses, observe, and promote nurse
autonomy in problem-solving instead of providing them with fixed solutions. Therefore, role of
the manager should be to support the nurses in their practice by facilitating autonomous decision-
making in shared governance meetings (Cox Sullivan et al., 2017).

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

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

In 2019, Brooks Carthon et al. examined the relationship between the level of
engagement, staffing, and assessment of patient safety among nurses working in a hospital
setting. Their paper is a secondary review and analysis of linked cross-sectional data from 26,960 survey responses involving 599 hospitals in four states. The independent variables examined were staffing and engagement. The dependent variables were a patient safety grade, favorable (grade of A/Excellent or B/Good) or unfavorable (grade of C/Acceptable, D/Poor, or F/Failing), based on seven indicators of the patient safety climate survey. The seven safety climate questions focus on nursing-specific safety questions related to patient care. The seven questions are:

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

The results of the nurse engagement survey demonstrated that nurses are somewhat to most engaged when provided with opportunities to participate in committees. The survey findings also suggest that the least engaged nurses are those who are not offered opportunities to participate. As nurse engagement increased, the odds of a hospital receiving an unfavorable patient safety grade decreased by 29%. Engaged nurses were 35% less likely to report a failure of administrators prioritizing patient safety. More engaged nurses were 26% more likely to provide feedback about changes based on incident reports, 24% more likely to discuss error prevention strategies, and 21% felt free to question authority. Highly engaged nurses were less likely to report that mistakes were held against them (19%), relevant information was lost during shift
change (13%), or that things fell through the cracks (12%) (Brooks Carthon et al., 2019). The study findings support nurse participation in UPCs as an effective way to improve nurse engagement, quality of care, and patient safety (Brooks Carthon et al., 2019).

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

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

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

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

Conclusion

Shared governance is a professional practice model supported by the ANCC Magnet Recognition Program®. The unit practice council is an effective forum for shared governance, and the literature review in this manuscript supports the benefits of UPCs to improve nurse engagement. The UPC empowers nurses to make decisions about their own practice and make changes that affect nursing care overall (Kutney-Lee et al., 2016). Unit-practice councils promote professional autonomy of the nurse to empower involvement in decision-making while
respecting the expertise of the staff nurse at the point of care. Patients cared for by highly
engaged nurses are much more satisfied with their nursing care and are more likely to receive
higher quality of care. It is likely that organizations will continue to implement unit-practice
councils to experience the benefits of nurse retention and the quality of care given by highly
engaged nurses.
References


