

Appendix

Evaluation Table

APA Citation	Purpose of the Study	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables Studied	Measurement of Major Variables	Data Analysis	Study Findings	Critical Appraisal Tool & Rating
Brooks Carthon, J. M. et al., (2019)	Examines the relationship between the level of engagement, staffing, assessments of patient safety, and the number of nurses working in hospital settings	Donabedian Conceptual Model	Secondary analysis of linked cross-sectional data	26,960 survey responses 599 hospitals Four states	Independent Variable 1: Staffing  Independent Variable 2: Engagement  Dependent Variable: Patient safety grade and seven indicators	Frequency distributions, measures of central tendency, and bivariate correlations.  Logistic regression model to determine the association of nurse engagement and nurse staffing.  Statistical analysis 2-tailed	32% of nurses gave their hospital a poor or failing patient safety grade. In 25% of hospitals, nurses fell in the least engaged or only somewhat engaged categories.  Each additional patient per nurse was associated with an increase in	Interventions to improve nurse engagement and adequate staffing serve as strategies to improve patient safety	Level III-A

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							<p>the odds of a hospital receiving an unfavorable patient safety grade by a factor of 1.06 (95% CI, 1.03–1.10), an increase of 6%</p> <p>For each unit increase in nurse engagement, the odds of a hospital receiving an unfavorable patient safety grade decreased by a factor of 0.71 (95% CI, 0.68–0.75), 29%</p>		
Clavelle, J., Porter-	Describes characteris-	Kanter’s Theory	Surveys of Magnet CNO	344 organiza-	IPNG (86-item	Descriptive statistics	NWI-R ranged from	The positive relationship	Level III-A

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O'Grady, T., Drenkard, K. (2013)	tics of shared governance and its relationship with nursing practice environments in ANCC Magnet Recognition Program®		and leaders using the Index of Professional Nursing Governance (IPNG) and the nursing Nursing Work Index-Revised (NWI-R)	tions in the US holding ANCC Magnet designation as of June 1, 2012  The final sample size consisted of 95 CNOs and 107 Nursing Practice Chairs (NPCs)	instrument) measures perceptions of governance in six scales utilizing: -Control over personnel -Access to information -Resources supporting practice -Participation -Control over practice -Goals and conflict resolution  NWI-R characteristics of the nursing	t-tests, $\chi^2$ , ANOVA  Pearson's correlation  Survey Monkey  Statistical Package for the Social Sciences (SPSS)	Total scores on the nurse work index-revised ranged from 1.35 to 1.48 with a significant, positive correlation between total IPNG score and total NWI-R score ( $r=0.416$ , $P<.001$ )	between shared governance and the nursing practice environment in Magnet organizations	

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					professional practice environment in four subscales: -Autonomy -Control over practice -Nurse-physician relationship -Organizational support				
Cox Sullivan, S., Norris, M., Brown, L., Scott, K. (2017)	Examines the nurse manager’s perspective surrounding the implementation of unit-level shared governance in one VA facility in Central	None	Convenience sampling	Ten nurse managers; Face-to-face semi-structured interviews	Demographic data collected for descriptive statistics  Global themes: -Motivation -Demotivation -Recomm-	Thematic Analysis	-Motivation, internal recognition and self-award  Nurses became energized through creating processes to improve	Shared governance may be associated with increased nurse empowerment, self-management, engagement, and	Level III-A

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	Arkansas				endations for success -Outcomes		quality or streamline required effort to accomplish their work  -Demotivation: staff became discouraged when projects did not accomplish the desired results -Recommendations for success: education and understanding of unit-level shared governance  -Outcomes: improvement	satisfaction	

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							of quality and patient safety indicators		
Kutney-Lee, A., Germack, H., Hatfield., & Kelly, S. (2016)	Examines the differences in nurse engagement in shared governance across hospitals to determine the relationship between nurse engagement and patient and nurse outcomes	Kanter's Theory	Secondary analysis of linked cross-sectional data using nurse, hospital, and HCAHPS data	177 hospitals	Nurse measures: -Engagement in Shared Governance -Nurse job outcomes and quality of care. -Patient measures -Hospital measures	$\chi^2$ (categorical variables)  F tests & ANOVA (continuous variables)  Logistic regression  STATA	42% (n = 177) were classified as having most engaged nurses, 36% (n = 155) had moderately engaged nurses, 19% (n = 80) somewhat engaged, and 3% (n = 13) were least engaged	A professional practice environment that incorporates shared governance may serve as a valuable intervention for organizations to promote optimal patient and nurse outcomes	Level III-A

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Wilson, J, Gabel Speroni, K., Jones, R. A., Daniel, M. G., (2014)	Explores differences between direct care nurses' and nurse managers' perceptions of factors affecting direct care nurses' participation in unit-based and general shared governance activities and nurse engagement	None	Survey research study September – November 2011  Shore Health System, a two-hospital, not for profit, Easton and Cambridge, MD	26-item research survey, 144 participants	Nurses' perception of being supported by the unit manager  Nurses perception that the unit works as a team  Nurses feeling they have time to participate in activities  Nurses believing, they will be paid for activities beyond scheduled shift	SAS Statistical analysis  Frequency distribution  Fisher exact tests  Chi-square	79% reported some level of engagement	Nurse managers and unit-based councils should evaluate nurses' perception of manager support, teamwork, lack of disruption to patient care	Level III B