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### **Effect of Professional Nursing Governance on Nurse-Related Outcomes**

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#### **Abstract**

##### *Background/Objectives*

While professional nursing governance structures and processes have been in place to varying degrees amongst hospitals for decades, no one study exists that evaluated associations between professional nursing governance types and nurse-related outcomes across multiple hospital settings.

University of Maryland Shore Regional Health (UMSRH) nurse researchers co-led a study initiated through Johns Hopkins Bayview Medical Center and the Johns Hopkins School of Nursing. Study objectives were to examine associations: 1) between professional nursing governance types and nurse-related outcomes; and 2) by a) magnet status per the American Nurses Credentialing Center Magnet Recognition Program<sup>®</sup>, and b) country. These findings are in press (2021) in two *Journal of Nursing Administration* manuscripts.

##### *Methods*

This multicenter study was conducted at 20 hospitals in four countries (17 in the United States and one each in Saudi Arabia, the United Arab Emirates, and Jordan). This abstract reports findings from a study subset for UMSRH. A total of nine units (six inpatient and three ambulatory) met eligibility criterion. Registered nurses (RNs) from these units also completed the validated 50-item Index of Professional Nursing Governance (IPNG) survey. The Institutional Review Board deemed the study exempt.

Survey measures: The IPNG measured the continuum of nursing governance (traditional to shared to self-governance) with an overall score and six governance subscale scores. RNs (both study units and UMSRH system) completed the IPNG survey electronically after consenting. The 58-item survey included seven demographic questions and one nurse-satisfaction question.

Outcome measures (nurse sensitive indicators, patient, and RN satisfaction): Nurse researchers provided for each study unit the number of four quarters (range=0-4) that nurse sensitive indicators (NSI) and patient satisfaction outcomes outperformed the unit benchmark, and the

number of four RN satisfaction outcomes per the last survey, that outperformed the unit benchmark.

### *Results*

A total of 30 RNs initiated the survey; most RNs (28, 96.3%) were clinical nurses. They ranked overall satisfaction at 7.2 (1=not satisfied; 10=very satisfied).

Per the IPNG, traditional governance scores were the predominant finding for the following: each system hospital overall score (range=90.1-98.8); eight of nine (88.9%) study units overall score (range=50-94.2); and five of six (83.3%) IPNG subscale scores. One of nine (11.1%) units scored as having shared governance (overall score=103 in an inpatient unit with 10 RNs and 40.0%); and one of six (16.7%) IPNG subscales (resources).

Shared governance and traditional units equally outperformed unit benchmarks (six of 12, 50.0%). Shared governance: NSI=2 of 4, 50.0%; patient satisfaction=3 of 4, 75.0%; and RN satisfaction=1 of 4, 25.0%. Traditional governance: NSI=2 of 4, 50.0%; patient satisfaction=1 of 4, 25.0%; and RN satisfaction=3 of 4, 75.0%.

### *Conclusions*

Traditional governance was the predominant finding per IPNG survey research for the UMSRH study subset, with no differences in nurse-related outcomes outperforming unit benchmarks. However, shared governance was the predominant finding for the 20-hospital study, with outcome differences. As the IPNG scores continuum increased from traditional governance to shared governance to self-governance, so did percentages of nurse-related outcomes outperforming unit benchmarks. Measuring nursing governance with adequate response rates during pandemics may be needed to evaluate effectiveness of structures and processes formulated in non-pandemic periods.