

Background/Objectives

- While professional nursing governance exists in professional practice structures, effects on nurse related-outcomes [i.e., nurse sensitive indicators (NSI), and patient and nursing satisfaction] has not been well studied. This is one of the first studies to measure associations between levels of governance and nurse-related outcomes. The validated Index for Professional Nursing Governance (IPNG) measures professional nursing governance continuum levels from traditional to shared to self governance.^{1*}
- Study objectives: Examine relationships between IPNG governance scores to nurse-related outcomes, by both overall IPNG scores and the 6 IPNG subscale scores.

Study Methods

- Multicenter study: 20 hospitals in 4 countries (US=17; Saudi Arabia=1; United Arab Emirates=1; Jordan=1).^{2,3} University of Maryland Shore Regional Health (UMSRH) 9 study units (6=inpatient; 3=ambulatory) findings are compared to 20 sites' findings. Institutional view Board (IRB) exemption received.
- IPNG Survey Research: Hospital employed RNs (both study units and hospital-wide) consented and completed an electronic 58-item survey (demographics=7; nurse satisfaction=1; IPNG=50). Of the 582 UMSRH RNs, 53 participated (hospital-wide response rate = 9.1%); 30 participated from study units (average response rate=14.7%; range 6.5%-40.0%).
- Outcome Measures (NSI, patient and RN satisfaction): For each study unit, data provided were number of 4 quarters (range=0-4) NSI and patient satisfaction outperformed unit benchmarks, and if RN if satisfaction outperformed unit benchmarks.

References

- Hess, R.G. (2017). *The Measurement of Professional Governance: Scoring Guidelines And Benchmarks*. Hobe Sound, FL: Forum for Shared Governance.
- Speroni, K.G., Wisner, K., Stafford, A., Haines, F., AL-Ruzzieh, M.A., Walters, C., & Budhathoki, C. (2021). Effect of Shared Governance on Nurse Sensitive Indicator and Satisfaction Outcomes: An International Comparison. *Journal of Nursing Administration*, 51(5): 287-296.
- Speroni, K.G., Wisner, K., Ober, M., Haines, F., Walters, C., & Budhathoki, C. (2021) Effect of Shared Governance on Nurse Sensitive Indicator and Satisfaction Outcomes by Magnet Recognition Status. *Journal of Nursing Administration*.

IPNG Survey Results

- UMSRH**: N=30 RNs; 96.3% were clinical nurses. IPNG scores were traditional governance for overall study units and hospital-wide, and 5 of 6 (83.3%) subscale scores. Average nurse satisfaction was 7.2 (1=not satisfied; 10=very satisfied).
- 20 Sites**: N=2170 RNs; 86.3% were clinical nurses. IPNG overall and 4 of 6 (66.7%) of subscale scores were shared governance. Average nurse satisfaction was 7.3.

IPNG Average Scale Score and [Scale Ranges]	Governance Type*		Overall Study Scores
	Traditional=Red		N=2170
	Shared=Green		
Overall IPNG Score	Study Units	Hospital-Wide	
[trad=50-100; shared=101-200; self=201-250]	90.4	93.6	105.4
6 Subscale IPNG Scores			
1. Control Over Personnel [trad=12-24; shared=25-48; self=49-60]	13.9	13.8	17.3
2. Access to Information [trad=9-18; shared=19-36; self=37-45]	16.4	17.3	20.1
3. Influence Over Resources [trad=9-18; shared=19-36; self=37-45]	24.4	24.8	24.9
4. Participation in Committee structures [trad=8-16; shared=17-32; self=33-40]	14.8	15.3	16.4
5. Control Over Practice [trad=7-14; shared=15-28; self=29-35]	11.9	12.9	15.3
6. Goals [trad=5-9; shared=10-20; self=21-25]	9.0	9.5	11.5

*Traditional governance (lowest) = management / administration only
 Shared governance = combination of staff and management / administration
 Self-governance (highest) = staff only [there were no average self-governance scores].

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Outcomes Results

UMSRH: Shared governance and traditional units equally outperformed unit benchmarks (6 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%.

Measure	Traditional Governance Units N=8	Shared Governance Unit N=1	Overall N=9
NSI:	Average # of 4 Quarters Outperforming Unit Benchmark	Average # of 4 Quarters Outperforming Unit Benchmark	
Falls with injury	2.7	2	2.9
Hospital-acquired pressure injury stages ≥2	3.0	4	3.4
Central line-associated blood stream infection*	3.8	4	3.9
Catheter-associated urinary tract infection	3.8	3	3.9
Patient Satisfaction:			
Courtesy and respect	2.6	3	2.5
Careful listening	1.8	2	1.8
Pain	3.3	4	3.4
Care coordination	1.5	1	1.6
RN Satisfaction:	Outperforming Unit Benchmark	Outperforming Unit Benchmark	
Autonomy	0.1	0.0	0.1
RN to RN teamwork	0.7	1.0	0.7
Responsiveness	0.4	0.0	0.4
Professional development	0.1	0.0	0.1

Conclusions

- Traditional governance was the predominant finding per IPNG survey research for the UMSRH study unit sample, with no differences in outcomes outperforming unit benchmarks.
- Shared governance was the predominant finding for the 20 sites, with differences in outcomes. As the continuum of professional nursing governance IPNG scores increased from traditional governance, to shared governance to self-governance, so did 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.