Shared Governance and Work Engagement in Emergency Nurses

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Introduction: Lack of work engagement in emergency nurses has been linked to increased job turnover, burnout, and lack of job satisfaction. Shared governance is a vehicle that can be used by emergency nursing leaders to increase work engagement among emergency nurses. Research is lacking about the relationship between perceptions of shared governance and work engagement in emergency nurses. In this study we examined the relationship between ED nurses' perceptions of shared governance and work engagement.

Methods: A descriptive correlation design was used with a convenience sample of 43 emergency nurses recruited through the ENA Web site. Participants completed a demographic questionnaire, the Index of Professional Nursing Governance Tool, and the Utrecht Work Engagement Scale.

Results: The mean total work engagement score indicated average engagement (M = 4.4, standard deviation = 1.2). A significant positive relationship was found between shared governance and work engagement, indicating that as perceptions of shared governance increase, work engagement increases ($r(41) = 0.62$, $P < .001$).

Discussion: The study provides beginning evidence on the relationship of shared governance and work engagement in emergency nurses. Understanding the relationship between perceptions of shared governance and work engagement in emergency nurses may assist emergency nursing leaders in developing and testing interventions to enhance it.

Key words: Work engagement; Shared governance; Emergency nurses

Work engagement has been described as a rewarding, optimistic state of well-being while one is at work, with this state characterized by vigor, dedication, and absorption.[1] Work engagement is particularly relevant today as hospitals strive to deliver cost-effective, safe, quality care and improve patient outcomes. National data collected by The Advisory Board Company on more than 450,000 employees from more than 400 hospitals revealed that only 40.3% of hospital employees and even fewer emergency nurses (33%) are engaged in their work.[2]

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In 2003, the Institute of Medicine (IOM) identified nurses as the largest group of members of the health care workforce whose role has a direct link to ensuring patient safety.[3] The IOM reported that a changing and demanding work environment in nursing poses a threat to patient safety and is a factor in decreased job retention.[3] The Affordable Care Act, which expands health care services to millions of Americans, is dependent upon an adequate supply of nurses to ensure that the delivery of care is safe and efficient. In 2012, the American Association of Critical-Care Nurses identified unfavorable work environments as an important factor related to decreased job satisfaction, high turnover, and decreased nurse retention.[4] Unfavorable work environments pose a risk in emergency nursing, with 59.2% of emergency nurses reporting moderate risk and 22.4% reporting high risk for burnout.[5]

In an effort to recruit and retain nurses in the workforce, the Nurse Reinvestment Act of 2002 supports programs that involve nurses in organizational and clinical decision making.[6] Involvement in organizational and clinical decision making is the focus of shared governance, decentralizing authority, and facilitation of shared decision making, allowing nurses to make decisions that have a direct impact on their practice.[7–9] It is a structural model founded on the principles of partnership, equity, accountability, and ownership in which nurses can voice and manage their practice with more professional autonomy.[10] Shared governance, an essential feature of Magnet-designated hospitals, is a component of an environment that allows nurses

to exercise control over their practice, which promotes accountability,[7] nursing professional development,[11] collaboration,[12] empowerment,[9,13] and autonomy.[13]

Goals of shared governance include improved communication, heightened relationships, increased professional growth, and feelings of satisfaction with decisional involvement in nursing practice.[14] Shared governance results in positive practice environments that increase nurse retention and improve patient outcomes.[15,16] In addition, shared governance has been found to be related to empowerment, increased nurses' perceptions of overall job satisfaction, and decreased anticipated turnover scores.[9,17]

Work engagement is also a significant factor related to improving patient outcomes, staff retention, empowerment, and job satisfaction. Work engagement is described as a motivational concept in which engaged employees bring energy to their work, have a personal commitment to their work, and become intensely involved in their work.[18] Vigor, dedication, and absorption have been identified as the 3 defining characteristics of work engagement.[1] Vigor is characterized as high levels of enthusiasm, mental strength, and an inclination to invest oneself in one's work; dedication is characterized by feelings of pride and inspiration by one's work; and absorption is characterized by being fully immersed in one's work.[1] The ability to adapt to change, feelings of work meaningfulness, authentic manager leadership, empowerment, and available job resources are associated with high levels of work engagement.[1,19–21]

In emergency nurses, lack of work engagement specifically was a strong predictor of intention to leave, burnout, and job disatisfaction.[22] Nurses are more likely to be engaged in their work when they perceive their work environment as one that is supportive of their professional practice.[23] Emergency nurses are particularly vulnerable because the environment of emergency departments carries with it the stressors of overcrowding, pressures to improve patient turnaround time, and long waits for bed assignments for admitted patients.[5] In addition, emergency nurses are faced with caring for patients in times of crisis on a daily basis. These factors contribute to decreased work engagement, and implementation of shared governance may have an impact on emergency nurses' work engagement.

This study explored the relationship between perceptions of shared governance and the level of work engagement in emergency nurses.

Methods

A descriptive, correlational design study was used; the sample included 43 emergency nurses. Participants completed a Web-based survey that was accessed through the ENA Web site. The ENA Web site provided a setting that facilitated recruiting participants who represented a national sample. The Web-based survey included a demographic questionnaire, Hess's Index of Professional Nursing Governance (IPNG) tool, and the Utrecht Work Engagement Scale (UWES-9).

The IPNG tool is an 86-item instrument that measures shared governance using a 5-point Likert scale on 6 subscales. The subscales are control over personnel (22 items), access to information (15 items), influence over resources supporting practice (13 items), participation in organizational decisions (12 items), control over practice (16 items), and goal setting and conflict resolution (8 items).[7] The total IPNG and subscale scores were computed using the IPNG scoring guidelines.[24] Interpretation of the IPNG scores are as follows: Traditional Governance: a score of 86 to 172 is representative of management/administration input only; Shared Governance: a score of 173 to 257 is representative of primarily management/administration with some staff input, a score of 258 is representative of equally shared by staff and management/administration, and a score of 259 to 344 is representative of primarily staff with some management/administration input; and Self-Governance: a score of 345 to 430 is representative of staff input only.[24] In the present study, Cronbach's α values were computed, with the total IPNG tool (α = 0.97) and each of the 6 subscales, which revealed adequate reliability (α = 0.88 to 0.94).

The UWES-9 is a 9-item instrument used to measure work engagement on 3 subscales using a 7-point Likert scale. The 3 subscales are vigor, dedication, and absorption, which are described as the 3 defining attributes of work engagement.[25] Each subscale consist of 3 items. Mean scores for the UWES-9 and its subscales were calculated using the scoring guidelines.[25] The total mean scores are categorized as very high, high, average, low, or very low.[25] In the present study, Cronbach's α values for the current study revealed adequate reliability for the total UWES-9 tool (α = 0.93) and its 3 subscales (α = 0.74 to 0.88).

Approval was obtained from the Institutional Review Board at Case Western Reserve University. Permission was obtained from the ENA to post the survey on their Web site's external research opportunity page. The survey was posted from December 12, 2014, through March 12, 2015. Recruitment relied on ENA members who visited the Web site to find the survey on the external research opportunity page. Participation in the survey was voluntary, and accessing and completing the survey indicated consent to participate. Identifiable information was not collected from the participants to maintain confidentiality. Full-time and part-time nurses who worked more than 20 hours a week in the United States were included. Nursing administrators, directors, managers, assistant nurse managers, educators, per diem nurses, agency staff, and nurses who worked outside the United States were excluded.

Data analysis was performed using SPSS software (IBM Corp, Armonk, NY). Descriptive statistics were computed to