



## Original article

## Engagement, empowerment, and job satisfaction before implementing an academic model of shared governance



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## ARTICLE INFO

## Keywords:

Shared governance  
Nursing faculty  
Empowerment  
Work engagement  
Job satisfaction

## ABSTRACT

**Aim:** Baseline information was obtained from a School of Nursing faculty and staff about perceptions of job satisfaction, empowerment, and engagement in the workplace before the introduction of an integrated faculty and staff shared governance system.

**Background:** Governance structure in schools of nursing has the potential to enhance or impose constraints on the work environment for faculty, staff, and stakeholders.

**Research methods:**

**Design.** A cross-sectional quantitative descriptive design.

**Sample.** Full-time faculty and staff (n = 69) employed in a public school of nursing in a health sciences center.

**Instrumentation.** Four well-established instruments were selected to address key aspects of empowerment, engagement, and job satisfaction.

**Procedures.** Data were collected using an online, anonymous survey.

**Analyses.** Descriptive statistics, *t*-tests, and Pearson correlation analyses were used.

**Results:** Faculty and staff perceptions of job satisfaction and engagement in the workplace before the introduction of a new model of shared governance are presented. Statistical differences were found between faculty and staff responses on the overall or total scales and select subscales, and group patterns of relationships differed.

**Conclusions:** We provided a description of the first shared governance structure derived from the perspective of shared governance as defined and operationalized in Magnet Hospital health care systems and includes administrators, faculty, and staff in decision-making councils. As academia embarks on this change in governance structure from hierarchical to a more flattened approach findings support examining levels of work engagement, structural and psychological empowerment, and job satisfaction as key monitors of the work environment.

## 1. Introduction

The governance structure in schools of nursing has the potential to enhance or impose constraints on the work environment for faculty, staff, and stakeholders. Pushed by the mandates of Magnet Hospital designation, shared governance is most often viewed from the vantage point of nursing departments of health care delivery systems. On the other hand, schools of nursing and most academic organizations operate within a hierarchical structure of function and decision-making. In one of the most compelling documents about the future of nursing education, nurse educators are urged to embrace the transformation of healthcare, and consider the need for participatory organizational governance (AACN, 2016). Concerns have been raised about optimizing the work environment in schools of nursing because of large numbers of open academic nurse educator positions (Baker, Fitzpatrick, & Griffin, 2010; Gutierrez, Candela, & Carver, 2012).

Implementing shared governance is one way institutions of higher education, including schools of nursing, are attempting to address diversity of faculty and staff by promoting fair and equitable decision-making. Understanding the impact governance structure has on faculty and staff engagement, empowerment and job satisfaction provides direction for fostering work environments that recruit and retain contented members.

## 2. Specific aims

The purpose of this research was to examine baseline information about the perceptions of job satisfaction, empowerment, and engagement in the workplace by a School of Nursing faculty and staff before the introduction of an integrated faculty and staff shared governance system. Two research questions were posed.

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1. Is there a difference between faculty and staff in job satisfaction, empowerment, and work engagement prior to implementation of a shared governance structure and process among school of nursing faculty and staff?
2. What are the demographic characteristics of faculty and staff participating in the implementation of a shared governance structure in a school of nursing?

### 3. Background and significance

Few studies have examined shared governance from the perspective of educational organizations (Boswell, Opton, & Owen, 2017). Governance structures directly impact the work of faculty and staff (Gormley, 2003) and have been shown to influence job satisfaction and the level of work engagement in nurses in a wide variety of clinical settings (McDonald, Tullai-McGuinness, Madigan, & Shively, 2010). Work engagement is an important metric in understanding the efficacy of governance because it demonstrates the individual's commitment to their particular work setting, rather than their work in general. One key contributor to work engagement is the feeling that one has the power to make a difference in their work environment. Organizational commitment (Allen & Meyer, 1990) is a concept that closely reflects this type of work engagement. Work factors including shared governance and work engagement are ways that organizational commitment can be strengthened, and may play a central role in the recruitment and retention of faculty and staff (Lee, Miller, Kippenbrock, Rosen, & Emory, 2017). With the numbers of faculty members dwindling and workload on faculty and staff steadily increasing, it is essential that schools of nursing foster high quality work environments.

Shared governance in academic settings relies upon relationship building, a sense of common purpose, and collaboration to foster the organization's mission, vision, and values while facilitating the work of the school. Shared governance was defined by the agency as “a structure that fosters collaboration, shared decision making, equity, ownership, and accountability among faculty and staff in support of advancing the quality of the academic learning environment” (Texas Tech University Health Sciences Center [TTUHSC], 2013; TTUHSC, 2014). This definition guided the creation of a conceptual model to organize the work of the school within councils, in alignment with similar structures within healthcare practice settings. Fig. 1 illustrates the structure of the faculty-staff shared governance model. The council structure was purposefully shaped reflect some of the underlying tenets of shared governance in the magnet hospital setting, including empowerment, a shift from hierarchical structures to unit level teams, and a reliance on a quality improvement approach to decision-making based on evidence. Using Kanter's (1993) views on empowerment, the model was designed to facilitate a shift from centralized decision-making, to the distribution of formal authority to the unit or decision-making level, and to use employ diverse teams to encourage power sharing and create stronger policies.

The Academic Shared Governance Model for Nursing Education (Fig. 1) reflects the five council groupings that encompass the School of Nursing's mission, vision, and values. The council groupings are: Staff Council, Program Councils (DNP, Masters, Traditional Undergraduate BSN, RN to BSN, Second Degree BSN, and Veteran to BSN), Coordinating Council, Faculty Council, and Professional Development Council. The purpose and functions of each council are delineated in the bulleted list found within each of the five circles representing the various councils. The Coordinating Council, located in the center of the diagram, connected to all of the other councils, ensures coordination, collaboration, and communication among all councils to support the school of nursing strategic plan.

### 4. Literature review

Shared governance has been written about from the perspective of

nursing practice organizations and infrequently defined. Searching for an accepted definition of shared governance led us to exploring views of organizational structure and practice across healthcare systems, systems of higher education, and nursing academia. Porter-O'Grady (2003) used a definition that reflected a structural example by which nurses convey and direct their unique practice with an advanced level of professional autonomy. Shared governance is viewed in hospitals and other health care delivery venues as an administrative process formulated by nurse managers to allow staff nurses influence on the direct care of patients while also impacting areas previously not under staff control (Hess, 2017). Danna (2013) highlighted that decision-making and power are decentralized under shared governance. Shared governance directs decision-making groups toward accountability and ownership of their own practice (Porter-O'Grady, 2003). Joseph and Bogue (2016) recognized the troubling nature of inconsistent or missing definitions of shared governance and offered a theoretical approach to standardize the study of shared governance.

The most commonly touted positive feature of shared governance has been empowerment (Porter-O'Grady, 2017). The practical approach to establishing a shared governance model has been focused on the type of committee structures, nurse-driven quality improvement, accountability for decision-making, evidence-based practice projects, and control over practice (Burkman, Sellers, Rowder, & Batcheller, 2012). Terms addressing these ideas include shared governance, shared decision-making, decisional involvement, structural empowerment, and professional governance. Hess (2017) defined professional governance as “a multidimensional organizational characteristic that encompasses the structure and processes by which professionals direct, control, and regulate goal-oriented efforts of one another” (p. 1). Gerard, Owens, and Oliver (2016) defined decisional involvement to encompass a pattern of distribution related to the authority to make decisions related to activities embraced within nursing practice policies and environments. Clavelle, Weston, O'Grady, and Verran (2016) described structural empowerment as a professional process used to create an environment for successful professional practice based on nursing accountability resulting in quality outcomes.

Baker et al. (2010) described studies examining elements within academic work settings associated with job satisfaction for nurse educators, including institutional characteristics, productivity, empowerment, leadership, independence, personal traits, role uncertainty, and job fatigue. In a study examining the psychosocial work environment of nursing program directors, Mintz-Binder (2014) found significant bivariate relationships between job satisfaction and work versus family life, role concerns, social support, and recognition. In a review of governance in academic settings, studies examining faculty governance in baccalaureate and graduate programs were found, but no studies were found that discussed a governance structure including nursing school faculty and staff (Boswell et al., 2017).

Job satisfaction has been linked to engagement and empowerment in the workplace. Bakker, Schaufeli, Leiter, and Toon (2008) described the importance of workplace engagement in retaining a motivated workforce. Work motivation and organizational commitment are used in the literature with similar meaning to work engagement (Cicolini, Camparini, & Simonetti, 2014). Engagement reflects commitment to work through attachment, identification, and behavior (Bargagliotti, 2012). Organizational commitment is viewed as a force that affects the chosen behaviors of individuals (Jaros, 2007) which is consistent with workplace engagement. Engagement in the work setting is essential to addressing the strategic organizational goals.

Positive relationships among co-workers and administration engender empowerment and meaning in the workplace. Empowerment is characterized by access to resources and by psychological response to the degree of access to resources (Dahinten, Lee, & MacPhee, 2016). Spreitzer (1995) defined four elements of psychological empowerment: meaning in work; competence, or confidence in one's job performance abilities; self-determination, or feelings of control over one's work; and

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