# Nursing governance: an integrative review of the literature

GOVERNANÇA EM ENFERMAGEM: REVISÃO INTEGRATIVA DA LITERATURA

GOBERNANZA EN ENFERMERÍA: REVISIÓN INTEGRADORA

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## ABSTRACT

The objective of this study was to identify and characterize types of nursing governance, with emphasis on its impact on nursing practice and health care. This integrative review covered reports published from 2007 to 2011 and indexed in MEDLINE, CINAHL, LILACS, and the Scientific Electronic Library Online (SciELO). Keywords used were *governance* and *nursing*, which retrieved 25 manuscripts. Most studies were from the United States and the United Kingdom. We identified three models of governance: shared governance, clinical governance, and public governance. The effects of the models identified included quality care improvement, more autonomy for nursing professionals, improved connections among health services, and greater satisfaction among nursing professionals. Additional studies on nursing governance in Latin America are needed to evaluate its applicability in different contexts.

## DESCRIPTORS

Nursing
Management
Health management
Clinical governance
Review

## RESUMO

O objetivo deste estudo foi identificar e caracterizar os tipos de governança em enfermagem, destacando seu impacto na prática dos enfermeiros e no cuidado em saúde. Trata-se de revisão integrativa a partir das bases de dados MEDLINE, CINAHL, LILACS e na biblioteca eletrônica SciELO, de 2007 a 2011, com os descritores Governança/*Governance* e Enfermagem/*Nursing,* totalizando 25 artigos. Foram identificados três modelos de governança, estudados principalmente nos Estados Unidos e Inglaterra: governança compartilhada, governança clínica e governança pública. Entre os impactos desses modelos, destacam-se: melhoria da qualidade assistencial, maior autonomia profissional dos enfermeiros, melhoria da articulação entre os serviços de saúde e maior satisfação profissional entre enfermeiros. Pontua-se a necessidade da realização de estudos sobre a temática na América Latina, com o intuito de avaliar sua aplicabilidade em diferentes contextos.

## DESCRITORES

Enfermagem
Gerência
Gestão em saúde
Governança clínica
Revisão

## RESUMEN

El objetivo de este estudio fue identificar y caracterizar los tipos de gobernanza en enfermería, destacando su impacto en la práctica de los enfermeros y en cuidado en salud. Se trata de una revisión integradora a partir de MEDLINE, CINAHL, LILACS y SciELO, de 2007 a 2011, con descriptores Gobernanza y Enfermería, con un total de 25 artículos. Se identificaron tres modelos de gobernanza, estudiados principalmente en los Estados Unidos e Inglaterra: gobernanza compartida, gobernanza clínica y gobernanza pública. Las implicaciones de estos modelos son: mejora de la calidad de la atención, mayor autonomía profesional de los enfermeros, mejora de la articulación entre los servicios de salud y una mayor satisfacción con el trabajo entre los enfermeras. Se señala la necesidad de realizar estudios sobre el tema en América Latina, para evaluar su aplicabilidad en diferentes contextos.

## DESCRIPTORS

Enfermería
Gerencia
Gestión en salud
Gestión clínica
Revisión

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## INTRODUCTION

The concept of *governance* originates from the Latin *gubernare*, which means to govern, direct, or guide; it can be defined as a process of collective actions that organize the interaction between actors and as the dynamic process of formal and informal guidelines by which a society or organization makes and implements decisions and determines management[1]. Although evidence of its use dates back to the first written records, the term became used more widely in the academic and professional literature only in the last decade of the 20th century with the transformations in the scope of organizational management and public politics[2].

From that point, the word *governance* has been used in diverse scenarios of human life to discuss economics, health, education, science, politics, and environmental studies. A main reason for recent use of this concept is its capacity for including all relations and institutions involved in process of governing, which is contrary to a more restrictive concept of government[3].

The term *govern* came from the idea of governability, which suggests activities supported by formal authorities and power that guarantee the implementation of instituted formal politics. In fact, governance refers to activities with common objectives that may or may not be derived from legal responsibilities or formally established but that do not necessarily depend on an authority's power to be accepted and overcome resistance[3].

In the health care area, the use of the term *governance* has also been growing, especially in the context of discussions about good management practices that could be adopted to improve care delivery for individuals and populations. Since 2000, the World Health Organization has positioned itself as the main organ responsible for operationalization and diffusion of this term in health area, especially in discussions of strategies and structures that could strengthen health service delivery. The main goal is to manage available resources in the face of the population's growing demand for health care[4-5].

A principle of governance is the participation and involvement of professionals in management and decision-making process at organizations and health services, these professionals should be as committed as his/her managers with results of care to be achieved. Studies[6,7] have addressed the wider participation of nurses in the health governance process as care coordinators who advocate that patients receive safe and high-quality care.

The role of nurses as care coordinators is related to their responsibilities for care management, which is a main attribute in the context of organization of work and management practice in nursing and health[8]. However, for nurses to manage care and use medical instruments, they must have autonomy and participate in the decision-making aspect of health and nursing governance.

Because the concept of governance is still little used in Brazilian nursing, it is necessary to search for the types of governance studied in this area and the effects of governance on nursing practice and health care. Governance is a topic that should be explored in the management research field in general and nursing and health management specifically. It can help increase nurses' autonomy and scope of responsibilities.

Thus, the objective of this study was to identify and characterize types of nursing governance, with emphasis on its impact on nursing practice and health care.
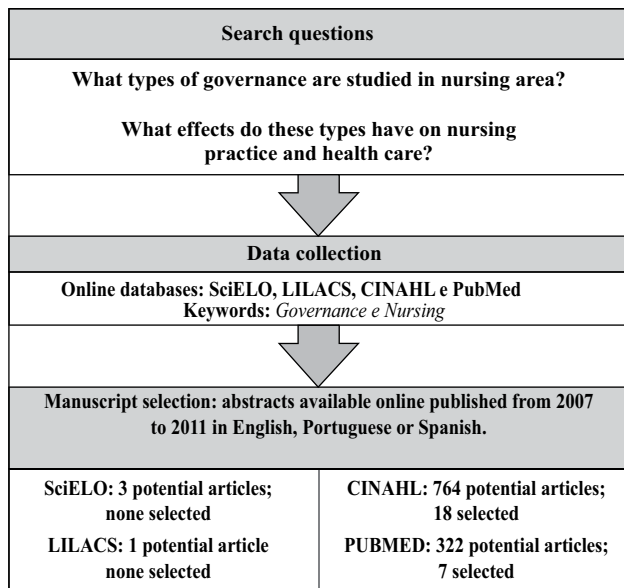
## METHOD

This integrative review of the literature summarizes results of studies with equal or similar topics in order to explain specific phenomenon and offer theoretical and/or interventional contexts. The stages for conducting this review were problem formation, data collection, assessment, analysis and interpretation of data, presentation of results, and conclusions[9].

The review considered the following questions: What types of governance are studied in the nursing field? How do the types of governance affect nursing practice and health care?

Data were collected in March 2012 from the following databases: LILACS (*Literatura Latino Americana e do Caribe em Ciências da Saúde* [Latin- American and the Caribbean Literature in Health Sciences]), PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scientific Electronic Library Online (SciELO). In SciELO and LILACS, the keywords *Governança* and *Enfermagem* were used. From these two databases, three articles were retrieved. In PubMed and CINAHL, searches using the keywords *governance* and *nursing* retrieved 322 and 764 reports, respectively. LILACS and SciELO were chosen because they are widely used, rich sources for data of high scientific rigor from Latin America. PubMed and CINAHL index more than 4,000 international health and nursing journals. Figure 1 shows the search strategy.

Inclusion criteria for reports were full text and abstract available online; published between 2007 and 2011; published in Portuguese, Spanish, or English; and focus on model application or types of governance in nursing and their benefits for nursing practice and health care. Duplicate articles were considered only once. Therefore, our final sample consisted of 25 manuscripts (18 from CINAHL and seven from PubMed).

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| Search questions |
|---|
| **What types of governance are studied in nursing area?** |
| **What effects do these types have on nursing practice and health care?** |

↓

| Data collection |
|---|
| **Online databases: SciELO, LILACS, CINAHL e PubMed**<br>**Keywords:** *Governance e Nursing* |

↓

| Manuscript selection: abstracts available online published from 2007 to 2011 in English, Portuguese or Spanish. |
|---|

| **SciELO: 3 potential articles;**<br>**none selected** | **CINAHL: 764 potential articles;**<br>**18 selected** |
|---|---|
| **LILACS: 1 potential article**<br>**none selected** | **PUBMED: 322 potential articles;**<br>**7 selected** |

**Figure 1** – Structure of search development - Florianópolis, SC, 2012

To collect the data, we used a instrument designed to answer questions that direct literature reviews. Data analysis and interpretation were done in an organized and systematic way using an elaboration of a synoptic method that collected of the following information: study identification; objective, year, and journal; study design; theme; principal results; and recommendations. Articles selected were analyzed and grouped by thematic areas according to studied models of nursing governance.

## RESULTS

### *Study Description*

The 25 reports selected were published by 19 different journals and emphasized nursing administration and management, such as the *Journal of Nursing Management* and *Journal of Nursing Administration*; those titles published four (16%) and three (12%) of the reports we selected, respectively.

Twelve (48%) were conducted in the United States, 5 (20%) in the United Kingdom, and 3 (12%) in Australian. Germany, Saudi Arabian, Canada, Belgium, and New Zealand accounted for 20% of studies total (one manuscript from each country).

We included 20 (80%) original studies, 4 (16%) case studies, and 1 (4%) literature review. Among original studies, 10 (40%) used a quantitative approach, 6 (24%) used a qualitative approach, and 4 (16%) used mixed approaches.

Twenty reports focused on a hospital environment. Primary care, medium-complexity care service, mental health service, network of health services, and long-term elderly care institution were the other settings (one article from each context, totaling 20%).

Reports were categorized and analyzed according to the governance model studied, distributed as follow: 16 (64%) shared governance, 6 (24%) clinical governance, and 3 (12%) public governance.

Chart 1 synthesizes characteristics of reports selected with regard to governance type; title, year, and journal in which report was published; origin; type of study; and context of the study.

**Chart 1** – Reports selected after search – Florianópolis, SC, 2012

| Title | Year/<br>Journal | Origin | Type of study | Context |
|---|---|---|---|---|
| **Governança compartilhada** | | | | |
| Factors in the practice environment of nurses working in inpatient mental health: A partial least squares path modeling approach[10] | 2011<br>International Journal of Nursing Studies | Australia | Quantitative | Hospital |
| Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care and anticipated nurse turnover[11] | 2011<br>Journal of Nursing Management | United States | Quantitative | Hospital |
| Evaluating shared governance: measuring functionality of Unit Practice Councils at the point of care[12] | 2011<br>Creative Nursing | United States | Quantitative | Hospital |
| Shaping future nurse leaders through shared governance[13] | 2011<br>The Nursing Clinics of North America | United States | Case report | Hospital |
| Transforming organizational culture through nursing shared governance[14] | 2011<br>The Nursing Clinics of North America | United States | Case report | Hospital |
| Shared governance and empowerment in registered nurses working in a hospital setting[15] | 2011<br>Nursing Administration Quarterly | United States | Quantitative | Hospital |
| Transformational leadership and shared governance: an action study[16] | 2010<br>Journal of Nursing Management | New Zealand | Qualitative | Hospital |

| | | | | |
|---|---|---|---|---|
| Staff nurses lead the way for improvement to shared governance structure[17] | 2010 Journal of Nursing Administration | United States | Quantitative | Hospital |
| Factors associated with success and breakdown of shared governance[18] | 2010 Journal of Nursing Administration | United States | Literature Review | Hospital |
| Shared governance as vertical alignment of nursing group power and nurse practice council effectiveness[19] | 2009 Journal of Nursing Management | United States | Quantitative | Hospital |
| Walk the talk: promoting control of nursing practice and a patient-centered culture[20] | 2009 Critical Care Nurse | United States | Qualitative | Hospital |
| Structures and practices enabling staff nurses to control their practice[21] | 2008 Western Journal of Nursing Research | United States | Mixed Methods | Hospital |
| Job satisfaction among a multigenerational nursing workforce[22] | 2008 Journal of Nursing Management | Canada | Quantitative | Hospital |
| Finding the right direction: the importance of open communication in a governance model of nurse management[23] | 2008 Contemporary Nurse | Saudi Arabian | Case report | Hospital |
| Nursing leadership: championing quality and patient safety in the boardroom[24] | 2007 Nursing Economics | United States | Mixed Methods | Hospital |
| Developing leaders at every level[25] | 2007 Journal of Nursing Administration | United States | Experience Report | Hospital |
| **Clinic governance** | | | | |
| Negotiating competency, professionalism and risk: the integration of complementary and alternative medicine by nurses and midwives in NHS hospitals[26] | 2011 Social Science & Medicine | United Kingdom | Qualitative | Hospital |
| Implementation of clinical supervision: educational preparation and subsequent diary accounts of the practicalities involved, from an Australian mental heath nursing innovation[27] | 2009 Journal of Psychiatric and Mental Health Nursing | Australian | Qualitative | Hospital |
| Writing ourselves into a web of obedience: a nursing policy analysis[28] | 2009 International Journal of Nursing Studies | Australian | Mixed methods | Hospital |
| Improving patient care and clinical governance through the utilization of a clinical information system[29] | 2008 Clinical Governance: an International Journal | United Kingdom | Quantitative | Mental health services |
| Local implementation of the essence of care benchmarks[30] | 2008 Nursing Standard | United Kingdom | Qualitative | Hospital |
| Identifying the barriers to implementing a quality initiative in primary care: the views of practices in Scotland on the Quality Practice Award[31] | 2007 Quality in Primary Care | United Kingdom | Mixed methods | Primary care |
| **Public governance** | | | | |
| Do non-profit nursing homes separate governance roles? The impact of size and ownership characteristics[32] | 2009 Health Policy | Belgium | Quantitative | Long-term care facility for elderly patients |
| Medical dominance and strategic action: the fields of nursing and psychotherapy in the German health care system[33] | 2008 Sociology of Health & Illness | Germany | Qualitative | Health service |
| Networks and governance: the case of intermediate care[34] | 2007 Health and Social Care in the Community | United Kingdom | Quantitative | Medium-complexity care services |

To present main results of studies, we created three categories according to the types of governance identified: shared, clinic, and public.

### Shared Governance

The concept of shared governance emerged in American nursing in the 1980s. This concept was first described by

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Tim Porter-O'Grady, who defined it as strategy for nurses to exert more control over decisions that influence their practice[15]. This model is based on the assumption that nurses and other professionals are on the *front line* and know what patients require to have their needs met, based on parameters of good clinical practice[11-12].

This model of professional practice is based on the principles of partnership, equity, responsibility, and belonging[15-16,18].

Shared governance is a management model that promotes nurses' control of their practice and the environment in which they practice. It represents a radical departure from traditional management models in which nurses have little power within formal hierarchic structures[12,18,21]. That traditional model poses barriers between the professionals who conduct care and those who perform management activities in hospital organization[13].

Shared governance recognizes that the power of health managers must be shared with the professionals responsible for care practice, not imposed on them, which occurs in the traditional model[21]. The decision process in shared governance must be collective, and discussions are used to achieve a consensus[23-24].

The adoption of shared governance model is a criteria used in the United States to assess and accredit hospitals as a *magnet hospital*: that is, a hospital that has met elevated criteria for measuring the workforce and the quality of nursing professionals and thus has achieved excellency in care. The accreditation committee of American Nurses Credentialing Center that is responsible for designating *magnet hospital* status advocates that excellency in care can be achieved and maintained only if nurses have the power and influence to decide on nursing practices[15,18,21-22].

Incorporation of the shared governance model may vary in format and extent. It could be incorporated at one or more organizational levels, as well as to amplify nurses' participation in decisions related to patient care and the management aspects of work environment as whole. One form of shared governance function occurs by establishing practice control units, whose objective is to provide a voice for professionals in the front lines of care-related decisions. The function of these units is to elaborate an action plan and strategies to be incorporated over a short-term, medium-term, and long-term period[25]. Such units enable professionals to help define practices and policies that directly affect their professional activity. For incorporation to be successful, nurses must become aware of their contributions to the organization and of the mission and values of the institution[23].

Effects of implementing a shared governance model included improvement of care quality[10,12,14-15,20,23], creation and maintenance of communication network between managers and professionals[12-15,17,23,25], promotion of nurse leadership[13,16,23,25], more autonomy for nurses in decision-making processes[14-15,17,19,21], greater recognition and professional visibility of nurses[13,25], and reduced care costs[23].

Despite the noticeable positive results from the shared governance model, its incorporation does not occur without barriers and challenges. The main challenge is to promote the autonomous participation in the decision-making process; many professionals are used to vertical structures of decision-making and have difficulty participating in a collective decision process and, as a consequence, being responsible for the activities that could result from such a process[14]. Similarly, many nursing managers who are more comfortable with traditional management have difficulty promoting and maintaining a collective process of discussion and decision-making[12,18].

In this sense, the success of shared governance requires that nursing managers encourage and support the nurses responsible for care to lead the way to improvements in care, work, and the health environment[15,25]. The institutions also have an important role in this process because they enable opportunities for training and advancement of professionals, especially for new generations of nurses[17-18,22].

### Clinical Governance

Clinical governance is the structure by which organizations and health services are responsible for continuous improvement and maintenance of high standards for patient care; the goal is excellence in care[29]. This model originated in the 1990s in the United Kingdom and has been used as a reference to assess quality in care[26].

To ensure that services are delivered in the most efficient and efficacious way, it is important to use technologies and methods for monitoring quality in health care, such as clinic auditing[29].

In clinical governance, nurses perform a fundamental role in continuous improvement of patient care. Through leadership and supervision of clinical practice, nurses connect professional actions in health care to assure quality of care, as well as to influence the conduction of better care practices[27,30]. For nurses to perform all health institutions and services must recognize and legitimize their autonomy[28].

Positive effects of clinical governance include improvement of quality of care[29-30], greater recognition of nurses' professional autonomy[28]. Difficulties for clinical governance execution are related to professional workload, involvement of health teams in the search for better practices and high costs linked to model implementation[31].

### Public Governance

Public governance is a regulation system used by states to administer health services. It involves coordination and definition of objectives and goals to be achieved and follow-up and evaluation of health services actions[32,34].

Positive effects of the public governance model include improved quality of care and connective relations among health services[33], along with high autonomy for nurses[34].

## DISCUSSION

The reports included in this review nursing governance were from the United States and United Kingdom. This may have occurred because the models originated in these countries. No studies from Latin America were found during the study period.

The studies' emphasis on the hospital context reflects the central role that this environment traditionally has in the health system. At the same time, a search for new strategies could empower care delivery in hospitals.

The reviewed literature demonstrates diverse methodological approaches, which reflects the multiplicity of focuses on possible topics. Experimental reports and literature reviews were included because their content was relevant to our objective. These papers were important sources for understanding of theoretical fundamentals and the process of including and executing governance models in organizations and health services.

Several reports focused on shared governance, perhaps reflecting the fact these models were first discussed in the 1980s. The shared governance model is also more directly related to nursing practice in health services because it raises question on nurses' autonomy and participation in organizational management, with a goal of better care outcomes.

In this sense, the creation of health environments that enable excellence in nursing care will stem from the development of true partnerships of shared work and collaborations among nurses, managers, and educators in search of innovators and entrepreneurs in nursing practice. Therefore, excellence could be considered a potential model to promote multidisciplinary collaboration and creation of an organizational culture that develops innovation and ensures better care and safety for patients[35].

Along the same lines of the shared governance model, the clinical governance model includes four main aspects: professional performance (technical quality), adequate use of resources (efficiency), risk management (prevention and continuous reduction of adverse events and errors), and user satisfaction with care delivered[36].

The public governance model, on the other hand, is placed in the reform scope of public administration, in which public organizations seek progressive changes in practices and management of models in related surroundings. Hence, public governance is translated in a model that offers a differential approach of connection between the government and its surrounding environment[37].

Chart 2 synthesizes the main nursing governance models and their effects on nursing practice and health care.

**Chart 2** – Synthesis of nursing governance type and their effects – Florianópolis, SC, 2012

| Type | Concept | Effect |
|---|---|---|
| Shared governance | Management model projected to promote nurses' control of their own practices and environment in which actions are performed. | Improvement of care quality<br>Creation and maintenance of communication network between managers and care professionals<br>Promotion of nurse leadership<br>More autonomy of nurses in decision-making processes<br>High satisfaction of professionals<br>Reduction of turnover among nurses<br>Greater recognition and visibility or nurse professional<br>Decrease of care costs |
| Clinical governance | Structure by which national organizations of health services are responsible for continuous improvement and maintenance of high standards of patient care, with a goal of excellence in care. | Improvement of care quality<br>Greater recognition of nurses |
| Public governance | Regulation system by which the state administers services. | Improvement of care quality<br>Improvement of connective relationships among health services<br>More autonomy of nurse professional |

Despite the differences among the three governance models, they all involve a search for excellence in the care process and seek improved outcomes of care. To achieve this objective, the shared governance model proposes reconfiguring management practices to enable greater decision-making power for nurses; the clinical governance model calls directs the organization and structuring of services and organization of health, whereas the public governance model seeks to establish connections among the different services that make up a health system.

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## CONCLUSION

In this review, we identified and characterized three models of nursing governance: shared, clinical, and public. Shared governance is a strategy for adoption of democratic models of management that grant nurses more control and autonomy for their professional practice. Clinical governance is centered on management of health care quality, with a goal of establishing and maintaining standards of excellence for health care. Public governance is the mechanism used by states to regulate and manage health care services.

The three governance models had positive effects on nurses' practice and on health care in an international context. They enable the improvement of care quality, enhance autonomy for professionals, help improve the connections among health services, and play a role in improving professional satisfaction. The effects of adopting governance models in nursing health services highlight the need for further studies on this subject in Latin America. These future studies are needed to analyze and assess the pertinence of these models and their applicability in different contexts.

Limitations of this review include the variety of perceptions on the theme investigated due to the country-specific characteristics of nursing professional organizations and health system structures.

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