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EVALUATION OF THE EFFECTIVENESS OF A SYSTEM BASED

Evaluation of the Effectiveness of a System Based Nurse Manager Collaborative Council on
Work Engagement, Psychological Empowerment, and Value

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing
Practice at the University of Kentucky

By
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Louisville, Kentucky
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Abstract

BACKGROUND: Nurse Managers often do not receive direct acknowledgment for their accomplishments or have input into the facility wide decisions which directly impact them. Currently there are no known shared governance programs tailored to the nurse manager level.

PURPOSE: To determine the impact of a system shared governance model on nurse manager's work engagement, psychological empowerment, and inclusion.

METHOD: A pretest and posttest design was utilized to determine the impact of shared governance participation for nurse managers. Spreitzer's psychological empowerment scale and the Utrecht "Work and Well-being" instrument, in addition to some Likert scale and open-ended descriptive questions, were included in the survey for this study.

RESULTS: For both work engagement and psychological empowerment, the mean pre and post intervention scores were above the average. In relation to the value of participation in the manager shared governance council, managers reported feelings of being heard, connectivity, collaboration, and networking.

CONCLUSION: Future studies should be conducted within multiple organizations to determine the impact of nursing leaders participating in a shared governance committee. Participation in a manager shared governance model may lead to manager empowerment and help managers drive change and adapt to workplace challenges.

Acknowledgments

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Dedication

To my family and my friends that are just like my family, I am eternally grateful for each of you sticking by my side, assisting me through some of the roughest times and yet encouraging me no matter how much life intervened to stay the course. My parents have always taught me to work hard, do my best and persevere. Dreams are important, but more so are the goals you make of them. Never give up is how I was raised, but most of all I was always encouraged to follow my passion and love what I do and for that I am blessed to have one of the strongest and deepest support systems that I owe all my success to.

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Introduction

Nurse managers contribute to the culture of the work environment, make point of care decisions that are often critical to the organization, and play a role in the impact of patient experience, outcomes, staff morale, medical practice, and the overall facilities bottom line (McLarty, 2009). Nurse Managers often do not receive direct acknowledgment for their accomplishments or have input into facility wide decisions that directly impact them.

The American Association of Nurse Executives (AONE) reported vacancy rates for nurse managers on average, to be as high as 8.4 percent nationwide (Zastocki, 2010). National averages for nurse manager salaries are \$80,000 in the current labor market (Zastocki, 2010). Nurse Manager vacancies are predicted to surpass 67,000 by the year 2020 (Titzer, et al, 2013). Recruiting and retaining nursing leaders is critical to the success of organizations both clinically and financially

The current retention strategies for nurse managers continue to not be effective, as nurse manager vacancies and turnover continue to increase. With the current turnover of nurse managers prospectively costing Norton Healthcare (NHC) \$672,000 annually, engaging and empowering current nurse managers is crucial to success (Zastocki, 2010). As a leader in a highly competitive market in the healthcare industry, NHC is challenged with the recruitment and retention of nurse managers. Norton Healthcare must continue to be innovative and strategic in pursuit of its overall goals.

The Nurse Manager System Collaborative Council (NMSCC) is a shared governance concept for nurse managers that was developed at NHC to create a network of support for nurse managers as they navigate and elevate their role. The NMSCC was developed as a system initiative reaching approximately 15 nurse managers. The NMSCC was restructured within the

last two years to encompass a broader scope of the system that included not only inpatient nurse managers, but nurse managers across the system who impact the care continuum for the organization. This was needed for the development of a system approach to promote engagement and empowerment. Developing and retaining frontline nurse leaders and elevating their role is an important focus for NHC.

This study is important to NHC as the cost of turnover, employee satisfaction, and quality of care are all impacted through the work of the nurse manager. Nurse Managers have a wide range of opportunities to positively or negatively impact the organization. Understanding and supporting the elevation of the nurse manager role can lead to success for the organization.

Literature Review

Shared governance is a nursing practice model that was developed to integrate core beliefs and values that are embraced by professional practice, as a means of achieving quality care (Anthony, 2004). These models were created to improve the nursing work environment and to result in increased job satisfaction and retention. Currently there are no known published models that are focused on shared governance programs developed directly for managers. In order to support shared governance involvement of staff, managers need to personally feel heard and empowered. Managers need to feel they have input into decisions that are made within the organization and that they are valued members of the leadership team. To provide nurse managers with the autonomy and ability to impact nursing practice and create engagement, active utilization of a shared governance model developed for these leaders should foster an environment that supports and develops these leaders.

Work engagement is critical to consider in relation to shared governance since engagement demonstrates the efficacy of governance and displays the individuals' commitment

to their work setting (Owen, 2018). Schaufeli (2006) views engaged employees as energetic and effective in their work activities and able to balance the demands of their job. Engagement of nurse managers can positively or negatively impact the retention and engagement of point-of-care nurses and the quality of care that is provided to patients.

Empowerment is positively linked to job performance in healthcare. It has been proven through practice that empowerment correlates with quality outcomes (Leggat, 2011). Quality outcomes drive financial reimbursement in the hospital system. Empowering nurse managers to impact results can assist with mitigating loss and increasing the return on investment.

Empowerment improves problem solving skills and increases the confidence level to introduce and implement additional and new evidence-based processes to improve overall facility performance (Leggat, 2011). Nurse Managers are pivotal to organizational success. This population is most likely to leave the position and organization when they lack empowerment and engagement (Warshawsky, 2016). Empowerment impacts intent to leave, and when approached positively can greatly improve retention, engagement, and overall job satisfaction (Warshawsky, 2016).

Shared governance is coupled with a broad definition of empowerment (Lindell-Joseph, 2015). This definition comes from empowering nurses, but leaves out the concept of empowering the nurse manager. Anthony (2004) noted that:

Shared governance is collaboration, whether in scheduling staff, educating new staff, or implementing evidence-based practice. It involves teamwork, problem-solving, and accountability, with the goals of improved staff satisfaction, productivity, and patient outcomes. It is working together to make decisions that affect nursing practice and patient

care. It is working with other disciplines for the good of the patient. It is collaborating to improve nursing practice.

Implementation of shared governance in the healthcare setting has been shown to facilitate empowerment of bedside nurses (Lindell-Joseph, 2015), so one can assume that a manager shared governance model may also impact manager empowerment. The literature has focused on the value of shared governance for empowering nurses, but leaves out the concept related to value of shared governance for nurse managers.

Purpose/Specific Aims

The purpose of this study was to evaluate the impact of a restructured NMSCC for a group of NHC nurse managers. The intent was to determine the impact shared governance has on the nurse managers' level of work engagement, psychological empowerment and to understand nurse manager perceptions about the inclusion of a shared governance structure.

Aim 1 – To determine the effects of participation in the restructured system based NMSCC on nurse manager work engagement.

Aim 2 – To determine the impact of participation in the restructured system based NMSCC on nurse managers' psychological empowerment.

Aim 3- To determine, from the members of the restructured system based NMSCC, manager's perception about the value of participation on the NMSCC.

Theoretical Framework

Self-efficacy (Hayden, 2014) is an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance. It reflects an individual's confidence in

their motivation, behavior and environment. Self-efficacy involves an inward look at how we view ourselves, and can be influenced by four factors. According to Hayden (2014) the four factors that influence efficacy are mastery experience, vicarious experience, verbal persuasion, and somatic and emotional state. Each of these four factors can have either positive or negative impact on how we face an obstacle and the outcome we will achieve. Understanding how to build individual and team self-efficacy can have a direct impact on creating positive experiences.

Nurse leaders must be adaptable within their role in order to meet the challenges and demands placed before them. Hayden (2014) indicates that building self-efficacy in ourselves makes us more apt to face challenges. The more apt we are to make changes the more impactful we will be in being a change agent and seeking out opportunities to grow nursing practice. Individuals with high self-efficacy have better outcomes, try harder, and are happier in their positions (Hayden, 2014). Self-efficacy, if providing positive reinforcement, can have a tremendous impact on patient care, employee satisfaction, employee productivity, and safe outcomes.

Project Design

Design

A one group, pretest posttest design was utilized for this study. The data to evaluate the restructured system NMSCC was obtained through the use of a questionnaire which was administered to all participants of the system NMSCC.

Sample

The participants were made up of both male and female managers who have a Bachelor's of Nursing or higher degree that currently are in the role of Nurse Manager within Norton

Healthcare and serve on the system NMSCC. The sample from the system committee included approximately 20 participants. Participants were nominated by their Chief Nursing Officer (CNO). Each CNO selected a nurse manager with less than 2 years' experience and a nurse manager with greater than 2 years of experience. Nominated participants in the system council received an invite to take part in the system NMSCC.

Setting

The study was conducted at NHC, which is based in Louisville, Kentucky. Norton Healthcare is an integrated healthcare delivery system comprised of five hospitals that serves the city of Louisville and its outlying counties.

Measures

The survey included demographic information, Spreitzer's psychological empowerment scale (Spreitzer, 1995), and the Utrecht "Work and Well-being" (UWES) survey (Schaufeli, 2006) in addition to some Likert scale and open-ended descriptive questions related to the value of participation in the NMSCC. The Spreitzer psychological empowerment scale includes 12 items, utilizing a 7-point-Likert scale. Response options ranged from 1 (very strongly disagree) to 7 (very strongly agree). This scale is composed of 4 sub-dimensions: meaning, competence, self-determination, and impact. Validity and reliability for this scale has been established in multiple previous studies (Spreitzer, 1995). The Utrecht Work and Well-being scale includes 17 items, utilizing a 7-point Likert scale. Responses ranged from 0 (Never) to 6 (Always, every day"). This scale is comprised of 3 subscales: vigor, dedication and absorption. Validity and reliability for this scale has been established in previous studies (Schaufeli, 2006). The open-ended questions were developed by the researcher.

Data Analysis

Descriptive statistics, including means and standard deviation (SD), were used to describe survey respondent's demographic characteristics, UWES overall and subscale scores, and psychological empowerment scores. Outcome variables for the survey were compared using Independent Sample *t*-tests. All analyses were conducted using SPSS version 22, and an [*alpha*] level of .05 was used for statistical significance throughout the study.

Procedures

Approval was received from the University of Kentucky Institutional Review Board (IRB), Norton Healthcare Office of Research and Administration (NHORA), and Norton Healthcare Human Resources to do this project. Participants received an invitation to participate in the study through email. The email included information about the study and a link to the survey, which was situated in REDCap. Participants were asked to complete the survey prior to the first meeting of the NMSCC and after attending 5 meetings of the NMSCC. Participants completed the same survey prior to and following attendance to the NMSCC meetings.

Results

Sample Characteristics

A total of 9 nursing leaders completed the pre-intervention survey, and 15 nursing leaders completed the post-intervention survey. Eighty-seven percent of participants were female, with a mean age of 43 and an average of 4.42 years of experience in nursing experience. The common highest degree held among the nurse managers was a bachelor's degree, which 62.5% had completed.

Psychological Empowerment

Pre-intervention psychological empowerment scores were relatively high (5.6) and remained high following attendance to the shared governance meetings. In relation to the psychological empowerment components, the pre-intervention mean score for meaning was 5.89, competence 5.78, self-determination 5.07, and impact 5.89. There was no statistically significant difference between the pre-intervention and post-intervention scores.

Work and Well Being

The overall UWES engagement mean score was 5.6 for survey participants, both pre survey and post survey. In relation to the components of work engagement, the pre-intervention mean score for vigor was 5.61, dedication 6.14, and absorption 5.65. See Table 2 for UWES data and UWES manual comparisons. There were no statistically significant correlations.

Value

All participants reported that value was found in serving on the NMSCC. They noted that collaboration with colleagues and networking provided value as well as emotional support. One participant stated “It was amazing to collaborate with other nurse managers throughout the system.” Another participant added “Peer to peer interaction is stimulating to thought and feels very supportive emotionally.”

Discussion

The goal of this study was to determine if participation in a shared governance structure as a nurse manager would impact psychological empowerment, work engagement, and add value for the nurse manager. Psychological empowerment and subscale scores, and work engagement, and subscale scores, did not increase after participation in the NMSCC; in fact all scores except

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one stayed the same or decreased (but not to a significant level). The only score that increased was “meaning”, a component of psychological empowerment, and this subscale score only increased by 0.1.

Average scores were high for both empowerment and engagement based on the maximum possible scores for both the pre and post-intervention survey. A score of 5.6 is above the average compared to the norm for the Psychological Empowerment Instrument (Spreitzer, 1995), and is similar to the psychological empowerment level reported (5.56) in a study done by Hampton and Rayens (2019). The overall UWES engagement mean score was 5.6 for survey participants, both pre survey and post survey. The average engagement score for the UWES score for business professionals in the United States is 4.22. (Schaufeli, 2006). While nurse managers at NHC demonstrated higher levels of empowerment and engagement in comparison to the national averages, there is still opportunity for improved engagement and empowerment. Relationship building assisted in increasing confidence to bridge ideas for improvement together, and in providing a voice for all nurse managers.

The project was conducted during a time of rapid organizational change, which provided many challenges to the nursing managers. The barrage of change initiatives, edicts and expectations constantly flowing leads to a sense of change fatigue amongst nursing managers (Vestal, 2013). This may have accounted for the decreased empowerment and engagement scores reflected in the post survey, although this change was not statistically significant.

The restructuring of the NMSCC was completed to develop, encourage and ensure participation of managers throughout the system. This was needed for the development of system approaches to promoting engagement and empowerment. Developing and retaining frontline nurse leaders and elevating their role is an important focus for NHC.

Limitations

Several limitations were identified for this study. The number of participants was low. Not all nurse managers in the system participated, as only those chosen by their CNO had the opportunity to participate. One hospital stopped allowing nurse managers from their hospital to attend the NMSCC meetings to allow for more productive time within their own facility. This resulted in one facility not having any nurse manager participants in the NMSCC. For survey one, participants were asked to choose a 4 digit code and replicate that code in the post survey in order to correlate data; only four participants remembered the code, and thus a paired t-test could not be used for data analysis. Turnover and team goals were not measured related to short length of time allotted for the intervention.

Recommendations for Future Studies and Implications for Practice

The findings from this study indicated that NHC nurse managers who participated already have a high level of empowerment and work engagement. Studies have shown that nursing leadership behavior and nursing work setting characteristics are antecedents of empowerment (Laschinger, 2006). Leadership empowering behaviors and workplace empowerment together are predictive of lower levels of job tension and higher work effectiveness (Laschinger, 2006). Additional studies should be conducted within other organizations to gauge the worth of a NMSCC on a system level. Instead of CNO's choosing participants, participants should be chosen randomly or elected by their peers. The Psychological Empowerment Instrument and UWES should continue to be utilized for future studies in order to replicate for consistency in the research to provide comparable findings.

Conclusion

Leaders must adopt new innovative strategies to retain managers and keep up with the challenges experienced in an ever-changing healthcare environment. Healthcare organizations are challenged to achieve excellent patient outcomes while facing constraints of an ever-evolving workforce that requires engagement, empowerment and the sense of value to successfully improve performance. As an innovative leader in the healthcare market NHC embraced this out of the box strategy to improve morale and promote change. Although empowerment and work engagement levels did not improve significantly, participants verbalized positive opinions about participation in the council.

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Table 1. *Descriptive Summary of Demographic Variables (n = 24)*

	Mean (SD) or n (%)
Education level	
BSN	15 (62.5%)
MSN	6 (25%)
Master	1 (4.2%)
DNP	2 (8.3%)
Gender	
Male	3 (12.5%)
Female	21 (87.5%)
Age	43 (11.43)
Years of Experience in Nursing	4.42 (1.98)

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Table 2. *Empowerment and Well Being*

	Pre (<i>n</i> =9) Mean (SD)	Post (<i>n</i> =15) Mean (SD)	<i>p</i>
Psychological Empowerment	5.66 (0.7)	5.62 (.59)	.88
Meaning	5.89 (0.7)	6.00 (0.5)	.67
Competence	5.78 (0.8)	5.73 (0.8)	.89
Self-Determination	5.07 (0.7)	5.16 (0.8)	.81
Impact	5.89 (0.7)	5.58 (0.7)	.31
Engagement	5.66 (0.7)	5.61 (0.6)	.88
Vigor	5.61 (0.7)	5.49 (0.7)	.69
Dedication	6.14 (0.7)	5.93 (0.7)	.47
Absorption	5.65 (0.7)	5.33 (0.6)	.24

Note: Psychological empowerment responses ranged from 1 to 7; Engagement responses ranged from 0 to 6; analysis based on a *t*-test of independent groups; $p < .05$