Authors' objectives
To analyse the literature on shared governance implementation.

Searching
The following databases were searched: CINAHL, British Nursing Index, MEDLINE, Social Sciences Citation Index and First Search (January 1988 to May 1998) using the terms 'shared governance' and 'empowerment'. Only studies published in English were included.

Study selection
Study designs of evaluations included in the review
Any published study that evaluated the implementation of shared governance. The type of study design used by included studies was as follows: survey; controlled study; time-series (particularly pre- and post-implantation); repeated or longitudinal measures (which begin measurement after implementation, so no pre-implementation or baseline measures were given); longitudinal, repeated and ongoing measures; and case study.

Specific interventions included in the review
Shared governance, a decentralised approach that gives nurses a greater authority and control over their practice and working environment. The following four models of shared governance were included in the review: unit-based, congressional, councillor and administrative. The most commonly reported model, according to the included studies, was the councillor system, reported in approximately half of the organisations reported in the review. The congressional model was the most common in earlier studies. No evaluative examples of the administrative model were found.

Participants included in the review
Nursing staff.

Outcomes assessed in the review
No a-priori outcome measures were reported. The type of variables used to evaluate shared governance by included studies varied considerably. These were grouped into organisational, staff, personal and finance.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
A structured validity assessment was not reported. The authors discuss the overall quality of the included studies in a narrative synthesis.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Data were extracted for the following categories: reference details, unit/hospital, type of shared governance, study design, tools used, and main findings.

Methods of synthesis
How were the studies combined?
Studies were combined in a narrative synthesis.
How were differences between studies investigated?
The authors do not state how differences between the studies were investigated, although the variation between studies with regards to the measurement tools used is discussed in the text.

Results of the review
There were 48 studies included in the review. Many studies used a ‘snapshot’ survey method (n=16), some of which included a control group (n=2) or baseline measurements (n=1). Some of the research utilised time-series studies which included pre- and post- measurements (n=13). Seven studies used longitudinal measurement but began measurement after implementation and two studies used ongoing assessment. One study included a descriptive correlational mail survey and one was a case study. The remaining six studies did not specify the type of study design used.

Organisational:
An enhanced work environment, or satisfaction with the work environment was cited by several studies (n=4 studies) as a result of shared governance. Benefits to patients were also found, such as improved quality of care (n=2 studies), and an increased focus on the patients (n=2). Other benefits included improved efficiency of services delivered (n=2 studies) and a proactive monthly approach to quality assessment and improvement (n=1 study). One study described how a second-generation shared governance system provided structure and process support for innovative changes. Improved communication (n=2 studies), and increased sense of cohesiveness, teamwork and collegiality (n=3 studies) and a spreading of shared governance into administrative ranks (n=1 study), and between nurses and physicians (n=1 study) were other beneficial effects for organisations which had introduced shared governance.

Staff:
Increased or improved satisfaction was reported in several studies (n=5 studies). Nurses who worked in a hospital with a collaborative governance programme had higher job satisfaction scores (n=1 study) and increased awareness of professionalism, autonomy, authority and accountability (n=1 study). Several studies reported reduced turnover and vacancy rates (n=5 studies); reduced staff intention to leave (n=1 study) and lower sickness leave costs (n=1 study). Increased overall awareness of unit functioning and policies were reported by one study and increases in positive perception of pay and promotional opportunities were reported by another study.

Personal:
One study found that growth in skill, expertise and knowledge led to improved efficiency and productivity at meetings. Another study found, following the implementation of shared governance, a tremendous opportunity for growth of individuals and expansion of experience towards future career endeavours. Several studies found that nurses benefited from increased autonomy in situations of shared governance, resulting in stronger commitment to job and organisation (n=1 study); increased decision making (n=1 study); increased professional growth and accountability for nursing practice (n=1 study); and increased influence and freedom to innovate (n=1 study). One study found that an increased workload demonstrated a negative relationship to nurse perception of autonomy. One study found an overall decline in nurse autonomy as the study progressed.

The authors noted that many of the published studies lacked rigour in the methods used and analysis of available data.

Cost information
Yes. None of the studies assessed reported increased costs, but many did not explicitly assess them.

Authors’ conclusions
It is evident from the review literature that shared governance is not a panacea, a stand-alone, one-dose fix, which will inherently cure all the issues it has been employed to address. It cannot operate in a vacuum, but requires continual support, adjustment and evaluation. Shared governance may start out as an organisation process, but it needs to include people and procedures, if it is to make the transition to a continuously effective mechanism for all participants.
CRD commentary
On the whole, this was a poorly reported review. The aims were clearly stated and a comprehensive literature search was undertaken. However, the search did not include unpublished literature and was restricted to English language papers. This means that publication bias cannot be ruled out and some important information may have been missed. Information about the methodology of the review process (such as how decisions on the relevancy of primary studies were made, whether more than one reviewer conducted data extraction, and how discrepancies were resolved) was very limited. There was no reported structured validity assessment of included studies (such as the use of a validity checklist), however the limitation of the overall methodological quality of the studies was discussed briefly in the review. Relevant details of included RCTs were clearly presented in tables and described in the text. Differences between included studies were discussed briefly in the text and a narrative synthesis of the results was appropriate. The authors’ conclusions appear to follow from the results but should be treated with some caution owing to the methodological limitations mentioned above.

Implications of the review for practice and research
The authors did not report any further implications for further research and practice.

Bibliographic details

PubMedID
10404297

Indexing Status
Subject indexing assigned by NLM

MeSH
Decision Making, Organizational; Humans; Job Satisfaction; Models, Nursing; Nursing Staff, Hospital /organization & administration; Outcome Assessment (Health Care); Terminology as Topic

AccessionNumber
11999005499

Date bibliographic record published
31/05/2001

Date abstract record published
31/05/2001

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.