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LEADERSHIP AND PARTICIPATION OF NURSES IN HOSPITAL GOVERNANCE: IMPACT ON THE QUALITY AND SAFETY OF CARE PROVIDED – Scoping Review Protocol

LIDERANÇA E PARTICIPAÇÃO DO ENFERMEIRO NA GOVERNAÇÃO HOSPITALAR: IMPACTO NA QUALIDADE E SEGURANÇA DOS CUIDADOS PRESTADOS – Protocolo de Scoping Review

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Abstract: Context: *The use of the term governance in the area of health is a trend, particularly in the level of discussions about good leadership and management practices that can be adopted to improve the care provided to people and the community in general. One of the main principles of hospital governance is the participation and involvement of nurses in management and decision-making processes, requiring strong involvement in care management, with significant effects on the quality of care provided to the person.*

Aim: *Map the available evidence on the impact of leadership and participation of nurses on hospital governance in what concerns quality and safety of care provided.*

Methods: *Methodology proposed by the Joanna Briggs Institute, defining a scoping review protocol adapted for the identification of*

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relevant studies that meet the inclusion criteria previously outlined. The analysis of relevance of the articles, the extraction and synthesis of the data will be developed by two independent reviewers.

Results: *Evidence is expected to show that shared governance in the health area plays an important role in patient's safety and quality of care provided, which requires the involvement of all health professionals, particularly nurses. It is hoped that shared governance systems, which may vary from hospital to hospital organization, according to their institutional values and goals, will help promote environments of leadership and management favourable to a quality professional practice, empowering nurses in decision-making that affect themselves, the rest of the multidisciplinary team and, above all, the patients. The results expected to be achieved will contribute to the dissemination of available evidence.*

Conclusion: *It is believed that this scoping review will contribute to evidence the current state of knowledge about the theme and that the results found are guidelines for the development and applicability of quality indicators that ensure the safety of care provided.*

Keywords: Leadership; Governance; Nurse; Hospital, hospital; Security; Care

Resumo: Contexto: *O uso do termo governação na área da saúde é uma tendência, principalmente no nível das discussões sobre boas práticas de liderança e gestão que podem ser adotadas para melhorar o cuidado prestado às pessoas e à comunidade em geral. Um dos princípios fundamentais da governação hospitalar é a participação e o envolvimento do enfermeiro nos processos de gestão e tomada de decisão, exigindo um forte envolvimento na gestão do cuidado, com reflexos significativos na qualidade do cuidado prestado à pessoa.*

Objetivo: *Mapear as evidências disponíveis sobre o impacto da liderança e participação do enfermeiro na governação hospitalar no que diz respeito à qualidade e segurança da assistência prestada.*

Métodos: *Metodologia proposta pelo Joanna Briggs Institute, definindo um protocolo de scoping review adaptado para a identificação de estudos relevantes que atendam aos critérios de inclusão previamente delineados. A análise de relevância dos artigos, a extração e síntese dos dados serão desenvolvidas por dois revisores independentes.*

Resultados: *Espera-se que as evidências mostrem que a governação compartilhada na área da saúde desempenha um papel importante na segurança do doente e na qualidade da assistência prestada, o que requer o envolvimento de todos os profissionais de saúde, principalmente enfermeiros. Espera-se que os sistemas de*

governança compartilhada, que podem variar de hospital para hospital, de acordo com seus valores e objetivos institucionais, ajudem a promover ambientes de liderança e de gestão favoráveis a uma prática profissional de qualidade, empoderando o enfermeiro na tomada de decisões que afetam a restante da equipa multiprofissional e, principalmente, os doentes. Os resultados esperados a serem alcançados contribuirão para a divulgação das evidências disponíveis.

Conclusão: Acredita-se que esta scoping review contribuirá para evidenciar o estado atual do conhecimento sobre o tema e que os resultados encontrados sejam norteadores para o desenvolvimento e aplicabilidade de indicadores de qualidade que garantam a segurança da assistência prestada.

Palavras-chave: Liderança; Governança; Enfermeiro; Hospital; Segurança; Cuidados.

INTRODUCTION

Hospital organisations are under continuous scrutiny to improve their performance, which has included the healthcare professionals' performance in terms of efficiency and increasingly committed to performance in terms of quality and health care outcomes. Consequently, hospital governance is broadening its guidance in terms of clinical outcomes (Rotar, Botje, Klazinga, Lombarts, Groene, Sunol & Plochg, 2016).

Governance generally includes a structure and process in which a group of members directs, controls, and regulates the objective-oriented efforts of other members of the organization. Shared governance considered as a way to conceptualize empowerment and build structures to support it, as a philosophy, requires recognition and application of its principles (Al-Faouri, Al Ali & Essa, 2014).

The term governance has been used in the most distinct panoramas of human life, namely in terms of addressing "aspects of economics, health, education, science, politics, environment and scientific research" (Santos, Erdmann, Andrade, Mello, Lima & Pestana, 2013, p. 1418). According to the same authors, one of the main reasons for the recent use of the concept consists of "its ability to encompass the full range of

relationships and institutions involved in the process of governing, as opposed to the narrower concept of government". In the area of health, the use of the term governance has also been constituted as a propensity, especially in the level of discussions about "good management practices that can be adopted to improve the care provided to individuals and collectivities" (Santos et al., 2013, p. 1418).

In the context of nursing, governance corresponds to the processes and structures that promote autonomy, control and authority to nurses over nursing practices within an organization (Barden, Griffin, Donahue & Fitzpatrick, 2011).

The political, technological, economic and social contingencies experienced in modern societies require effective leadership as a *sine qua non* condition for the survival of any organization, such as hospitals. Today's organizations also undergo constant changes in response to competitive stimulus from society. In addition, the people who work in them have renewed desires and interests, so that the performance of organizations depends largely on the strategy chosen by their leader, but also on how he manages his human resources towards excellence. It is recognized that the most favorable nursing practice environments result in better results for clients and the optimization of nursing practice environments increases the quality of care, with consequent positive results for the organization of care (Allsup, Dahl & Roberson, 2019).

Care can be characterized by dynamic processes through the interaction between knowledge and the participative/creative behaviour of people, in constant adaptation, being considered a productive process, interventions with users / customers, which refer to the efficiency of health organizations (Cucolo & Perroca, 2015).

The path to comprehensive care still seems uncertain for healthcare professionals, managers and users of health systems and a multidimensional approach to health care is needed (Caldas & Veras, 2017), being that health care more vital than most other products or services (Salmond & Echevarria, 2017).

Nursing care develops under the influence of several factors that can influence its quality and efficiency, namely the environment in which the practice occurs (Jesus, Roque & Amaral, 2015; Kutney-Lee et al., 2016). The most favorable nursing practice environments result in better results

for clients and the optimization of nursing practice environments increases the quality of care, with consequent positive results (Allsup, Dahl & Roberson, 2019; Boamah, Laschinger, Wong & Clarke, 2018).

The achievement of quality of health serves the aim of obtaining the best results for customers, both in terms of improving well-being and in terms of satisfaction with care, within a well-organized system, requiring full and complete involvement of the commitment of people and health organizations (Segundo & de Carvalho, 2018).

There is an increasing amount of evidence documenting that favorable practice environments lead to greater worker satisfaction in relation to health, the most favorable nursing practice environments obtain better results with clients, i.e., in terms of safety, with fewer falls, fewer medication errors, fewer pressure ulcers, and fewer infections associated with health care (Kutney-Lee, Germack, Hatfield, Kelly, Maguire, Dierkes et al., 2016; Warshawsky & Havens, 2011). For this reason, it should increase the responsibility for quality at all levels of the system and increase the involvement of professionals and leaders, as indicated in the Portuguese health quality strategy 2015-2020 (DGS, 2015; Fradique & Mendes, 2013).

Nurses have an influence on organizational behaviour because they are the largest professional group in Portuguese hospitals and with more time and frequency of contact with clients (Fernandes & Queirós, 2011). For this reason, and according to the recommendations of the International Nursing Council (2009), nursing has the responsibility to contribute to health planning and policy and to the coordination and management of health services (Schober, Gerrish, & McDonnell, 2016). Nursing care develops under the effect of various factors that can influence its quality and effectiveness, particularly the environment where the practice takes place. Thus, according to Aiken and Patrician (2000), referenced by Roque (2017), nurses, compared to other health professionals in the hospital context, may be the ones who provide more concrete information about the organizational attributes of hospital units, related to their wide field of action that puts them in contact with most organizational factors, with a direct involvement in clinical decision-making. Nursing managers also have a decisive role in the organization,

as they determine how work should be developed and how care should be organized in a favored position to change the safety culture in their own units, through the implementation of principles and strategies with scientific evidence. By succeeding, these strategies can have a positive effect on the rest of the organization (Fei & Vlasses, 2008).

A study conducted in South Korea by Ko, Jeong and Yu (2018), whose objective was to identify the relationship between nurses' work autonomy, their perceptions about organizational policy and patient safety performance, concluded that there is a need to improve nurses' work autonomy. The authors report that nurse managers should monitor the autonomy of nurses' work and their perceptions about organizational policy. They also mention, as an example, that nurse managers can develop in-service training and implement working methods that promote and improve work autonomy, thus creating positive work environments that allow nurses to participate in decision-making, ensuring the quality and safety of care provided.

In the same line of thinking are Asiri, Rohrer, & Al-Surimi (2016), when they report that nursing managers can improve the nursing work environment by practicing adequate leadership and empowerment strategies, including greater participation of the nursing team in the decision-making process, leading like this to high-quality nursing care, increasing user's safety.

Similarly, in the study by Fradique and Mendes (2013), on the effects of leadership on improving the quality of nursing care, they concluded that leadership in nursing is directly and positively related to the quality of nursing care provided. According to the same authors, the head nurse is the "key element within a nursing work group (...) as a leadership manager" (Fradique & Mendes, 2013, p. 46), being decisive for the effective functioning of the organization and motivator of the team it leads. The same authors, referring to Frederico and Castilho (2006), report that the ability of nurse managers to influence the results of organizations depends more on the implementation of strategies, motivation and leadership than on their hierarchical weight. In the same line of thinking, Fradique and Mendes (2013) consider that the quality of nursing care depends on coherent leadership and governance, supported in the definition of strategies enabling the development of nurses'

potential, facilitating a hospital environment conducive to the improvement of individual and collective performance. They add that the head nurse should seek to rationalize the services, identifying the processes inherent in the pursuit of the objectives, as well as their ability to actively involve their elements in this process, to improve the quality of nursing services. Therefore, leading nurses should give importance to innovation, encouraging and allowing the creativity of their team members in the implementation of strategies that promote the quality of care (Fradique & Mendes, 2013).

According to Williams & Reid (2009), leading nurses should set their expectations regarding the user's safety, acting as visionaries, providing support, helping other nurses plan, lead, manage, control and organize activities that promote safety in care. This way, while nurses are fundamental in the creation of an environment of care practice, acting as defenders of the safety of the user); nurse managers are in a position to influence the focus on patient safety, leading by example and inspiring their colleagues (Williams & Reid, 2009).

Vaismoradi, Bondas, Salsali, Jasper, & Turunen (2014) developed a research study to study how leading nurses facilitate the provision of safe care from the perspective of nurses. They concluded that it is up to the nurse managers to facilitate the provision of safe care, in order to improve working conditions for nurses; develop the practical skills of nurses; assign functions to nurses according to their skills and abilities; provide appropriate supervision; improve professional relations with the other professionals of the multidisciplinary team and encourage collaboration among all; give greater control to nurses and reward safe practice.

In the same line of thinking are Kangasniemi, Vaismoradi, Jasper, & Turunen, (2013), who argue that nurses play a strategic and ethical role in ensuring patient safety. In order to promote understanding and awareness of the values and principles underlying customer safety, nurses should seek the uniformity and implementation of protocols on safe practices, adapt appropriate safety models, promote multidisciplinary team development in order to improve the vision of safety and develop the cultural image of customer safety in the extended

team. They also mention that the role of nurses in governance should incorporate ethical values of client safety in all decision-making of the institution, because the presence of security sensitive to its ethical issues promotes sustainable practices in which human dignity is respected.

Leadership is the basis for increasing the quality of care and reducing the costs of health services (Alotaibi, ZienYusoff, Al-Swidi, Al-Matari and AlSharqi, 2015). There are transformative changes taking place in the area of health for which nurses, due to their role in health care, are well positioned to contribute and lead decisively in the definition of these changes, including the factors that drive change, the mandates for change. The change in practice and skills (knowledge, skills and attitudes) that will be necessary for the success of the entire health system (Salmond & Echevarria, 2017).

Compared to other health professionals in the hospital context, nurses can provide more concrete information about the organizational attributes of hospital units, related to the broad field of action that puts them in contact with most organizational factors, such as direct involvement in clinical decision-making (Aiken, Clarke, Sloane, Lake & Cheney, 2008; Kutney-Lee et al., 2016).

In this follow-up, a scoping review is projected that aims to evaluate the impact of leadership and participation of nurses on hospital governance, safety and quality of care provided.

1. METHODS

There are several reasons that underlie the performance of a scoping review, namely, to map the main implicit concepts to a research area and to clarify the conceptual definitions of a theme. The scoping review is intended to provide a 'map' of the available evidence. This strategy has been widely used in evidence-based health research, with the objective of analysing emerging evidence and delimiting the design of future studies, especially when the literature is small to conduct a systematic review (The Joanna Briggs Institute, 2019).

A scoping review is characterized by having a broader scoping, with correspondingly less restrictive inclusion criteria, translating into a question, based on the elements PCC (Population, Concept and Context)

taking into account the inclusion criteria (JBI, 2019), which in this case translates into the following question:

- What is the impact of nurses' leadership and participation on hospital governance, safety and quality of care?

This issue leaves the population quite "open", resulting in the inclusion of any nurse who performs duties in a hospital environment. The intervention is also "open" to any type of leadership and participation of nurses in hospital governance, without determining any type of evaluation of the results or comparison involved. The "concept" of this scoping review (impact of leadership and participation of nurses on hospital governance, safety and quality of care provided) is also vast, and can understand any type of result, as long as it is in a hospital context and related to the quality and/or safety of care/patients. The "context" is also left "open", whose evidence found can come from any hospital context.

To perform the planned scoping review, a systematic search strategy will be carried out, searching in several databases (B-on, PubMed, CINAHL Complete, National Center for Biotechnology Information (NCBI) at the U.S., National Library of Medicine (NLM), SciELO, Google Scholar, VHL – Virtual Health Library, PubMed, B-On, RCAAP - Scientific Repositories of Open Access of Portugal, Veritati - Institutional Repository of the Portuguese Catholic University) for the effective review of studies related to the impact of nurses' leadership and participation in the governance, quality and safety of care provided, dated January 2014 to March 2020.

The initial search strategy will use search terms mapped to the Medical Subject Headings (MeSH). Therefore, the search strategy will consist of the following terms: "nurses" AND "leadership" AND "Government" AND "quality" AND "Safety" AND "Hospitals". It should be noted that, although the term "care" is not a MeSH descriptor, it was decided to introduce it, given that it appears associated with the terms "Quality of Health Care", "Quality of Care", "Quality of Healthcare", "Health Care". The research will be limited to primary research papers published in English and Portuguese from January 2014 to March 2020. This time period is justified by the fact that we look for

the most recent possible evidence and with added value for understanding the phenomenon under study.

The full text of each article will be reviewed to determine whether it meets the inclusion criteria of the study by two reviewers with discussions between them to obtain consensus on the exclusion of articles. As this review investigates the impact of nurses' leadership and participation on hospital governance, quality and safety of care provided, studies including nurses performing functions in the hospital context will be included; studies that are original research articles that address the impact of nurses' leadership on the quality and safety of hospital care. Those that have nurses who do not exercise in a hospital context, as well as citations related to systematic reviews, opinions, congresses and abstracts, will be excluded.

The context of the review will not be restricted to any configuration or country of origin of the study, characteristics of the population (nurses), description of the training intervention.

2. DATA EXTRACTION

The data will be extracted by two independent reviewers, in accordance with the objective and the research question. In order to reference and screen the studies, the two reviewers will have to keep the records judiciously to identify each study. As reviewers collect the characteristics of each study, additional data may emerge that can be useful for answering the research question. Therefore, the mapping of results is assumed as an iterative process.

3. EVIDENCE SYNTHESIS

The review should detail how reviewers summarized the evidence of the included studies and how they were applied in all included studies (JBI, 2019). The synthesis of evidence requires a 3-step process to be followed, namely:

- (i) Extraction of the results of all included studies, determining a level of credibility for each result;
- (ii) Development of categories for the results found;

- (iii) Develop one or more results synthesized into categories.

4. PRESENTATION AND ANALYSIS OF RESULTS

The section of the presentation of the results should indicate how many studies have been identified and selected, making a narrative description of the search decision process ensured by the flowchart of decision of identification and inclusion of the studies (cf. Figure 1). The screening process will be based on the Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Tricco, Lillie, Zarin, O'Brien, Colquhoun, Levac et al., 2018), which will be assumed as part of the research strategy.

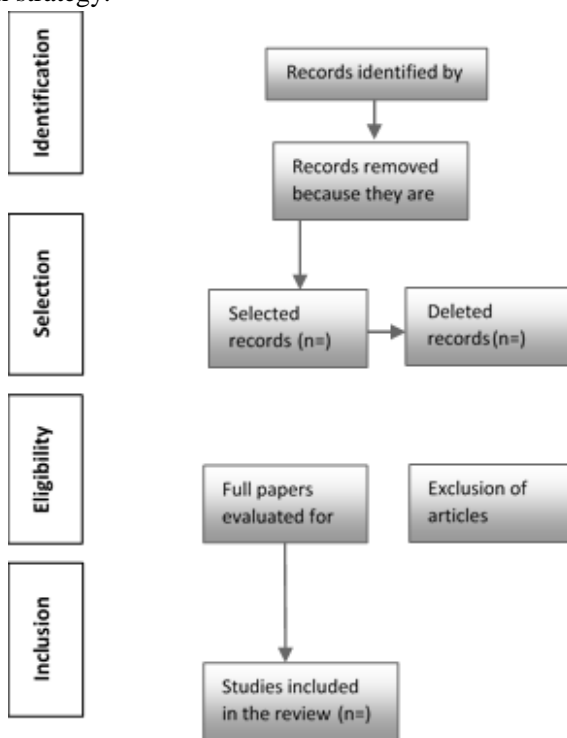


Figure 1. Diagram with the study selection process (PRISMA)

The following is a narrative summary in which the objectives of the articles included in the corpus of analysis, concepts adopted and results that can meet the question of starting the review will be described. The results can be classified into the main conceptual categories, namely: "type of study", "participants" (and sample size, if applicable), "objectives", "methodology adopted", "established evidence", being presented for each category a clear explanation (cf. table 1). This section will cover an overview of the sources included, referencing in a table the characteristics of each study included. The results will be presented in summary tables of the included studies, following the suggestions of the JBI (2019), which recommends that the results be presented in a logical, diagrammatic or tabular way and/or in descriptive format, provided that it complies with the objective of the review. The tables may contain: title of studies, author(s), year of publication and country of origin (see table 1).

Table1. Summary table of characterization of articles

Code	Title	Author(s)	Publication Year	Country
A01				
A02				

The analysis of the results contributes to the dissemination of the available evidence regarding the impact of the leadership and participation of nurses on hospital governance, quality and safety of care provided. Therefore, the next step refers to the critical analysis of the results found (see Table 2).

Table 2. Table of analysis of the article xxx

Código A01	
Type of study	
Objective of study	
Participants	
Methodology adopted	
Established evidence	

5. PREDICTING OUTCOMES

Nurses in the hospital context should be governed by a more autonomous nursing practice model, with active participation in governance and based on collective and shared negotiation, and these conditions are sine qua non to obtain quality care and ensure the safety of the client.

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