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NURSE'S LEADERSHIP AND PARTICIPATION IN HOSPITAL GOVERNANCE: SCOPING REVIEW

LIDERANÇA E PARTICIPAÇÃO DOS ENFERMEIROS NA GOVERNANÇA HOSPITALAR: SCOPING REVIEW

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Abstract

Context: The structures of hospital governance are demanding and challenging and require an investment by the organization, its leaders, and the team of health professionals, in the case of nurses, in order to obtain care provided with quality and safety of the client. **Aim:** Map available evidence on the impact of leadership and participation of nurses in hospital governance regarding the quality and safety of care provided. **Methods:** Scoping review with research of studies in databases dated between January 2014 and July 2020, aiming the most recent possible evidence to answer the investigation question. The sample corpus consisted of 10 articles that met methodological conditions. **Results:** The evidence suggests a significant relationship between shared governance and involvement at work, indicating that the more nurses participate in shared governance, the greater their involvement in work, with positive results in the care provided and in customer safety. The participation

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*of nurses in hospital governance requires transformational, proactive leaders who strive to transform the environment and organizational culture through innovation. **Conclusion:** 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.*

Keywords: Leadership; Governance; Nurse; Hospital; Security; Care.

Resumo

Contexto: As estruturas da governação hospitalar são exigentes e desafiadoras e exigem um investimento por parte da organização, dos seus líderes e da equipa de profissionais de saúde, no caso particular dos enfermeiros, para que se obtenham cuidados prestado com qualidade e segurança do cliente. **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:** Scoping review, com pesquisa de estudos em bases de dados datados entre janeiro de 2014 a julho de 2020, objetivando evidências o mais recente possíveis que permitam responder à questão de investigação. O corpus amostral foi constituído por 10 artigos que reuniram condições metodológicas.

Resultados: As evidências sugerem uma relação significativa entre a governação compartilhada e o envolvimento no trabalho, indicando que quanto mais os enfermeiros participam na governação compartilhada, maior é o seu envolvimento no trabalho, com resultados positivos nos cuidados prestados e na segurança do cliente. A governação compartilhada configura-se como uma estratégia que pode facilitar a adesão da equipa de enfermagem, uma vez que permite aos enfermeiros maior controlo e autonomia sobre a sua prática profissional. As estruturas e processos da governação legitimam a prática profissional dos enfermeiros, traduzindo-se em cuidados de saúde de qualidade e na garantia da segurança do cliente. A participação dos enfermeiros na governação hospitalar requer líderes transformacionais, proativos e que se esforcem por transformar o ambiente e a cultura organizacional através da inovação. A base da governação compartilhada reside nos princípios

de responsabilidade, parceria, autonomia e comunicação. Conclusão: Os enfermeiros em contexto hospitalar devem reger-se por um modelo de prática de enfermagem mais autónomo, com participação ativa na governação e assente na negociação coletiva e compartilhada, sendo estas condições sine qua non para se obter cuidados de qualidade e garantir a segurança do cliente.

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

INTRODUCTION

Health organizations take patient safety as a priority. The current context in which care is developed requires effective leadership to promote a real commitment of professionals to the quality and safety of care. Nurses are the largest professional group in hospital organizations and have a strong influence on safety and quality of care, consequently, the action of leaders is also reflected in this area (de Carvalho Mota, A. S., & Castilho, A. F. D. O. M., 2022).

Hospital organizations are under continuous scrutiny to improve their performance, which included the performance of health professionals, in terms of efficiency, and is increasingly investing on performance in terms of quality and health care results. Consequently, hospital governance is broadening its orientation in terms of clinical outcomes (Rotar, Botje, Klazinga, Lombarts, Groene, Sunol & Plochg, 2016).

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

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 mutations in response to competitive stimuli from society. In addition, the people who work there

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 the 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 behavior of people, in constant adaptation, being considered a productive process, interventions with users/clients, who refer to the efficiency of health organizations (Cucolo & Perroca, 2015). The path to comprehensive care still seems uncertain for health professionals, managers and users of health systems and a multidimensional approach to health care is required (Caldas & Veras, 2017), and this health care is 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 effectiveness, namely, the environment in which the practice occurs (de Jesus, Roque & Amaral, 2015; Kutney-Lee et al., 2016). The more favorable nursing practice environments result in better results for the clients and the optimization of the nursing practice environments increases the quality of care, with consequent positive results (Allsup, Dahl & Roberson, 2019; Boamah, Laschinger, Wong & Clarke, Allsup et al., 2019; Boamah, Laschinger, Wong & Clarke, 2018). There is an increasing amount of evidence documenting that favorable practice environments lead to greater health satisfaction of workers, more favorable nursing practice environments achieve better results with clients, i.e., in terms of safety, with fewer falls, fewer medication errors, fewer pressure ulcers and fewer healthcare-associated infections (Segundo & de Carvalho, 2018). 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 behavior as they are the most numerous professional group in Portuguese hospitals and have the

most time and frequency of contact with clients (Fernandes & Queirós, 2011). For this reason, and in accordance with the recommendations of the International Nursing Council, nursing has the responsibility to contribute to health planning and policy and to the coordination and management of health services. Nursing care is developed under the effect of various factors that can influence its quality and effectiveness, particularly the environment where the practice takes place. Thus, according to Patrician, Shang J and Lake, nurses, compared to other health professionals in a hospital context, may be the ones who provide more concrete information about the organizational attributes of hospital units, related to their broad 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 determining role in the organization, in that they determine how the 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 being successful, these strategies can have a positive effect on the rest of the organization (Fei & Vlases, 2008).

In the study of Fradique and Mendes (2013), on the effects of leadership in improving the quality of nursing care, 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 an effective operation of the organization and motivator of the team he leads. The same authors, referring to Frederico and Castilho (2006), state that the ability of nursing managers to influence the results of organizations depends more on the implementation of strategies, motivation, and leadership than their hierarchical weight. In the same line of thought, Fradique and Mendes (2013) consider that the quality of nursing care depends on coherent leadership and governance, supported by the definition of strategies enabling the development of nurses’ potential, facilitating a hospital environment conducive to improving individual and collective performance. They add that the head nurse should seek to streamline services, identifying the processes inherent in

the pursuit of objectives, as well as their ability to actively involve their elements in this process for improving 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 promoting quality of care (Fradique e Mendes, 2013).

Kangasniemi, Vaismoradi, Jasper and Turunem (2013) argue that the nurse plays a strategic and ethical role in ensuring patient safety. To promote understanding and awareness of the values and principles underlying client safety, the nurse, at the governance level, should seek the standardization and implementation of safe practice protocols, adapt appropriate safety models, promote the development of a multidisciplinary team in order to improve the safety vision and develop the cultural image of client safety in the extended team. They also state that the role of nurses in governance should incorporate ethical values of client safety in all the institution's decision-making, because the presence of safety sensitive to its ethical issues promotes sustainable practices in which human dignity is respected (Kangasniemi, Vaismoradi, Jasper e Turunem, 2013).

Leadership is the basis for increasing the quality of care and reducing the costs of health services (Alotaibi, ZienYusoff, Al-Swidi, Al-Matari e AlSharqi, 2015). There are transformational changes taking place in the health care area for which nurses, due to their role in health care, are well positioned to contribute and lead decisively in defining 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 saúde (Salmond e 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* was conducted to map the available evidence on the impact of leadership and participation of nurses in hospital governance regarding the quality and safety of care provided.

1. METHODS

Due to the scarcity of literature regarding the impact of leadership and nurse participation on hospital governance, safety and quality of care, a scoping review was considered the most appropriate method to conduct this study. This type of review was chosen as a strategy to identify and summarize the main concepts underlying the study topic to answer the specific question and identify gaps. With less restrictive inclusion criteria, the following starting question was formulated, based on the PCC elements (*Population, Concept and Context*):

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

This issue leaves the population quite “open” and implies that any nurse will be suitable for inclusion if it is in a hospital environment. The intervention is also “open” to any kind of leadership and participation of nurses in hospital governance and does not stipulate that there will be any kind of measurement of results or comparison involved. The “concept” of this *scoping review* (impact of nurse leadership and participation on hospital governance, safety, and quality of care) is also broad and can cover any type of outcome, as long as it is in a hospital setting. In the above-mentioned issue, the “contexto” is also left “open”, so the evidence can come from any context, that is, from any hospital unit.

1.1. Study search and data extraction

A systematic search strategy was used as part of this review. Several databases were researched to review studies related to the impact of nurses' leadership and participation in hospital governance, quality and safety of care, dated from January 2014 to July 2020: CINAHL Complete; MEDLINE Complete; Nursing & Allied Health Collection: Comprehensive; Cochrane Central Register of Controlled Trials; Cochrane Database of Systematic Reviews; Cochrane Methodology Register; Library, Information Science & Technology Abstracts;

MedicLatina, via EBSCOhost - Research Databases; web of Science, VHL - Virtual Health Library, PubMed, B-On, RCAAAP - Open Access Scientific Repositories of Portugal, Veritati - Institutional Repository of the Portuguese Catholic University.

The initial research strategy used research terms mapped to Medical Subject Headings (MeSH). Therefore, the research strategy consisted 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, since it is associated with the terms “Quality of Health Care”, “Quality of Care”, “Quality of Healthcare”, “Health Care”. The research was limited to research articles published in English and Portuguese from January 2014 to July 2020.

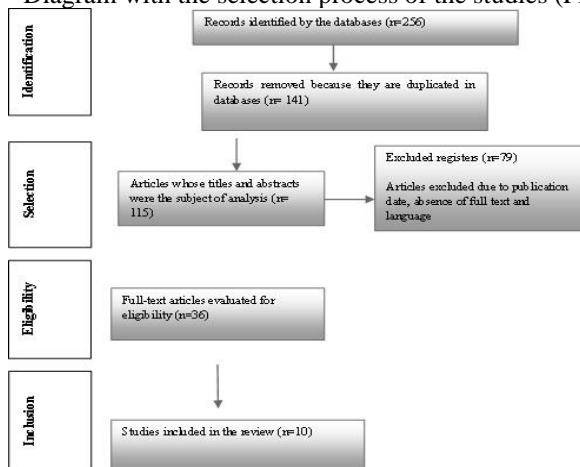
The search in the databases resulted in the identification of 256 articles. Thus, in a first phase the studies that were duplicated in the databases were removed (n=141). In a second phase, and after analysis of the articles (n=115) through their titles and abstracts, 79 were excluded for the date of publication, for the absence of full text and type of language, and 36 full-text articles were left for eligibility. Of these, 26 were excluded for not fulfilling the remaining inclusion criteria. Ten articles were included in the study.

Figure 1 shows the PRISMA flowchart regarding the stages of article selection: identification, selection, eligibility and inclusion (see Figure 1).

The next step consists of a narrative summary describing the objectives or purposes of the articles included in the corpus of analysis, concepts adopted, and results related to the starting point of the review. The following table shows the results as: distribution of the studies by title, author(s) and year of publication (see Table 1).

Figure 1

Diagram with the selection process of the studies (PRISMA)



Fonte: Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group, T. P. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement, 6(7). <https://doi.org/10.1371/journal.pmed.1000097>

The results were classified into the main categories, such as: “type of study”, “participants”, “purpose” and “established evidence”, with a clear explanation for each category. This section includes a general description of the sources included. In this way, the results are presented in a summary table of the included studies.

Table 1
Summary table of characterization of the articles

Code	Title	Author(s)	Year of publication
A01	Nurse Engagement in Shared Governance and Patient and Nurse Outcomes	Kutney-Lee, A., Germack, H., Hatfield, L. et al.	2016
A02	Relationships between leadership, structural empowerment, and engagement in nurses	García-Sierra, R., & Fernández-Castro, J.	2018
A03	Shared Governance and Work Engagement in Emergency Nurses	Siller, J., Dolansky, M.A., Clavelle, J.T., & Fitzpatrick, J.J.	2016
A04	Ambientes de Prática de Enfermagem	Jesus, É.H., Roque, S., & Amaral, A.F.	2015
A05	Job autonomy, perceptions of organizational policy, and the safety performance of nurses	Ko, Y. K., Jeong, S. H. & Yu, S. Y.	2018
A06	Facilitating safe care: a qualitative study of Iranian nurse leaders.	Vaismoradi, M., Bondas, T., Salsali, M., Jasper, M. & Turunen, H.	2014
A07	Governance of professional nursing practice in a hospital setting: a mixed methods study	Santos, J.L., & Erdmann, A.L.	2015
A08	Nursing governance and its impact on the quality of organization of health care services for older people in the Catalan region of Spain	Cobo, M.R.	2017
A09	Perception of Shared Governance Among Registered Nurses in Ambulatory Care Center at a Tertiary Care Hospital in Saudi Arabia.	Kaddourah, B., Al-Tannir, M., Kakish, S., & AlFayyad, I.	2020
A10	Assessment of professional nursing governance and hospital magnet components at Alexandria Medical Research Institute, Egypt	Hashish, E.A.A., & Fargally, S.M.	2018

Table 2

Synthesis of the study by Kutney-Lee, Germack, Hatfield et al. (2016)

Code A01

Type of study	Observational transverse study
Purpose of the study	Assess differences in nurse involvement in shared governance in a hospital environment; determine the relationship between nurse involvement and outcomes in client care.
Participants	Nurses registered in 4 states of the United States of America: New Jersey, Pennsylvania and Florida, between 2006-2007.
Established evidences	Nurses' involvement in shared governance varied widely among hospitals. In hospitals with higher levels of nurse involvement in shared governance, nurses were significantly less likely to report unfavorable outcomes in client care and in terms of patient quality and safety evaluation. A professional nursing practice environment that incorporates shared governance promotes optimal outcomes for clients and nurses.

Table 3

Synthesis of the study of García-Sierra & Fernández-Castro Castro (2018)

Code A02

Type of study	Cross-sectional study
Purpose of the study	Analyze the relationships between structural empowerment (a management practice that contributes to professional growth and positively affects the quality of customer service), the leadership style of nursing managers, and the involvement of nurses in governance.
Participants	Randomized sample of 131 nurses recruited from 11 Spanish health institutions
Established evidences	The transformational leadership of the nurse manager directly and positively influences the structural empowerment of nurses. The structural empowerment of nurses directly and positively influences their involvement in governance. The transformational leadership of nurse managers positively influences nurses' involvement in governance through the mediating effect of structural empowerment. Transformational leadership has a positive impact on client safety and satisfaction, as well as nurses' well-being and involvement in hospital governance. Structural nurse empowerment mediates between transformational leadership of nurse managers and nurse involvement in hospital governance, with positive repercussions on the quality of care provided.

Table 4

Synthesis of the study of Siller, Dolansky, Clavelle & Fitzpatrick (2016)

Code A03

Type of study	Correlational-descriptive study
Purpose of the study	Analyze the relationship between emergency/emergency nurses' perceptions of shared governance and their involvement in the work.
Participants	43 nurses in the emergency/emergency department
Established evidences	The total average score of the involvement in the work indicated an average involvement (M=4.4±1.2). A significant positive relationship was found between shared governance and work involvement, indicating that the more nurses participate in shared governance, the greater is their involvement in work, with positive results in care (p<0,001).

Table 5

Synthesis of the study of Jesus, Roque & Amaral (2016)

Code A04

Type of study	Quantitative, observational, cross-sectional study
Purpose of the study	Describe the perception of nurses of medical-surgical services of Portuguese hospitals regarding nursing practice environments and their relationship with some sociodemographic and professional variables
Participants	2235 nurses of adult medical-surgical units of 31 Portuguese hospitals
Established evidences	The data indicate unfavorable nursing practice environments in most of the hospitals studied, although there is great variability between organizations and, in these, between services. The most critical dimensions were: the adequacy of human and material resources, the participation of nurses in hospital governance and the management, leadership and support of nurses. The most favorable were: nursing fundamentals for quality and the relationship between nurses, although with a score very close to the cut-off point of the scale (2.5). There was only statistical significance (p=0.05) in the relationship between the practice environments and the variables: size of the hospital (number of beds), age group and professional seniority of hospital participants.

Table 6
Synthesis of the study of Ko, Jeong & Yu (2018)

Code A05

Type of study	Transversal and descriptive
Purpose of the study	Identify the relationship between the autonomy of the nurses' work, their perceptions about the organizational policy and the patient safety performance
Participants	254 nurses from nine acute care hospitals in South Korea
Established evidences	On a scale of one to five, the average autonomy at work was 3.37, the average perception of the organizational policy was 3.09 and the average performance in terms of customer safety was 3.75. Statistically significant positive correlations were found between autonomy at work, perceptions of organizational policy and client safety performance. The results of the multiple regression indicate 44% of the variation in the performance at the client's safety level explained by autonomy at work, time of professional exercise and perceptions about the organizational policy. There is a need to improve the autonomy of the nurses' work. Nurses' managers should monitor the autonomy of nurses' work and their perceptions about organizational policy. Managing nurses can develop in-service training and implement work methods that promote and improve work autonomy, thus creating positive working environments that allow nurses to participate in decision making, ensuring the quality and safety of care

Table 7
Synthesis of the study of Vaismoradi, Bondas, Salsali, Jasper, & Turunen (2014)

Code A06

Type of study	Qualitative study, using content analysis
Purpose of the study	Study how leading nurses facilitate safe care from the nurses' perspective.
Participants	10 nurses (16 nurses and 4 chief nurses) exercising in a reference university hospital in Tehran.
Established evidences	The analysis of the data resulted in three main themes: "providing environmental prerequisites for safe nursing practice", "uniting and integrating health professionals" and "creating a safe care environment". To facilitate safe care, leading nurses must improve working conditions for nurses, develop nurses' practical skills, assign roles to nurses according to their skills and capabilities, provide appropriate supervision, improve professional relationships with other professionals in the multidisciplinary team, encourage collaboration among all; empower nurses in hospital governance; and reward safe practice.

Table 8
Synthesis of the study of Santos & Erdmann (2015)

Code A07

Type of study	Transversal study
Purpose of the study	Elaborate an interpretative model for the governance of professional nursing practice in a hospital environment.
Participants	63 Brazilian nurses
Established evidences	The nurses realize that they have autonomy, environmental control, good relationship with doctors and organizational support for hospital governance. The governance of professional nursing practice is based on the management of care and nursing care aimed at quality. To perform these tasks, nurses propose to overcome the constraints of organizational support and develop knowledge and management skills.

Table 9
Synthesis of the study of Cobo (2017)

Code A08

Type of study	Analytical study, quantitative, complemented with narrative data
Purpose of the study	Analyze the governance variables in the social health field and their relationship with the quality perceived by clients
Participants	34 Spanish nurses answered the nursing governance questionnaire and 9 to Plaensa ©.
Established evidences	Correlations were found between customer satisfaction and the quality of nurses' decisions in practice ($p=0.006$), need to update knowledge ($p=0.043$) and need to develop strategic communication ($p=0.043$). From the nurses' perspective, experience in decision-making in terms of governance, power, representativeness, communication and quality of care are interrelated factors. With respect to empowerment and decision-making on care, they emphasized the importance of governance within the team, not always having the means to retain nurses with competence, reported poor control over care management (subordination to nursing managers and medical directors), lack of effective tools to monitor indicators of nursing care, lack of specialized training, due to the scarcity of master's degree courses in management, and little proactivity on the part of some nurses.

Table 10

Synthesis of the study of Kaddourah, Al-Tannir, Kakish & AlFayyad (2020)

Code A09

Type of study	Cross-sectional study
Purpose of the study	Assess how nurses perceive shared governance
Participants	186 nurses from an outpatient department of a tertiary hospital
Established evidences	Only 29.3% female and 31.7% male nurses indicated a shared governance decision. Prevalence of a traditional nursing management style (administrative model) in the study environment, with absence of shared governance and limited control over professional practice. Nurses reported the need for support and training strategies for both nursing managers and other team nurses to develop and implement shared governance in their professional practice, with positive results in quality of care and client safety.

Table 11

Synthesis of the study of Hashish & Fargally (2018)

Code A10

Type of study	Descriptive study
Purpose of the study	Assess the participation of nurses in hospital governance and the attraction components of the Alexandria Medical Research Institute in Egypt
Participants	Sample of 220 participants: 10 medical team managers and 210 nurses who completed the Magnet Hospital Forces <i>Professional Nursing Governance Questionnaire</i> (IPNGQ) and the <i>Magnet Hospital Forces</i>
Established evidences	The overall average score for nurses' participation in hospital governance (187.59±63.74) reflected that the team nurses practice shared governance (mainly nursing management that makes decisions with some team input). In addition, medical team managers and the nursing team identified that the hospital has a good professional practice environment, nursing leadership practices that support shared governance, and recognition of the factors that attract health professionals to work in the hospital. The structural equation model and correlation analysis revealed a positive association between nurses' participation in hospital governance and the hospital's attraction components (p<0.05).

2. DISCUSSION

In a scenario of a rapidly evolving health care system, health care institutions strive to define a path towards an environment of excellent professional practice. Since improving nursing practice environments is a challenge faced by nursing managers, they are challenged to establish models of nursing governance and leadership practices so that nurses can become involved in work processes and enhance relationships among team members, factors closely related to the quality of care provided and client safety.

The analysis of the studies reveals unanimity that the participation of nurses in hospital governance is a multidimensional process, encompassing the structure and processes through which nurses direct, control and regulate efforts oriented to the objectives of their professional practice and influence the organizational context where it occurs, through organizational recognition, facilitating structures, articulation of information and alignment of common objectives for improving the quality of care provided and ensuring customer safety. Shared governance by nursing is the extension of the control and authority of nursing management within the team with reflexes on professional practice (Kutney-Lee, Germack, Hatfield et al., 2016; Siller, Dolansky, Clavelle & Fitzpatrick, 2016; Hashish & Fargally, 2018; Kaddourah, Al-Tannir, Kakish & AlFayyad, 2020).

Hospital organizations, roughly, according to Kaddourah et al. (2020) are structured as hierarchies that establish a pyramid structure of governance, however, this type of governance is not conducive to shared decision-making processes, which is consensual with that advocated by Swihart and Hess (2014). On the other hand, as the study by García-Sierra and Fernández-Castro (2018) reveals, transformational leadership on the part of the managing nurse is indispensable, since this directly and positively influences the structural empowerment of nurses and this in turn directly and positively influences their involvement in hospital governance with positive results in the quality of care provided and client safety. The same authors found that structural empowerment (receiving support and easier access to resources), job satisfaction and psychological empowerment (autonomy in professional practice and meaningful work)

are evident factors in nurses' models of governance, an assumption advocated by Best and Thurston (2004), who also identified other important factors for nurse satisfaction in relation to work, such as rewards, recognition by supervisors, positive communication with team members and involvement in decision making for quality care and ensuring client safety. Along the same lines are Asiri, Rohrer, & Al-Surimi (2016), when they state that nursing managers can improve the nursing work environment by practicing appropriate leadership and empowerment strategies, including greater participation of the nursing team in the decision-making process, thus leading to high quality nursing care, increasing client safety. García-Sierra and Fernández-Castro (2018) found that the structural empowerment of nurses acts as a mediator between the transformational leadership of nursing managers and the involvement of nurses in hospital governance, with positive repercussions on the quality of care provided.

Evidence indicates that there is a significant positive relationship between shared governance and work engagement, suggesting that the more nurses participate in shared governance, the greater their involvement in work, with positive outcomes in care (Siller, Dolansky, Clavelle & Fitzpatrick, 2016). Experience in decision-making in terms of governance, power, representativeness, communication, and the quality of care provided are interrelated factors (Cobo, 2017). Santos and Erdmann (2015) stress that, in health, governance is a term used mainly in the context of studies on good management practices as a means of enhancing quality health care provision and equating available resources to the real needs of clients. However, Cobo (2017) concluded with his study that there are still barriers to the participation of nurses in hospital governance, namely the lack of effective tools to monitor nursing care indicators, the lack of specialized training and the lack of proactivity on the part of some nurses. According to the Santos and Erdmann (2015) study, in order to perform this task, nurses reported the need to overcome organizational support constraints and develop management knowledge and skills. Vaismoradi, Bondas, Salsali, Jasper and Turunen (2014) reported that the nurses feel the need for more environmental prerequisites for a safe nursing practice, more union and integration of health professionals and the creation of a safe care environment. Thus, to

support safe care delivery, leading nurses must improve working conditions for nurses, develop nurses' practical skills, assign roles to nurses according to their skills and capabilities, provide appropriate supervision, improve professional relationships with other professionals in the multidisciplinary team, encourage collaboration among all, empower nurses in hospital governance, and reward safe practice. The study by Ko, Jeong and Yu (2018) demonstrated that there is a need to improve the autonomy of the nurses' work and that the managing nurses should monitor the autonomy of the nurses' work and their perceptions about the organizational policy, so that they can develop in-service training and implement working methods that promote and improve the autonomy of the work, creating positive working environments that enable the nurses to participate in decision making, ensuring the quality and safety of care provided. According to Williams and Reid (2009), leading nurses should define their expectations regarding client safety, acting as visionaries, provide support, helping other nurses to plan, lead, manage, control, and organize activities that promote care safety. In this way, while nurses are fundamental in creating a care practice environment, acting as advocates for patient safety); nurses' managers are in a position to influence the focus on patient safety by leading by example and inspiring their colleagues (Williams & Reid, 2009).

CONCLUSION

The results suggest that increasing nurse involvement in hospital governance implies sharing and transformational leadership and is a means to improve client outcomes and the nurses' own professional practice. To promote greater involvement of nurses in hospital governance, nursing leaders can implement structures and processes that allow for the involvement of nurses in organizational decision-making, which implies greater involvement of team members, assertive communication, proactivity, positive nursing practice environments, and more autonomy, which has as its basic components personal responsibility, shared power, and influence. The implementation of shared governance requires fundamental changes in individual and

organizational thinking and culture. It is suggested that more studies with methodological quality investigate the phenomenon under study.

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