THE EFFECTIVENESS OF SHARED GOVERNANCE MODELS IN IMPROVING NURSE ENGAGEMENT AND PATIENT OUTCOMES

Ahmed Hamed Abdallh Almuhmmed, Dahba Salem Bashir, Hailah Rashed Saud Aldosari, Haya Fahd Hamad Al Dosari, Hanan Hamdan Shadad Alharbi, Haya Saad Hamdan Aldosari, Ohoud Suliman Alotibi, Amani Abass Alsabban, Abdullah Hamad Alsulami, Ali Mohammed Ahmed Alqassmi, Zainab Haidar Alsharfa, Mosaad Sayer Alruwaily, Munayfah Eid Alruwaili, Ali Abdalaziz Ibrahim Alrayes

Abstract

While it is well recognized that management and the culture of the healthcare setting may hinder the adoption of evidence-based practice, there is a lack of comprehensive research about the particular impact and assistance provided by nurse leaders in this regard. This integrated study seeks to examine the impact of nursing leadership on the implementation of evidence-based practice in modern healthcare environments. The researchers conducted an integrated literature review, examining a total of 28 articles. The study used three databases: PubMed, CINAHL, and the Cochrane Library, covering the period from 2006 to 2016. The primary importance of leadership, the approach used, and the identification and resolution of obstacles or enablers in implementing evidence-based practice were identified as crucial factors. Nurse managers play a crucial role in facilitating the adoption of evidence-based practice by creating a culture and environment that supports its implementation. In order to accomplish this, individuals must possess a foundational understanding and be cognizant of and overcome obstacles to execution. Additionally, they must comprehend the pivotal job of nurse managers in establishing and fostering the most favorable setting.

Keywords: governance models, nurse engagement, patient outcomes, review, nurse managers.

1. Introduction

The 1990s saw a significant rise in interest and motivation towards expanding nursing research and implementing evidence-based practice (EBP) in the field of nursing (Caine & Kenrick, 1997). During this time, evidence-based practice (EBP) was defined as the careful, clear, and wise use of the most up-to-date evidence when making choices regarding the treatment of particular patients (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 7). In the following years, there has been a growing interest in both local and worldwide contexts, highlighting the ongoing significance of having a scientific foundation for healthcare treatments (Barría, 2014). Nursing research plays a vital role in evidence-based practice (EBP) by providing

valuable insights that, combined with other forms of evidence, enhance the quality of care, ensure patient safety, and improve cost effectiveness (Barría, 2014).

There is compelling evidence that nursing research is rapidly expanding both in terms of quantity and breadth on a global scale. This growth is driven by a greater focus on health-promotion strategies, technological advancements in healthcare, and tackling contemporary healthcare challenges such as preventable diseases and the impact of an aging population. This research is also becoming more transdisciplinary (McKenna, 2012). It is important to understand that nurses are dedicated to using current research and implementing evidence-based practices in this particular environment. Undoubtedly, evidence-based practice (EBP) is a fundamental skill that is necessary for nursing practice on a global scale (Fleiszer, Semenic, Ritchie, Richer, & Denis, 2016).

Nevertheless, there are apprehensions about the persistence of commitment to evidence-based practice (EBP) due to existing deficiencies in its implementation (Innis & Berta, 2016). The uneven implementation of evidence-based practice (EBP) among nurses may be attributed to several factors such as limited resources, inadequate English-language proficiency, and insufficient professional nursing infrastructure in some countries (Bressan et al., 2017; Giusti & Piergentili, 2013; Linton & Prasun, 2013). There are worldwide deficiencies in nurses' ability to use computerized databases, as stated by Linton and Prasun in 2013. While it is well recognized that management and the culture of the healthcare setting might hinder nurses' adoption of evidence-based practice (EBP), there is a lack of comprehensive information of the specific role of nurse leadership in directly impacting the implementation and application of EBP.

There is a specific worry that while short-term efforts are expected to succeed, there is less research that explains how nurse supervisors maintain the required environment that supports evidence-based practice (EBP) (Fleiszer et al., 2016). Nurse managers in under-resourced counties face a lack of guidance, which further complicates their efforts to provide high-quality nursing care. Recent research has shown that the ratios of nurses to patients differ significantly across Europe, with countries like Poland, Spain, Greece, Germany, and Belgium being notably lacking in resources (Aiken et al., 2012). The nurse-to-patient ratio in these nations is just half of what is seen in countries like the United States and the United Kingdom (Aiken et al., 2012). Several of these regions are also impacted by deficits in nursing staff and ongoing fiscal restraint measures (European Federation of Nurses Associations, 2012).

The occurrence of evidence-based practice (EBP) in healthcare settings with limited resources has not been specifically studied. However, it is understood that nurses, when faced with multiple demands, prioritize essential tasks over more nuanced aspects of care, such as patient communication and education. The omission of care varies in different circumstances due to a complex interaction of factors, such as the need to prioritize, the practices of the team, and the nurse's own value system (Kalisch et al., 2009). According to anecdotal evidence, the use of evidence-based practice (EBP) is also influenced (Bressan et al., 2017).

Although the RN4Cast, a worldwide empirical study on future nursing needs for quality patient care, includes many indicators of quality, it does not include evidence-based practice (EBP) as one of the predicted factors (Ball et al., 2016). Undoubtedly, patients worldwide have well-documented educational and emotional requirements that remain unaddressed (Jones, Hamilton, & Murray, 2015). Consequently, the level of consistent use of evidence-based practice is unclear. An Italian research conducted recently found that nurses failed to complete up to 41% of the care tasks they were supposed to accomplish (Sasso et al., 2016a, 2016b). Therefore, nurse managers are expected to encounter growing difficulties in implementing evidence-based practice in these situations. Nevertheless, there is some indication that research effort and evidence-based practice (EBP) may still be effective even when resources are few, as long as there is good leadership (Wallace, Johnson, Mathe, & Paul, 2011).

Recent evidence indicates that crucial leadership skills, such as developing a clear vision and consistently conveying it, utilizing effective interpersonal skills and communication, and providing continuous education to support nurses, are essential for maintaining a commitment to evidence-based practice at the local clinical level (Fleiszer et al., 2016). Acquiring resources for evidence-based practice (EBP) is important, but nurse managers also play a crucial role in maintaining and enhancing EBP. They need to be aware of areas that need development, collaborate in selecting areas for intervention, and utilize reflection to assess performance (Innis & Berta, 2016). When nurses have limited access to computerized databases, it is the role of nurse managers to address and enhance this situation (Linton & Prasun, 2013).

Engström, Westerberg Jacobson, and Martensson (2015) have provided strong and definitive evidence that the culture and environment of the ward play a crucial role in enabling the implementation of evidence-based practice (EBP). In situations where the conditions are not favorable for the implementation of evidence-based practice (EBP) by nurses, such as a lack of support from management, insufficient resources, inadequate education, or a lack of relevant knowledge (or a combination of these factors), the sustained adoption of EBP is not possible (Engström et al., 2015). Nevertheless, there is a lack of comprehensive conceptualization and comprehension of the impact of nursing leadership on the direct facilitation and implementation of evidence-based practice (EBP).

2. Nurse managers

Nurse Managers must possess a comprehensive comprehension of essential leadership abilities in order to grasp the techniques that support and enhance evidence-based practice (EBP) programs. It is crucial to have this knowledge and expertise in order to provide advise to nurse managers operating in nations with limited resources or without essential infrastructure.

Nurse Managers play a crucial role in introducing and carrying out new practices, processes, and activities in clinical settings. They are the main decision-makers for evidence-based practice (EBP) in the nursing profession (Bleich & Kist, 2015; Fleiszer et al., 2016; Innis & Berta, 2016; Kueny, Titler, Mackin, & Shever, 2015; Stetler, Ritchie, Rycroft-Malone, & Charns, 2014).

These individuals often have the responsibility of introducing and carrying out new methods, procedures, and initiatives inside their organizations (Bleich & Kist, 2015; Fleiszer et al., 2016; Innis & Berta, 2016; Kueny et al., 2015; Stetler et al., 2014). In order to advance evidence-based practice (EBP), it is necessary to implement both leadership and facilitation interventions (Dogherty, Harrison, & Graham, 2010; Fleiszer et al., 2016; Sandström, Borglin, Nilsson, & Willman, 2011). Nevertheless, certain studies indicate that nurse managers are inadequately prepared to facilitate this transformation, as a portion of them lack the requisite formal training and the acquisition of essential competencies for the position (Enterkin, Robb, & McLaren, 2013; Hølge-Hazelton, Kjerholt, Berthelsen, & Thomsen, 2016; Phillips & Byrne, 2013). Proficiency in skills is crucial for leadership to achieve effectiveness (Moser, DeLuca, Bond, & Rollins, 2004), and some managers lack knowledge and feel uneasy with evidence-based practice (Hølge-Hazelton et al., 2016). The lack of proficiency in evidence-based practice (EBP) is a significant obstacle that might worsen resource problems (Asadoorian, Hearson, Satyanarayana, & Ursel, 2010; Brown, Wickline, Ecoff, & Glaser, 2009; Hwang & Park, 2015; Majid et al., 2011; Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012).

Nurse managers have a crucial role in the adoption of evidence-based practice (EBP) according to Melnyk (2014). However, the specific details of this job and how to effectively give advice on it remain unclear. This review seeks to examine the impact of nursing leadership on the adoption and sustainability of evidence-based practice (EBP). The goal is to offer guidance to nurse managers, especially those in resource-limited countries who may lack the necessary education for this responsibility.

Despite the widespread integration of evidence-based practice (EBP) throughout healthcare worldwide, research on the application of EBP persists, indicating a sustained dedication to and fascination with the subject. Current research largely focuses on the implementation and maintenance of evidence-based practice (EBP) programs, as well as the leader's involvement in this process. The obstacles to evidence-based practice (EBP) were clearly expressed in previous decades, but this analysis demonstrates that interest in these obstacles continued in the past decade, but research inquiries in this specific field are currently less frequent.

Nevertheless, it is evident that obstacles continue to exist despite the dedication of international organizations to evidence-based practice (EBP), and any shortcomings in this area may remain undetected. Research has revealed significant deficiencies in the provision of high-quality nursing care on a global scale. Many nurses are forced to prioritize certain tasks over others, leading to a neglect of evidence-based practice (EBP). This issue is particularly prevalent in healthcare settings with limited resources. Notably absent from the existing body of literature is research conducted in this topic originating from nations with limited resources. Although evidence-based practice (EBP) is considered a global need, the literature often exhibits a clear bias towards wealthier nations (Aiken et al., 2012).

Consequently, the perspectives and studies on evidence-based practice (EBP) are mostly derived from nations that have well-developed systems in place to promote EBP. There is little knowledge on the scope of evidence-based practice (EBP) in countries with limited resources, specifically in terms of the obstacles or factors that either hinder or support EBP, as well as the role of nurse leaders in adopting and maintaining EBP. Due to the limited resources in these countries, it is probable that nurses' adherence to evidence-based practice (EBP) is inconsistent, as shown by the higher levels of missed care seen (Aiken et al., 2012). In certain countries, nursing is not as advanced in terms of career advancement and specialized practice. Consequently, nurses in these countries often lack the authority to promote evidence-based practice (EBP) as medical doctors typically hold the primary role in providing EBP information and setting standards (Barisone, Bagnasco, Timmins, Aleo, & Sasso, 2017; Giusti & Piergentili, 2013).

Irrespective of the resource consequences, it is crucial for nurse managers worldwide to serve as gatekeepers for evidence-based practice (EBP) and to remain vigilant in their professional duties. Therefore, it is important for them to direct their attention towards the occurrences in clinical practice and be vigilant for prevalent obstacles that might impede evidence-based practice (EBP). The findings of this study confirm the established body of research that highlights the crucial importance of leadership in facilitating and maintaining the implementation of evidence-based practices in healthcare settings (Dogherty et al., 2010; Fleiszer et al., 2016; Sandström et al., 2011). This function may be seen at many levels: at the local level, inside individual hospitals, and in the realm of transformative nursing leadership, which involves promoting the implementation of evidence-based practice (EBP) at local, national, and global scales.

By using these leadership abilities, the nurse manager may facilitate research at a community level by assigning resources to establish an internet-based EBP teaching system. This system would include tool kits designed to enhance nurses' familiarity with EBP and establish uniformity in clinical practice. Additionally, the nurse manager can provide time for nurses to acquire knowledge and skills. A recent discovery indicates that even in situations where there is a scarcity of necessary resources, nurse managers have the ability to foster the exchange of freely available resources to facilitate the acquisition of knowledge about research (Warren et al., 2016). In addition, the nurse manager can play a transformative role in promoting evidence-based practice (EBP) in informal settings. This can occur during interpersonal interactions, communication and discussions, as well as when assuming a mentoring role during team discussions and shift handover. In these situations, nurse managers can leverage their expertise to teach, support problem-solving, and facilitate the use of EBP (Fleiszer et al., 2016).

Another crucial responsibility of the nurse manager in their capacity as an evidence-based practice (EBP) leader is to promote effective communication among members of the organization about EBP. The use and integration of social networks are growing in significance for the dissemination and exchange of novel insights pertaining to practical applications,

research, and emerging evidence (Berta, Ginsburg, Gilbart, Lemieux-Charles, & Davis, 2013; Innis & Berta, 2016; Lewin et al., 2011). The rise in the use of social networks and open internet resources provide nurses with the chance to acquire knowledge from and exchange ideas with other professionals worldwide. The vast and continuously growing collection of information on the Internet serves as a valuable tool for nurse managers and nurses to acquire knowledge on emerging healthcare research, global trends, as well as the fundamental principles of research and evidence-based practice (EBP).

Nurses now have expanded opportunities to engage in research seminars, view worldwide conference presentations, peruse open-access research, and actively participate in various global nursing networks. There is a need for nurse managers who can bring about significant changes and improvements. These managers should have a clear vision and be able to guide hospital nurses by providing them with useful tools. In order to facilitate this sort of staff education, nurses must have consistent access to information technology resources, as shown by previous studies (Berta et al., 2013; Ellen et al., 2013; Innis & Berta, 2016).

3. Conclusion

Implementing evidence-based practice is an essential need in contemporary healthcare, since it is closely associated with delivering high-quality treatment. The presence of deficiencies in nursing care is becoming more apparent across Europe, with specific emphasis on resource-related challenges (Aiken et al., 2012). In order to effectively handle the requirements of a growing elderly population, the rising prevalence of numerous health conditions across all age groups, and the increasing reliance on technology, it is imperative to immediately tackle the gaps in evidence-based practice (EBP) and resource allocation in nursing and healthcare.

While it may not be immediately recognized as a problem in quality nursing care on a global scale, the existing evidence on worldwide care deficiencies suggests that the implementation of evidence-based practice (EBP) is both uneven and below the desired level. The primary obstacles to implementing evidence-based practice have traditionally been attributed to managers and the prevailing environmental culture. However, there is a lack of comprehensive conceptualization and comprehension regarding the specific impact and support provided by nurse leaders in facilitating the adoption and utilization of evidence-based practice. Currently, it is crucial for nurse managers to cultivate and use abilities to address individual, social, and institutional elements that impede evidence-based practice (Gerrish et al., 2012).

References

1. Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., & McKee, M., … Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal*, **344**, e1717.

2. Asadoorian, J., Hearson, B., Satyanarayana, S., & Ursel, J. (2010). Evidence-based practice in healthcare: An exploratory crossdiscipline comparison of enhancers and barriers. *Journal for Healthcare Quality*, **32**(3), 15–22.

3. Ball, J. E., Griffiths, P., Rafferty, A. M., Lindqvist, R., Murrells, T., & Tishelman, C. (2016). A cross-sectional study of "care left undone" on nursing shifts in hospitals. *Journal of Advanced Nursing*, **72**(9), 2086–2097.

4. Barisone, M., Bagnasco, A., Timmins, F., Aleo, G., & Sasso, L. (2017). Approaches to nurse education and competence development in remote telemonitoring of heart failure patients with implanted heart devices in Italy—A cause for concern. *Journal of Cardiovascular Nursing*, **19**(S1), 174.

5. Barría, P. (2014). Implementing evidence-based practice: A challenge for the nursing practice. *Nursing Research and Education*, **32**(2), 191–193.

6. Berta, W., Ginsburg, L., Gilbart, E., Lemieux-Charles, L., & Davis, D. (2013). What, why, and how care protocols are implemented in Ontario nursing homes. *Canadian Journal of Aging*, **32**(1), 73–85.

7. Bleich, M. R., & Kist, S. (2015). Leading, managing and following. In P. S. Yoder-Wise (Ed.), *Leading and managing in nursing* (6th ed., pp. 2–22). St Louis, MI: Mosby.

8. Bressan, V., Bagnasco, A., Bianchi, M., Rossi, S., Moschetti, F., Barisone, M., … Sasso, L. (2017). Barriers to research awareness among nurses in Italy. *Journal of Nursing Management*, **25**(4) 243–245.

9. Caine, C., & Kenrick, M. (1997). The role of clinical directorate managers in facilitating evidence-based practice: A report of an exploratory study. *Journal of Nursing Management*, **5**(3), 157–165.

10. Dogherty, E. J., Harrison, M. B., & Graham, I. D. (2010). Facilitation as a role and process in achieving evidence-based practice in nursing: A focused review of concept and meaning. *Worldviews on Evidence-Based Nursing*, **7**(2), 76–89.

11. Ellen, M. E., Léon, G., Bouchard, G., Lavis, J. N., Ouimet, M., & Grimshaw, J. M. (2013). What supports do health system organizations have in place to facilitate evidence-informed decision-making? A qualitative study. *Implementation Science*, **8**, 84.

12. Engström, M., Westerberg Jacobson, J., & Martensson, G. (2015). Staff assessment of structural empowerment and ability to work according to evidence-based practice in mental health care. *Journal of Nursing Management*, **23**(6), 765–774.

13. Enterkin, J., Robb, E., & McLaren, S. (2013). Clinical leadership for high-quality care: Developing future ward leaders. *Journal of Nursing Management*, **21**(2), 206–216.

14. European Federation of Nurses Associations (2012). Caring in crisis: The impact of the financial crisis on nurses and nursing. A comparative overview of 34 European countries.

15. Fleiszer, A. R., Semenic, S. E., Ritchie, J. A., Richer, M. C., & Denis, J. L. (2016). Nursing unit leaders' influence on the long-term sustainability of evidence-based practice improvements. *Journal of Nursing Management*, **24**(3), 309–318.

16. Gerrish, K., Nolan, M., McDonnell, A., Tod, A., Kirshbaum, M., & Guillaume, L. (2012). Factors influencing advanced practice nurses' ability to promote evidence-based practice among frontline nurses. *Worldviews on Evidence-Based Nursing*, **9**(1), 30–39

17. Giusti, G. D., & Piergentili, F. (2013). Letter to the editor: Evidence based practice, the Italian experience. *Journal of Nursing Management*, **21**(4), 705.

18. Hølge-Hazelton, B., Kjerholt, M., Berthelsen, C. B., & Thomsen, T. G. (2016). Integrating nurse researchers in clinical practice—A challenging, but necessary task for nurse leaders. *Journal of Nursing Management*, **24**(4), 465–474.

19. Hwang, J. I., & Park, H. A. (2015). Relationships between evidence-based practice, quality improvement and clinical error experience of nurses in Korean hospitals. *Journal of Nursing Management*, **23**(5), 651–660.

20. Innis, J., & Berta, W. (2016). Routines for change: How managers can use absorptive capacity to adopt and implement evidence-based practice. *Journal of Nursing Management*, **24**(6), 718–724.

21. Jones, T. L., Hamilton, P., & Murray, N. (2015). Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *International Journal of Nursing Studies*, **52**(6), 1121–1137.

22. Kalisch, B. J., Landstrom, G. L., & Hinshaw, A. S. (2009). Missed nursing care: A concept analysis. *Journal of Advanced Nursing*, **65**(7), 1509–1517.

23. Kueny, A., Titler, M., Mackin, M. L., & Shever, L. (2015). Facilitating the implementation of evidence-based practice through contextual support and nursing leadership. *Journal of Healthcare Leadership*, **7**, 29–39.

24. Lewin, A. Y., Massini, S., & Peeters, C. (2011). Microfoundations of internal and external absorptive capacity routines. *Organization Science*, **22**(1), 81–98.

25. Linton, M. J., & Prasun, M. A. (2013). Evidence-based practice: Collaboration between education and nursing management. *Journal of Nursing Management*, **21**(5), 5–16.

26. Majid, S., Foo, S., Luyt, B., Zhang, X., Theng, Y.-L., Chang, Y.-K., & Mokhtar, I. A. (2011). Adopting evidence-based practice in clinical decision making: Nurses' perceptions, knowledge, and barriers. *Journal of the Medical Library Association*, **99**(3), 229–236.

27. McKenna, H. (2012). Key note address. Twenty-Third International Networking for Healthcare Education Conference. 4–6 September. Robinson College, Cambridge, UK.

28. Melnyk, B. M. (2014). Building cultures and environments that facilitate clinician behavior change to evidence-based practice: What works? *Worldviews on Evidence Based Nursing*, **11**(2), 79–80.

29. Melnyk, B. M., Fineout-Overholt, E., Gallagher-Ford, L., & Kaplan, L. (2012). The state of evidence-based practice in US nurses: Critical implications for nurse leaders and educators. *Journal of Nursing Administration*, **42**(9), 410–417.

30. Moser, L., DeLuca, N., Bond, G., & Rollins, A. (2004). Implementing evidence-based psychosocial practices: Lessons learned from statewide implementation of two practices. *The International Journal of Neuropsychiatric Medicine*, **9**(12), 926–936.

31. Oh, E. G. (2008). Research activities and perceptions of barriers to research utilization among critical care nurses in Korea. *Intensive and Critical Care Nursing*, **24**(5), 314–322.

32. Phillips, N., & Byrne, G. (2013). Enhancing frontline clinical leadership in an acute hospital trust. *Journal of Clinical Nursing*, **22**(17–18), 2625–2635.

33. Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, **312**, 71–72.

34. Sandström, B., Borglin, G., Nilsson, R., & Willman, A. (2011). Promoting the implementation of evidence-based practice: A literature review focusing on the role of nursing leadership. *Worldviews on Evidence Based Nursing*, **8**(4), 212–223.

35. Sasso, L., Bagnasco, A., Zanini, M., Catania, G., Aleo, G., Santullo, A., … Sermeus, W. (2016a). RN4CAST@IT: Why is it important for Italy to take part in the RN4CAST project? *Journal of Advanced Nursing*, **72**(3), 485–487.

36. Sasso, L., Bagnasco, A., Zanini, M., Catania, G., Aleo, G., Santullo, A., … Sermeus, W. (2016b). The general results of the RN4CAST survey in Italy. *Journal of Advanced Nursing*, **73**(9), 2028–2030.

37. Stetler, C. B., Ritchie, J. A., Rycroft-Malone, J., & Charns, M. P. (2014). Leadership for evidence-based practice: Strategic and functional behaviors for institutionalizing EBP. *Worldviews on Evidence-Based Nursing*, **11**(4), 219–226.

38. Wallace, J. C., Johnson, P. D., Mathe, K., & Paul, J. (2011). Structural and psychological empowerment climates, performance, and the moderating role of shared felt accountability: A managerial perspective. *Journal of Applied Psychology*, **96**(4), 840–850.

39. Warren, J. I., McLaughlin, M., Bardsley, J., Eich, J., Esche, C. A., Kropkowski, L., & Risch, S. (2016). The strengths and challenges of implementing EBP in healthcare systems. *Worldviews on Evidence-Based Nursing*, **13**(1), 15–24.