

## **Nursing Professional Governance: A Framework for Practice**

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### **Purpose:**

To strengthen the professional governance (PG) system, this study's aim was to assess the current state of Professional Governance (PG) at 2 hospitals, by comparing the perceptions of clinical nurses' and nurse leaders 'about PG.

### **Relevance/Significance:**

Previous studies have linked effective professional governance to improved nurse and patient satisfaction, nurse retention, and clinical outcomes. Using research findings to influence these factors led to the study's aim: to compare the perceptions of clinical nurses and nurse leaders on the level of professional governance, and to examine its relationship to selected nurses' demographics, retention, and job satisfaction.

### **Strategy/Implementation/Methods:**

This study used a multi-site, cross-sectional, e-mailed survey with a convenience sample of n=191 nurses and leaders. Data collection included a Demographic form and *The Index of Professional Nursing Governance [IPNG]* instrument that used a Likert scale and has six dimensions. The Demographic Form included factors such as age, experience, and certification. Data were analyzed with a two-way ANOVA.

### **Evaluation/Outcomes/Results:**

Mean total scores for the 2 hospitals were (140.873 ± SD 53.67 and 167.365 ± SD 64.115), respectively and fell in the *traditional governance* range (86-172), indicating decision-making is by leaders rather than shared. There were significant differences between nurses and nurse leader groups. Hospital 1- Clinical nurses' mean total score was (130.8), significantly lower than nurse leaders scores (167.3). Hospital 2- Clinical nurses' mean total score was (168.52) vs nurse leaders '(159.58). Some of the six subscales for both hospitals yielded moderate differences.

### **Conclusions/Implications for Practice:**

These results have the potential to be a powerful framework for redistributing authority, responsibility, and accountability for nursing practice between clinical nurses and nurse leaders. Interventions based on these findings include both experiential and didactic education.