

2017

Assessing for Barriers to Shared Governance to Increase Employee Engagement

Cheryl Allison Motte

Follow this and additional works at: https://digitalcommons.gardner-webb.edu/nursing_etd



Part of the [Occupational and Environmental Health Nursing Commons](#)

Recommended Citation

Motte, Cheryl Allison, "Assessing for Barriers to Shared Governance to Increase Employee Engagement" (2017). *Nursing Theses and Capstone Projects*. 287.

https://digitalcommons.gardner-webb.edu/nursing_etd/287

This Thesis is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Nursing Theses and Capstone Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

Assessing for Barriers to Shared Governance to Increase Employee Engagement

by

Cheryl A. Motte

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2017

Submitted by:

Cheryl A. Motte

Date

Approved by:

Jill Parker, MSN, APRN, FNP-C

Date

Abstract

Empirical evidence supports the numerous benefits to an organization with engaged employees as well as benefits to those engaged employees. Never-the-less, over half of American workers are not engaged in their work. In healthcare, nurses score the lowest of all professional healthcare disciplines with engagement. Participation in shared governance has been shown to increase work engagement. The purpose of this MSN descriptive research is to assess for barriers to participation in shared governance and increase work engagement on a geriatric behavioral health unit. The study began with an online shared governance needs assessment questionnaire followed by the Utrecht Work Engagement Survey (UWES). The UWES will be used to assess a mean of work engagement scores for the unit.

Keywords: Employee engagement, work engagement, staff engagement, staff retention, benefit, nursing, workplace culture, technology, intervention.

Acknowledgements

First, I thank God for giving me the fortitude and determination to complete this thesis process which ends with a sense of personal and professional accomplishment. I would also like to thank my son, Christopher, who helped with many household duties and errands while I was busy researching and writing. I thank my daughter Jessica, for her support and encouragement from afar. Thank you to my co-workers of the Geriatric Behavioral Health Unit for your patience, cooperation and survey responses. This paper could not have been written if not for your participation in the study. I am blessed to know and work with an amazing group of professionals. Last but not least, I would like to thank Professor Jill Parker for her guidance through this process. Her assistance was invaluable.

© Cheryl A. Motte 2017

All Rights Reserved

Table of Contents

CHAPTER I: INTRODUCTION

Significance.....	2
Purpose.....	3
Theoretical or Conceptual Framework	4
Thesis Question.....	4
Definition of Terms.....	4
Summary	5

CHAPTER II: LITERATURE REVIEW

Literature Review.....	7
Search Strategy	8
Theory of Bureaucratic Caring	9
Triple Aim.....	9
Work Engagement	9
Job Demands-Resources Model.....	11
Job Resources for Nurses.....	13
Job Demands for Nurses	14
Healthy Workplace Environment	15
Transformational Leadership	16
Employee Retention.....	17
Interventions	18
Ethics.....	19
Meaningfulness	20
Shared Governance and Work Engagement	20
Barriers to Shared Governance Participation.....	21

Summary	22
CHAPTER III: METHODOLOGY	
Study Design	23
Setting and Sample	23
Design for Data Collection	24
Measurement Methods	25
Data Collection Procedure	25
Protection of Human Subjects	26
Data Analysis	26
CHAPTER IV: RESULTS	
Sample Characteristics	27
Major Findings	29
Summary	41
CHAPTER V: DISCUSSION	
Implication of Findings	43
Application to Theoretical/Conceptual Framework	44
Limitations	45
Implications for Nursing	45
Recommendations	45
Conclusion	46
REFERENCES	48

APPENDICES

Appendix A: Theory of Bureaucratic Caring CTE Diagram	53
Appendix B: Needs Assessment Questionnaire.....	54
Appendix C: Utrecht Work Engagement Survey.....	55
Appendix D: Permission to Use Utrecht Work Engagement Survey	56
Appendix E: Initial Email to Participants	57
Appendix F: Follow Up Email to Participants.....	58
Appendix G: Work Engagement Study Flyer.....	59
Appendix H: Comments from Needs Assessment Questionnaire	60

List of Tables

Table 1: Frequency Distribution of Eligible GBHU Staff	28
Table 2: Frequency Distribution of Responses for Questions 1 & 2	29
Table 3: Frequency Distribution of Question 4 Responses	31
Table 4: Frequency Distribution of Question 5 Responses	32
Table 5: Frequency Distribution of Question 6 Responses	33
Table 6: Comparison of GBHU Scores and Given Normal Scores	34
Table 7: Frequency Distribution of Respondent's Answers for Vigor	35
Table 8: Frequency Distribution of Respondent's Answers for Dedication	36
Table 9: Frequency Distribution of Respondent's Answers for Absorption	37
Table 10: Individual Norms with Percentile Categories	39
Table 11: Respondents' Individual Scores	40

CHAPTER I

Introduction

Work engagement is a term used to describe the concept of employees that are involved, engrossed, or absorbed in the activities that entail performing the duties for which they were employed. Dr. William Kahn, Ph.D., a professor of organizational behavior is a frontrunner in the early studies in the field of personal engagement at work, or work engagement. The terms of work engagement, personal engagement at work, and employee engagement are synonymous with each other and can be used interchangeably. Khan's description of engagement describes how a person brings their authentic self to perform in their work role (Kahn, 1990, p. 694). During one's work, a person conveys their role through physical, emotional, and thought processes (Kahn, 1990, p. 694).

According to Kahn, personal engagement is the genuine self in work role behaviors that encourage attachments to the work, remaining present in the moment and forming connections with co-workers (Kahn, 1990, p. 694). Disengagement then would entail one's process of un-attaching oneself from the work role and from others as a defense of the authentic self (Kahn, 1990, p. 700). Disengagement is exhibited as a lack of emotional presence and work tasks left undone (Kahn, 1990, p. 700). Kahn describes disengagement further by illustrating the disengagement process as an uncoupling of one's role, where behaviors become automatic and robotic and energy and expressions will be suppressed (Kahn, 1990, p. 700).

Work engagement among a facility's employees has become a crucial element for organizational success and offers several benefits for patients and employers. Characteristics of engagement include energy and constructive and productive

collaboration amongst team members. Evidence reveals that engaged team members aid organizational success (Tillot, Walsh, & Moxham, 2013, p. 27). Cost effectiveness is another benefit to an organization that fosters employee engagement. According to a 2013 Gallup Poll study, non-productive, disengaged employees cause a loss of approximately 550 billion dollars annually to the United States economy (Glavas, 2016, p.1). An additional key benefit of employee engagement is patient safety. Evidence reveals a causal relationship between deficient employee engagement and patient safety and the costs incurred from the employees' inclination to not follow safety protocols. Healthcare organizations that strive to have an engaged workforce provide environments that deliver safer care to patients (Studer, Hagins, Bonnie, & Cochrane, 2014, p. 79).

The benefit to employers is evident, however; employees also reap benefits from being engaged in their work. Evidence revealed that engaged employees show decreased levels of stress and burnout and are more successful in their work (Shuck, Collins, Rocco, & Diaz, 2016, p. 220). These employees also are stronger performers and exhibit behaviors that align with the organization's behavioral standards which aids in the establishment of positive experiences for fellow team members (Shuck et al., 2016, p. 220). Additionally, employees that report higher levels of engagement also report less depression, stress, loneliness, ostracism, and depersonalizing behaviors (Shuck et al., 2016, p. 220).

Significance

On an inpatient geriatric behavioral health unit, (GBHU) at a small community hospital in the suburban southeast, staff morale is at an all-time low. Employee turnover is high making staff retention challenging.

One team member shared her opinion on the current environment of the unit by saying:

After almost five years working on the unit, the atmosphere of the workplace has changed drastically. The staff turnover rate is high, and morale is at an all-time low. Management has done nothing to help with morale or to help retain what little staff is left. We all feel invisible and severely under appreciated. I never used to dread coming to work and now I have to drag myself out of the house to work a miserable 12-hour shift. I keep hoping for some positive changes but things just get worse by the week. (Focus Group, personal communication, February 26, 2017)

Another team member stated, “I have worked here 13+ years. Lack of staff and teamwork has declined. Staff is unhappy; it seems morale is very low. This used to be a great place to work” (Focus Group, personal communication, February 26, 2017). Evidence supports the need for leadership to engage employees to prevent the employees from becoming unengaged or actively disengaged. According to a 2013 Gallup Poll, 52% of the workforce in the United States are not engaged in their work with 18% being actively disengaged (Crabtree, 2014).

Purpose

The purpose of this MSN thesis is to assess for barriers to shared governance participation that prevent increased work engagement among the staff on an inpatient GBHU in a small community hospital in suburban southeast. Involvement in shared governance meetings gives nurses and other staff a voice in making decisions that

directly affect their nursing practice and patient care processes on the unit. Participation in shared decision-making increases autonomy and empowerment among nurses. Evidence has shown that there is a strong connection between team member engagement and shared governance perceptions among emergency room nurses (Siller, Dolansky, Clavelle, & Fitzpatrick, 2016, p. 329).

Theoretical or Conceptual Framework

Marilyn Ray's Theory of Bureaucratic Caring was used to guide this research. Ray developed this theory over 30 years ago to address the transformation of traditional healthcare culture to one of a business model where costs and profits became the focus (Ray & Turkel, 2015, p. 472). Ray's theory encourages the development of caring relationships throughout the hospital bureaucracy to foster the culture of caring and compassion within a complex establishment. The theory may be applied to the process by which hospitals seek to achieve the Magnet Recognition Program which requires transformational leadership. Through transformational leadership and shared governance participation, employees become more involved and engaged in their work. A Conceptual-Theoretical-Empirical (CTE) diagram can be found in Appendix A.

Thesis Question

What are the barriers for participating in shared governance and the work engagement scores for nurses working on a geriatric behavioral health unit?

Definition of Terms

- Work engagement- "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption" (Schaufeli & Bakker, 2004, p. 295).

- Employee engagement- may be used interchangeably with work engagement.
- Disengagement- “the uncoupling of selves from work roles; withdrawal and defense of self physically, cognitively, or emotionally during role performances” (Kahn, 1990, p. 700).
- Vigor- “Characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence also in the face of difficulties” (Schaufeli & Bakker, 2004, p. 295).
- Dedication- “Characterized by a sense of significance, enthusiasm, inspiration, pride, and challenge” (Schaufeli & Bakker, 2004, p. 295).
- Absorption- “characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work” (Schaufeli & Bakker, 2004, p. 295).

Summary

Work/employee engagement is a term used to describe employees that are involved and absorbed in their work in a positive sense and with a sense of commitment to the organization they work for (Bakker, Schaufeli, Leiter, & Taris, 2008, p. 188).

Work engagement has many benefits to patients, employers, and employees. Engaged employees provide safer, more efficient care leading to better patient outcomes (Studer et al., 2014, p. 79). Organizations that have employees that are engaged in their work have a decreased rate of turnover, decreased absenteeism, decreased expenditures from disengaged employees, and the organization is more successful over all (Tillott, Walsh & Moxham, 2013, p.27). Employees also benefit from being engaged as they have better work performance, have better relationships with their co-workers, have less stress and

burnout, lower levels of depression, loneliness, ostracism and depersonalizing behaviors (Shuck et al., 2016, p. 220).

It is essential that nurses and other healthcare professionals have high levels of engagement due to the stressful environments that healthcare professionals work in. Patient safety and quality care are at stake if care is provided by healthcare professionals that are not engaged or actively disengaged. Among healthcare professional disciplines, nurses rank the lowest on work engagement. Low work engagement is associated with undesirable effects such as increased turnover rate, low job satisfaction and inadequate execution of job tasks and duties (Gabel-Shemueli, Dolan, & Suárez, 2014, p. 18). According to The Advisory Board Company, only 40.3 % of hospital team members are engaged in their work (Siller et al., 2016 p. 325). The data for this study was gathered on 450,000 employees from over 400 hospitals (Siller et al., 2016 p. 325).

CHAPTER II

Literature Review

Work engagement or employee engagement are terms used to describe a person who is involved and absorbed in their work roles and activities. There is evidence supporting that an organization will benefit significantly by having employees that are engaged in their work (Shuck et al., 2016, p. 220). These benefits include staff retention/decreased turnover, increased profitability due to increased worker productivity, decreased absenteeism, and an increase in positive patient outcomes in clinical areas (Shuck et al., 2016, p. 220; Studer et al., 2014, p. 81). Employees benefit from being engaged workers as well. They display enhanced work performance, have better relationships with their co-workers, less depression and decreased loneliness (Shuck et al., 2016, p. 220). The evidence supporting work engagement as a benefit to employer, employee, and patients is clear. Yet in the United States, only 30% of the workforce is actively engaged in their work, with 52% being not engaged, and 18% being actively disengaged (Crabtree, 2014).

The purpose of this thesis was to find strategies for improving work engagement that were revealed through an assessment of possible barriers of shared governance participation among the team members that work on a GBHU. All full and part time staff were invited to fill out an online needs assessment questionnaire found in Appendix B and work engagement survey found in Appendix C. The current level of team member engagement will be assessed to attain a mean of work engagement scores for the unit. The tool that will be used to assess work engagement is the Utrecht Work Engagement

Survey (UWES) (Schaufeli & Bakker, 2004 p. 47). Permission to use this tool was obtained by Dr. Schaufeli via email. This email may be found in Appendix D.

Search Strategy

A review of the literature was done to obtain a more comprehensive viewpoint of the topic of work engagement. Bulldog OneSearch database was used to search across all EBSCO databases. Cumulative Index for Allied Health Literature (CINAHL) and psycINFO were the two most used EBSCO databases with literature related to work engagement. Other databases used were Proquest and Pubmed. An initial search on Bulldog OneSearch using the search terms work engagement or employee engagement for the past 10 years revealed 35,233 records. This number of records was narrowed down by choosing the options of records that are in full text, peer reviewed, academic journals, and written in the English language. This brought the number of records down to 9,305. This number of records was furthered narrowed down by using a Boolean search and adding terms to find literature that was applicable to a specific element of work engagement, such as nursing, which narrowed the number of records to 665. Staff retention was added to this Boolean search which brought the number of records down to 19. However, changing the wording to employee retention brought the number to 39 records. Other elements explored with work engagement were workplace culture, shared governance, technology, interventions to increase engagement, and benefits of work engagement. Keywords used: Employee engagement, work engagement, staff engagement, staff retention, benefit, nursing, workplace culture, technology, and intervention.

Theory of Bureaucratic Caring

Marilyn Ray's Theory of Bureaucratic Caring will be used to guide this research. The purpose of the theory was to create caring cultures within organizations that were experiencing a change in the healthcare environment across America (Ray & Turkel, 2015, p. 472). Healthcare organizations began functioning like businesses and became focused on profit (Ray & Turkel, 2015, p. 472). This theory promotes the development of shared governance within healthcare organizations and promotes hospitals working to get Magnet designation (Ray & Turkel, 2015, p. 474).

Triple Aim

The Institute for Healthcare Improvement (IHI) designed a method to enhance the American healthcare system called the Triple Aim. The goals of the Triple Aim are to improve the experience of patient care, improve the health of populations, and decrease the per capita expense of healthcare (IHI, 2017). Assessing for barriers to shared governance participation to increase work engagement will meet the requirements of the Triple Aim in three ways. Shared governance meetings entail process improvement ideas that will be cost effective and benefit patient care and their experiences. A population of people, such as the geriatric population with behavioral disturbances will be benefitted also through shared governance process improvement projects that will positively impact patient care.

Work Engagement

Kahn's (1990) seminal work, used a grounded theoretical framework approach to work engagement. He postulated that there are three psychological states of mind that are antecedents to work engagement: psychological meaningfulness, psychological

safety, and psychological availability (Kahn, 1990, p. 703). Psychological meaningfulness is the belief that one's emotional, physical, and cognitive investment in one's work is being rewarded with positive feelings of personal achievement (Kahn, 1990, p. 703). Psychological safety is described as the ability to reveal the authentic, genuine self without concern for damage to one's reputation, career, standing, or other negative outcomes (Kahn, 1990, p. 708). Psychological availability involves the assessment of one's existing resources regarding mind, body, and spirit and then deciding whether the time is suitable for the authentic self to engage in various activities (Kahn, 1990, p. 714). Psychological availability can vary throughout a person's day so that at times one may be available for engagement and other times one disengages (Kahn, 1990, p. 693). When one becomes depleted of physical or emotional energy, is insecure for some reason, or has distractions in one's personal life, psychological unavailability is likely to occur (Kahn, 1990, p. 714). Individual insecurity has three dimensions according to Kahn that would distract a person from being psychologically available: lack of self-confidence, heightened self-consciousness, and ambivalence about their place and purpose within their organization (Kahn, 1990, p. 714).

Dr. Wilmar Schaufeli, Ph. D., a professor and psychologist of occupational health is another expert in the study of work engagement. Schaufeli's definition of work engagement has three characteristics that he used to describe what work engagement entails. Vigor, dedication, and absorption are the three characteristics involved along with a positive, satisfied state of mind regarding one's work (Schaufeli & Bakker, 2004, p. 295). Vigor involves energy, mental resilience, and perseverance through difficulties.

Dedication and absorption refer to a sense of deep involvement, commitment, contentment, and being engrossed and focused in one's tasks so that time goes by rapidly and one finds it difficult to disconnect from their work. Being engaged in one's work is viewed by Schaufeli as an enduring state of mind and is not concentrated on any single occurrence, task, behavior, or object. (Schaufeli & Bakker, 2004, p. 295).

Job Demands-Resources Model

The Job Demand-Resources (JD-R) model is a widely studied and accepted model used by researchers that may be applied to study work engagement in any occupation including nursing (Gabel-Shemueli et al., 2014, p. 19). Job demands are all the features of the job that necessitate continued efforts physically, cognitively, or emotionally and have the capacity to induce exertion (Gabel-Shemueli et al., 2014, p. 19). Job demands are not meant to be viewed as undesirable. However, they can be viewed as job stressors if the demands of the job are greater than employee's ability to adapt to the stress. Job resources are the elements of a job that decrease the job demands, make the tasks less physically and mentally stressful, assist in meeting work goals, and can help motivate personal and professional development (Gabel-Shemueli et al., 2014, p. 19). Job resources can play a positive influential role both intrinsically and extrinsically on work engagement, however; in times of greater work demands and emotional exchange, these positive influences may be annulled (Gabel-Shemueli et al., 2014, p. 19).

There are four main assumptions of the JD-R model:

1. Job demands and resources are related.
2. The dual process of the two types has been demonstrated empirically.
3. An interaction has been proposed between job demands and resources.

4. Job Resources are most beneficial and have a pronounced influence on motivation under conditions of higher job demands. (Gabel-Shemueli et al., 2014, p. 19).

To further explain assumption one, job demands and resources incorporate two basic and essential classes of factors that may be used in different employment situations, regardless of the specific demands and resources concerned (Gabel-Shemueli et al., 2014, p. 19). In the second assumption, the two distinct psychological practices are influential in the development of strain and motivation that is related to one's work (Gabel-Shemueli et al., 2014, p. 19). In these instances, one's health can suffer due to increased job demands that can lead to exhaustion and depletion of energy. Work overload can lead to long term undesirable outcomes for the company such as absenteeism. Additionally, job resources may motivate and may cause an increase in work engagement, however; in the event of a decrease in resources, coping with higher job demands is hindered, encouraging isolation. In the third assumption, the case is posited that job resources are important in encouraging work engagement and guarding against the incidence of job stress (Gabel-Shemueli et al., 2014, p. 19).

A study done using the JD-R model describes the use of power and privilege as resources. In some instances, work engagement can take on a negative perspective. In a company where personal power and privilege impede the requirements of work engagement of others through the placement of ever increasing work demands without access to the resources, engagement becomes a privilege to those select few that have access to the necessary resources. This privilege has been gained at the expense of those less powerful and should be considered as being an overextension of work, unhealthy, and exploitive (Shuck et al., 2016, p. 221).

Job Resources for Nurses

Psychological capital (PsyCap) is a human resource that one can cultivate and nurture within oneself. It involves one's journey of becoming one's best self (Bonner, 2016, p. 865). PsyCap lends itself to self-motivation and is viewed as an antecedent to work engagement (Bonner, 2016, p. 865). PsyCap may also aid in training one to view job demands in a more positive light helping one to thrive in one's job (Bonner, 2016, p. 865). The theory of PsyCap aligns with Kahn's work of the psychological states of mind that are antecedents to work engagement (Bonner, 2016, p. 865). As with Kahn's theory, engagement may fluctuate throughout the day with disengagement being a protective defense of self and damaging health-related consequences (Bonner, 2016, p. 865).

According to research, there are three resources for nurses that encourage work engagement: social support, workplace autonomy, and self-development occasions (Gabel-Shemueli et al., 2014, p. 20). These resources help nurses cope with stressful situations and decrease the effect of emotional stressors. Social support refers to the extent to which individual nurses perceive support from colleagues, supervisors, and associates as interest for their safety, health, and welfare. Social support is a widely-studied resource in the workplace and it has been proven that it has an essential and desirable influence on a broad scope of organizational outcomes such as work engagement (Gabel-Shemueli et al., 2014, p. 20). Employees may become disengaged due to a lack of social support (Gabel-Shemueli et al., 2014, p. 20).

Work autonomy refers to the extent of choices that each individual nurse has in deciding how to complete their tasks, be accountable for their own behaviors and acting willingly (Gabel-Shemueli, Dolan & Suárez, 2014, p. 20). Having a sense of some

autonomy is a fundamental psychological necessity and can result in work engagement over time (Gabel-Shemueli et al., 2014, p. 20). Opportunities for nurses to participate in self-development activities in the workplace affords these individuals to gain knowledge, and to improve and enrich their abilities (Gabel-Shemueli et al., 2014, p. 20). There is evidence to support the fact that self-development opportunities for professional growth leads to increased work engagement, decreases job fatigue and allows nurses to cope better with the demands of the job (Gabel-Shemueli et al., 2014, p. 20).

Job Demands for Nurses

In nursing, common work demands are work overload, home/work imbalance and emotional demands (Gabel-Shemueli et al., 2014, p. 19). Work overload is based on an employee's perception of having more work than is manageable for them even if there was more time to complete it. Evidence has revealed that work overload may lead an employee to feel overwhelmed, thereby impeding the progression of work engagement (Gabel-Shemueli et al., 2014, p. 19). For some, however, work overload can be taken as a challenge and has the capacity to increase work engagement.

Work-life imbalance can lead to role conflict if an employee works an excess amount of time at one's job which limits the amount of time spent in personal roles. An increased imbalance could signify that the demands of the family may suffer due to pressures from the job. Work-life imbalance may lead to a sense of loss of motivation and interest. For some, however, work overload can be taken as a challenge and has the capacity to increase work engagement (Gabel-Shemueli et al., 2014, p. 19).

Emotional demands in the workplace also have a great potential to become overwhelming. Nurses deal with emotions such as anger, sorrow, desperation, and

frustration during their shifts at work. Nurses encountering these strong emotions must be careful to control their emotional reactions and expressions in situations that arouse such strong emotions (Gabel-Shemueli et al., 2014, p. 19).

Inappropriate displays of emotion such as anger or frustration may be viewed as unprofessional behaviors and lacking in emotional intelligence. This control of emotions may put an additional burden on the nurse, thus, creating an obstacle to work engagement. This obstacle to work engagement, manifested by being psychologically unavailable for work engagement, may be linked back to Kahn's model of the psychological states needed as antecedents to work engagement. Increased amounts of emotional labor in the workplace could lead to a lower amount of work engagement if an employee is not able to cope with emotional dissonance. Emotional dissonance implies an incongruence between a person's true emotions and the emotions they are required by their organization to display (Mauno, Ruokolainen, Kinnunen, & De Bloom, 2016, p. 1171). Other than the emotions deemed appropriate and required by the organization, nurses are expected to practice restraint of their emotions during interactions with patients, clients, and customers. (Mauno et al., 2016, p. 1169).

Healthy Workplace Environment

A healthy workplace environment is of paramount importance in promoting work engagement. Ideally, hospital leadership should set the tone for the hospital based culture, however; it is the responsibility for unit management to follow through and be certain that the culture and expectations of the hospital are being upheld on the various nursing units. Nursing leadership is essential in establishing constructive workplace environments, which will impact the level of nurse engagement (Tillott 2013, p. 5). Research in this

area is supportive of the creation of healthy work environments that promote a culture of caring, safety, and patient centered care. The creation of such cultures naturally lends itself to team member engagement. Organizations that consistently have engaged employees also have team members that are impassioned, industrious, and proactive in creating new methods to meet patient needs more effectively thereby improving organizational goals (Studer et al., 2014, p. s79).

Additionally, research indicates that an engaged nurse exhibiting behaviors consistent with the characteristics of work engagement such as vigor, dedication, and absorption will provide a higher level of patient centered care than one who is less engaged (Abdelhadi & Drach-Zahavy, 2012, p. 1279). Furthermore, nurses' work engagement has been found to be a predictor of safer patient care (Abdelhadi & Drach-Zahavy, 2012, p. 1279). In a study conducted across several similar type facilities, results revealed that the environment that nurses work in has a positive effect on work engagement (Van Bogaert, Wouters, Willems, Mondelaers, & Clarke, 2012, p. 684). Work engagement then promotes a more positive effect on the occupational outcomes creating a stronger, more secure work force through greater job fulfillment and increased nurse retention (Van Bogaert et al., 2012, p. 684)

Transformational Leadership

Transformational leadership also has strong ties to a healthy workplace environment and work engagement. It is one of the five Forces of Magnetism of the Magnet program as it lends itself naturally to empowerment of team members and shared decision making (Ray & Turkel, 2015, p. 474). For organizations seeking Magnet designation, assessment of the organization's use of transformational leadership will be

conducted. Based on empirical evidence, work engagement and transformational leadership are closely associated (Ghadi, Fernando, & Caputi, 2013, p. 545).

Additionally, managers who are transformative are more likely to have employees that display the characteristics of engagement: energy, dedication and absorption (Ghadi et al., 2013, p. 545). In other research conducted comparing different leadership paradigms and their effect on work engagement, transformational leadership, also known as visionary leadership, is associated with a higher level of engagement than classical or transactional leadership and is also associated with decreased employee turn-over (Zhang, Avery, Bergsteiner, & More, 2014, p. 14). The features of visionary leadership are consistent with many of the antecedents of employee engagement such as excellent communications, trust and integrity, high level of job involvement, effective supervision, opportunities for career advancement, organizational pride, involvement and support for organizational success and supportive team members (Zhang et al., 2014, p. 14).

Transformational leadership may also encourage employees to be proactive by striving for goal achievement, exploring future growth opportunities, vocalizing concerns and suggestions for improvement and change (Schmitt, Den Hartog, & Belschak, 2016, p. 588-589). Evidence reveals that proactive behaviors are valuable for both the individual in the way of performance evaluations, and career satisfaction and organizational outcomes such as company performance and commercial accomplishment (Schmitt et al., 2016, p. 588-589).

Employee Retention

Employee retention is also a benefit of a healthy workplace environment and work engagement; however, turnover in nursing remains high with the reasons for

turnover being multitude and complex. Although many factors can impact job turnover in nursing, job satisfaction and work engagement are consistent predictors of a decrease in the rate of turnover and intent to leave a position (Collini, Guidroz, & Perez, 2015, p. 170). Nursing recruitment and retention are global issues that have hospitals worldwide struggling to keep up with the demand for nurses. Work engagement will improve efforts to retain staff and enrich the cause of recruitment of new staff (Tillot et al., 2013, p. 27). Retention also influences patient safety. On a study conducted to research the effect of turnover on clinical outcomes and length of stay, results imply that higher turnover rates may indicate a lower rate of proficiency and productivity, which may have a negative impact on patient care (Studer et al., 2014, p. 80).

Interventions

One of the most difficult tasks for nursing management and leaders is to develop interventions that will increase work engagement. One intervention to increase work engagement in nurses is to create a series of short, casual educational moments followed up with a more formal, mandatory education to re-educate nursing staff on basic nursing care interventions that they were omitting due to time and perceived work overloads. The manager used focus groups for staff to attend that were taught by nurse practitioners (Day, 2014, p. 975). The manager used a tool of her own making called ENGAGE to measure the staff's level of engagement prior to the intervention and after the intervention as well (Day, 2014, p. 975). The post-intervention engagement survey revealed that this intervention was successful in increasing staff engagement as well as re-educating them to the importance of basic nursing care (Day, 2014, p. 978).

Another intervention to increase nurse engagement is to hold a retreat, off facility grounds, for nursing staff. This intervention focused on nurses over 45 years old with at least five years of nursing experience. Data from a 2008 survey conducted by the United States National Sample Survey of American Registered Nurses (NSSRN) suggests that the approximate mean age of nurses working in acute care areas is 46. This is greater than seven years older than the previous approximate age of 39 based on a 2004 survey (Bishop, 2013, p. 942). During this retreat, the nurses were facilitated to reflect upon their years in nursing and why they became a nurse (Bishop, 2013, p. 944). The retreat was focused on caring; caring for oneself, caring for colleagues, and caring for patients. The nurses reported feeling more engaged after this retreat (Bishop, 2013, p. 942).

Ethics

Ethical considerations should be considered when speaking about work engagement among nurses. There is a plethora of literature on work engagement in the business, corporate and psychology industries, however; work engagement in nursing literature is not as plentiful, and comprehension of this comparatively novel idea is inadequate (Keyko, 2014, p. 881). Until this point, the research into nursing engagement has followed the works of Kahn and Schaufeli and their conceptualizations. Bargagliotti, a nursing researcher, has posited a definition of work engagement that is specific to nursing but incorporates the basic characteristics of vigor, dedication and absorption from Schaufeli's definition (Keyko, 2014, p. 881). Bargagliotti's definition includes the concepts of nursing autonomy, trust and safe, cost effectiveness in patient outcomes (Keyko, 2014, p. 881). Work engagement in nursing has important considerations such as fostering patient safety and safe, effective care, however; there is no mention of the

ethical considerations surrounding work engagement. Nursing work is founded on ethical principles; therefore, nurses have an ethical obligation to uphold these ethical standards and not completely focus on organizational outcomes (Keyko, 2014, p. 879).

Meaningfulness

Nurses want to feel valued by the organization they work for and want to do work that is meaningful to them. In this regard, nurses are not as loyal to an organization if their work has no meaning (Beukes & Botha, 2013, p. 2). Meaningful work and organizational commitment fosters work engagement whereas lack of meaningful work and lack of organizational commitment can promote disengagement (Beukes & Botha, 2013, p. 2). Employees that perceive the work they do as a job have a superficial form of engagement and seek only the benefits and monetary compensation they obtain from this work. Conversely, employees that perceive their work as a meaningful career are focused on growth, development, and advancement in their career and in their organization (Beukes & Botha, 2013, p. 2). Additionally, those who refer to their work as a job are less engaged than those who view their work as a calling (Beukes & Botha, 2013, p. 2). For those who view their work as a calling, the scores of engagement and organizational commitment are higher (Beukes & Botha, 2013, p. 2).

Shared Governance and Work Engagement

The link between shared governance and work engagement has been documented in the 2016 study done with emergency room nurses (Siller et al., 2016). A hospital unit with an effective, structured unit based council actively practicing shared leadership can have an extraordinary impact on the unit culture and work environment (Wessel, 2012, p. 187). Serving on unit councils also helps to develop leadership skills in direct care nurses

(Wessel, 2012, p. 187). Front line staff that are empowered to make decisions regarding their professional practice leads to increased job satisfaction, retention, and employee engagement (Wessel, 2012, p. 188). Quality patient care is made better by motivated direct care staff who feel engaged and work within an environment that is supportive of empowerment practices (Wessel, 2012, p. 188).

Barriers to Shared Governance Participation

There are several barriers that prevent a productive shared governance unit based council from flourishing and prevent direct care nursing staff from participating. Among these barriers are:

- Insufficient managerial support for direct care nurses' participation in shared governance or managers that will not relinquish the necessary amount of power that they have become accustomed to.
- Insufficient teamwork among the unit nurses.
- Disruption to patient care due to shared governance participation
- Insufficient or lack of compensation to direct care nurses for participating in shared governance.
- Insufficient time provided to shared governance members to complete their activities associated with the role or their time is not appreciated or upheld on the schedule.
- Insufficient or lack of education provided to unit council members regarding their responsibilities and the practices of shared governance.

- Staff perceptions that becoming a shared governance council member is an expectation rather than an invitation. (Church, Baker, & Berry, 2008, p. 36; Wilson, Gabel Speroni, Jones & Daniel, 2014, p. 21-22)

Summary

Dr. William Khan submitted his seminal literature in 1990 and is often called the ‘father of work engagement’ (Asplund, 2017). The concept of work engagement is a popular field of study in the business sector and, though relatively new to nursing, is growing in popularity due to the many benefits of work engagement for the employer and the employee. Although there has been extensive research in the field of work engagement concerning many different occupations, the literature of work engagement in nursing is not as widely studied. Also lacking in the literature is a substantiating amount of studies to support the link between shared governance and work engagement. Given the critical nursing shortage and the current low numbers of the nursing force that are engaged, defining interventions to increase work engagement in nurses is of paramount importance. This MSN thesis will seek to increase work engagement by defining barriers to participation in shared governance and reveal possible interventions for further studies.

CHAPTER III

Methodology

On a GBHU in a small community hospital centrally located in the state, employee engagement is low. Getting these team members engaged in their work is of paramount importance to correct these significantly detrimental issues on this unit. Knowing that employee engagement is beneficial to the team is a theoretical concept, however; knowing what interventions to implement to empirically increase engagement has been proven to be problematic over all. Future studies on team member engagement should purposefully focus on interventions (Bakker et al., 2008, p. 195). The purpose of this MSN study was to assess for barriers to shared governance participation and assess the level of work engagement on the GBHU.

Study Design

This was a mixed method, descriptive research that explored and described the relationship between work engagement and shared governance participation among the staff. Observation and qualitative interview questions with staff members were combined with quantitative data from the surveys.

Setting and Sample

The setting of this research was the GBHU. The sample was a convenience sample of the employees that work on that unit. All full time and part time team members were invited to participate in the study regardless of job title. Team members that were not permanent to the unit such as float pool and traveling nurses were excluded from the study.

Design for Data Collection

The study began by obtaining the email addresses of all eligible employees on the geriatric behavioral health unit. The clinical unit leader assisted the principal investigator to obtain the email addresses. The principal investigator sent an email to eligible employees inviting them to participate in a research study to assess the level of work engagement and to assess for barriers to shared governance participation. This email explained that voluntary participation in the study served as the consent. This email also contained the link to the 17-item survey combined with the 6-item questionnaire. One link will lead to both the survey and the questionnaire. For a copy of the initial email, see Appendix E. Additionally, the prospective participants were approached and educated by the principal investigator. The principal investigator emphasized that there will be no consequences for declining to participate. One week after the first email, the principal investigator sent out a second email as a reminder to staff members. For a copy of the follow up email, see Appendix F. To add to these emails, there will be an informational flyer that will be posted in various locations on the unit, such as nursing stations, bulletin boards and bathrooms. The informational flyer is attached as Appendix G.

The UWES is a 17-question survey using a Likert type scale (Schaufeli & Bakker, 2004). The questions are designed to yield one overall engagement score or yield separate scores from the three different dimensions of vigor, absorption and dedication (Schaufeli & Bakker, 2004). Six of the questions are related to vigor, five for dedication, and six for absorption (Schaufeli & Bakker, 2004). The scale has seven choices: never, almost never, rarely, sometimes, often, very often, and ends with the choice of always (Bonner, 2016, p. 867). This instrument has been widely tested in many countries and in

many different occupational settings and has been confirmed for validity and reliability (Schaufeli & Bakker, 2004). These results were analyzed using the Statistical Package for the Social Sciences Grad Pack 24 (SPSS). The study lasted for 11 days.

Measurement Methods

The UWES was developed by Dr. W. Schaufeli in 1999 and has been used numerous times internationally (Schaufeli & Bakker, 2004, p. 8). The tool uses a three-factor structure to accurately measure for vigor, dedication and absorption and has been found to have both reliability and validity (Schaufeli & Bakker, 2004, p. 27). In many different studies this three-factor model has demonstrated to be a better instrument to use than a one factor approach (Sarti, 2014, p. 216). The UWES has been used with nurses and is considered an appropriate tool to measure work engagement as it is designed to measure for vigor, absorption and dedication (Bonner, 2016, p. 867). Furthermore, both reliability and validity have been established (Bonner, 2016, p. 867).

The UWES is scored by obtaining the mean of the total score (Schaufeli & Bakker, 2004 p. 33). Additionally, this tool is designed to be analyzed for a score in each of the three dimensions of vigor, absorption, and dedication. This survey instrument can be completed in less than 10 minutes and an individual taking the survey may tally their own results and have an immediate assessment of their level of engagement. To obtain group scores, the results were entered into SPSS.

Data Collection Procedure

Data collection was done through an anonymous survey via a Survey Monkey Link. Two sets of data were collected from the returned surveys. The first set of data was from the six item needs assessment questionnaire that was used to reveal barriers to

participation in shared governance such as inconvenient hours of meetings, or a misunderstanding of what shared governance is. The second set of data was from the UWES. Since the content could not be altered, the UWES was separated in the Survey Monkey survey from the needs assessment questionnaire.

Protection of Human Subjects

The principle ethical interest considered was the confidentiality of the participants of the study. An application to the Institutional Review Board of the hospital was submitted prior to the beginning of the study to verify that all ethical implications were addressed formally. Participation in the survey was completely voluntary. There was no coercion or mistreatment to those who chose to not participate. Participants, on a voluntary basis accessed the questionnaire and the UWES via Survey Monkey. The surveys were anonymous through Survey Monkey and Survey Monkey ensured security of the surveys. Participation in the study was the consent. A written consent was not obtained as the primary investigator did not have access to any personally identifiable, confidential, or demographic information. There was no benefit to employees by participating in the study. No patient populations were affected during this study.

Data Analysis

The collected data was input into the Statistical Package for the Social Sciences (SPSS) GradPack 24 for analysis. The UWES was analyzed to yield an overall group mean as well as an analysis of the three dimensions of work engagement: vigor, dedication, and absorption. These dimensions were analyzed separately to determine in which dimension the employees score the highest.

CHAPTER IV

Results

Work engagement or employee engagement are interchangeable terms that describe the phenomena of employees that are dedicated to their jobs and employer and absorbed in their roles and functions that constitute their daily work routine. The benefits to the both the company and engaged employee are plentiful, yet there continues to be a large percentage of employees in the United States that are not engaged or actively disengaged. The purpose of this MSN thesis was to assess the current level of engagement of the GBHU employees and assess for barriers of shared governance participation.

Sample Characteristics

A convenience sample of 22 (31%) registered nurses (RN), seven (9.8 %) licensed practical nurses (LPN), 28 (39%) certified nursing assistants (CNA), three (4.2%) nurse practitioners (NP), three (4.2%) secretarial/clerical workers (MUR), four (5.6 %) social workers, one case manager (1.4%), and four (4.2) recreational therapists were invited to participate in the study. The age range of participants was from 20-69. There were seven (9.8%) males and 65 (90.2%) females. These 72 eligible potential participants were full time or part time employees that are eligible to participate in shared governance. Excluded from the study were traveling nurses and supplemental staffing nurses as they were not eligible to participate in the unit's shared governance. There were 40 answered surveys and one incomplete survey. Thirty-one surveys were unanswered. This is a 57% response rate of the surveys. The response rate was affected by reports from staff members that the provided link would not work for them.

Among the registered nurses on the GBHU, the three (4.2 %) NP's have master's degrees as well as two (2.8 %) staff RN's have master's degree, seven (9.8 %) have a bachelor's degree, 13 (18 %) RN's have associate degrees. The seven (9.8 %) LPN's have one year of practical nursing school. One LPN is enrolled in a four-year university and will graduate in less than a year with a bachelor of science in nursing (BSN). The 28 (39%) CNA's have their appropriate CNA training, and several have bachelor's degrees in other fields. The three (4.2 %) MUR's are high school graduates with some college. The four (5.6 %) social workers have master's degrees. The case manager (1.3%) and the four (5.6 %) recreational therapists have bachelor's degrees. Table 1 below displays the frequency distribution and percentages of the sample.

Table 1

Frequency Distribution of Eligible GBHU Staff

Demographic Information	<i>n</i> =72	Percentage
Males	7	9.8
Females	65	90.2
Nurse Practitioners MSN'S	3	4.2
Staff RN, MSN	2	2.8
Social Workers MSW	4	5.6
Staff RN, BSN	7	9.8
Case Manager, BS	1	1.4
Recreational Therapists, BA	4	5.6
Associate Degree RN's	13	18
Licensed Practical Nurses	7	9.8
CNA's	28	39
MUR's	3	4.2

Major Findings

The first portion of the study consisted of the shared governance needs assessment questionnaire. The first question asked if staff were currently members of shared governance. There were 41 responses to this question. Four (9.8 %) staff members stated they were current members and 37 (90.2 %) staff members responded that they were not current members. Question two asked if staff had ever considered becoming a member of shared governance. Of the 39 responses to this question, 15 (38.4 %) staff members responded that they had considered becoming a member of shared governance while 22 (56.4 %) staff members responded that they have not considered becoming a member of shared governance. See Table 2 below.

Table 2

Frequency Distribution of Responses for Questions 1 & 2

Question	Number of Responses	Responses	Responses
Are you a current member of shared governance?	41	Yes=4 9.8 %	No=37 90.2 %
Have you considered becoming a member of shared governance?	39	Yes=15 38.5 %	No=22 56.4%

Question three asked for staff members to share reasons why they have or have not considered becoming a member of shared governance. There were 39 comments shared from staff members responding to this question. All the comments may be viewed in Appendix H. The most prominent theme to emerge from the comments was the perception of lack of time to participate. Nine staff members commented that they did not have time due to working multiple jobs, family care taker responsibilities and spending time with family. A second prominent theme that emerged was a lack of understanding or awareness of the shared governance committee and its purpose. Six staff members commented on this topic. Three comments were made regarding frustration towards past management teams in relation to shared governance participation, another three comments stated disinterest in shared governance participation, and three comments were made to state former membership. Two staff members commented that distance was the issue that prevented them from participating in shared governance. Two new employees commented that they were still acclimating to the unit. Seven staff members commented that they have considered joining shared governance.

The fourth question was multiple choice with the option to choose more than one answer. There were 48 responses to this question. Five respondents did not provide an answer to this question. Three respondents indicated in the comments that they did not have time for shared governance rather than choosing the time commitment option. Therefore, these answers were incorporated into the time commitment statistics which brought the number of responses to this question up to 16 (37.2 %). Thirteen (32.5 %) staff members indicated that they did not have a good understanding of what shared governance is. Eleven (25.6 %) staff members indicated that the meeting time was not

convenient for them. Three (7%) respondents indicated that they have not seen anything productive come from shared governance. Option (E) did not provide any further useful information. Any comments made in this section were duplicated from question three comments by the respondents or the option was marked without elaboration given. This brought the usable responses to 43. See Table 3 below.

Table 3

Frequency Distribution of Question 4 Responses

Question	Number of Responses	Responses	Responses	Responses	Responses
What are some barriers that prevent you from joining the shared governance committee?	43	Not a good understanding of shared governance 13-30.2 %	I am unsure of the time commitment. 16-37.2 %	Meeting time is not convenient for me. 11-25.6 %	nothing productive from shared governance 3-7 %

Question five asks about convenient times for meetings. Sixteen (42.1 %) of staff members indicated that evenings between 1600-1900 were the best times for them to attend work meetings. Eleven (30 %) people chose mornings between 0730-0930 and eleven (30 %) indicated that afternoons between 1200- 1500 were the most favorable times for them to attend work meetings. See Table 4 below.

Table 4

Frequency Distribution of Question 5 Responses

Question	Number of Responses	Responses	Responses	Response
What hours work best for you to attend work related meetings?	37	Mornings (between 0730- 0930)	Afternoons (between 1200 - 1500)	Evenings (between 1600- 1900)
		11	11	
		30 %	30 %	16
				43.2 %

Question six asked staff members if they believe that the shared governance committee is effective in completing projects that positively impact their day to day work experience. Eleven (28.2 %) staff members believe that the shared governance committee is not at all effective in completing productive projects that positively impact the day to day work experience. Ten (26 %) staff members believe that the committee is somewhat effective while eight (21 %) staff members believe that the committee is slightly effective. Ten (26 %) believe that the shared governance committee is effective in completing productive projects that have a positive impact on their day to day work experience. See Table 5 below.

Table 5

Frequency Distribution of Question 6 Responses

Question	Number of Responses	Responses	Responses	Responses	Responses
How effective is the shared governance committee in completing projects that positively impact your day to day work experience?	39	Not at all effective	Somewhat effective	Slightly effective	Effective
		11-28.2 %	10-26 %	8-21%	10-26%

The second part of the study consisted of a 17-item work engagement survey. This survey has been widely used around the world in a multitude of studies using different job classification and fields. The survey may be tallied using one score or broken down into three categories of vigor, dedication, and absorption. The mean and median total score for the group was 4.063 and 4.150 respectively. In each of these categories, the scores from the GBHU study were very close in range to the given normal scores of the UWES which would indicate that the staff members of the GBHU had a measure of engagement that is within the normal given range. Table 6 below displays the side by side scores from the GBHU study and the given normal values from Schaufeli's research.

Table 6

Comparison of GBHU Scores and Given Normal Scores

	GBHU Total	Given Norms Total	GBHU Vigor	Given Norms Vigor	GBHU Dedication	Given Norms Dedication	GBHU Absorption	Given Norms Absorption
N	40	12,161	40	12,161	40	12,161	40	12,161
Mean	4.063	4.10	4.050	4.24	4.603	4.33	3.550	3.77
Median	4.150		4.00		4.800		3.650	
Std Deviation	.8527	1.11	.9592	1.09	.9236	1.36	.9915	1.28

(Schaufeli & Bakker, 2004, p. 38)

The mean and median scores for vigor in the GBHU study were 4.050 and 4.00 respectively. This dimension has six questions that pertain to energy, endurance, and resilience in the workplace. The vigor questions are,

1. At my work, I feel bursting with energy
2. At my job, I feel strong and vigorous
3. When I get up in the morning, I feel like going to work
4. I can continue working for very long periods at a time
5. At my job, I am very resilient mentally
6. At my work, I always persevere, even when things do not go well

(Schaufeli & Bakker, 2004, p. 48)

As Table 7 below implies, the respondent's scores are heavier in the columns of higher scores indicating that the staff of the GBHU are strong and resilient workers that can

endure long periods of work. This information is congruent with the reality of the GBHU staff working long shifts for multiple consecutive days under challenging conditions.

Table 7

Frequency Distribution of Respondent's Answers for Vigor

Question	0 Never	1 Almost Never	2 Rarely	3 Sometimes	4 Often	5 Almost Always	6 Always
Bursting with Energy	2	1	2	11	8	11	5
Strong & Vigorous		1	3	10	9	14	3
Morning, I feel like going to work	4	1	6	9	1	13	6
Work for long periods	1	1		8	7	18	5
I am resilient, mentally	2			11	11	11	5
Persevere when things do not go well				10	11	12	7

The mean and median scores for dedication were 4.603 and 4.8 respectively. This dimension has five questions related to the commitment, enthusiasm and devotion to one's job. The questions for dedication are,

1. I find the work that I do full of meaning and purpose.
2. I am enthusiastic about my job.
3. My job inspires me.

4. I am proud of the work that I do.
5. To me, my job is challenging. (Schaufeli & Bakker, 2004, p. 48)

Table 8 below displays the answers provided by the GBHU study participants.

The scores are, again, heavy in the columns with the higher scores indication that the staff of the GBHU are dedicated employees overall, who find meaning and purpose in their work, and are proud of the work that they do.

Table 8

Frequency Distribution of Respondent's Answers for Dedication

Question	0 Never	1 Almost Never	2 Rarely	3 Sometimes	4 Often	5 Very Often	6 Always
Meaning & Purpose			3	3	2	15	17
Enthusiastic about Job		1	2	5	6	18	8
My Job Inspires Me		1	5	5	5	12	12
Proud of the work I do		1		2	5	16	16
My job is challenging	1		3	8	7	9	12

The mean and median scores for absorption were 3.550 and 3.650 respectively.

This dimension has six questions related to how engrossed, captivated and engaged one is in the work that they are doing. The questions for absorption are,

1. Time flies when I am working.
2. When I am working, I forget everything else around me.
3. I feel happy when I am working intensely.

4. I am immersed in my work.
5. I get carried away when I am working.
6. It is difficult to detach myself from my job .(Schaufeli & Bakker, 2004, p. 48)

Table 9 below displays the answers from the GBHU study participants. In this dimension the scores are more dispersed throughout the table. The scores are not quite as heavy in the columns with the higher scores as they were with the other dimensions. This would indicate that the staff of the GBHU are not as absorbed or engaged in their work as they are dedicated. Although the mean score of 3.550 is lower in this dimension, it remains in the same range as the given normal score.

Table 9

Frequency Distribution of Respondent's Answers for Absorption

Question	0 Never	1 Almost Never	2 Rarely	3 Sometimes	4 Often	5 Very Often	6 Always
Time Flies							
When <u>working</u>		1	4	9	8	12	6
Forget Everything Around <u>Me</u>	4	3	9	7	6	7	4
Happy to work <u>Intensely</u>	1	3	2	12	5	9	8
Immersed in my <u>Work</u>	1	1	2	3	9	16	8
Carried away when <u>working</u>	2	1	11	9	6	8	3
Detach from job	8	4	5	14	4	4	1

One sample t-tests were performed to test for statistically significant differences in GBHU scores when compared to the means of the given norms from Schaufeli & Baker's test manual. Means from total scores as well as each of the three dimensions were tested. The null hypothesis for each comparison was that there were no statistically significant differences between the means from the GBHU study and the means from the given normal values. The alternate hypothesis was that there were statistically significant differences between the means from the GBHU and the given normal values. With the first t-test comparing the means of the total scores and using 0.05 as alpha, $p=.782$ which is greater than 0.05. In this case, there was no statistical significant difference between the mean of the total score of the GBHU and the given normal value. The null hypothesis could not be rejected. The second t-test compared the mean score of vigor for the GBHU and the given normal values of vigor. Using 0.05 as alpha, $p=.218$ which is greater than 0.05. For the dimension of vigor there was no statistical significant difference between the mean score for the GBHU and the given normal value. The null hypothesis could not be rejected. The third t-test compared the mean score in the dimension of dedication between the GBHU and the given normal value. Using 0.05 as alpha, $p=.070$ which is slightly greater than .05. In the dimension of dedication there was no statistically significant difference between the GBHU and the given normal value. The null hypothesis could not be rejected. The fourth t-test compared the means between the GBHU and the given normal value in the dimension of absorption. Using 0.05 as alpha, $p=.168$ which is greater than 0.05. In the dimension of absorption there was statistically no significant difference between the GBHU and the given normal value. The null hypothesis could not be rejected. The results from these t-tests indicated that the scores

from the GBHU study were within a normal range to the given normal values from Schaufeli & Bakker's test manual. This suggests that the level of engagement of the GBHU staff is on par with a given benchmark.

Individually, the work engagement scores were variable and revealed a wide range of levels of engagement scores. The lowest total score was 2.2 revealing a low engagement score whereas the highest score was 5.3 revealing a high engagement score. None of the participants scored in the range of very low or very high. Table 10 and 11 below displays the individual given normal scores with percentile categories.

Table 10

Individual Norms with Percentile Categories

	Vigor	Dedication	Absorption	Total score
Very low	≤ 2.17	≤ 1.60	≤ 1.60	≤ 1.93
Low	2.18 – 3.20	1.61 – 3.00	1.61 – 2.75	1.94 – 3.06
Average	3.21 – 4.80	3.01 – 4.90	2.76 – 4.40	3.07 – 4.66
High	4.81 – 5.60	4.91 – 5.79	4.41 – 5.35	4.67 – 5.53
Very high	≥ 5.61	≥ 5.80	≥ 5.36	≥ 5.54
M	3.99	3.81	3.56	3.82
SD	1.08	1.31	1.10	1.10
SE	.01	.01	.01	.01
Range	.00 – 6.00	.00 – 6.00	.00 – 6.00	.00 – 6.00

(Schaufeli & Bakker, 2004, p. 40)

Table 11

Respondents' Individual Scores

Respondent	Total Score	Vigor	Dedication	Absorption
Respondent 1	3.9	3.7	4.6	3.7
Respondent 2	2.7	2.5	3.8	2
Respondent 3	2.2	2.5	2	2
Respondent 4	5.2	5	5.6	4.8
Respondent 5	3.7	3.8	4.4	3
Respondent 6	3.7	3.7	4.4	3.2
Respondent 7	4.9	4.3	5.4	5
Respondent 8	5.2	4.8	5.6	5.2
Respondent 9	5.1	4.8	5.6	4.8
Respondent 10	3.9	3.7	4	4
Respondent 11	3.8	3.8	4.2	3.3
Respondent 12	5.1	5	4.3	5.2
Respondent 13	4.6	4.8	5	4.2
Respondent 14	4.1	4.3	5	3.2
Respondent 15	3.6	3.8	3.3	3.2
Respondent 16	4.5	4.8	4.4	4.3
Respondent 17	3.7	2.8	5.2	3.3
Respondent 18	3.8	3.7	4.8	3.2
Respondent 19	2.4	2.2	3.6	1.5
Respondent 20	5.0	5.3	4.6	4.2
Respondent 21	4.9	4.8	5.8	4.2
Respondent 22	4.6	5.2	4.6	4.2
Respondent 23	4.2	3.7	5.2	3.8
Respondent 24	4.2	4	5.2	3.5
Respondent 25	2.8	2.8	2.8	2.6
Respondent 26	4.2	4.2	4.8	3.8
Respondent 27	4.7	5.8	5.2	4.2
Respondent 28	2.9	2.8	2.5	2.8
Respondent 29	4.7	5.3	5.2	3.7
Respondent 30	3.2	3.3	3.8	2.5
Respondent 31	5.2	5.7	5.8	4.3
Respondent 32	2.7	3	3.4	1.8
Respondent 33	2.9	2.8	4.8	1.3
Respondent 34	4.4	4.7	5.4	3.1
Respondent 35	4.6	4.5	5.2	4.2
Respondent 36	3.5	3	4.4	3.1
Respondent 37	4.6	5	5.2	4
Respondent 38	5.3	5.3	5.8	5
Respondent 39	4	4.1	4.2	3.6
Respondent 40	3.8	3.5	5.4	3

Summary

The results of this MSN study were informative and have revealed barriers to shared governance participation as well as provided a baseline work engagement score. The results supported that shared governance participation is low; however, 38.5 % of respondents stated that they had considered joining shared governance. The major barrier revealed was the perception of lack of time for participation. Most respondents, 37.2 %, indicated that they felt they had insufficient time to participate due to multiple jobs and family responsibilities. An additional barrier that was revealed was that some staff members were unknowledgeable regarding shared governance and its purpose and goals. Among the respondents, 30.2 % indicated that they had a knowledge deficit regarding the shared governance committee. Another barrier to participation may be meeting times. The questionnaire revealed that 42.1 % of respondents indicated that evenings between 1600 – 1900 were the most convenient time to attend work meetings. Close behind that were mornings between 0730-0930 which 31.6 % of respondents indicated this was the best time for them to attend work meetings. Afternoons between 1200-1500 were the least ideal times to attend work meeting with 29% of respondents choosing this option. Regarding the effectiveness of the shared governance positively impacting the day to day work experience, the study respondents were almost completely evenly distributed from effective to not at all effective. The option of not at all effective had a slight edge over effective with 28.2 % choosing not effective and 26 % choosing effective.

The Utrecht Work Engagement Survey results revealed that the GBHU scored in the average range of work engagement scores in all dimensions. The one sample t-tests that were completed to compare the GBHU means with the given population norms

indicated that there was no statistical difference between the given population norms and the GBHU results. This result indicated that the staff of the GBHU have a normal level of engagement.

CHAPTER V

Discussion

Work engagement or employee engagement are terms used to describe a person who is involved and absorbed in their work roles and activities. There is evidence supporting that an organization will benefit significantly by having employees that are engaged in their work (Shuck et al., 2016, p. 220). These benefits include staff retention/decreased turnover, increased profitability due to increased worker productivity, decreased absenteeism, and an increase in positive patient outcomes in clinical areas (Shuck et al., 2016, p. 220, Studer et al., 2014, p. 81). There is also evidence to support a connection between shared governance participation and work engagement among emergency department nurses (Siller et al., 2016). Getting team members engaged in their work is essential to correct any unfavorable issues on the GBHU. The purpose of this MSN study was to assess for barriers to shared governance participation and assess the level of work engagement on the GBHU.

Implication of Findings

Based on the results of the needs assessment questionnaire, 13 (30.2 %) of the respondents conveyed that they had a lack of understanding of what shared governance was about or stated a lack of awareness of the committee's existence. Another 16 (36.11%) conveyed that they had time constraints due to multiple jobs and family responsibilities. Providing education on shared governance purpose, goals, and structure to the staff would assist in overcoming these potential barriers. Clarifying the objectives of shared governance unit councils with potential members may dispel disillusionment and disappointment among team members who may have naive expectations regarding

appropriate versus inappropriate unit council activities. The need for education for clarification of roles, responsibilities and shared governance activities has been noted in the literature. Education may also dispel the perception that participation in work committees is overly time consuming. The barrier concerning time constraints has also been noted in the literature in that shared governance members were not given the time away from their units to participate in the committee meetings; however, individual perceptions of lack of time to participate was not mentioned as a barrier to participation.

Shared governance committee members had range of scores between 2.9 and 5.2 which is the essentially the same range as the non-committee members. The results of the one sample t-tests comparing means of total scores as well as each of the three dimensions revealed the GBHU staff, as a group, scored within range of the given group norms with no statistically significant differences. These results indicated that although the unit, as a group, is within the group normal limits of engagement, the shared governance committee members were not more or less engaged than non-committee members.

Application to Theoretical/Conceptual Framework

Marilyn Ray's Theory of Bureaucratic Caring supported this study through Ray's theory foundation of forming therapeutic collegial relationships as are formed by shared governance participation and work engagement. Ray's theory also supports shared governance, professional nursing practice and nursing research as identified by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program (Ray & Turkel, 2015, p. 473).

Limitations

There were several limitations of this MSN study, one of which was the short length of time available to staff to complete the surveys. The survey was open to staff for 10 days which may not have been time enough for all staff to complete the survey. Other limitations include limited amounts of time during the work day for staff to check their emails to gain access to the link and reports by some that the link did not work. Another limitation was the data from the shared governance needs assessment and data from the UWES were not compatible to do a correlational study.

Implications for Nursing

This MSN study is important to nursing in that it adds an additional study to work engagement in nursing which is noted to be sparse. Additionally, this adds information about barriers to participation in shared governance. Realizing barriers and making adjustment to overcome these barriers may lead to an increase in shared governance participation which may have a positive impact on work engagement.

Recommendations

Recommendations for future studies included adjusting the needs assessment questionnaire to yield data that is ordinal or scale so that it is compatible with data obtained from the UWES. This may lead to an informative correlational study in the future. Also recommended for the questionnaire is the deletion of option (E) on question four as this option does not lead to further useful information. Having a survey champion on each shift that promotes the study and encourages survey completion among the staff is beneficial during times when the principal investigator is not on the unit. The UWES 9

is recommended in future studies as it is shorter but remains as valid, reliable, and consistent as the UWES 17.

Conclusion

Kahn postulated that there are three antecedents of engagement which are psychological safety, meaningfulness, and availability. Relating these antecedents to the shared governance participation barriers and levels of engagement, it is not difficult to realize how they are connected. Staff members need to feel the sense of psychological safety if they are to participate in a committee such as shared governance. They should feel safe to share ideas and opinions without fear of being ridiculed or rebuked. They need to feel that they are psychologically available to participate rather than believing that the events, activities and other role responsibilities have left them with the perception that there is no time to be available or part of a committee. Psychological meaningfulness is an essential element for nurses to increase engagement. Eighty percent of the study participants indicated on the survey that they very often or always found their job full of meaning and purpose which substantiates the important concept of meaningfulness.

Work engagement has become an increasingly popular focus in the healthcare industry throughout the past decade. There is evidence stating that engaged nurses provide higher quality, safer, and efficient nursing care; however, evidence additionally states that nurses score lowest in work engagement. Autonomy in nursing is known to be a resource that increases engagement in nurses, yet nurses are limited in the amount of autonomy that they can exercise due to the confines of the nursing role. Shared governance participation may increase an employee's level of engagement through

contribution of ideas and involvement in process improvement projects thereby leading to an increased sense of empowerment.

References

- Abdelhadi, N., & Drach-Zahavy, A. (2012). Promoting patient care: work engagement as a mediator between ward service climate and patient-centred care. *Journal Of Advanced Nursing*, 68(6), 1276-1287.oi:10.1111/j.1365-2648.2011.05834.x
- Asplund, K. (2017). Engagement, pt. 3: The Three Hallmarks of Engaged Employees. Retrieved from <https://kajsaasplund.com/category/work-engagement>
- Bakker, A., Schaufeli, W., Leiter, M., & Taris, T. (2008). Work engagement: an emerging concept in occupational health psychology. *Work & Stress*, 22(3), 187-200.
- Beukes, I., & Botha, E. (2013). Organisational commitment, work engagement and meaning of work of nursing staff in hospitals. *SA Journal of Industrial Psychology*, 39(2), 1-10.
- Bishop, M. (2013). Work engagement of older registered nurses: the impact of a caring-based intervention. *Journal of Nursing Management*, 21(7), 941-949. doi:10.1111/jonm.12182
- Bonner, L. (2016). A survey of work engagement and psychological capital levels. *British Journal of Nursing*, 25(15), 865-871.
- Church, J., Baker, P., & Berry, D. (2008). Shared governance: A journey with continual mile markers. *Nursing Management*, 39(4):34,36,38,40.
- Collini, S. A., Guidroz, A. M., & Perez, L. M. (2015). Turnover in health care: The mediating effects of employee engagement. *Journal of Nursing Management*, 23(2), 169-178. doi:10.1111/jonm.12109

- Crabtree, S. (2014). Worldwide, 13% of employees are engaged at work: Low workplace engagement offers opportunities to improve business outcomes. (pp.1-6) Retrieved from <http://www.praneo.org>
- Day, H. (2014). Engaging staff to deliver compassionate care and reduce harm. *British Journal of Nursing*, 23(18), 974-980.
- Gabel-Shemueli, R., Dolan, S. L., & Suárez Ceretti, A. (2014). Being engaged: The multiple interactions between job demands and job resources and its impact on nurses engagement. *International Journal of Nursing*, 3(2) 17-32
- Ghadi, M., Fernando, M., & Caputi, P. (2013). Transformational leadership and work engagement. *Leadership & Organization Development Journal*, 34(6), 532-550. doi:<http://dx.doi.org.ezproxy.gardner-webb.edu/10.1108/LODJ-10-2011-0110>
- Glavas, A. (2016). Corporate social responsibility and employee engagement: Enabling employees to employ more of their whole selves at work. *Frontiers in Psychology*, 7
- Institute for Healthcare Improvement. (2017). The IHI triple aim. Retrieved from <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *The Academy of Management Journal*, (4). 692-724 doi:10.2307/256287
- Keyko, K. (2014). Work engagement in nursing practice: A relational ethics perspective. *Nursing Ethics*, 21(8), 879-889. doi:10.1177/0969733014523167

- Mauno, S., Ruokolainen, M., Kinnunen, U., & De Bloom, J. (2016). Emotional labour and work engagement among nurses: Examining perceived compassion, leadership and work ethic as stress buffers. *Journal of Advanced Nursing*, 72(5), 1169-1181. doi:10.1111/jan.12906
- Ray, M., & Turkel, M. (2015). Mary ann ray's theory of bureaucratic caring. In M. Smith & M.Parker, (Eds.), *Nursing Theories and Nursing Practice* (p. 472). Philadelphia, PA: FA Davis. 172-187. doi:<http://dx.doi.org.ezproxy.gardner-webb.edu/10.1108/JWL-09-2013-0072>
- Sarti, Daria (2014). Job resources as antecedents of engagement at work: Evidence from a long-term setting. *Human Resource Development Quarterly*, vol. 25 issue 2 pp. 215-237
- Schaufeli, W., & Bakker, A. (2004). Job Demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, (3). 293.
- Schaufeli, W., & Bakker, A. (2004). Utrecht work engagement scale (Preliminary manual version1.1). Retrieved from <http://www.wilmarschaufeli.nl/downloads/test-manuals-2/>
- Schmitt, A., Den Hartog, D. N., & Belschak, F. D. (2016). Transformational leadership and proactive work behaviour: A moderated mediation model including work engagement and job strain. *Journal of Occupational and Organizational Psychology*, 89(3), 588-610. doi:10.1111/joop.12143

- Shuck, B., Collins, J. C., Rocco, T. S., & Diaz, R. (2016). Deconstructing the privilege and power of employee engagement: Issues of inequality for management and human resource development. *Human Resource Development Review*, 15(2), 208-229. doi:10.1177/1534484316643904
- Siller, J., Dolansky, M., Clavelle, J., & Fitzpatrick, J. (2016). Research: Shared Governance and Work Engagement in Emergency Nurses. *Journal of Emergency Nursing*, 42325-330. doi:10.1016/j.jen.2016.01.002
- Studer, Q., Hagins, J. M., Bonnie S., & Cochrane, B. S. (2014). Original article: The power of engagement: Creating the culture that gets your staff aligned and invested. *Healthcare Management Forum*, 27(Supplement), S79-S87. doi:10.1016/j.hcmf.2014.01.008
- Tillott, S. (2013). The importance of staff engagement to the development of positive workplace cultures. *International Practice Development Journal*, 1-7
- Tillott, S., Walsh, K., & Moxham, L. (2013). Encouraging engagement at work to improve retention. *Nursing Management - UK*, 19(10), 27-31.
- Van Bogaert, P., Wouters, K., Willems, R., Mondelaers, M., & Clarke, S. (2013). Work engagement supports nurse workforce stability and quality of care: Nursing team-level analysis in psychiatric hospitals. *Journal of Psychiatric and Mental Health Nursing*, 20(8), 679-686. doi:10.1111/jpm.12004
- Wessel, S. (2012). Impact of unit practice councils on culture and outcomes. *Creative Nursing*, 18(4), 187-191. doi: 10.1891/1078-4535.18.4.187

Wilson, J., Gabel Speroni, K., Jones, R. A., & Daniel, M. G. (2014). Exploring how nurses and managers perceive shared governance. *Nursing*, 44(7), 19-22.

doi:10.1097/01.NURSE.0000450791.18473.52

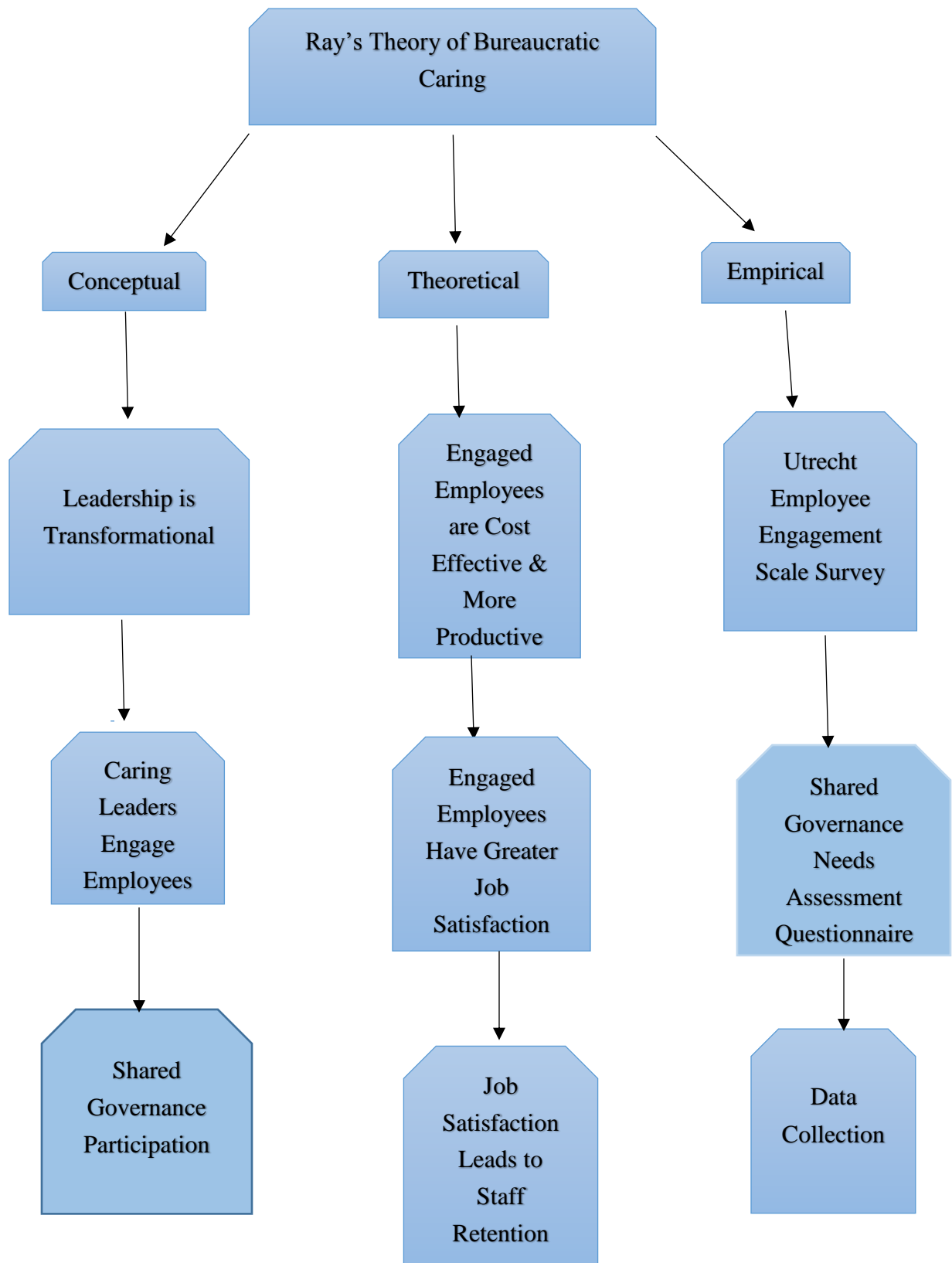
Zhang, T., Avery, G. C., Bergsteiner, H., & More, E. (2014). The relationship between leadership paradigms and employee engagement. *Journal of Global*

Responsibility, 5(1), 4-21. doi:http://dx.doi.org.ezproxy.gardner-

webb.edu/10.1108/JGR-02-2014-0006

Appendix A

Theory of Bureaucratic Caring CTE Diagram



Appendix B

Needs Assessment Questionnaire

1. Are you a current member of the shared governance committee?
 - a. Yes (if yes, go to question 4 & 5)
 - b. No

2. Have you considered becoming a member of the shared governance committee?
 - a. Yes
 - b. No

3. In the box below, please share why you have or have not considered becoming a member of the shared governance committee.

4. What are some barriers that prevent you from joining the shared governance committee?
 - a. I don't have a good understanding of what shared governance is.
 - b. I am unsure of the time commitment.
 - c. The meeting time is not convenient for me.
 - d. I have not seen anything productive come from the shared governance committee
 - e. Other Please elaborate in the box below

5. What hours work best for you to attend meetings?
 - a. Mornings (between 7:30 and 8:30)
 - b. Afternoons (between 12:00 and 3:00)
 - c. Evenings (between 4:00 and 7:00)

6. How effective is the shared governance committee in completing projects that positively impact your day to day work experience?
 - a. Not at all effective
 - b. Somewhat effective
 - c. Slightly effective
 - d. Effective

Appendix C

Utrecht Work Engagement Survey

UWES Manual; page 48

English version

Work & Well-being Survey (UWES) ©

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the '0' (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	Almost never	Rarely	Sometimes	Often	Very often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1. _____ At my work, I feel bursting with energy* (VI1)
2. _____ I find the work that I do full of meaning and purpose (DE1)
3. _____ Time flies when I'm working (AB1)
4. _____ At my job, I feel strong and vigorous (VI2)*
5. _____ I am enthusiastic about my job (DE2)*
6. _____ When I am working, I forget everything else around me (AB2)
7. _____ My job inspires me (DE3)*
8. _____ When I get up in the morning, I feel like going to work (VI3)*
9. _____ I feel happy when I am working intensely (AB3)*
10. _____ I am proud on the work that I do (DE4)*
11. _____ I am immersed in my work (AB4)*
12. _____ I can continue working for very long periods at a time (VI4)
13. _____ To me, my job is challenging (DE5)
14. _____ I get carried away when I'm working (AB5)*
15. _____ At my job, I am very resilient, mentally (VI5)
16. _____ It is difficult to detach myself from my job (AB6)
17. _____ At my work I always persevere, even when things do not go well (VI6)

* Shortened version (UWES-9); VI= vigor; DE = dedication; AB = absorption

© Schaufeli & Bakker (2003). The Utrecht Work Engagement Scale is free for use for non-commercial scientific research. Commercial and/or non-scientific use is prohibited, unless previous written permission is granted by the authors

Appendix D

Permission to use UWES

5/11/2017

Re: work engagement study - Cheryl Motte

Re: work engagement study

Schaufeli, W.B. (Wilmar) <w.schaufeli@uu.nl>

Thu 5/11/2017 9:28 AM

To: Cheryl Motte <cmotte@gardner-webb.edu>;

Dear Cheryl,

Thank you very much for your interest in my work.

You may use the UWES free of charge, but only for non-commercial, academic research. In case of commercial use we should draft a contract.

Please visit my website (address below) from which the UWES can be downloaded, as well as all my publications on the subject.

Good luck with your research.

With kind regards,

Wilmar Schaufeli

Wilmar B. Schaufeli, PhD | *Social and Organizational Psychology* | P.O. Box 80.140 | 3508 TC Utrecht, The Netherlands | Mobile: (31) 6514

75784 | Site: www.wilmarschaufeli.nl | [citations](#)



Op 27 apr. 2017, om 01:11 heeft Cheryl Motte <cmotte@gardner-webb.edu> het volgende geschreven:

Dear Dr. Schaufeli,

My name is Cheryl Motte and I am pursuing a Master's degree in nursing from Gardner-Webb University in North Carolina. I am doing my master's thesis on work engagement and I have come across your numerous pieces of literature on the subject. I have noticed that your works are cited repeatedly on numerous studies. I have also noticed that the UWES that you have developed is used often and has verified validity and reliability. I would like to use this instrument for my small study as well. I see that your website gives permission for people to use the test and I would like to confirm this information. My use of the test is for strictly school, educational purposes and that it is in no way commercial, nor will any money be given to anyone or asked for from anyone.

Have a wonderful day,

Cheryl Motte

<https://outlook.office.com/owa/?viewmodel=ReadMessageItem&ItemID=AAMkAGMxMjZhOWY3LTJmNGUINDIIS1ZjQwLTBxZWVjMWUwYTExOQBGAAA...> 1/1

Appendix E

Initial Email to Participants

Dear Fellow Team Members,

I am conducting a survey on work engagement and shared governance as part of my thesis for my MSN degree at Gardner-Webb University. This survey will take place in October and I invite all of you to participate. Your participation in this survey is voluntary. You may choose not to participate. If you decide to participate in this survey, you may withdraw at any time by choosing not to complete the survey. Your participation will involve completing a two-part, 23-item online survey that should take about 10-15 minutes. Your responses will be confidential, and I will not collect any identifying information, such as your name, email address or employee number. By completing the survey, you are consenting for your responses to be used in data analysis for the purposes of evaluating the relationship between shared governance participation barriers and work engagement on the Geriatric Behavioral Health Unit.

Follow the provided Survey Monkey link <https://www.surveymonkey.com/r/TBMKQSY> to take this two-part, 23-item survey. Please complete the survey by October 15th, 2017.

If you have any questions or concerns, you may contact me or my Gardner-Webb faculty member utilizing the contact information below. Thank you for your participation.

Sincerely,

Cheryl Motte, RN, BSN

MSN student, Gardner-Webb University
University

cmotte@gardner-webb.edu

919-889-3596

Jill Parker, DNP, FNP-C

Assistant Professor, Gardner-Webb

jparker11@gardner-webb.edu

704-406-4384

Appendix F

Follow up Email to Participants

Dear Fellow Team Members,

This is a follow up email to remind you to complete the shared governance needs assessment questionnaire and work engagement survey by October 15, 2017. If you have already completed the survey, I thank you for your participation. If not, please click on the following link <https://www.surveymonkey.com/r/TBMKQSY> to take the survey. The survey is anonymous and voluntary and should take about 10-15 minutes to complete. If you have questions, you may contact me or my faculty member utilizing the contact information below.

Thanks again for your time,

Cheryl Motte, RN, BSN

MSN student, Gardner-Webb University
University

cmotte@gardner-webb.edu

919-889-3596

Jill Parker, DNP, FNP-C

Assistant Professor, Gardner-Webb

jparker11@gardner-webb.edu

704-406-4384

Appendix G

Work Engagement Flyer

ARE YOU ENGAGED??



Increased work engagement leads to increased work satisfaction.

You're Invited!!

Who? All full & part-time employees of GBHU-CNA's, LPN's, RN's, Social Workers, Therapists and Nurse Practitioners

What? Work Engagement Study

When? October 1st-15th

Where? GBHU

How? Fill out a short online questionnaire about shared governance & an online survey about work engagement

All full & part-time team members of the GBHU are invited to participate in a work engagement and shared governance study! Simply complete a 23-item survey on Survey Monkey by October 15th. Your answers to the questions will provide valuable information so all thoughts and opinions are welcomed and valued. All survey participation and results are **anonymous**.

For more information call Cheryl Motte @ 919-889-3596 or email cmotte@gardner-webb.edu

Appendix H

Comments from Shared Governance Needs Assessment Questionnaire

Understanding of Shared Governance:

I don't know what it is honestly

I am not sure what this committee is about

Not sure what it is

I do not have a good understanding of it

I don't know what shared governance committee is

Unaware of this committee

Time: I already work 7 days a week and don't feel I would have time.

Time Constraints

I don't a lot of time outside work

I do not have the time

I do not have any extra time due to my other responsibilities

Spend time with family

Time as well as little understanding

Time constraints Somewhat disinterested

Don't have time. I work two jobs

Distance: Unable to attend meetings outside regular work hours due to commuting
distance

I live too far away

Management Issues: Previously I didn't join at my other facility because I had heard the
director would sit in and speak out if she didn't like what you had to say

Comments from Shared Governance Needs Assessment Questionnaire (cont.)

Management Issues:

The idea of “shared governance” without having true authority of bargaining power is a fallacy and simply a feel-good measure. Real issues that need to be addressed (staffing ratios and duplicated documentation) are policy and profit driven. No employee “committee” will sway those decisions.

I was previously and it was a waste of time. Ideas were brought from the shared governance team and then management would not allow them to be implemented. Management ideas that were voted down were implemented anyway and it was told to staff that the committee chose this. It was a joke.

Disinterest: I really haven’t put any thought into it

Never consider it

Time constraints Somewhat disinterested

Former Members: I am a former member

I have in the past. I (*sic*) was years back. The meetings were at daytime when I couldn’t go.

Our group of workers try to rotate the responsibility so that we can all partake

New Employee: New to the unit

Relatively new employee, still acclimating

Comments from Shared Governance Needs Assessment Questionnaire (cont.)

Have Considered:

I have considered becoming a member to voice my ideas and concerns for my unit.

To be more involved

I enjoy making a different (*sic*) and sharing my views while compromise (*sic*) with others

Would like to be apart (*sic*) of resolving some of the issues on out unit

I have thought about becoming a member but i (*sic*) am unsure of meeting times and my schedule.

Process & Improvement

To be more a part of the unit