Shared Governance: Blow it Up, Redesign, and Evaluate

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Three Hospital System:

- 511 Bed Tertiary Care Facility
- Critical Access Hospital
- Acute Rehabilitation Facility
- Level I Trauma Center
- Certified Chest Pain Center
- Stroke Center
- 1300 RNs
- 80% BSN
Introduction

- 6% of U.S. hospitals have achieved ANCC Magnet Status
- Magnet requires that hospitals have structures and processes in place to ensure nurses participate in shared decision making
- Shared Governance is the most common method of meeting that criteria
- Shared Governance is resource intensive
Shared Governance

- Process by which nurses take an active participatory role in decisions that affect nursing practice
- Leads to:
  - Nurse autonomy
  - Nurse empowerment
  - Control over nursing practice
  - Nurse job satisfaction
  - Improved patient outcomes
Review of the Literature: Shared Governance

- Flattening of the organizational structure empowers employees (Kanter, 1993)
- Moves decision making closer to the point of care
- Shared Governance activities positively impact:
  - Patient fall rates
  - Infection rates
  - Medication error rates
  - Documentation

Relationship between Autonomy, Empowerment, and Outcomes

1. Autonomy & Empowerment
2. Increased nurse job satisfaction
3. High nurse retention rates
4. High quality care
5. Patient satisfaction
6. Improved patient outcomes
History:

Shared Governance at Akron General

- At Akron General Health System for over 20 years
- Enculturated into organization
- Director of Professional Practice (2009)
- Attended all Council meetings for six months
- Reviewed policies
- Reviewed by-laws (well, tried – but they were MIA)
- Developed recommendations based on observations and presented to CNO
Why Change Something We Value So Much?

- Relationship Based Care Implementation
- Created Unit Based Councils
Why Change?

- Opportunities for Improvement
  - Lack of formal communication structure
  - Need to integrate Unit Based Councils into shared governance structure
  - Anecdotal complaints by nursing staff that they have no input into nursing practice decisions
  - Nurses reported lack of understanding about SG structure & processes
  - No identified by-laws/rules for organization
  - Inefficient, expensive operation
  - NDNQI Nurse Satisfaction survey
Kotter’s “Leading Change”

- Create a sense of urgency
- Establish a coalition
  - Nursing directors/leadership
  - Staff nurses
- Develop a Vision and Strategy
- Communicate the Vision
- Empowering Employees
- Short-Term wins
- Embed the Change

Project Development/Implementation

S.W.O.T.

Strengths
Weaknesses
Opportunities
Threats
Strengths

- Well known and respected program
- Strong administrative support
- Nurses have a voice
- Time allotted to attend council meetings
- Provides a framework for change
- Great attendance
- Great source of networking/sharing info
- Provides avenue for staff nurses to implement practice changes
Weaknesses

- Resistance to change
- Communication to all of nursing difficult/lacking
- Councils too large
- Poor/unequal representation of nurses
- Length of meetings (too long)
- Poor attendance and participation
- Accountability lacking
- Does not link with autonomy and decision-making
- Perception councils are slow to make decisions
- Confusion about how/which issues are brought to councils
- Lack of connection to autonomy/decision-making
- Poor communication between UBC and Hospital councils
Opportunities

- Provide avenue for communication
- Education
- UBCs can drive change and communication
- Clinical ladder growth/collaboration
- Defining membership on councils
- Clarification of when councils meet
- Attendance vs. engagement
- Improve communication/participation
- Incorporation of Results Council
- Representation of APNs
- Develop meeting guidelines/strategies
- Make more cohesive
Threats

- Time
- Commitment of staff
- Resistance to change
- Staff are spread thin (other commitments)
- Lack of night shift involvement
- Burn out of same staff doing everything
- Resources
- Poor communication – e-mail limitations
- Perception of autonomy/decision-making
Establishing Urgency

- Lack of communication
  - Between Hospital-wide Councils and Staff RNs
  - Between Hospital-wide Councils and Unit Based Councils

*Important information was not being disseminated to nursing staff!*
Creating a Coalition

- Task Force assembled
  - Staff nurses
  - Nursing leaders
  - Create and review by-laws

- Challenges
  - Thinking conceptually
  - Resistance to change
Developing a Vision and Strategy

Project Leader Created Draft By-Laws

- Based on Magnet Model
  - Forces of Magnetism
  - Magnet Sources of Evidence
- Relationship-Based Care principles
- Extensive Literature review
- Review of AG documents
By-Laws

- Guide for Council structure and process
- Created new Councils
- Established operational guidelines with detailed description of responsibilities
- Expanded existing Council responsibilities
- Established communication network for UBCs and hospital councils

Based upon:
- Authority
- Accountability
- Responsibility
- Structure
- Process
- Outcomes
Communicating the Vision

- Presented to Task Force for input/revisions
- Discussed on “Bev’s Blog”
- Posted on intra-net for staff input/comments
- Discussed at all council meetings for several months
- Published by-laws on intra-net
Empowering Employees for Action

- Task Force voted to adopt Summer 2010
- Held nominations and elections for council seats
- Modifications implemented over three month period (Oct-Dec)
- New councils were seated January 2011
Structure
Transformational Leadership

- **Nursing Leadership Forum**
  “Ensures consistent standards of nursing care throughout the organization to facilitate the delivery of quality care to patients and families”
- All Nursing Leadership
- Meets quarterly
Structural Empowerment

• Professional Development & Education Council
  “To direct the development, coordination and implementation of educational programs for patients and staff”
Exemplary Professional Practice

- Professional Practice Council:
  “Utilizing evidence based practice as the foundation, oversees the development and approval of standards, policies and procedures to ensure excellent professional nursing practice”
Exemplary Professional Practice

- **Quality & Patient Safety Council**

  “Coordinates and facilitates nursing quality management and patient safety by ensuring compliance with established regulations and standards of care and practice. Provides support and guidance for continuous quality improvement based on Evidence Based Practice”
Exemplary Professional Practice

- Advanced Practice Council

“Develops, implements, maintains and reviews education and clinical practice processes of advanced practice nurses”
Exemplary Professional Practice

- Magnet Council
  “Responsible for assisting in the achievement, maintenance, designation and re-designation of the American Nurses’ Credentialing Center’s Magnet Recognition for Akron General”
**Exemplary Professional Practice**

- **Unit Based Councils**
  
  “Plans, implements and continuously improves the unit-specific Relationship-Based Care Delivery Model and supports the development, implementation and evaluation of process improvements at the unit-based level”
New Knowledge, Innovations and Improvements

- Evidence Based Practice and Research Council
  “Assists nurses with the implementation of evidence based practice as well as mentoring nursing staff to understand, evaluate and conduct nursing research”
Process
Process

- Created By-Laws
- Standardized Agenda
- Eliminated “reporting structure”
- Established Nomination and Election Process
- Term limits
- Outlined responsibilities of officers and members
  - Chair
  - Co-Chair
  - Recorder
  - Facilitator
Responsibilities

• Facilitator
  • Director
  • Keep group on agenda and on time
  • Ensure all members’ input is heard prior to decisions
  • Serve as consultant on management/policy matters
Responsibilities

- Council Member
  - Bring issues from their units related to the Council
  - Actively participate in Council discussions and decisions
  - Communicate information from Council meetings to their UBC
  - Solicit feedback from their units and bring to Council
  - Attend at least 80% of meetings per year
  - Find alternate when unable to attend
  - Notify Council Chair of planned absences
  - Review materials prior to Council meetings
  - Serve on Council Committees and workgroups as requested by Council Chair
Outcomes: Evaluation

Index of Professional Nursing Governance
National Database of Nursing Quality Indicators
Index of Professional Nursing Governance (IPNG)

- IPNG, designed by Robert Hess, PhD, RN, FAAN
- 5 point Likert-type scale
- Subscales measure who has control over:
  - Personnel
  - Information
  - Resources
  - Participation
  - Practice
  - Goals

What Did the IPNG Tell Us?

- We scored in the range of Shared Governance
- There was a significant difference in perception of the level of shared governance between nursing managers and staff nurses
- No differences based on level of education
- Identified areas for improvement
What Did the NDNQI Nurse Satisfaction Survey Tell Us?

- Scored below the 50\textsuperscript{th} percentile
- Impetus for the project
- Repeating the survey in April 2012 and will compare
Where We Are Now: Anchoring Change into the Culture

- Improved communication
- Role clarity
- Defined process with By-laws – less arbitrary

Challenges
- Nomination & Election Process
- Participation – all units not represented
- Requires close oversight

- Developing mentoring and orientation program for new members
Appendices: For Your Information
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<thead>
<tr>
<th>Structure/Process</th>
<th>Change</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>Decision Making</td>
<td>Development of guidance for assignment of issues to appropriate council</td>
<td>Staff requested clarification regarding assigning issues to appropriate Councils</td>
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<tr>
<td>Conceptual Framework</td>
<td>Model developed according to Magnet Forces, SOE, and RBC</td>
<td>Currently, no conceptual framework or structure identified</td>
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| Membership        | Reduce number of members per Council                                   | • Achieve adequate representation while creating a manageable workgroup  
<p>|                   |                                                                       | • Increase efficiency                                                   |
|                   |                                                                       | • Staff identified size of councils too large (SWOT)                     |
|                   |                                                                       | • Evidence supports 10-12 member council (Swihart, 2004).                |
| Term Limits       | * From 3 years to 2 years                                               | • Allow more nurses to participate                                       |
|                   | * One half of council rotate off annually                               | • Ensure all voices are heard                                             |
|                   | * Limit of two consecutive terms                                        |                                                                          |</p>
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| “Volunteers” for Council  | Nomination/Election Process                      | • Encourage participation and engagement of staff  
• Fair representation of all nurses  
• Staff nurses report lack of equitable representation (SWOT) |
| Chair of Council          | Chair serves one year then Co-Chair moves up     | • Creates institutional memory  
• Provides mentorship for on-coming chair  
• Relieves the burden on the Chair (1 year commitment) |
| Facilitator               | Addition of “Facilitator”                        | • Support structured meetings  
• Ensure all input is heard prior to decisions  
• Staff report meetings take too long (SWOT) |
<p>|                           | Facilitator will be a Director                   |                                                                                                                                         |</p>
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| Council Members         | Detailed responsibilities for all leaders and members of Councils     | • Provides accountability  
• Ensures active participation  
• Staff reports lack of accountability for membership and requested detailed role descriptions (SWOT) |
| Meeting Length          | Meetings will be scheduled for two hours unless otherwise agreed upon or needed | Staff report that meetings take too long (SWOT)                                               |
| Reports                 | Reports to be provided one week prior to meeting to the Recorder for distribution to membership  
Members to review reports prior to meeting | • Increase efficiency of meeting  
• Decrease length of meetings  
• Provide more time for council work                                                     |
| Voting                  | Votes that may result in a change in nursing practice or policy will be by private ballot | Eliminate fear of retaliation or pressure to vote in a certain way                             |
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