Shared Governance in Nursing

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Introduction
Nursing profession is committed to provide quality healthcare to the clients. Nurses are responsible and accountable for their specialised practice. The concept of shared governance in nursing is a mechanism for healthcare organisations to empower clinical nurses to participate in decision-making that affects nursing practice within an organisation. Shared governance gives clinical nurses' control over their practice and can extend their influence into administrative areas that are controlled only by managers. Shared governance structures are comprehensive and complete. In designing a shared governance structure utmost importance must be given to meet the demands of both groups by enhancing cost effective patient care.

Shared Governance in Nursing

Shared governance in nursing is a managerial innovation that legitimises nurses’ control over practice, while extending their influence into administrative areas previously controlled only by managers (Hess, 1998).

Shared governance is necessary to cultivate a professional practice environment for the nurses. Without it, organisations lack innovative,

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effective way to minimise nurse turnover, improve clinical decision-making, and support the autonomous environment necessary to meet the expectations. Transferring authority for clinical decision making to professional nurses who have adequate management knowledge and expertise will open avenues for managers to have a strong operational authority. In shared governance in nursing, the primary resources for practice are the providers themselves. Therefore, to control practice, nurses must have influence over themselves as a professional group.

Key Concepts in Shared Governance Structures

1. Beliefs about people
   - Nurses are good and worthy of trust
   - Professional nurses are self-governing
   - Individual needs must be recognised and valued
   - Professional nurses expect partnerships and participation
   - Professional nursing judgment is essentially for quality care.

2. Leadership expectations
The top nursing leader must be:
   - Charismatic and motivating
   - Teachers
   - Facilitators of nursing practice
   - Leaders in all arena of practice
   - Transformational.

3. Work place values
   - A priority for well-defined nursing roles and accountabilities
   - Pre-eminence of professionally defined relationships between nurses and others
   - Respect for collaboration with professional groups
   - Value for the multi-disciplinary nature of patient care
   - Support for decision making at the point of service
   - Priority for efficient communication
   - Importance of equal participation
   - Respect for strategic information sharing
   - Value for all disciplines.

Goal of Shared Governance:
The goal is to get more nurses involved in their work and profession and to strengthen nursing in the workplace in ways that would empower nursing as a profession and retain the interest of individual members (Porter O’Grady, 2003).

Principles of Shared Governance:
Shared governance is neither a form of participatory management nor management driven. It has no locus of control. Models should be based on a clinical rather than an administrative organisation. Governance should be representative in nature. Further, the
representatives should be elected, not selected. Bylaws should provide a system of checks and balances, and should be passed by majority vote of the entire nursing staff.

Models of Shared Governance

The Councilor model: It is the most frequently implemented model and is based on the decentralisation of professional accountability and an appropriate locus of control. It can be implemented at the departmental and unit levels. The model includes 5 areas of accountability i.e. Practice, Quality improvement, Education, Research and Management.

For each area of accountability a council (decision making body) is formed within the department of nursing with defined powers and accountabilities. Typically, four councils are clinical in nature and fifth is a management council. A majority of practicing staff nurses are members of the clinical councils with a management representative acting as an advisor. The Management council, which includes the chief nursing officer, nursing service directors, nurse managers, and staff nurses, is chaired by a nurse manager. The manager's role will move from motivation to empowerment.

The Administrative model: It splits the organisational chart into two tracks with either a management or clinical focus. The membership in both tracks often encom- passes both managers and staff as implementation progresses.

The Congressional model: It relies on a democratic component to empower nurses to vote on issues as a group.

Whichever model is used for the implementation of shared governance, the ultimate emphasis must be on the transfer of legitimate authority for decision making to the nursing staff. There may be initial difficulties, since it requires a lot of practice, understanding and commitment, but the rewards and benefits outweigh the difficulties.

Research Evidence

Research studies have shown that shared governance in nursing is beneficial and very effective in improving nurses' decision making skills and improving patient care services and outcomes. Some of the benefits reported in various studies related to shared governance are as follows:

Greater control over decisions affecting practice: A 2003 study found that the highest staff nurse ownership of practice issues and outcomes occurred where there were visible, viable, and recognised structures devoted to nursing control over practice.

Ability to exercise control over personnel: A 1998 study validated the Index of Professional Nursing Governance (IPNG) as a measure of governance and identified that the most important factor in differentiating shared governance hospitals from traditional organisations were nurses’ ability to exercise control over personnel in areas such as hiring, transferring, promoting, and firing personnel; performance appraisals and disciplinary actions; salaries and benefits; and the creation of new positions. Other significant area was nurses’ involvement in staffing, supplies, and budgets.

Increased autonomy, authority and accountability: A 1992 study identified the benefits of using a quality assurance council in shared governance as a method to increase nurse autonomy, authority and accountability.

Improvement in work environment: A 1993 study concluded that improvement in decision making style of managers, professional job satisfaction, and organisational job satisfaction and anticipated turnover was present when shared governance was implemented. A 1994 study reported a perceived increase in autonomy, communication, decision making and team sense when shared governance was implemented on one intensive care unit.

Nurses satisfaction: A 2001 multisite ex post facto correlational study found that nurses working on shared governance units had a more positive composite constructive culture, higher job satisfaction that reflected greater satisfaction with work, professional status, cohesion and administration but lower retention rate than traditional units.
Advantages

- It promotes a sense of empowerment as opportunity for decision making is provided.
- Decisions made collectively are better accepted by all members.
- Encourages the staff to accept responsibility for decisions as it is collectively made by those going to implement it.
- Improves morale through better relationships among members.
- Helps in better understanding of critical issues when all members discuss various issues.
- Improves communication by involving more people in decision making.
- Fosters divergent points of view as a range of opinions are brought forward on different issues.
- Helps in conflict resolution within the organisation.

Disadvantages

- Efficiency will be limited because it lengthens the time required to complete critical processes such as planning and assessment.
- Quality of decisions will be affected by opinions from members not adequately qualified to speak on the issues.
- The nurse managers may have additional responsibility as they may have to serve as mentors to staff nurses who have no previous experience in decision making.
- Makes nursing care a secondary responsibility as some staff nurses become more interested and involved in decision making rather than their patient care assignments.
- May result in an unfavourable amount of power, control and advantage to certain staff nurses.

Conclusion

Shared governance serves as a vehicle for change, growth and empowerment for the profession and the professionals and builds sound collaborative interdisciplinary relationships for future health care delivery. The Shared Governance Councillor model integrates the nursing core values and philosophy of nursing into the council structure to achieve excellence in patient care. Shared Governance promotes nursing professional growth through the principles of partnership, ownership, leadership and accountability. By implementing shared governance strategies specific channels of communication can be used to resolve conflicts within individual organisational settings and nurses can be prepared adequately to deal effectively with conflicts arising around patient care and physician-related issues.

References