

Future of Nursing Leadership: Moving Toward Shared Governance

Dayle Knutson, RN BSN
PHN Nurse Consultant ABR Area
NNLC Redesign SG Chair

- Define Shared Governance (SG) at the unit/hospital/system level.
- Analyze the challenges and barriers of implementing the concept of SG.
- Strategize on how to overcome obstacles of SG in the journey toward improved patient care.

Objectives



Shared Governance

- Management concept has been around for more than 60 years. Few leaders successfully implement due to the core concept of sharing decision making.
- Can be difficult concept in the Nursing profession as historical roles have been scripted with predictable practice activities.
- Healthcare & Nursing began implementation in the late 1970's and early 1980's.

History

- Shared governance can be defined broadly as a nursing management innovation that legitimizes nurses' decision making control over their professional practice while extending their influence to administrative areas previously controlled by management.
- A professional practice model founded on the principles of partnership, equity, accountability, and ownership that results in a framework to sustain shared decision making that improves quality of care, safety, and work life.

**National Nurse Leadership Council
definition of SG**

- Professional Practice Model within Nursing
- Resulting in an culture of shared decision making.
- Decentralized management structure.
 - Improves staff engagement
 - Improves quality & safety of nursing care
 - Improves staff satisfaction
 - Increases retention and recruitment

Leads to....

- **Partnership** – engages all staff in decisions and processes
- **Equity** – “no role is more important than another” keeps focus on services (Porter-O’Grady)
- **Accountability** – taking ownership of decision making process and outcomes
- **Ownership** – acknowledgment that the organization is only as strong as it’s individual staff performance.

Principles

- Administrative Model
 - Hierarchy lines of management
 - Decisions communicated up the line
- Congressional Model
 - Cabinet/Senate structure
 - Committees of congress report to cabinet
- Councilor Model
 - Councils perform specific accountabilities
 - Decisions made @ council level and communicated to coordinating council
- Unit – based Model
 - Entities unto themselves as decisions may or may not affect the organization at large

Design Models

- Unit – Based Model
 - Decision & processes only affect the Unit
 - Members may have unique responsibilities/accountabilities
 - Individual culture without integration to the facility/system
 - Potential problems may arise without broad system wide engagement

Unit Level Shared Governance

- Administrative-Congressional-Councilor
 - Engages staff & management at all levels of the facility
 - Hierarchy depends on design model as administrative & congressional still have an executive branch able to override decisions.
 - Councilor model allows the individual councils to make the decisions and provides guidance & coordination of activities. May return issues back to councils if needs further work.
 - Fosters leadership & engagement of all staff.

Facility Level Shared Governance

- **Councilor**

- Reaches beyond facility to a broad health-care system.
- Respects & considers individual facility independence fostering a culture of organizational allegiance.
- Promotes locus of control to those engaged in the work (e.g. practice issues fall to practice council whose members are working in direct patient care).
- Decentralized decision making resulting in responsibility-authority-accountability.

System Level Shared Governance

- Initial Communication
 - Educating stakeholders
 - Orienting council members
 - Promoting engagement
- Evolving Communication
 - Council communication when issues overlap
 - Dissemination of information to the internal & external partners

**Implementation Barriers
continued**

"One of the reasons people don't achieve their dreams is that they desire to change their results without changing their thinking."

– John C. Maxwell

**Implementation Barriers
continued**

- Assess Existing Behaviors
 - Sense of entitlement
 - Lack of resources
 - Peer pressure
 - Belief that rules are for others/even illegal
 - Pressure to succeed
 - Lack of organizational loyalty
- Lack of Professional development

**Implementation Barriers
continued**

- **Motivating Change**
 - Lead vs. manage
 - Transparent honesty
 - Empower staff
 - Expect responsibility
 - Allow accountability
 - Change management to servant role
 - Plan implementation
 - Focus on individual & organization will follow

Overcoming Obstacles

- Design Process (up to 3 years)
 - Determine model.
 - Define councils & their accountabilities.
 - Identify council(s) membership structure
 - Identify workflow processes.
 - Define glossary of terms/overview manual as part of orientation.
 - Incorporate SG structure and concepts into bylaws.

Overcoming Obstacles

- Strategic Change
- Implementation Transition
- Constant Evaluation
- Reshape professional nursing practice

Overcoming Obstacles

**“Never tell people how to do things.
Tell them what to do and they will
surprise you with their ingenuity.”**

– George S. Patton

Overcoming Obstacles

- Began SG implementation process March 2010
- Established a redesign committee
- In past 2 years have worked on the design process including:
 - Selecting councilor model
 - Defining councils
 - Assigning accountabilities
 - Completion of bylaws framework

National Nurse Leadership Council

Council on Practice

- Facilitator (3)
- APN (2)
- Ambulatory (2)
- Inpatient (2)
- PHN (2)

Council on Competence

- Facilitator (2)
- APN (2)
- Ambulatory (2)
- Inpatient (2)
- PHN (2)

NNLC Coordinating Council

HQ & Area Nurse Consultants-
Area Consultant Designees-Area
Council Representatives

Council on Research

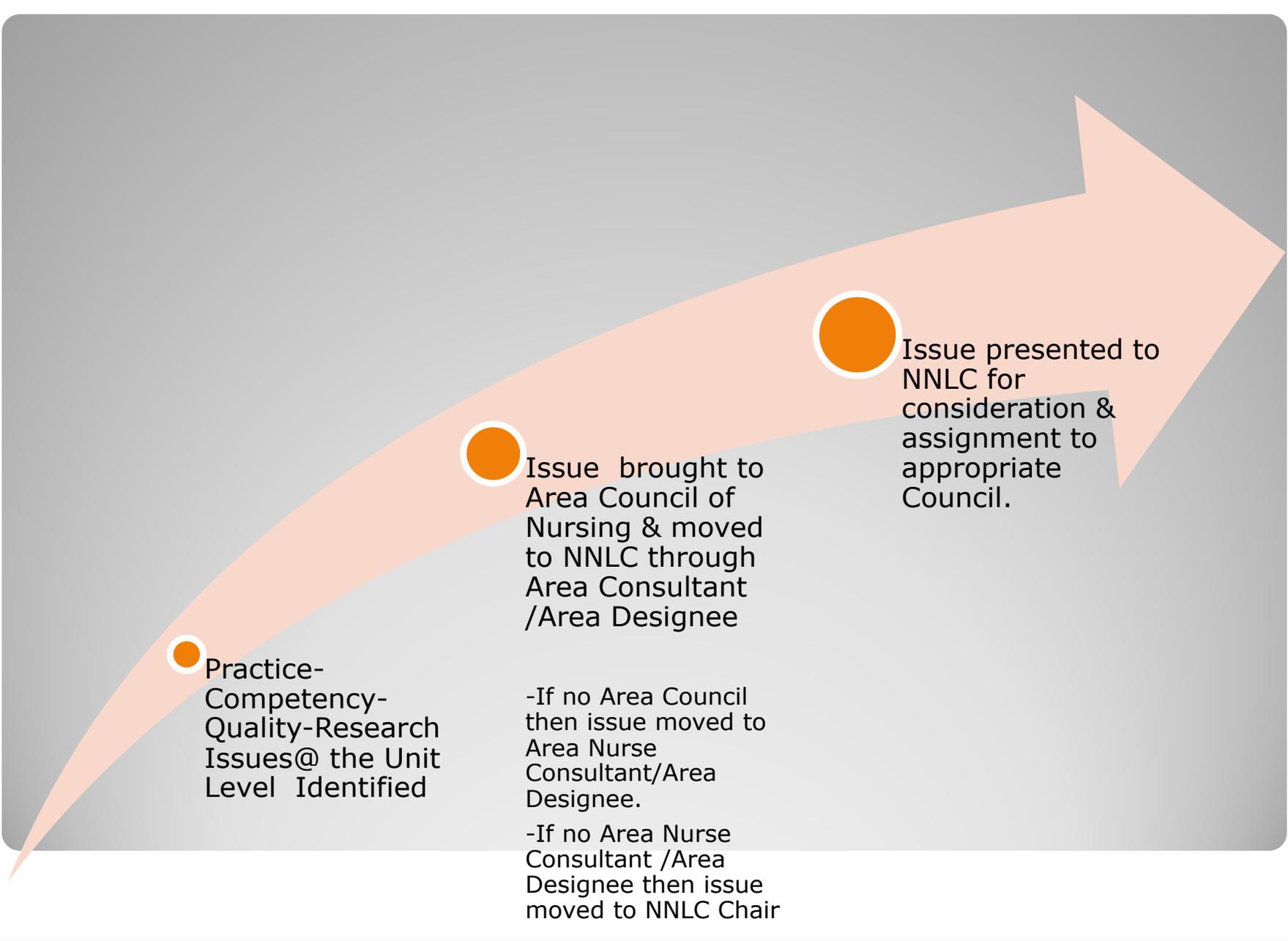
- Facilitator (2)
- APN (2)
- Ambulatory (2)
- Inpatient (2)
- PHN (2)

Executive Committee

HQ & Area Nurse
Consultants & Area
Consultant
Designees

Council on Quality

- Facilitator (3)
- APN (2)
- Ambulatory (2)
- Inpatient (2)
- PHN (2)



Practice-Competency-Quality-Research Issues@ the Unit Level Identified

Issue brought to Area Council of Nursing & moved to NNLC through Area Consultant /Area Designee

-If no Area Council then issue moved to Area Nurse Consultant/Area Designee.

-If no Area Nurse Consultant /Area Designee then issue moved to NNLC Chair

Issue presented to NNLC for consideration & assignment to appropriate Council.

- Porter-O'Grady, T. (2004). Shared governance implementation manual. Atlanta: Tim Porter-O'Grady Associates, Inc.
- www.tpogassociates.com
- Swihart, D. (2006). *Shared governance a practical approach to reshaping professional nursing practice*. Marblehead: HCPro Inc.

Resources