Future of Nursing Leadership: Moving Toward Shared Governance

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Objectives

- 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.
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.
• 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.
• 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.
- 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
• 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
Facility 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.
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
Implementation Barriers continued

- Initial Communication
  - Educating stakeholders
  - Orienting council members
  - Promoting engagement

- Evolving Communication
  - Council communication when issues overlap
  - Dissemination of information to the internal & external partners
“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
• 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
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
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
“Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity.”

– George S. Patton
• 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
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.

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