Learning Objective

1. Identify structures and processes to support engagement of staff utilizing shared governance
SMART Goal

1. By the end of the 4th quarter of 2015, Altru Nursing will have implemented the shared governance model through the use of ACT-N and unit council interventions and education.
AONE Definition of Shared Governance

Shared governance is a professional structural model, founded on the cornerstone of principles of partnership, equity, accountability, and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability-based decisions to support an interdisciplinary design for excellent patient care.
Practice Standard 1: Nurses Control the Practice of Nursing

Introduction: Organizations receiving Pathway to Excellence designation have a defined shared governance model in place that actively supports collective decision-making among nurses at all levels. Through shared governance, direct care nurses are integrally involved in every aspect of their practice. They use new knowledge and evidence-based findings to develop and implement initiatives that improve nursing practice throughout the organization. They have substantive input into daily and long-range staffing decisions, including the hiring of new nursing staff. Nurses are openly encouraged to share staffing concerns that could potentially affect patient care and safety.
EOP 1.1 Describe the shared governance structure that demonstrates shared decision making. Provide a graphic depiction and any other supporting documentation necessary to explain the shared governance structure.
Nursing Shared Decision-Making Structures should....

- Ensure that decisions contribute to the mission and goals of the organization and support the work of the organization

- Tighten relationship between where decisions are made and implemented

- Delineate members’ roles and obligations

- Hold members accountable
Nursing Shared Decision-Making Structures should….

• Disseminate decisions and actions with follow-up for evaluation

• Have a framework for horizontal and vertical communication and integration
  ➢ all levels, units, shifts

• Have permeable parameters and remain flexible
Practice Standard 1: Nurses Control the Practice of Nursing

EOP 1.2 Provide one example of a direct care nurse presenting an idea to the shared governance structure described in EOP 1.1.
EOP 1.3 Provide two examples of shared governance initiatives that have resulted in a change in nursing practice, within the past 24 months, based on new information or evidence-based practice. Provide:

- Why the nursing practice change was recommended
- Description of the new practice
- Dates of the initiatives
- Bibliographical reference(s) for the new information or evidence-based practice used to make this change
Forces Impacting RN Engagement

Increased engagement of RNs in shared decision-making

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Change Opportunity
Preference for Decisional Involvement

• Defined as “the pattern of distribution of authority for decisions and activities that govern nursing policy and the practice environment” (Havens & Vasey, 2003, p. 332).

• Can be measured using the Decisional Involvement Scale (DIS) designed to measure the degree of staff nurses’ actual and preferred decisional involvement.

• DIS questions relate to six subscales: unit staffing, quality of professional practice, professional recruitment, unit governance and leadership, quality of support staff practice, and cooperation/liaison activities.
Decisional Involvement Scale

• Permission will be granted with the agreement that upon completion of your research, you will provide Dr. Havens with a data set.

• The requested data includes:
  - demographic information
  - a brief summary of the study you are conducting
  - results
  - a copy of the raw data

• Dr. Haven’s contact information: dhavens@email.unc.edu
Phases of Engagement

**Phase 1**
Empower staff at the divisional and unit level

Assess preference for decisional involvement
- unit level
- managerial level

Target areas for change

Design activities for increasing engagement and monitor impact for desired outcome

Educate & Train

**Phase 2**
Build structures and processes to support decision making at the point of service

Ensure compatibility with mission, vision, & values of organization and nursing

Link to reward & recognition systems

Reinforce via performance management system

Communication Plan

**Phase 3**
Involve other services and disciplines related to the patient care

Involve point-of-care physicians and other health care providers

Create new horizontal relationships in response to service changes

Focus on outcomes and results
Factors Contributing to SG Engagement Success

- Leadership and managerial support
- Communication plan
- Education and training
- Role delineation
- Structures and processes for decision making
- Recognition for performance improvement
- Organizational slack (staffing, space, and time resources)
- Alignment with organizational decision making structures and priorities
References:

http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume922004/No1Jan04/SharedGovernanceModels.aspx


http://www.mindtools.com/pages/article/newTED_06.htm


http://decisionalinvolvementscale.web.unc.edu/