An Innovative Roadmap to Guide Nursing Across the Shared Decision Making Continuum

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Objectives

1) Discuss the impetus for facilitating decision making agency of Communities of Practice (RNs working at the Point of Service) and nurses with administrative accountability.

2) Explain the rationale for using an adaptation of the Tannenbaum and Schmidt classic leadership continuum as a model for enhancing shared decision-making.

3) Delineate the methodology, findings and implications from a descriptive qualitative research study that was conducted to determine registered nurses’ perceptions of using a shared decision model to make practice and professional role decisions.
Background: Organizational Context

In 2011, the nursing department revised shared governance

- Shifted centralized councilor structure to Communities of Practice (CoP) at the unit and service levels.
- CoPs focus on emergent engagement of professionals with a shared purpose and the creation of a learning community that builds the practice capacity of individuals and the group as a whole.
- Engagement → healthier professional environments → higher performance levels → improved outcomes.
- Engagement patterns consistent with complex adaptive systems dynamics.
Background: Organizational Context

- A shared decision model, based on Tannenbaum and Schmidt’s leadership continuum, was adapted as a guide for determining the level of influence appropriate for clinicians and administrators to assert in making decisions relevant to specific situations.

- Four years of feedback reports indicated notable variance in decision making patterns among Communities of Practice.

- Based on these reports, questions were raised regarding the utilization of the shared decision model; those questions led to this study.
Purpose and Aim of Study

Purpose: Determine registered nurses’ perceptions of using a shared decision model to make practice and professional role decisions.

Aim: Infer RNs’ perceptions of factors that facilitate or impede successful use of the shared decision making model as well as identify relevant patterns based on evidence compiled from interviews.
ROL-Evidence Summary

- Kanter’s theory on structural power – instrumental in formation of shared governance models.
- Porter-O’Grady, nursing shared governance pioneer, asserts that “being empowered suggests...decisions are made at the point of service.”
- Empowered clinicians and leaders facilitating point of service decision making results in better patient outcomes and a more desirable professional environment.
- Empowerment enhances nurses’ professional autonomy and control over practice.
ROL-Evidence Summary

- Management Studies confirm the critical role leadership patterns play in facilitating shared/participative decision making.
- Studies show a significant correlation between leader information sharing and the threshold at which participative decision engagement effects higher performance levels.
- Communication apprehension is a key factor in leader “propensity for and practice of participative decision making.”
- Participative decision making is a property of complex adaptive systems rather than a strategy for employee motivation as commonly employed in organizations with hierarchical cultures.
Wealth of written discourse identifying differences in perceptions of nurse leaders and clinicians about decisional involvement and decision-making.

Dearth of structured, evidence-based leadership guidance to facilitate clinician engagement in decision-making.

Main Study Question:

What are registered nurses’ perceptions of using a shared decision model to make practice and professional role decisions?
Methodology

- Qualitative, descriptive design
- Sanctioned by the Institutional Review Board
- Inclusion criteria: 1) registered nurses employed at Harris Health; and 2) nurse clinicians and administrative nurse leaders eligible
- Implementation: demographic questionnaire and structured interview
- Socio-demographics (e.g. age, gender, ethnicity, educational preparation, experience)
Methodology

- Interview open-ended question foci:
  - Knowledge of shared decision-making (D-M)
  - Shared decisions made in their work setting
  - How these decisions impacted the community of practice (CoP)
  - How nurses in CoP are included in decisions about their practice and professional role
  - Experience with a D-M model
  - Facilitators for nurses to use a shared D-M model
  - Barriers for using a D-M model
Methodology

- Interviews were conducted until data saturation was achieved.
- Audio recordings, field notes, and member checking were some of the techniques used.
- Audio recordings were transcribed verbatim and line-by-line examinations were completed by all study investigators.
- Investigators identified what was happening in the data and what action the particular happenings, incidents, events or ideas represented.
- Inter-rater congruence was achieved during a team meeting and final themes identified.
## Participant Demographics

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<tr>
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<td>Ages 31-65</td>
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<td>67% certified</td>
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<td>23 employed in roles with some leadership responsibilities: clinical, support, or middle management</td>
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Findings: Main Question

- Study participants expressed a general understanding of shared decision making.
- Majority associated shared decision making with Community of Practice activities.
- Majority reported they had not used the shared decision model; few were familiar with it.
- Majority expressed they thought the shared decision making model was a good tool and, if fully implemented, would facilitate shared decision making.
Findings: Facilitating Influences

- Shared Governance framework;
- Active engagement in unit level Community of Practice functions and projects;
- Specialty certification and continuing education; and,
- Community of Practice (CoP) and clinician engagement in the Clinical Advancement Program.
Findings: Impeding Influences

- Hierarchical organizational culture;
- Lack of knowledge regarding shared decision making model and process;
- Inadequate time and resource commitment to implementing shared decision making;
- Organizational changes disruptive to shared governance and participative decision making.
Findings: Militating Influence

- The nature and level of leadership provided.
- Study participants perceived that leaders in managerial and clinical roles have the most substantive effect on whether or not nurses actually engage in shared decision making in their practice environment.
- This study finding is consistent with evidence from management studies that indicate leadership patterns play a critical role in facilitating shared decision making and effecting associated positive impact.
General Study Implications

- Shared decision making is the dynamic that makes shared governance an empowering force to achieve positive patient outcomes and professional practice environments.

- Study findings imply the need to develop strategies to effectively implement the Shared Decision Model.
1) Educate managerial and clinical leaders and all nursing staff with designated roles in nursing bylaws on the use of the adopted shared decision model;

2) Offer leadership development specifically addressing communication patterns, information-decision making dynamics, and participative decision making engagement;

3) Provide time and resources for effective implementation of the shared decision making model;

4) Make an organization-wide commitment to use and reinforce the use of the decision model within the context of the shared governance system; and,

5) Promote a shift from a hierarchical to a participative leadership-shared governance culture.
This study was conducted with the expectation that the results, combined with a review of the literature, would serve as a foundation for determining next steps to increase the level of engagement in shared decision making within the context of shared governance.

Toward this end, the Harris Health Nursing strategic development team is using this study as a key source in building a culture that champions collaboration and professional empowerment.