Revision of a Shared Governance Program

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Centra

Introduction

After 5 years of shared governance using a congressional model with unit, divisional, departmental councils, and a governance board, there was decreased attendance at shared governance council meetings and a sense of decreased communication flow.

Methods

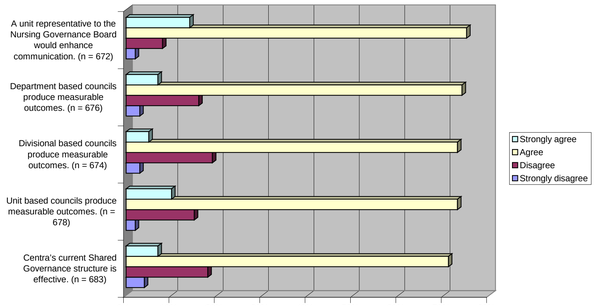
A strengths, weakness, opportunities and threats (SWOT) analysis by the Nursing Governance Board (NGB) was led by a process engineer.

Top 3 priorities from multi-voting:

- streamline the shared governance councils
- attempt to provide home email access for employees
- provide mentoring for new council chairs.

The SWOT analysis was followed by a Likert scale survey related to the shared governance model including all nurses participating in shared governance.

Results



The responses to the survey questions and the comments written by participants were incongruent.

Response themes:

- disconnect in communication
- lack of outcomes from the divisional and departmental level councils
- time constraints
- ineffectiveness of current structure
- lack of staff interest in the current structure.

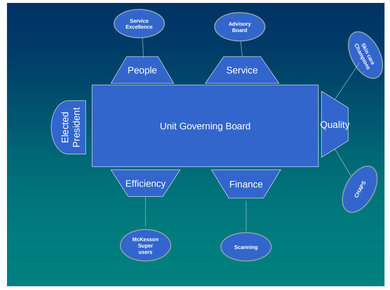
Staff strongly felt that a unit representative to the NGB would enhance communication.

Focus group sessions were also held to obtain staff input.

Outcomes

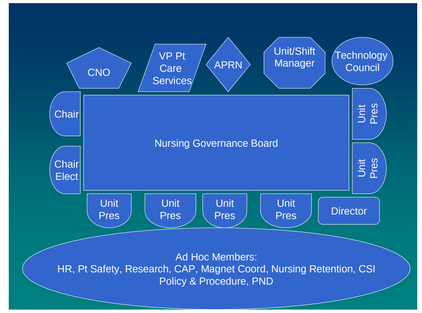
Inspired by a quote by B. E. Foster (2005), stating "there are as many shared governance models as institutions that practice shared governance" the shared governance structure was completely revised by the staff.

Work groups met to design the new process and revise the governance board bylaws.



Major changes:

- One council per unit focusing on the hospital's critical success factors – People, Service, Quality, Efficiency, and Finance.
- Elected unit presidents.
- Cabinet members responsible for each critical success factor.
- Each unit president is a member of the NGB.
- Divisional and departmental councils were eliminated.



The revised NGB focuses on outcomes affecting patient care.

The Centra Outcomes in Nursing Excellence (COINE) form was developed to track projects being done on each unit, significance of the results, and dissemination of outcomes.

Follow-up Plan

- Evaluation of satisfaction of unit presidents
- Re-survey staff after 1 year

Selected References

Force, M. V. (2004). Creating a culture of service excellence: Empowering nurses within the shared governance councilor model. *The Health Care Manager, 23*(3), 262 – 266.

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