



NEVADA STATE
COLLEGE

Measuring Shared Governance in Acute Care Hospitals *Using the Index of Professional Nursing Governance (IPNG)*

Presented by:
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LEARNING OBJECTIVES

Upon completion of this learning session, the learner will be able to:

- Describe how to use the Index of Professional Nursing Governance (IPNG) tool to measure shared governance in their facilities.
- Verbalize how the IPNG tool can be used in the strategic planning and SG improvement efforts.
- Describe how the ANCC Magnet Framework can be used in conjunction with the IPNG to evaluate shared governance and guide strategic planning.

**I have no actual or potential conflict of interest in relation to this program/presentation.*

ORGANIZATION BACKGROUND

- Three campus acute care hospital system Las Vegas and Henderson, NV
- Average Bed 199-219, full-services
- Represented by the California Nurses Association
- Shared governance journey began in 2007
- Varying levels of participation at the department level and organization level

GOALS AND OBJECTIVES

The overall goal was to evaluate the state of shared governance and assess the infrastructure needed to support shared governance :

- Obtain a baseline measurement of degree of shared governance
- Evaluate fundamental infrastructural needs of shared governance using the ANCC Magnet framework source of evidence to conduct a gap analysis,
- Identify strengths and weakness of current shared governance model
- Prioritize our SG improvement efforts
- Propose recommendations based on findings to improve and advance shared governance

NEEDS ASSESSMENT FINDINGS

- Communication
- Frontline staff not given full accountability
- Education to new council members
- Alignment of organizational and nursing strategic goals
- Marketing strategy
- Managerial role
- Commitment
- Clear Expectations

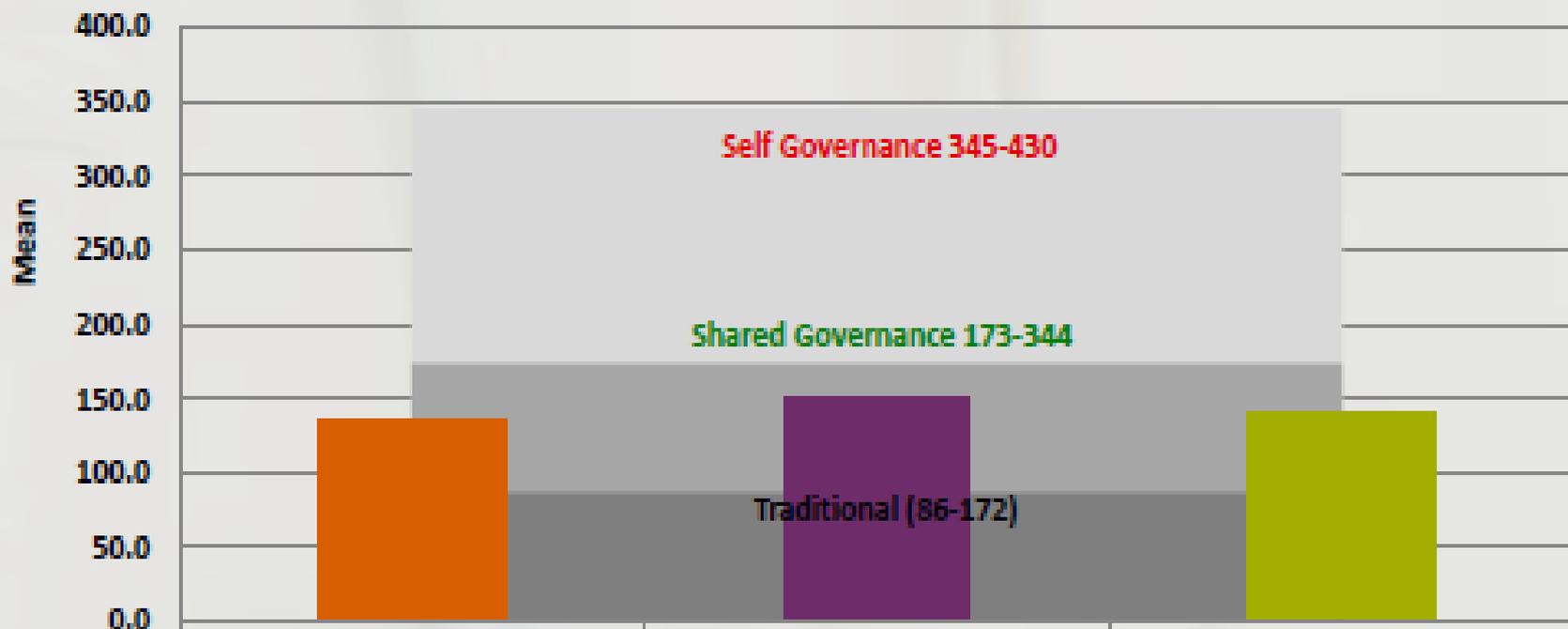
METHODOLOGY/PROCEDURE

- Design: Descriptive study
- Target Population IPNG Survey: 1418 Registered Nurse employed at the three hospital campuses(Hospital A, n=285, Hospital B, n=771, Hospital C, n=362)
- Obtained IRB approval/ study deemed exempt
- After obtaining leadership approval, a letter of authorization to conduct research.
- Distributed IPNG tool with introduction letter and consent form with link to SurveyMonkey® Tool. Respondents allowed 30 days to respond
- Simultaneously the Professional Practice Team conducted a gap analysis using the ANCC Magnet Standards as a framework. Target Population: Nurse leadership, hospital staff, employees, union members, and shared governance council members

Index of Professional Nursing Governance(IPNG)

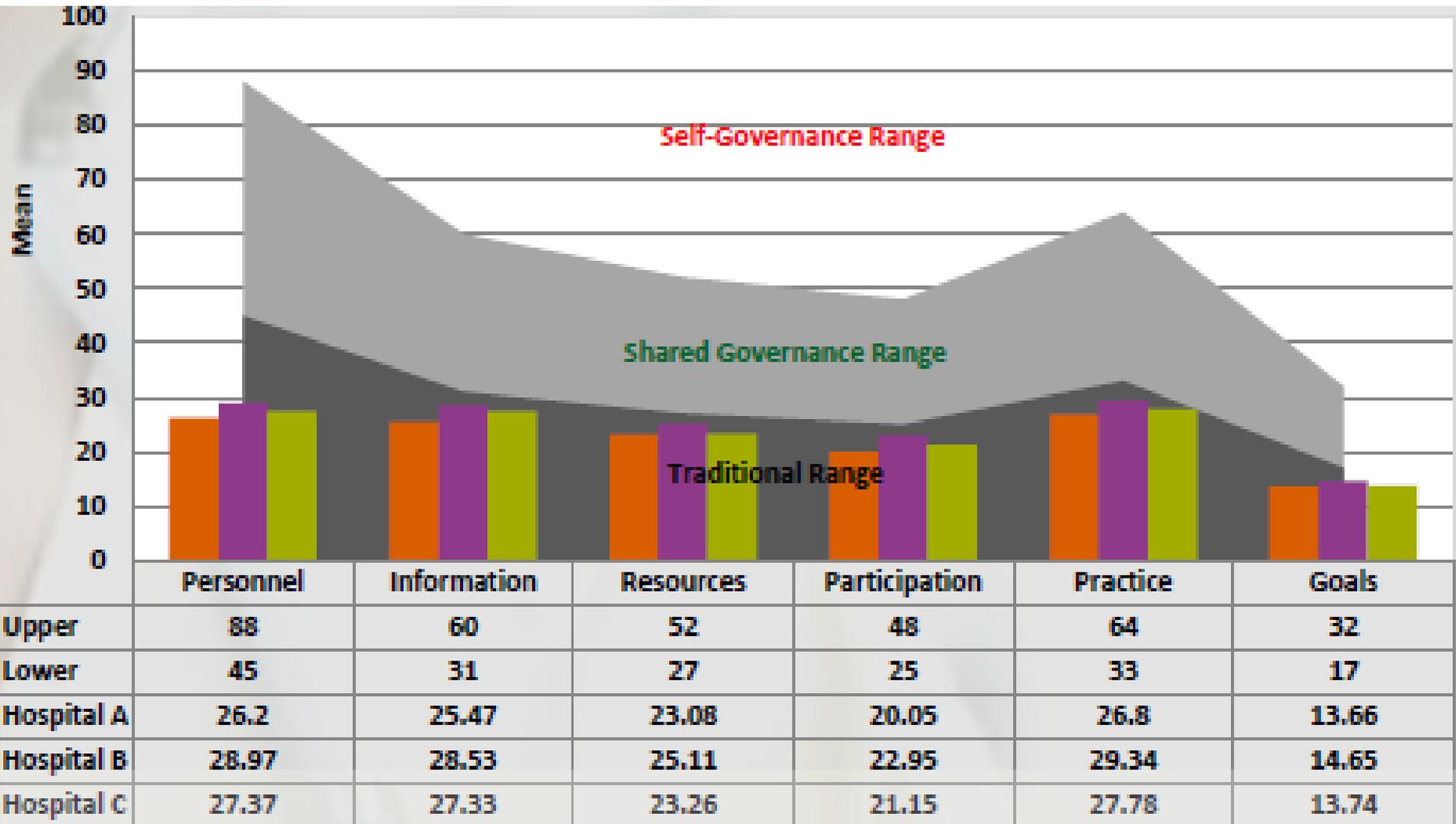
- IPNG tool was used to collect quantitative data determine the distribution of control, influence, power and authority in the organizations in which nurses practice
 - Tool 86 item survey that utilizes a 5-point Lickert scale to measure overall degree of shared governance (self-governance, shared governance, or traditional governance)
 - The IPNG contained five subscales (**Personnel, Information, Resources, Participation, Practice, Goals**) and a full scale score encompassing all subscales in one
 - Participants responses:
 - 1 =“Nursing management/administration only”
 - 2 =“Primarily nursing management/administration with some staff nurse input”
 - 3 =“Equally shared by staff nurses and nursing management”
 - 4 =“ Primarily staff nurses with some nursing management/administration input”
 - 5 =“ Staff nurses only”
- Goal score for range that demonstrates overall shared governance in full scale is between 173-344.

RESULTS : Governance Scale by Campus

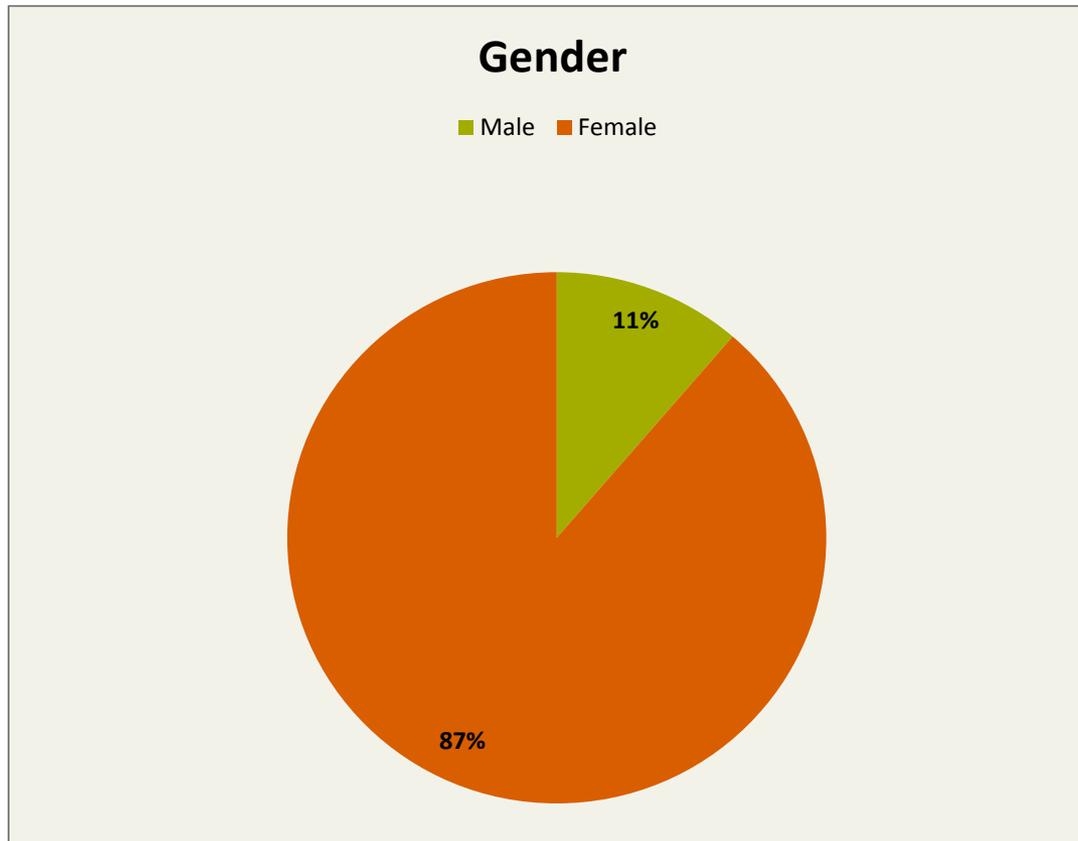


	Hospital A	Hospital B	Hospital C
Self	345.0	345.0	345.0
Shared	173.0	173.0	173.0
Traditional	86.0	86.0	86.0
Campus Scores	135.3	149.5	140.6

RESULTS: Governance Sub-Scales by Campus

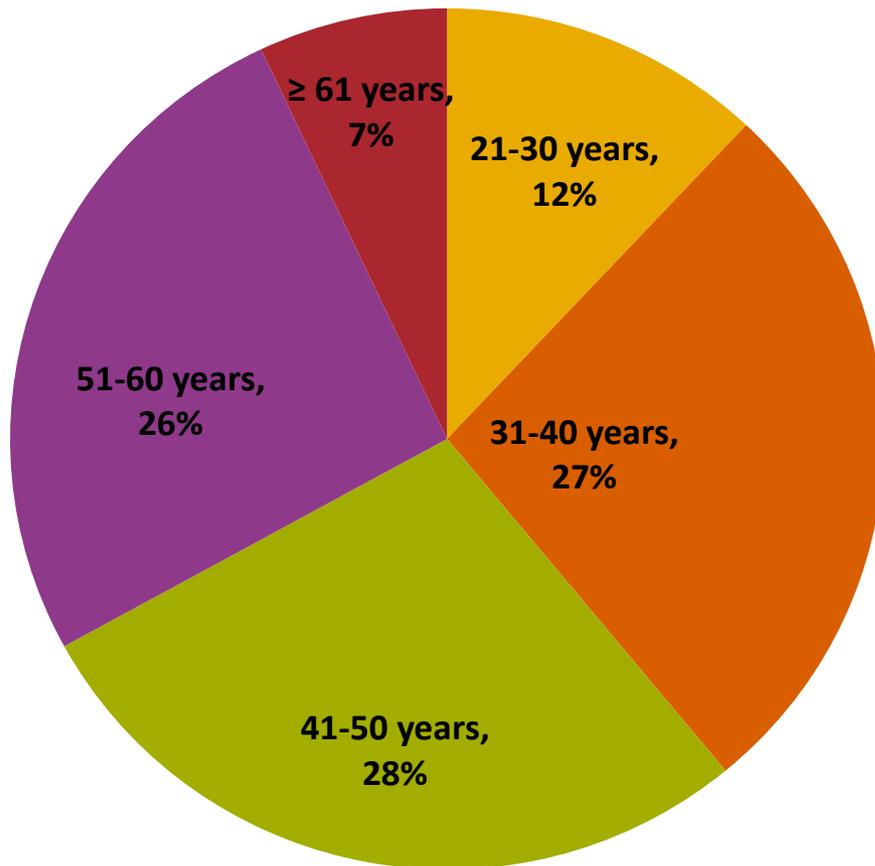


RESULTS: Analysis by Gender



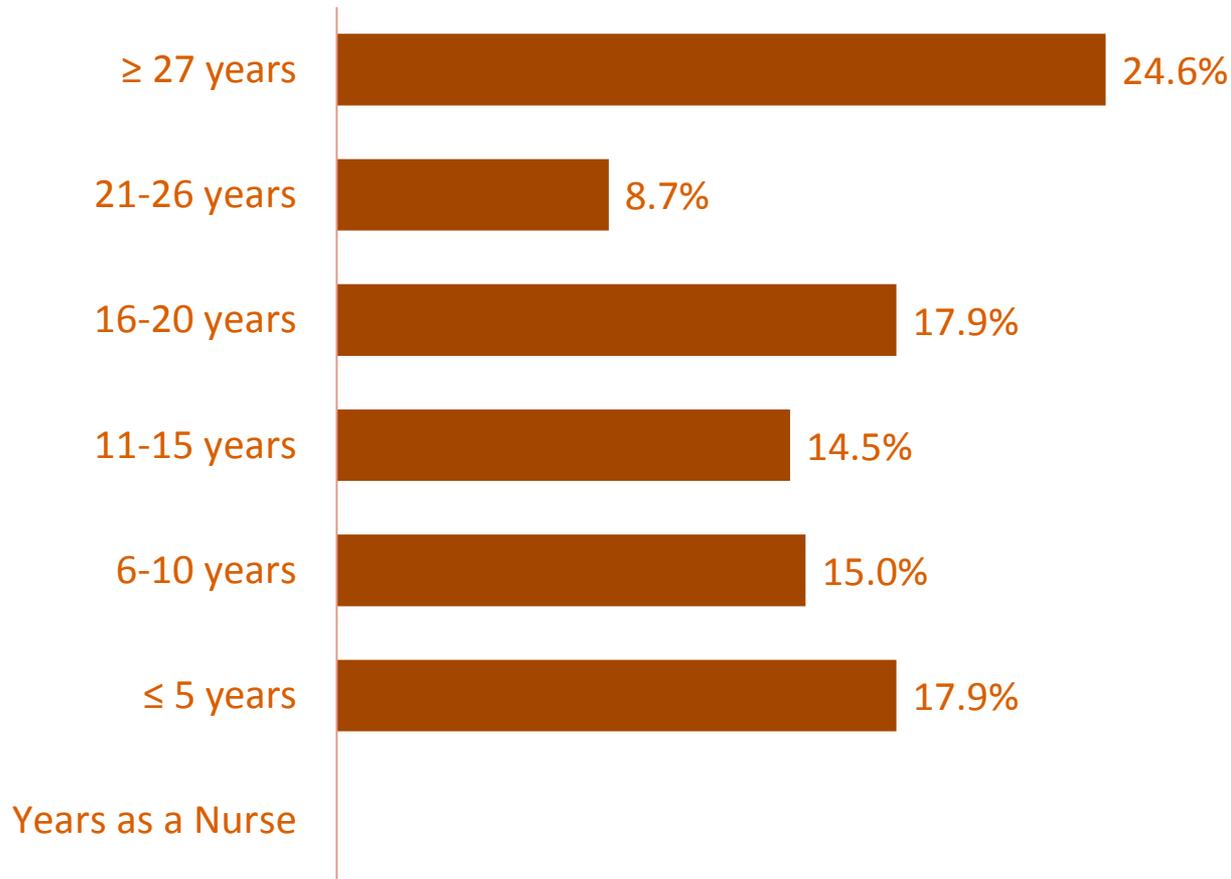
- Significant difference between male and female in Personnel subscale
- Males reported significantly higher perceptions of shared governance in the personnel matters than female nurses
- Although, not reaching statistical significance, interestingly male nurses tended to report higher perception of shared governance in in subscales except goals.

RESULTS: Analysis by Age



- nurses in the 21-30 age range reported significantly higher perceptions of overall shared governance than nurses in the 41-50 age range
- Although none of the comparisons reached statistical significance, as nurses became older, they tended to report lower and lower perceptions of overall shared governance.

RESULTS : Analysis by Years Practicing as a Nurse



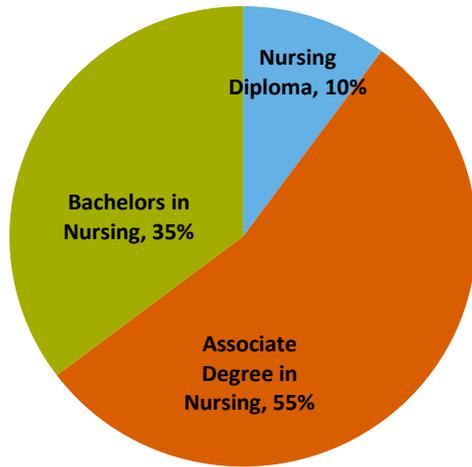
- revealed statistically significant differences in full scale score as a function of years of practicing nursing

- nurses who have practiced between 1-5 years reported significantly higher perceptions of overall shared governance than nurses who have been practicing between 21-26 years

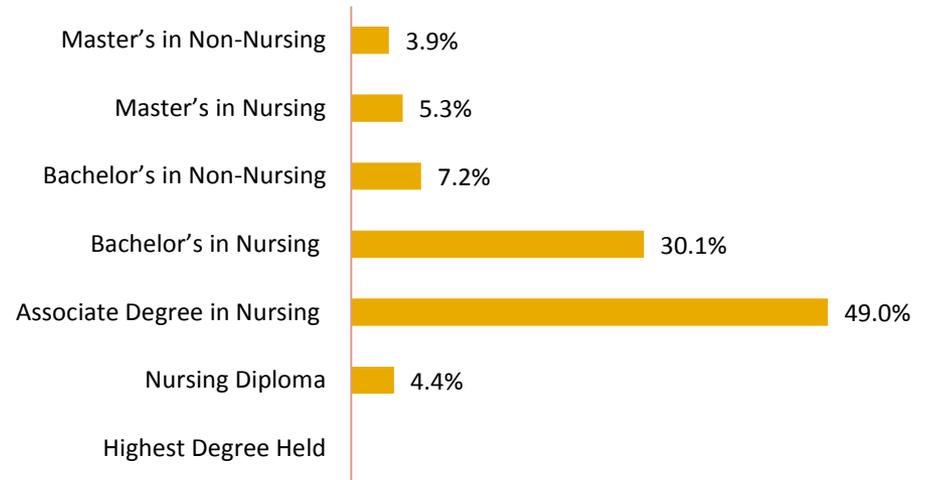
- nurses who have been practicing more than 26 years reported greater overall perceptions of shared governance than nurses who have been practicing between 21-26 years

Educational Demographics

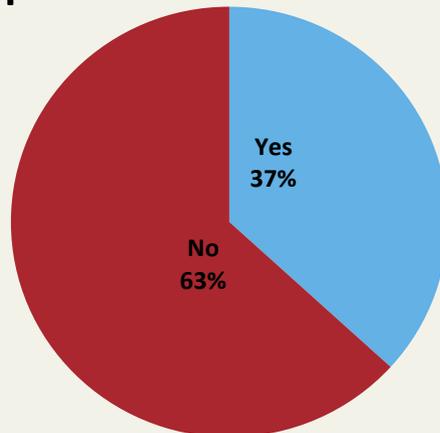
Basic Nursing Education



Highest Degree Held



Certification



Model Components	Forces of Magnetism	Gap Analysis	Focus Area for Improvement
Transformational Leadership	Quality of Nursing Leadership(Force #1) Management Style (Force #3)	Not Assessed	Not Assessed
Structural Empowerment	Organizational Structure (Force #2) Personnel Policies and Programs (Force #4) Community and the Healthcare Organization (Force #10) Image of Nursing (Force #12) Professional Development (Force #4)	X	Professional Engagement Commitment to Professional Development
Exemplary Professional Practice	Professional Models of Care (Force #5) Consultation and Resources (Force #8) Autonomy (Force #9) Nurses as Teachers (Force #11) Interdisciplinary Relationships (Force #13)	X	Professional Practice Model Staffing Scheduling Budgeting Process Accountability Competence Autonomy Quality Care Monitoring and Improvement
New Knowledge, Innovations, and Improvements	Quality Improvement (Force#7)	Not Assessed	Not Assessed

IMPLICATIONS FOR NURSING PRACTICE

- Provide Nurse Administrators and Leadership with a baseline measurement of shared governance
- Provide target goals and benchmarks for future re-evaluations
- Identify specific areas of professional nursing governance to prioritize and focus Improvement efforts
- The IPNG survey tool and the ANCC Magnet framework gap analysis used together can guide leadership and workgroups in strategic planning of overall shared governance and subscales of professional nursing governance (i.e. personnel, information, resources, participation, practice and goals).