Measuring Nurses’ Perceptions of Collaborative Governance as a Method of Assessing Transformation of Organizational Culture

Abstract ID # 84213
Friday, 28 July 2017 10:45 AM
Nursing Governance Session

Jaynelle F. Stichler, DNS, RN, NEA-BC, FACHE, FAAN
Carmen Colombo, PhD, MBA, RN, NEA-BC
Deborah M. Poeltler, PhD, MPH, RN, CCRC
Co-Investigators & Disclosure

• Jaynelle F. Stichler, DNS, RN, NEA-BC, FACHE, FAAN
  Research & Professional Development Consultant
  Professor Emerita, San Diego State University
  Jan.stichler@sharp.com
  Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), San Diego, CA

• Carmen Colombo, PhD, MBA, RN, NEA-BC
  Chief Nursing Officer at SMBHWN, San Diego, CA.
  Carmen.Colombo@sharp.com

• Deborah Poeltler, PhD, MPH, RN, CCRC
  Senior Clinical Research & Quality Data Specialist, SMBHWN
  Debbie.Poeltler@sharp.com

The authors have no conflicts of interest to declare
Learning Objectives

1. Identify program elements of collaborative governance (CG)
2. Evaluate how involvement in CG structures and processes can improve nurses’ knowledge, perceptions and commitment to CG over time.
3. Summarize how nurses’ perceptions of CG can enhance their sense of nursing professionalism
4. Apply the findings of this study in the design and development of a CG structure and process at the participants’ hospitals.
Significance/Background

• Collaborative governance (CG) is an organizational structure and process that...
  – Provides clinical nurses a voice in decisions affecting the professional practice of nursing or patient care delivery.
  – Necessary for the Magnet® journey
  – Transforms the organizational culture
  – Enhances professionalism of nursing

• CG is viewed as a developmental process, and nurses’ perceptions of CG changes over-time as nurses become active in CG processes in the various councils

• Buy in to CG is enhanced by engagement & trust (French-Bravo & Crow, 2015).

• SMBHWN initiated their design of the CG structure in 2012
Sharp Mary Birch Hospital for Women & Newborns
San Diego, CA USA
CG Structure
Purpose of Study

• To measure nurses’ perceptions of collaborative governance (CG) prior to and after the implementation of the CG structure and processes.

• Goal: to transform the culture and empower nurses to be more involved in organizational decision making
Hypothesis(es)

• H1: Nurses (clinical nurses and nurse leaders) will improve their perceptions of CG over time as a result of their involvement with CG process and in the CG Councils.

• H2: Nurses will perceive CG enhances the professionalism of nursing at SMBHWN (2016)
IRB Approved Study
Research Methodology

• Research Design: time series (over 6 years), quantitative survey design
• Setting: SMBWHN
• Population and Sample: Clinical nurses and nurse leaders at SMBHWN
Instruments

- Demographic Survey
- Collaborative Governance (CG) Survey (adapted from Frith & Montgomery, 2006)
  - 39 items 4 – point Likert scale
    - 4 = Strongly Agree
    - 1 = Strongly Disagree
  - Three subscales
    - Understanding CG
    - Commitment of the organization to CG
    - Personal Perceptions of CG
  - 4 additional questions in 2016 & 2017 regarding CG’s affect on professionalism (2 questions) and respondents’ desires to be involved on a UPC or entity council
Data Collection Procedures

• Surveys were administered annually in May-June since 2012

• Surveys were distributed to clinical nurses in CG councils, UPCs, and to clinical nurses on the units by the CNSs and nurse leaders

• No personal identifiers were collected in any of the years.

• Responses were all anonymous.
Data Analysis

• Demographic data was analyzed with non-parametric statistics with percentages and frequencies.
• Survey data was analyzed with SPSSv24
• Mean scores were calculated for:
  – Total CG scale
  – Understanding CG - subscale
  – Commitment of the organization to CG - subscale
  – Personal perceptions of CG – subscale
• Mean scores for additional 4 questions on professionalism and desire to be involved on a UPC or Entity council
Results

• n = 81 Round 6 (May 2017)
• n = 45 Round 5 (May 2016)
• n = 84 Round 4 (May 2015)
• n = 121 Round 3 (Spring 2014)
• n = 181 Round 2 (Fall 2013)
• n = 131 Round 1 (Fall 2012)
Round 6 – No significant differences from previous years in:

- Highest degree earned
- Work status (FT – 80%; PT (13.3% or PD 2.2%)
- Overall Mean years at SMBHWN = 9.8 years
- Overall Mean years as a nurse = 14.8
Comparison of Years as an RN & Years at SMB Across the Years

Significant differences among the groups in years as RN (p = .002). NS differences between groups in years at SMB.
Comparison of Highest Degree Earned Across the Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Associate Degree</th>
<th>Diploma</th>
<th>BS Nursing</th>
<th>BA/BS other</th>
<th>Masters Nursing</th>
<th>Masters other</th>
<th>Doctorate Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>30</td>
<td>5</td>
<td>69</td>
<td>14</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>39</td>
<td>2</td>
<td>83</td>
<td>19</td>
<td>21</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>2014</td>
<td>17</td>
<td>5</td>
<td>63</td>
<td>12</td>
<td>15</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>1</td>
<td>52</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>0</td>
<td>27</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2017</td>
<td>15</td>
<td>1</td>
<td>50</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Comparison of Current Position Across the Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical Nurse</th>
<th>CNS, Nurse Specialist, Educator, Researcher</th>
<th>Manager &amp; Above</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>112</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>2013</td>
<td>138</td>
<td>12</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>2014</td>
<td>79</td>
<td>7</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>2015</td>
<td>64</td>
<td>8</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>2016</td>
<td>31</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2017</td>
<td>52</td>
<td>6</td>
<td>7</td>
<td>16</td>
</tr>
</tbody>
</table>
Round 6 – Unit assignment

<table>
<thead>
<tr>
<th>Year</th>
<th>L&amp;D</th>
<th>OR/PACU/O P Surgery</th>
<th>MIS</th>
<th>NICU</th>
<th>WACU</th>
<th>PSCU</th>
<th>Triage/Antenatal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>16</td>
<td>14</td>
<td>41</td>
<td>32</td>
<td>6</td>
<td>20</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2013</td>
<td>39</td>
<td>18</td>
<td>57</td>
<td>30</td>
<td>9</td>
<td>11</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>18</td>
<td>13</td>
<td>18</td>
<td>35</td>
<td>7</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>2015</td>
<td>16</td>
<td>4</td>
<td>4</td>
<td>33</td>
<td>4</td>
<td>15</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2017</td>
<td>23</td>
<td>12</td>
<td>20</td>
<td>2</td>
<td>12</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
In the 2017 sample (n = 81), there were significant differences (p< .000) between mean scores of those who were engaged in CG councils (n = 29) as compared to respondents who were not involved (n = 52).
Hypothesis 1- CG will improve over time

Comparison of Subscale and Total CG Means Across Years

There were significant differences \((p<.000)\) between 2012 & 2017, 2013 & 2017 and 2016 & 2017 on the total CG scales and subscales. There were NS differences between 2014 & 2017 and 2015 & 2017.
H2: Comparing Year 2016 & 2017
CG Has Increased Professionalism

Professionalism of nursing (t = 1.97, df = 99, p = .052); professionalism of staff (NS)
Limitations

• There were significant differences among some of the demographics (years as an RN).
• There is no way to know the respondents each year were the same subjects.
• Response rates have declined each year, so comparisons need to be interpreted with caution.
• Limited generalizability with single site study
Conclusions

• Perceptions, Knowledge and Commitment to CG increases over time as the organizational structure matures and more clinical nurses are engaged in CG

• Perceptions of CG are highest in years where Magnet site visit and designation occurs (2015-2016).

• Clinical nurses perceive that CG increases the level of professionalism among nurses and among all staff members.

• Perceptions of CG are lower among nurses not involved in CG; therefore, strategies to keep them informed about CG goals and activities must be developed.

• Knowledge of changes in perceptions of CG over time adds to an existing body of knowledge about CG.
Questions?