Title:
Reinvigorating a Shared Governance (SG) Model in a Community Hospital

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Session Title:
Research Poster Session 1
Slot (superslotted):
RSC PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM
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RSC PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

Keywords:
Council, Leadership and Shared Governance

References:


Abstract Summary:
Sustaining a shared governance structure, as a professional practice model, requires commitment. Staff turnover, changes in leadership, and finances can contribute to “drift” in adherence to the model. This poster presentation will describe a data-driven approach to identify areas of strength and weakness in reinvigorating a sustainable shared governance model.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>1. The learner will be able to identify one contributor to “drift” from a shared</td>
<td>Overview of the Shared Governance (SG) concept</td>
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<td>governance structure.</td>
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<td>2. The learner will be able to describe a process for using a data-driven approach</td>
<td>Benefits of a SG model</td>
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<td>to reinvigorate a shared governance model.</td>
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<td>Threats to sustaining a SG model</td>
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</table>
Using a data-driven approach to identify existing strengths and weaknesses in a community hospital’s SG model

Measuring nurses’ perceptions of a new model

Abstract Text:

Purpose:

In acute care hospitals, shared governance (SG) is widely recognized as best practice for a professional nursing environment. In addition to being associated with nurse empowerment, SG has been linked to increased job satisfaction, decreased turnover, and improved patient safety. However, while there are important benefits associated with SG, its implementation requires a huge paradigm shift and its sustainability demands a large investment of time and resources.

A 350-bed community hospital located in the Greater New York Metropolitan area had implemented a professional practice model using SG several years ago. Staff turnover, changes in leadership, and financial considerations contributed to a “drift” in adherence to the model. Prior to completely suspending the model, there were only three functioning councils. Using nurses’ perceptions of SG as measured by the Index of Professional Governance [IPNG] tool developed by Hess (1998), a new administrative team made a commitment to utilize a data-driven approach to reinvigorate a sustainable SG model to improve patient care and nurse empowerment, satisfaction, and retention.

Accordingly, the purpose of this study was to examine nurses’ overall perceptions of a community hospital’s governance structure after a SG model lapsed and prior to reinvigorating it with a new model.

Methods:

Institutional review board (IRB) approval was obtained for this study. Participation was voluntary and identification was anonymous. A total of 146 IPNG (Hess, 1998) surveys were distributed to nurses in all areas of practice at a community hospital. Overall, the IPNG assesses three categories of governance: traditional (total score of 86 – 172); shared (total score of 173 – 344); self (total score of 345 – 430). This instrument is also designed to measure nurses’ perceptions of hospital governance on six dimensions: professional control, organizational influence, organizational authority, participation, access to information, and organizational goal setting.

Results:

A total of 90 IPNG surveys were returned for 61% response rate. The majority of the participants in the study were females, whose ages’ ranged from 23 to 75 years. Years in practice as a registered nurse ranged from one to 57 years. A bachelor’s degree in nursing was the most common entry level into practice.

Baseline IPNG data indicated that overall, nurses’ perceptions of their governance fall into the “traditional” category with scores ranging between 86 and 172 ($M = 156$. $SD = 30.2$).

Conclusion:

Professional governance is a multi-dimensional construct that includes the structure and processes through which individuals control their professional practice and influence the organizational context in which that practice occurs (Hess, 1998). The IPNG (Hess, 1998) measures nurses’ perceptions of this governance along a continuum from traditional to shared to self. Higher scores on the measure are indicative of the belief that nurses have more influence over their practice and governance decisions.
Not surprisingly, the results of this study demonstrated that nurses’ perceptions of their governance were indeed, categorized as “traditional”. In a “traditional” organization managers and administrators dominate control and influence over governance related decisions. High turnover among nursing staff and leaders and the eventual suspension of the model may have contributed to this perception.

This is an ongoing study. The SG model was re-instated in November, 2016. Further data analysis related to baseline subscales needs to be done in order to explore specific areas of strength and weakness in nurses’ perceptions of SG. The IPNG will be re-administered in April, 2017.