Title: SPECIAL SESSION: Using the Decisional Involvement Scale (DIS) to Gauge Staff Nurse Unit Decisional Involvement

Presenter: Donna S. Havens, PhD, PhD, RN, FAAN

Type: Oral

Keywords: Shared governance, Staff nurse decisional involvement and The Decisional Involvement Scale

Summary: The Decisional Involvement Scale (DIS) will be discussed as a measure of staff nurse reports of actual and desired involvement in decisions on the nursing unit. Use of the scale and DIS findings will be shared. Implications for nurse leaders and shared governance will be discussed.

Final Number: K 06
Slot: K 06: Saturday, 29 July 2017: 3:30 PM-4:00 PM

References:


**Learning Activity:**

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the Decisional Involvement Scale (DIS).</td>
<td>Literature on professionals working in organizations, development of the DIS, psychometric assessments of the DIS</td>
</tr>
<tr>
<td>2. Discuss use of the DIS.</td>
<td>Staff reports of actual and preferred decisional involvement, uses of the DIS</td>
</tr>
</tbody>
</table>
Abstract:

Introduction- It has long been recognized that involving the front line workforce in decisions about the work that they are performing is associated with positive outcomes. This is particularly true of professionals working in organizations such as professional nurses delivering care to patients. Staff nurse decisional involvement -- defined as the pattern of distribution of authority for decisions and activities that govern nursing practice policy and the practice environment. For decades, enhancing staff nurse decisional involvement in matters of nursing practice and patient care has been identified as a long-term strategy to improve the quality of the nursing practice environment and the safety and quality of patient care (Begun, 1985; Heydebrand, 1983; Scott, 1982, Aydelotte, 1981, 1983; Maas & Jacox, 1977; and McClure, Poulin, Sovie, & Wandelt, 1983). Central to any initiative to enhance nurse involvement in decision making is the ability to measure staff nurse decisional involvement. Thus, the Decisional Involvement Scale (DIS) was developed for this purpose (Havens, 1990; Havens & Vasey, 2003, 2005). The purpose of this study was to describe staff nurse reports of actual and desired decisional involvement, decisional dissonance and dissonance between staff nurse and unit manager perceptions of staff involvement.

Methods – IRB approval was granted for the parent study – a five year project focused on improving the nursing practice environment. A secondary analysis was conducted for the study reported here to explore staff nurse reports of actual and desired decisional involvement at the unit level. The DIS (Havens, 1990; Havens & Vasey 2003, 2005) was used to measure staff nurse reports of actual and preferred decisional involvement and decisional dissonance (the gap between actual and desired). The DIS is a 21 item psychometrically valid and reliable scale developed from the sociology literature on professionals working in organizations and the literature on professional nursing practice (Havens, 1990). The DIS consists of six empirically derived subscales: decisions about unit staffing, quality of professional practice, governance and leadership, quality of support staff, and collaboration/liaison activities (Havens & Vasey, 2005). Response choices are as follows: administration/management only = 1; primarily administration/management with some staff nurse input = 2; equally shared by administration/management and staff nurses = 3; primarily staff nurses with some administration/management input = 4; and staff nurses only = 5. Results can be considered by individual items, by subscale, or as an overall scale. The sample consisted of 1,066 clinical staff nurses working in six acute care community hospitals in Pennsylvania in the U.S. For the most part, sample demographics matched those of the state and the U.S. The DIS was administered to staff RNs as part of an anonymous questionnaire that participants completed and deposited into a sealed box on their work unit. Questionnaires were sent to the study coordinator in the sealed envelopes and then were then scanned into a data base. Descriptive statistics were used to evaluate staff nurse reports of actual and desired levels of involvement in unit decision making, the dissonance between staff nurses and their unit managers perceptions as well as to identify staff nurse decisional dissonance – decisional involvement either above or below the actual or desired level. Findings- Overall, staff RNs reported that they were
not at the point where they were sharing decision making with unit managers, they perceived that in general most decisions were made entirely by managers or in a few cases, with some staff nurse input. They reported that they preferred to share decision making with managers for five of the six subscales and in no area, did staff report wanting to be entirely responsible for decision making with no manager input.

Decisional dissonance was reported as well as dissonance between perceptions of staff nurses and managers on the same unit. Implications -- Enhanced staff nurse decisional involvement may not be a simple case of “one size fits all”, because control may not be equally desired by all staff nurses. Decisional dissonance is an important decisional state that must be considered in efforts to improve the nursing practice environment. Assessing nurse perceptions of actual and desired levels of decisional involvement as well as nurse manager perceptions may provide rich opportunities for “important” unit conversations about the work environment and shared governance.