How to keep shared governance alive

Shared governance (SG) has become a hallmark on the journey to achieve Magnet status by demonstrating exemplary professional practice. SG is an integral part of Magnet hospitals, which achieve this status through the Magnet Recognition Program. The American Nurses Credentialing Center developed the program to recognize organizations for nursing excellence.

Setting up an SG structure is only half the challenge. The other half is maintaining it once Magnet status has been achieved and celebrated. To borrow a phrase from real estate, the most important factor is commitment, commitment, commitment.

“We’ve had shared governance a long time, but we still have to work to keep it alive,” says Lydia Forsythe, RN, PhD, MA, MSN, CNOR, director of surgical services and orthopedic service line for OSF Saint Anthony Medical Center in Rockford, Illinois. She chairs the management council and represents the directors’ group on the Magnet hospital’s nurse practice council. “Administration needs to commit financially, and leadership needs to commit to being present and supportive.”

Shared, not self-governance

“If managers are new to shared governance or management, they get the sense that it’s only about the staff. But it’s a collaboration between staff and leadership,” says Forsythe.

As Peggy Guastella, RN, MS, says, “It’s not self-governance; it’s shared governance.”

Guastella, who is director of surgical and ambulatory services at Advocate Good Samaritan Hospital in Downers Grove, Illinois, says SG has been part of the OR for 15 years. She acknowledges it takes a significant time commitment by managers.

“I expect managers to coach and mentor people working on shared governance committees. Staff don’t always have the facilitation or team skills to work through other people to achieve an outcome,” says Guastella.

Another area of support is time for staff to attend meetings and work on projects, says Forsythe. At OSF Saint Anthony, managers attend unit-based council meetings so they know how they can support staff projects. The staff chair runs the meeting.

Managers at all levels need to line up behind the program, says Robert Hess, RN, PhD, a leading expert on SG and the founder of the Forum for Shared Governance (www.sharedgovernance.org). “Unit managers are coaches, educators, and facilitators. Directors have all 3 roles, plus the important task of marketing the program to the rest of the organization’s communities.” Both the CNO and the CEO must also support the program.

Strategy and structure

Hess recommends having a strategic plan for SG, including goals and how to achieve them.

“You have to have realistic goals for implementation. One shared governance model does not fit all,” he says. SG may be implemented differently in a union environment, and an evolving body of literature shows that SG in the VA medical system differs from other hospitals because of centrally determined personnel policies and purchasing practices.

Most hospitals, including the Seton Healthcare Network in Texas, use the Councilor Model to structure SG. Vicki Batson, RN, MSN, CNOR, NEA-BC, a staff nurse in the
OR at Seton Medical Center Austin, has seen 2 views of SG—she was a director of surgical services until she returned to school for her doctorate.

Batson says the surgery specialty council comprises the OR, postanesthesia care unit, cardiac interventional laboratory, endoscopy, and specialty clinics. Sub-councils include those for clinical ladder; education; policy and procedure, which Batson chairs; and process improvement/patient safety. The council includes representation from all 7 hospitals.

The councilor structure can become complex, so an overall coordinator is essential. In perioperative services at Christiana Care Health System, Newark, Delaware, that person is Mary Cay Curran, MSN, CAPA, manager for clinical standards. Curran attends the monthly council meetings as an advisor and serves as the link to Judith Townsley, RN, MSN, CPAN, director of clinical operations, perioperative services.

“Mary Cay lets me know when I might need to intervene from a director’s perspective,” Townsley says, such as the need to work with a manager who is not supporting the staff’s time away from the unit.

Some hospitals make participation in councils mandatory, such as Bay Pines VA Healthcare System, Florida. Jackie Ditchcreek, RN, BSN, CNOR, nurse manager for the OR, says all staff, including surgical technologists, must select 1 of 4 committees to serve on; membership is rotated annually.

An honor to participate

After attempting a mandatory system, Christiana Care, which has a total of 51 ORs at 4 operative sites, switched to voluntary membership, partly in response to feedback from staff and managers. They felt committees had become unwieldy due to the number of members, and some members were not invested in the committees’ work.

“We made participation an honor,” says Curran, who adds that council size is limited, and staff has to apply for a spot. “Now the people on the council want to be on the council. They are looking for ways to make perioperative services better.” Curran and Townsley believe that as staff see how councils make a difference in their daily work life, more will want to participate.

They may end up with a “good” problem like the one Advocate Good Samaritan has—a plethora of volunteers. Staff ended up voting for members to fill committee slots.

Guastella adds an important point related to staff participation: “We tell staff, ‘You don’t have to participate, but you are required to support the decisions your peers make.’”

Time and money

Hospitals typically pay for staff to attend committee meetings, which can average from 2 to 4 hours a month. Curran says a single block of 4 hours works better than 1 hour per week because staff has time to get the work done. Council chairs receive 12 hours per month so they can fulfill their additional responsibilities.

Curran emphasizes the need for strong clerical support. “There’s nothing worse than chairs spending 2 hours trying to type minutes from a meeting because they don’t know how to use Word.”

Payment for project work varies. Guastella estimates staff is reimbursed for about half of project time, adding that the work is part of the staff’s professional commitment.

Time is money, and budgets are tight. So how can managers justify SG to their colleagues in finance? New regulations and greater transparency related to pay for performance provide the method—improved patient outcomes. For example, the surgical services council at Advocate developed a process that significantly reduced use of flash sterilization.

“When I think of the cost of 1 surgical site infection, it’s easy to justify the money for shared governance,” says Guastella.

Hess acknowledges, “Shared governance can be budget neutral because every hospital uses committees to get institutional and professional practice work done. Shared governance committees just replace the traditional committees, using the same resources.”

He also points to research that shows when nurses’ perception of their participation
in governance increases, they feel more empowered, have greater job satisfaction, and better retention.

**The right people on the bus**

Sustainability depends on getting the right nurses and managers on the SG bus.

The good news is that the OR staff is well suited to SG, according to Ditchcreek: “In the OR you need to be the patients’ advocate, and shared governance goes hand in hand with that.”

Batson says during orientation, new nurses observe a surgery council and a nursing congress (the top governing council) meeting. “This gives them an idea of how shared governance is done.”

Guastella looks for managers with experience in SG but is open to hiring those who don’t—as long as they can meet expectations.

“If they don’t have the experience, we use behaviorally based questions and peer interviews to identify those who are likely to succeed in our setting,” she says. “It takes a different kind of thinking. You have to be a good delegator and facilitator.”

Batson advises watching for loss of energy and momentum by staff. “It’s the responsibility of leadership to help council members figure out—not to do it for them—what the problem is so we can get back on track,” she says.

Keeping nurses onboard requires managers to be aware of current issues in SG.

“An emerging issue is that shared governance seems to function differently in an environment that’s ethnically weighted with certain groups, such as Asians, who may be socialized to participate at a lesser level and may be more deferential to authority,” says Hess. “Resocialization has to take place to allow shared governance to take hold.”

Managers can take a leading role in resocializing by openly dealing with these issues with staff and maintaining a dialogue about the importance of participation.

**Dedication and honor**

SG isn’t always easy, but the rewards are great. “I’ve worked in shared governance for the last 20 years,” says Guastella. “It’s all about dedication and honoring people for where they are. We in management need to realize that the closer you are to where the patient is, that’s where the best decisions are made. It’s a win-win for nurses and managers—and patients.”

—Cynthia Saver, RN, MS

*Cynthia Saver is a freelance writer in Columbia, Maryland.*

**Tips for keeping up momentum**

Robert Hess, RN, PhD, and others interviewed provide tips for making sure shared governance stays embedded within the organization.

- Have a strategic plan with goals and means to achieve them. Keep your goals realistic.

- Expect a steep learning curve and ongoing education. Both staff and managers need ongoing education. For example, staff needs help in learning how to delegate, and managers and staff need to learn how to share authority. Don’t forget to educate everyone on what SG means to professional practice for the individual and the organization.

- Don’t hesitate to fine-tune the process. Christiana Care adjusted how committee members were selected and how committees were organized, based on feedback from staff and managers.

- Provide challenges to help staff and managers grow. At OSF Saint Anthony, Forsythe helped staff develop a narrative research study to dig deeper into the issue of nurse satisfaction. She is also using appreciative inquiry to help staff and managers develop the “next steps” of SG.

- Document effectiveness. Collect data so you can justify the organization’s continued investment in SG.
• Make successes visible. People need time to celebrate—or at least acknowledge—their accomplishments. At Seton, accomplishments are reported in unit-based and system newsletters.

• Keep the heroes moving. Bring fresh members into committees and let the experienced members guide them.

• Remember that shared governance is a journey, not a destination. Be in it for the long term.