



Professional Governance

Another New Concept?

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About 40 years ago, Luther Christman, PhD, RN, FAAN, wrote about an autonomous nursing organization where nurses would be empowered to control their nursing practice.¹ His idea was an early framework for shared governance. As a young doctoral student, I explored shared governance as a concept; I became increasingly frustrated trying to understand what it was. Many organizations adopted what they considered shared governance and then adapted it to their setting and culture.

In 1990, my dissertation chair and then editor of *Nursing Research*, Florence Downs, PhD, RN, FAAN, challenged me to define and measure shared governance as I conducted my research. After exploring the literature for 2 years, I realized that shared governance was just 1 component of a larger concept—professional governance. I defined professional governance as “a multidimensional

organizational characteristic that encompasses the structure and processes by which professionals direct, control, and regulate goal-oriented efforts of one another.”^{2(p35)} As an overarching concept, I theorized that professional governance encompassed a continuum of traditional governance (the bureaucracy that most of us have been brought up with), to shared governance, to self-governance (a not-so-hypothetical situation where nurses might own a hospital and employ managers to help them run it). To measure these types of professional governance, I subsequently developed and tested 2 instruments: the Index of Professional Nursing Governance^{2,3} and the Index of Professional Governance,⁴ the latter a more generic version for nurses, physicians, pharmacists, and allied health professionals. Today, they are still the most widely cited valid and reliable instruments for measuring professional governance, which includes shared governance.

Nursing shared governance is an organizational innovation invented by nurse managers that gives staff nurses legitimate control over their practice and extends their influence into areas previously controlled by managers.⁵ It is the whole middle part of the continuum between

traditional- and self-governance. But shared governance is not just the midpoint of equally shared power; it is a matter of degrees on the continuum on both sides of that midpoint—a matter of what and how much is shared. And no matter how fluffy or ethereal the language applied to shared or professional governance by caring professionals is, any governance is still about authority, control, influence, and power. It does not necessarily have to be a zero-sum game where if I have power over this, you do not, but it still answers the simple question: “Who rules?” This is still a valid question in every conceivable healthcare organization where professionals work.

Because both professional governance and shared governance have repeatedly appeared in literature for more than 30 years, imagine my surprise when a few months ago, I read an article stating it was time for “clarifying and modernizing the term shared governance by shifting to professional governance,”^{6(p309)} as if this term was something new. Despite what was referred to as an in-depth-literature review, not a single past reference to professional governance was cited. I was left wondering what could be new in this old term. Although 4 attributes were introduced as characteristics

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The author declares no conflicts of interest.

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DOI: 10.1097/NNA.0000000000000427



of the “new” professional governance (accountability, professional obligation, collateral relationships, and decision making), in my mind, each was already inherent in any successfully implemented shared governance model.

I have several thoughts about should be done with well-worn concepts and their venerated names. First, we should all agree on defining terminology and stop confusing our colleagues. Leaving the terms *professional governance* and *shared governance* where they are in the literature allows us to move forward with the same terminology, even as they are applied to new situations. For example, the whole idea of nursing shared governance is outdated. Although as a nurse, I do think we are unique in our profession, I believe we need to move on immediately from parochial governance models to embrace interprofessional ones. Interprofessional shared governance brings every professional stakeholder to the table to create a team, with a focus on realizing goals, enhancing professionalism, and improving patient care together. Implementing nursing shared governance just creates barriers between those with whom we must collaborate. True collaboration among providers from many different professions typifies the exemplary operations of interprofessional shared governance required in today’s health-care systems. We can only

successfully meet our challenges if we work together.

Second, the notion that we should move on and leave shared governance for something else denies the success that has been achieved in organizations still steeped in traditional governance. Bureaucratic organizations dominate the healthcare landscape, and professional groups constantly struggle with one another and with their professional managers and administrators to obtain resources necessary to provide optimal patient care. Until something changes drastically, we should capitalize on the success of nursing as an example of a powerful professional group working with everyone to improve practice and patient outcomes within a bureaucratic environment and continue to refine our success in offering an inclusive model of shared governance. To reflect that shared governance is passé may undermine the outcomes that have resulted from these structures. Although much work needs to be done, the outcomes from clearly delineated and measured shared governance, such as more empowerment,^{7,8} higher job satisfaction,^{7,9} and enhanced self-concept,¹⁰ are well substantiated. Future endeavors will certainly refine preliminary links between shared governance and patient outcomes.^{11,12} The sharing of leadership opportunities and the resulting empowerment should be the focus—not the terminology.

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