

Determining Readiness For Shared Governance Using The Index For Nursing Professional Governance (INPG) In A Hospital In A Rural Setting

Ursula Butts, RN, MSHA, CHE, Susan Helms, RN, MSN, CCRN, PCCN, Peggy Kinker, RN

Problem

Implementation of shared decision making and professional autonomy has become a central consideration for current nursing practice.

Method

Hess's INPG is a 12 item, 5-point Likert-type scale. The INPG was distributed to 154 staff nurses. A total of 72 registered nurses (RN) and 31 licensed practical nurses (LPN) surveys were returned for a return rate of 68%. Standard deviations were determined for the total aggregate mean scores and each of the six dimensions. The standard deviations for the aggregate totals were .76 for RN and .77 for LPNs.

Analysis

In this study the six subscales were measured in isolation with aggregate mean scores of four dimensions falling within the SG range. Two dimensions fell below the SG range. Analysis of the subscales provided the information for the SG committee to re-focus their energy on improving processes.

Index Dimensions

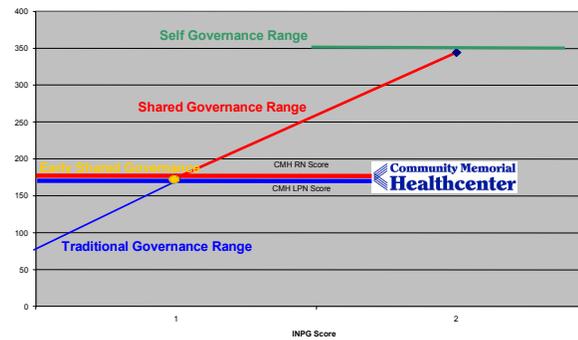
Dimension	Shared Governance Range	CMH Scores	
		RN	LPN
Nursing Personnel	44-88	41.4	43
Information	31-60	31.7	29.4
Resources	27-52	35.6	35
Participation	25-48	25.6	26
Practice	33-66	34.0	31
Goals	17-32	16.5	19
Total	174-344	174	173

The shared governance range for this subscale is 44-88, CMH subscale score is 41.4 with a SD of .20 indicating that the RN staff at CMH is not in the shared governance range for this dimension. The sample-mean score is 1.42 with a SD of .17. The LPN total score was 43 which were slightly higher than the RN score. The sample mean for LPN staff was 1.32 with a SD of .27. This dimension arose out of the original tool development and includes control over:

- Performance appraisal development and evaluation process
- Disciplinary action
- Hiring decisions
- Participation in budget preparation
- Recommendation of salary adjustments
- Participation in hospital committee that determine employee benefits

The dimension of shared governance goals range is 17-32. CMH RN scores is 16.5 with a mean score of 2.03 and a SD of .32. The LPN total score is 19 with a mean score of 2.5. The scores in this dimension indicates that RNs perceive that they are not within the shared governance range for goal setting and conflict resolution at different levels of the organization including philosophy, goals, and objectives. The LPN staff is within the shared governance range and are significantly higher than the RN staff in this dimension. Goals are important components to shared governance. Goals provide framework for identified need for success and becomes the foundation of how success is defined.

Shared Governance Range



Summary

The INPG overall aggregate score for CMH is within the early stage of shared governance for RN staff and just below the shared governance ranges for LPNs. The four dimensions in which we are within the shared governance aggregate scores mean are information, resources, participation, and practice. The two dimensions in which we are below the shared governance range is personnel and goals. Below are graphs by division of the two dimensions by aggregate means in which we are below the shared governance range. While it had been voiced that the CMH nursing staff had failed in developing a shared governance model, this study indicates that many of the concepts of shared governance exist and the staff perceive that they are involved in decision making in four out of the six dimensions. The CMH scores are indicative of early shared governance development and at an excellent place to build on perceived strengths and work to improve areas of less involvement in shared decision making. The Shared Governance committee compared the results of this study with the brainstorming list they developed.

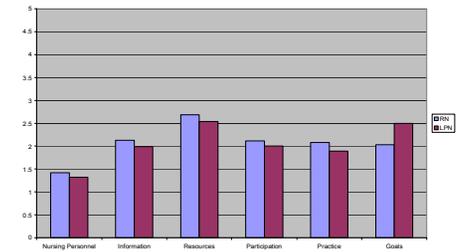


Where Caring Is Always In Season

RN, LPN Comparison of INPG Results.

The original intent of the Index for Professional Nursing Governance was to measure professional nurses' readiness for shared decision-making. While CMH is committed to excellence in shared decision-making the exclusion of LPNs would not serve our nursing department core value of seeing all members of the healthcare team as potential RNs on a journey toward professional practice excellence. It is the intent of our shared decision-making model to be inclusive rather than exclusive. Our results support that LPN staff is slightly behind the RN staff in their development of shared decision-making. They fell within the shared governance range in the same domains as the RN staff except one, information. This domain measures who has access to information relevant to governance activities: opinions of key players, unit budgets, expenditures and the goals and objectives of the organization. As we move forward with refining our Articles of Governance we will consider ways to include LPNs in our structure on issues specific to the information domain.

Comparison of INPG Subscales RN and LPN's



Implication for Practice

The study findings have been incorporated into the newly developed Shared Governance Councilor model to include the "Resource and Partnership Council" (RPC). The RPC promotes a healthy nursing work environment through effective management. The council representatives will be responsible for closing the communication loop so that staff at all levels of the organization understand that their voice is heard and responded to on important issues. Their duties include:

- Promote staff participation in the interviewing and hiring process.
- Promote retention through recruitment of quality personnel and continued recognition for a job well done.
- Instill in all nursing personnel an awareness of accountability and responsibility in the practice of nursing.
- Establish nurse participation in the performance appraisal process while making recommendations regarding benefits and pay.
- Establish and integrate a peer review process for grievances

The study finding also has lead our Shared Governance Committee in the development of a model of accountability through structure goal setting and reporting at the council level and nursing department level. These responsibilities are clearly delineated in the Articles of Governance.

Below are additions to the AOG to assure goals are established and reported to the nursing staff.

COUNCIL DESCRIPTIONS AND DUTIES

Each council will be responsible for developing goals and objectives at the end of each calendar year. The goals will coincide with the organization's goals and objectives and strategic plan. Each council chair will report on their accomplishments at the annual meeting

SHARED GOVERNANCE COUNCIL (SGC)

The duties of the Shared Governance Council will be the coordination and dissemination of the SGC process. The SGC will be responsible for *establishment of nursing goals and objectives that align the strategic plan and organization's overall objectives.*