

# Rapid Implementation for Shared Governance

Robert Hess, PhD, RN, FAAN

**RELIAS** Consultant, Relias



CEO & Founder, Forum for Shared Governance  
www.sharedgovernance.org

Stacey Brull, DNP, RN, NE-BC



Acting Chief Nursing Officer  
Mercy Medical Center, Baltimore, Maryland



## Shared Governance

Having direct care nurses involved in raising relevant clinical and operational issues and creating systematic approaches, such as evidence-based practice, to resolve concerns closest to the point of care.

## Background

Shared governance has been shown as one way for organizations to have staff involved in decisions affecting the bedside (Brull, 2015; Hess, 2011; Porter O'Grady, 2001). However, organizations struggle developing a successful structure and process due to knowledge deficit, time and resources. Utilizing various methods of implementation and dissemination processes helped one organization implement SG in short amount of time. The purpose of this poster is share these best practices and tools for nurse leaders to use in order to develop and sustain SG in their organizations.

## Step 1: Rapid Implementation Strategies

- Establish design team to create or revise council structure and bylaws.
- Incorporate shared governance into the nursing strategic plan or strategic goals.
- Provide a comprehensive shared governance education program for leadership and staff (See Educational Interventions)
- Ask for staff feedback regularly and adjust structures and processes timely to meet the needs of the staff and the organization.
- Ensure staff attendance at council meetings by implementing strategies to promote participation (e.g., mark on the schedule when meetings are happening and those who need to attend, so the entire unit is aware).
- Nurture, support, and educate council chairs and co-chairs (e.g., meeting basics, conflict resolution, team building).
- Strengthen and formalize unit-based groups.
- Use leaders to remove obstacles and in the beginning create quick, easy wins.
- Formally celebrate accomplishments.
- Publicly acknowledge and recognize clinical nurses serving as chairs and co-chairs.
- Provide time and resources (e.g., computer, printers) for council members to complete work.
- Utilize council meetings to make decisions and/or recommendations, instead of leadership fixing problems themselves outside of shared governance structures.
- Routinely publish updates on shared governance in print and electronically.
- Promote free membership with the Forum for Shared Governance and its website, www.sharedgovernance.org
- Add shared governance participation to nurse manager and RN staff job descriptions
- Include participation in shared governance councils, especially in the roles of chair and co-chair, in clinical advancement program.

## Step 2: Educate, Educate, Educate

**Shared Governance Retreat:** Staff read SG articles and utilized roundtable discussions as a way to share the best evidence.

**Nurses Week:** Representatives from an established shared governance hospital shared their journey during a continuing education program.

**Conference calls:** Leaders with noted shared governance shared best practices including veteran for managers, to discuss Manager's Guide for Setting Up Unit Councils

**External Consultant Company:** Taught leaders and chairs the importance. of Empowering the Workforce.

### Internal Presentations and Self-Learning Packets:

Shared Governance for Managers  
Shared Governance 101  
Shared Governance 102  
Shared Governance Self-Learning Packet  
Shared Governance Self-Assessment for Leaders  
Rapid Design Sessions with CNO

### Published resources purchased to utilize at meetings, journal clubs and one to one discussions:

Tim Porter-O'Grady's [Shared Governance Implementation Manual \(free download\)](#)  
Swihart & Hess, (2019) [Shared Governance: A Practical Approach to Transforming Interprofessional Healthcare](#)  
ANCC Shared Governance Workbook

## Step 3: Evaluate for Outcomes

INDEX OF PROFESSIONAL GOVERNANCE 3.0	
Please provide the following information. The information you provide is IMPORTANT. Please be sure to complete ALL questions. Remember, confidentiality will be maintained at all times.	
Today's Date:	
1. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Age:	
3. Please indicate your profession:	<input type="checkbox"/> Accountant <input type="checkbox"/> Physician <input type="checkbox"/> Dietician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other:
4. Please indicate your HIGHEST educational degree:	<input type="checkbox"/> Diploma <input type="checkbox"/> Master's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Baccalaureate Degree
5. Employment Status:	<input type="checkbox"/> Full-time, 36-40 hours per week <input type="checkbox"/> Part-time, less than 36 hours per week (specify number of hours/week):
6. Please specify the number of years that you have been practicing:	
7. Please indicate the title of your present position:	
8. Please indicate the type of nursing unit that you work on:	<input type="checkbox"/> Case Management <input type="checkbox"/> Operating Room <input type="checkbox"/> Clinic <input type="checkbox"/> Pediatrics <input type="checkbox"/> Critical Care <input type="checkbox"/> Psychiatry <input type="checkbox"/> Education <input type="checkbox"/> Quality Management <input type="checkbox"/> Emergency Room <input type="checkbox"/> Recovery Room <input type="checkbox"/> Maternity <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Other (please specify):
9. Please specify the number of years you have worked in this institution:	
10. Please specify the number of years you have been in this present position:	
11. Please rate your overall satisfaction with your professional practice within the organization (1 = lowest, 5 = highest)	1 2 3 4 5
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Annual measurement with the Index of Professional Governance 3.0 (50 items)

COUNCIL HEALTH	
Please rate your agreement with the following statements: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	
STRUCTURES OF SHARED GOVERNANCE COUNCILS	
Our council has charter/bylaws that:	
1. Define its work.	1 2 3 4 5
2. Describe expectations of its council members.	1 2 3 4 5
3. Define its membership.	1 2 3 4 5
ACTIVITIES OF SHARED GOVERNANCE COUNCILS	
Our council members:	
4. Have a management leadership team that is engaged in our council work.	1 2 3 4 5
5. Regularly attend meetings as specified in the charter/bylaws.	1 2 3 4 5
6. Are engaged during the meetings (e.g., participate in discussions, share ideas, offer solutions, etc.).	1 2 3 4 5
7. Make decisions that reflect the values and preferences of those they represent.	1 2 3 4 5
8. Complete assigned council work between meetings.	1 2 3 4 5
9. Use effective, direct, and respectful communication.	1 2 3 4 5
10. Manage conflict effectively and respectfully.	1 2 3 4 5
11. Have the necessary computer and project management skills to perform council activities.	1 2 3 4 5
12. Use data and/or evidence-based practice in making decisions.	1 2 3 4 5
13. Have council chairs and management leadership teams that collaborate on council work.	1 2 3 4 5
14. Use consensus to make decisions.	1 2 3 4 5
15. Make meaningful decisions.	1 2 3 4 5
16. Use decisions to change practice.	1 2 3 4 5
17. Makes decisions that are aligned with the organization's strategic goals.	1 2 3 4 5
18. Communicates its decisions to all stakeholders.	1 2 3 4 5
19. Participates in activities that improve the care of patients.	1 2 3 4 5
20. Participates in activities that improve our professional practice environment.	1 2 3 4 5
MEMBERSHIP OF SHARED GOVERNANCE COUNCILS	
Our council has:	
21. Strategies to ensure members have dedicated time to complete council work.	1 2 3 4 5
22. Formal education or training for new council members/leaders.	1 2 3 4 5
23. Processes for selecting and deselecting council members.	1 2 3 4 5
24. Established clear avenues for non-council members to contribute to council work.	1 2 3 4 5
25. A process to assess each other's participation in the council.	1 2 3 4 5
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Periodic Measurement with the Council Health survey

## Outcomes

### Subscale Mean Scores from Baseline to End of Year 2 for Shared Governance

	N	Mean	Standard Deviation	Standard Error Mean	p Value
Subscale <i>Nursing Personnel</i>					
2008	90	29.08	8.62	0.90	0.08
2010	108	31.40	9.96	0.96	
Subscale <i>Information</i>					
2008	90	31.14 <sup>a</sup>	9.63	1.01	0.05*
2010	108	33.58 <sup>a</sup>	7.87	0.76	
Subscale <i>Resources</i>					
2008	90	30.93 <sup>a</sup>	8.95	0.94	0.35
2010	108	32.03 <sup>a</sup>	7.45	0.73	
Subscale <i>Participation</i>					
2008	90	29.25 <sup>a</sup>	8.01	0.84	0.07
2010	108	31.17 <sup>a</sup>	6.94	0.67	
Subscale <i>Practice</i>					
2008	90	30.28	8.50	0.89	0.04*
2010	108	32.53	6.42	0.62	
Subscale <i>Goals</i>					
2008	90	16.74	5.12	0.54	0.04*
2010	108	18.18 <sup>a</sup>	4.87	0.47	

Note: An independent t-test run with equal variances;  $p > 0.05^*$ .  
<sup>a</sup> = within the shared governance range.....

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## Ten Years Later

### Divisional Councils Remain including

Practice Council • Quality and Safety Council • Education Council • Informatics Council  
Night Council • EBP and Research Council • Coordinating Council

- Councils meet once a month for 2 hours and ad hoc as needed.
- Chairs meet with Advisors prior to and after Council meetings.
- Shared Governance continues to be a strategic initiative with specific goals focused on improving patient care and/or the practice environment.
- Units provided autonomy to develop a structure that would work for their staff (some have individual councils and others have one SG unit council).
- Published an article and have shared best practices with organizations across the nation.
- Achieved accreditation in shared governance by the Forum for Shared Governance



**References:** Brull S. (2015). Successful shared governance through education. Nursing Economic\$, 33(6):314-319.  
Swihart D, Hess, R. (2014, 2019). Shared Governance. A Practical Approach to Transforming Interprofessional Healthcare. 4rd ed. Marblehead, MA: HCPro.  
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