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PROFESSIONAL DIRECTIONS

Shared Governance Is Everywhere!

Amanda was on her way to lunch at the hospital cafeteria near the ophthalmology practice, recently purchased by the hospital where she worked as a nurse. On a bulletin board outside of the cafeteria, she noticed a note announcing a nursing shared governance congress meeting to be held the next week. She filed the posting in the “doesn’t-apply-to-me, not-my-concern” section of her brain.

What do you think? Should it matter to her?

If you think shared governance doesn’t apply to a nurse working in a remote, offsite practice with a model implemented at the larger organization even remotely connected or nearby, you’d be wrong. Almost 45 years since its inception (Christman, 1976), nursing shared governance has embedded itself into every conceivable health-care setting, empowering not only nursing professionals but stakeholders in about two dozen other health-care disciplines – including physicians – and even patients and their family members. In some settings, they are all at the decision-making table, so it’s not a stretch to think that ophthalmology-specialty nurses should be participating now or in the near future.

What’s in a Name?

Shared governance is a subset of professional governance, a multidimensional organizational characteristic that includes the structure and processes

through which professionals direct, control, and regulate one another’s goal-oriented efforts. Contrary to misinformed attestations in some recent publications, professional governance is not a new concept (Hess, 2017). In fact, a comprehensive literature search finds the term used in at least 50 articles during the last 30 years (Hess, 2019a). In 1992, I first popularized the term, as defined above, in several peer-reviewed articles, and in 1994 I forever established the concept by copyrighting The Index of Professional Governance, still the only valid and reliable instrument for measuring shared governance (Lamoureux et al., 2014).

Professional governance encompasses a continuum from traditional governance, the authoritarian bureaucracy with which many of us were brought up as new nurses, where managers make most decisions; to shared governance, where both staff and managers participate in decision-making; to self-governance, a situation where staff nurses make most decisions – as, for example, when staff nurses own a hospital and employ managers to help them with managerial functions. Nursing shared governance is a managerial innovation in which staff nurses control clinical decision-making and, with managers, influence the resources that support their practice. Shared governance is not a dichotomous variable – that is, something you either have or don’t have. Rather, it is a

measurement of how much, what, and by whom some things are controlled in an organization, such as what providers do at the bedside or how a budget is created. It brings all relevant stakeholders to the decision-making table to make nearly irrevocable decisions. In a true shared governance model, groups like staff nurses or managers cannot second-guess a decision and unilaterally revoke or change it later. Instead, decisions must be made and changed by consensus.

Some organizations, worried that using the word “governance” might offend or frighten such folks as health-care board members or physicians who participate in organizational governance (a different concept altogether), have replaced it with other phrases, such as “shared decision-making.” A noted consultant on this issue, Vicki George, PhD, RN, FAAN, encapsulates what is shared in a shared governance model: She has said that shared governance lays down the tracks, shared decision-making is the engine, shared leadership provides the fuel, and shared vision defines the destination. In the end, it’s not the name but the actual program implemented that is important. Real shared governance mandates that health-care providers and managers come together on an equal, consensual footing to make irrevocable, mutually beneficial decisions that improve professional, organizational, and patient outcomes.

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Outcomes Are Coming Out

In the past, rosy expectations predicted that shared governance would enhance collaboration; autonomy and empowerment; morale and satisfaction; culture and values; quality and patient outcomes; versatility, competency, and productivity; cost-savings; and recruitment and retention. And some have claimed that the very words “shared governance” can help with recruitment, whether or not a real program has been implemented in an organization.

Although research to support an association with professional, organizational, and patient outcomes has been slow in coming, evidence is gaining momentum. Evidence-based literature now connects shared governance with greater job satisfaction (Anderson, 2011), empowerment (Barden et al., 2011), professional certification (Brull, 2015), and a better nursing practice environment (Clavelle et al., 2013). Some studies have even suggested a link to better patient outcomes (Rheingans, 2012; Silverstein, 2012). With that in mind, the Forum for Shared Governance is currently sponsoring an international 23-hospital study to investigate the connection between shared governance and nurse-related outcomes, including nurse-sensitive indicators, nurse satisfaction, and patient satisfaction. This study is being led by Karen Gabel Speroni, PhD, RN, a nursing research scientist. This same forum has recently launched a program for rewarding health-care organizations and systems that demonstrate real shared governance with formal, yet free accreditation (Hess, 2019b).

What's in It for You?

On a personal, professional level, shared governance offers an opportunity for you to achieve the following:

1. Develop new skills. Most basic nursing programs do not teach students how to chair or even participate in a meeting. These skills and others, such as delegation, collaboration, negotiation, and project management, are not intuitive. They must be learned and practiced in order to create and maintain an effective shared governance program. By participating in your organization's shared governance structure and processes, you are gaining and honing skills that you will use throughout your career as a leader and follower.
2. Learn to lead. Shared governance councils are gathering places for leaders. A well-accepted notion is that the best way to become a leader is by association with established leaders. Want to become a leader? Join a council and learn from the best.
3. Strengthen your résumé or curriculum vitae. Recruiters look for nurses who are special and stand out from their peers. They know that health-care professionals who participate in shared governance probably have the aforementioned skills and are team players. When you update your résumé, which you should be doing every time something new and special happens in your career, remember to add shared governance to the professional activities section. If you have a CV, emphasize your council participation in the executive summary, which should precede the body of your document.
4. Gain a deeper appreciation of colleagues from different disciplines. If you're lucky enough to participate in an interprofessional shared governance model, you'll improve your collaborative skills as well, especially if you are assigned to interprofessional projects. If yours is not yet an interprofessional program, know that it probably will evolve

into one in the future because that is where progressive shared governance is headed. Despite the parochial beginning of nursing shared governance (nurses invented this phenomenon), implementing new or altered nursing policies and procedures often requires the cooperation of other health-care disciplines. Participation in shared governance will teach you how to gain this cooperation.

5. Find new opportunities for coaching, role modeling, and mentoring. These interactions are essential to a vibrant career. Coaching, being coached, or recognizing or being a role model are career-strengthening behaviors that are often transient and must be seized when the opportunity arises. Mentoring, on the other hand, is a formal commitment between colleagues that stretches over time, involving the development of an intense, complex relationship. Involvement in shared governance can present opportunities to participate in all three.

6. Expand your professional network. A shared governance structure cuts across the usual organizational chart and expands not only your usual bevy of contacts but also your visibility, thus creating new opportunities for moving up or laterally within your employment situation. Networks borne of councils allow you to show off your newly acquired skills and sparkle as your coaches and mentors within shared governance get a chance to advocate for you.

7. Acquire a deeper understanding of generational differences. There is growing evidence that intergenerational groups work and play differently. Council participation gives you one more opportunity to learn how to interact effectively with colleagues of difference ages.

Shared governance has steadily made inroads into all facets of health-care organizations, encompassing every conceivable profession. The implementation of this concept will eventually include professionals working beyond the traditional brick-and-mortar hospital. In fact, it already has, encompassing ambulatory care, acquired medical practices, and, perhaps in the near future, ophthalmology practices. So the next time you see a notice about a shared governance meeting, take notice and add it to your to-do list. It's probably your future, too.

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