

# Shared Governance Knowledge and Research Project

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#### BACKGROUND

The role of the bedside nurse is the backbone of any acute care hospital. Frontline nurses provide assessment and interventions that directly affects patient care and clinical outcomes. The voice of the bedside nurse is important to creating change and inspiring process improvement related to nursing practice and professional development. The concept of Shared Governance is a venue that provides an outlet and voice for bedside nurses to let their ideas and innovation to shine.

Shared Governance is defined as a “management process model that encourages and empowers involvement of the front-line nursing staff in decision making, with the purpose of improving staff’s professional practice, work environment, and professional development; furthermore, Shared Governance helps advance the business and health care mission of the organization” (Brandt, Edwards, Cox- Sullivan, & Zehler, 2012, p. 39).

Participation of nurses in Shared Governance is key to front line decision making, change, and process improvement. Getting bedside nurses involved in Shared Governance has historically been challenging at many organizations. Identifying barriers to the lack of participation is essential to increasing knowledge and education about Shared Governance.

At Novant Health Greater Charlotte Market hospitals, which include Presbyterian Medical Center, Charlotte Orthopaedic Hospital, Huntersville Medical Center, and Matthews Medical Center, it has been identified that there is a generalized lack of participation in Shared Governance participation at the unit level and the facility level. To increase participation, barriers and knowledge about Shared Governance needs to be identified. Identifying these barriers and knowledge deficits will help improve efforts to educate and promote of Shared Governance throughout the market and foster shared decision making related to patient care, nursing processes and professional development.

#### PURPOSE

- The purpose of this study is to determine the barriers within each facility and develop a program including education and promotion of the Shared Governance Model to increase nursing knowledge and increase participation Shared Governance at the unit and facility level.

Do you think Shared Governance makes a difference in nursing practice?							
Answer Options	little difference	some difference	more difference	most difference	Rating Average	Response Count	
	84	178	96	31	3.01	423	
	answered question						423
	skipped question						1

Table 3

Do you think Shared Governance makes a difference in nursing practice?							
Answer Options	no difference	little difference	some difference	more difference	most difference	Rating Average	Response Count
	41	110	162	61	19	2.76	393
	answered question						393
	skipped question						7

#### MATERIALS AND METHODS

This study was presented and approved through the Novant Health Presbyterian Medical Center Institutional Review Board (IRB). Evaluation of knowledge related to the shared governance model at Novant Health Greater Charlotte Market will be conducted with a pre survey and post survey design. A pre survey was offered in April 2015 voluntarily to all bedside RNs at each Greater Charlotte Market facility to determine the level of knowledge about Shared Governance and any perceived barriers to participation. Education and communication about Shared Governance will be provided in each facility by means of a roving cart and face to face education. Shared Governance binders were distributed to each nursing unit that the bedside nurses can use for reference about contact information for Shared Governance, what is the purpose of Shared Governance, and how one can become involved in Shared Governance. The roving cart will facilitate face to face contact with bedside nurses to give visibility of Shared Governance and to allow for any questions. The roving cart will visit each shift in each nursing unit once a month for three months, May, June, and July 2015, to give updates on Shared Governance. In August 2015, two weeks following the conclusion of the roving cart education a voluntary post survey using the same questions from the pre survey will be distributed/offered to all RNs within the Greater Charlotte Market to determine if there has been an increased knowledge of Shared Governance and a decrease in perceived barriers to participation. Statistical analysis will be conducted to compare to pre and post roving cart surveys to ascertain if there is a perceived increased knowledge of Shared Governance. Attendance rosters will then be compared from the previous year to the current year during the months and up to six months post education of the roving cart to evaluate if there has been an increase in facility and unit Shared Governance participation.

How much knowledge do you have about Shared Governance?							
Answer Options	little knowledge	moderate knowledge	more knowledge	most knowledge	Rating Average	Response Count	
	102	157	101	48	3.16	421	
	answered question						421
	skipped question						3

How much knowledge do you have about Shared Governance?							
Answer Options	no knowledge	moderate knowledge	more knowledge	most knowledge	Rating Average	Response Count	
	7	163	88	38	3.12	399	
	answered question						399
	skipped question						1

Table 1

What are some barriers that you feel prevent you or your colleagues from participating in Shared Governance? (choose all that apply)			
Answer Options	Response Percent	Response Count	
staffing issues	51.1%	215	
work schedule issues	70.5%	297	
family commitments	33.5%	141	
doesn't make a difference	29.2%	85	
none, I am involved	5.7%	24	
	answered question		421
	skipped question		3

Table 4

Do you participate in Shared Governance?			
Answer Options	Response Percent	Response Count	
yes	40.3%	171	
no	59.7%	253	
	answered question		424
	skipped question		0

Table 2

Do you participate in Shared Governance?			
Answer Options	Response Percent	Response Count	
yes	35.0%	140	
no	65.0%	260	
	answered question		400
	skipped question		0

#### RESULTS

The pre and post surveys consisted of twelve (12) questions with seven (7) focusing on specifically on perceived knowledge and participation in Shared Governance, one (1) question was a free text to determine specific barriers to participation in Shared Governance, and four (4) that were for demographic purposes.

The number of bedside nurses in the Novant Health Greater Charlotte Market who were eligible to participate in the surveys were 2400. This includes medical- surgical, critical care, inpatient and outpatient procedural units, behavioral health, and inpatient and outpatient hospice. The number of participants for the pre survey was 424 and the number of participants for the post survey was 400. The dominant gender of those participating being female, 93.96% and 91.33% respectively for each survey.

The results of the pre and post surveys did not show significant increase in knowledge or participation in Shared Governance. Question two (2) of the survey showed that bedside nurses felt that they had moderate knowledge of Shared Governance pre and post roving cart (Table 1). Question six (6) showed that bedside nurses felt that Shared Governance made little to some difference in nursing practice (Table 3). Question three (3) showed that there was no increase in Shared Governance participation post roving cart (Table 2). Question five (5) identified the most common barriers perceived to participation in Shared Governance (Table 4).

The average age of the participants were ages 31 to 50 with over 50% of the participants having bachelor’s degrees.

The comparison of the rosters did not show an increase in participation in Shared Governance post roving cart education.

#### CONCLUSIONS

In conclusion, the pre survey has identified a generalized knowledge deficit at each facility and low participation rates in Shared Governance in the Novant Health Greater Charlotte Market. The roving cart concept was implemented to increase knowledge, communication, and awareness of Shared Governance. The purpose of this research was to determine barriers, increase education and provide more visibility to the bedside nurses and increase involvement in Shared Governance.

The post survey has shown that despite the implementation of the roving cart, there is still a lack of knowledge and participation regarding Shared Governance. The need for further developing of educational opportunities concerning Shared Governance need to be explored as well as conquering the barriers that impede active participation.

#### REFERENCES

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