Shared Governance Overview

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Shared Governance
Outcomes

By the end of this session, we will have...

• Knowledge of the philosophy of shared governance so that we can apply it to the leadership of our groups

• A list of the organizational elements that facilitate shared governance in an designated area of implementation
What is Shared Governance?

- A philosophy and structure that supports:
  - Decentralized decision-making
  - Shared ownership and accountability
  - Partnerships among key stakeholders
- Vanderbilt Definition
  - A dynamic staff-leader partnership that promotes collaboration, shared decision-making and accountability for improving quality of care, safety and enhancing work life.

Employee involvement in decision-making contributes to increased satisfaction and productivity. (Argyris, 1962 and Herzberg, 1968)
Shared Governance Concept

• **Our Structure is**: Shared Governance

• **Our Process is**: shared and collaborative decision making between leaders and care givers/providers

• **Our Outcome is**: engagement of employees in professional practice and improvement in patient care
Shared Governance Elements

• Collaboration within and across groups/professions
• Staff participating in decisions affecting the clinical work environment
• Decisions made as close to the clinical work as possible
• This is a journey, not a destination: always changing and evolving (and can look different in different areas)
• Education and skill-building is a must for all involved
  – Managers/Leaders: share authority over key areas
  – Staff: learn delegation and meeting skills for participating in and running meetings
  – All: Facilitative Leadership Practices
Building an Effective Shared Governance Model

- Information from: The Advisory Board “Toward Staff-Driven Decision Making” Nursing Executive Center interviews and analysis
  - Four Key Lessons from High-Performing Shared Governance Programs
    - Invest Adequate Resources
      - Time, Ongoing Financial Resources, Executive Commitment
    - Customize Model Based on Organizational Needs
      - Unit/clinic based boards, entity councils, leadership boards, outlined in bylaws
    - Ensure Participation is Voluntary
      - “Forced Governance” is likely to fail; when mandatory, participation may rise, but staff engagement is tepid and leaders have to dominate agenda planning and meetings
    - Cultivate Manager and Director Support
      - Avoid “common pitfalls” of Lack of Manager Buy-in and Excessive Manager Involvement
What Governs Nursing?

• Nursing Bylaws
  – The Nursing Staff Bylaws are established within Vanderbilt’s culture of Shared Governance. The Bylaws define the responsibilities of all the Vanderbilt boards, major committees, and supporting councils that affect nursing.

• Nursing Bylaws Define:
  – Composition of Boards/Councils/Committees
  – Reporting Structure
  – Charter Requirements
  – Expectations
Nursing Shared Governance Model

Work, ideas, and issues can originate from the Executive/Strategic level and travel through the boards to develop into a program or policies that get implemented at the entity or unit/clinic level.

Work, ideas, and issues can originate from the Unit/Clinic level and be addressed there, or move throughout the supporting boards for input, planning, and implementation.
Groups and Roles

- **Leader**: Shares authority or gathers input from group
- **Board**: Decision making
- **Committee**: Reporting and recommending to another body
- **Council**: Information Sharing/Advising
- **Taskforce**: A temporary grouping of individuals and resources for the accomplishment of a specific objective
Advanced Practice Shared Governance Structure

**Interprofessional Advisory Group**

**APRN Enterprise Board**

- **APRN Service Line Council (SLC)**

- **APRN Entity or PCC Council**

**Shared Services:**
- CAPNAH
- SG
- HR
- NEPD
- Research
- Faculty Affairs
- Joint Practice
- Provider Support
- QSRP
- Risk Management
- General Counsel
- Compliance
- Informatics

**Committees:**
- Advanced Practice Standards
- Clinical Practice Grand Rounds
- Professional Development

**Draft: APN Shared Governance and Professional Practice Communication Model**
Core Expectations

• For the Group
  – Regularly held meetings
  – Charter
  – Elect Chair and Co-chair (for larger groups)
  – Document & communicate
  – Collaborative agendas distributed ahead
  – Gather input into agendas
  – Consensus decisions with fallback plan

• All Members
  – Communication
  – Openness and trust
  – Team attitude
  – Facilitative leadership
Guiding Topics for Agendas -
Think Patient Care

• Enterprise/Entity Work
  – Pillar Goals
  – Collaboratives
  – Nursing Strategic Plan
  – Nursing Quality Plan
  – NDNQI
  – Community Survey

• Bylaws Work
  – Be the Best Committees
  – Standing Committees

• Unit Goals
  – Quality
  – PRC Results
  – Community Survey
DECISION MAKING PROCESSES

The Critical Factors: Time and Involvement

LEADER DECIDES & ANNOUNCES

LEADER DECIDES BASED ON INPUT FROM INDIVIDUALS

LEADER DECIDES BASED ON INPUT FROM GROUP AS A WHOLE

GROUP, INCLUDING LEADER, REACHES CONSENSUS

FALLBACK TO NO CONSENSUS

LEADER DELEGATES [NO INVOLVEMENT]

CONSENSUS DECISION MAKING BY GROUP WITH BOUNDARIES

FALLBACK TO NO CONSENSUS

INCREASED INVOLVEMENT

INCREASED TIME

Source: VUMC Learning Center
Facilitative Leadership

• Facilitative leadership is one strategy that can empower frontline staff in an organization. Seven practices of facilitative leadership are:
  – sharing an inspiring vision,
  – focusing on results, processes, and relationships,
  – seeking maximum appropriate involvement,
  – designing pathways to action,
  – facilitating agreement,
  – coaching for performance, and
  – celebrating achievement.

• Facilitative leadership style nurtures staff participation. By involving people in decisions affecting their daily work experience, facilitative leaders gain people’s commitment to achieving organizational goals.

Information from: Developing Leaders at Every Level; Moore, Hutchinson
Shared Governance Roles for Staff and Leaders

Staff
- Problem-Solving Participant
- Planner
- Implementer
- Team Member

Shared Roles
- Collaborator
- Innovator
- Risk Taker
- Communicator of Ideas
- Designer of Improved Systems for Patient Care

Leaders
- Facilitator of Interaction
- Coach
- Active Listener
- Model
- Information Source

Figure from: Sustaining Work Redesign Innovations Through Shared Governance; Minnen, Berger, Ames, Dubree, Baker, Spinella
Impact of Empowerment

• **Structural Empowerment Theory**
  – Kanter contends that attitudes and behaviors are influenced more by social structures in the workplace than by individual personality predispositions.
  – Avenues of power in an organization are the sources of structural empowerment. These avenues are
    • access to information,
    • access to resources necessary to do the job,
    • having the opportunity to learn and grow, and
    • receiving support.
  – In addition, informal job factors such as alliances with superiors, peers, and subordinates influence empowerment.

• Rosabeth Kanter (1977, 1993)
Resources

• Shared Governance Website – Helpful tools and resources
  – Nurse Alerts!
  – Charters
  – Agendas
  – Bylaws
  – Education
    • www.VanderbiltSharedGovernance.com

– APRN Event: Board Basics class, save the date!
  • Friday, March 27th: 1200-1600