## "Shared Governance equals Shared Decision, is it or is it not?" Part 1: An exploratory descriptive study among staff nurses' and unit based nursing leaderships' perceptions of decisional involvement. Part 2: A cross-sectional descriptive, comparative study among staff nurses' and nursing leaderships' perceptions of decisional involvement over a Magnet journey.

# Introduction

Shared governance empowers nurses to be involved in decision making and gives them a sense of autonomy and responsibility of their actions over practice (Anderson, 2011). It can be used both to engage staff with the rapidly changing healthcare environment and as a means of creating cultures that fortify the organization to prepare for healthcare challenges. Therefore, establishing a model of shared governance has the prospective to improve nurses' decisional involvement over their practice. Strengthening the staff nurse's participation in decision making to improve the culture of the workplace environment is a crucial to improve nurse, patient, and organizational outcomes (Waddell, 2009). Decisional involvement "is the pattern of distribution of authority for decisions and activities that govern nursing policy and the practice environment" (Havens & Vasey, 2003, p. 332). The number of Magnet hospitals is rising each year, and hundreds of other hospitals are aiming to join the almost 400 with Magnet status (ANCC, 2011) a small percentage of the 5795 US hospitals (AHA). The hospitals that want to achieve this goal must demonstrate evidence of formal empowering structures and processes that involve nurses in governance and decision making about their practice (ANCC, 2008).

# Purpose

## This research study will measure the decisional involvement of nurses in a newly opened 133 bed hospital in Florida on their journey to Magnet designation.

The first part will descriptively look at staff nurses' and unit based nursing leaderships' perceptions of shared governance using the Index of Professional Nursing Governance (IPNG) survey. The second part will also descriptively look at staff nurses' and unit based nursing leaderships' perceptions of shared governance using the IPNG but over the course of the Magnet journey at Year 2 and Year 3. The authors of this study hypothesize that with the implementation of a shared governance model, from opening through the course of the Magnet journey, there will be an increase in staff nurses' perceptions of decisional involvement over their practice and unit based nursing leaderships' perceptions of staff nurses' decisional involvement.



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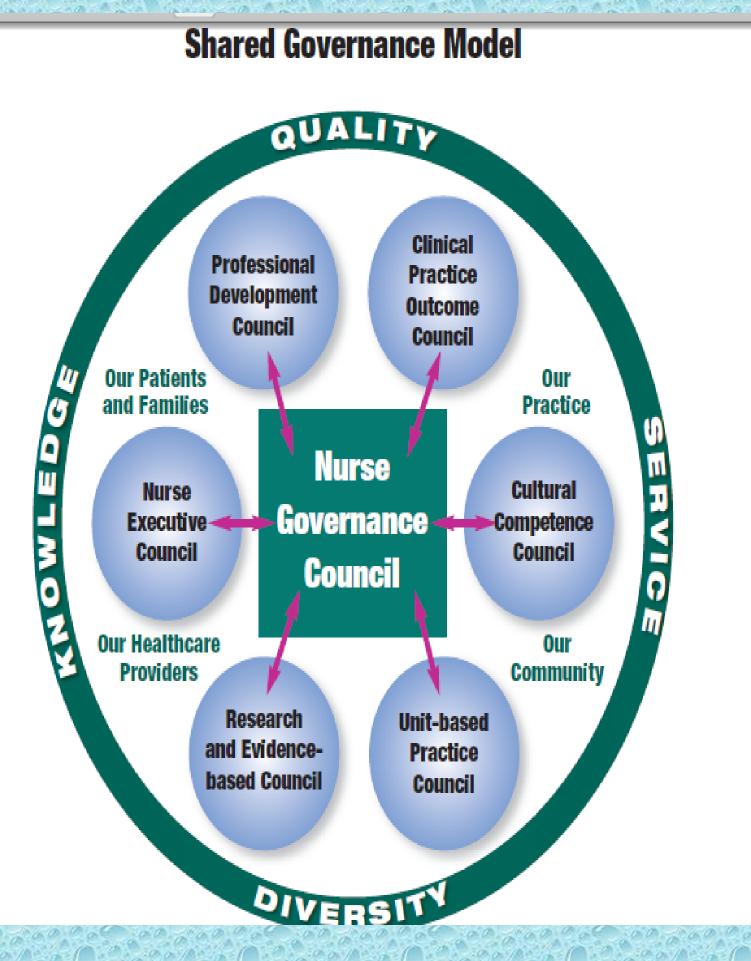
# Methods

Data for this 2 part cross-sectional descriptive, comparative research study was & will be collected from staff nurses and unit based nurse leadership at all the units in West Kendall Baptist Hospital. Following approval of the Institutional Review Board (IRB), anonymous surveys were & will be distributed and conducted to assess perceptions of decisional involvement among the staff nurses and unit-based leadership nurses. The target combined sample was & will consist of roughly 270 nurses who work in all the units of WKBH. The IPNG survey which has 6 sub themes, namely personnel, information, resources, participation, practice and goals, developed by Hess, R. (1994) will be used to measure the decisional involvement of nurses. The data collection will be over the course of the organization magnet journey, commencing December of 2011, then December 2012 and then finally on December 2013.

Another series of data previously obtained from the NDNQI nurses survey will be used to partly validate the IPNG. That data consists of summary statistics only.



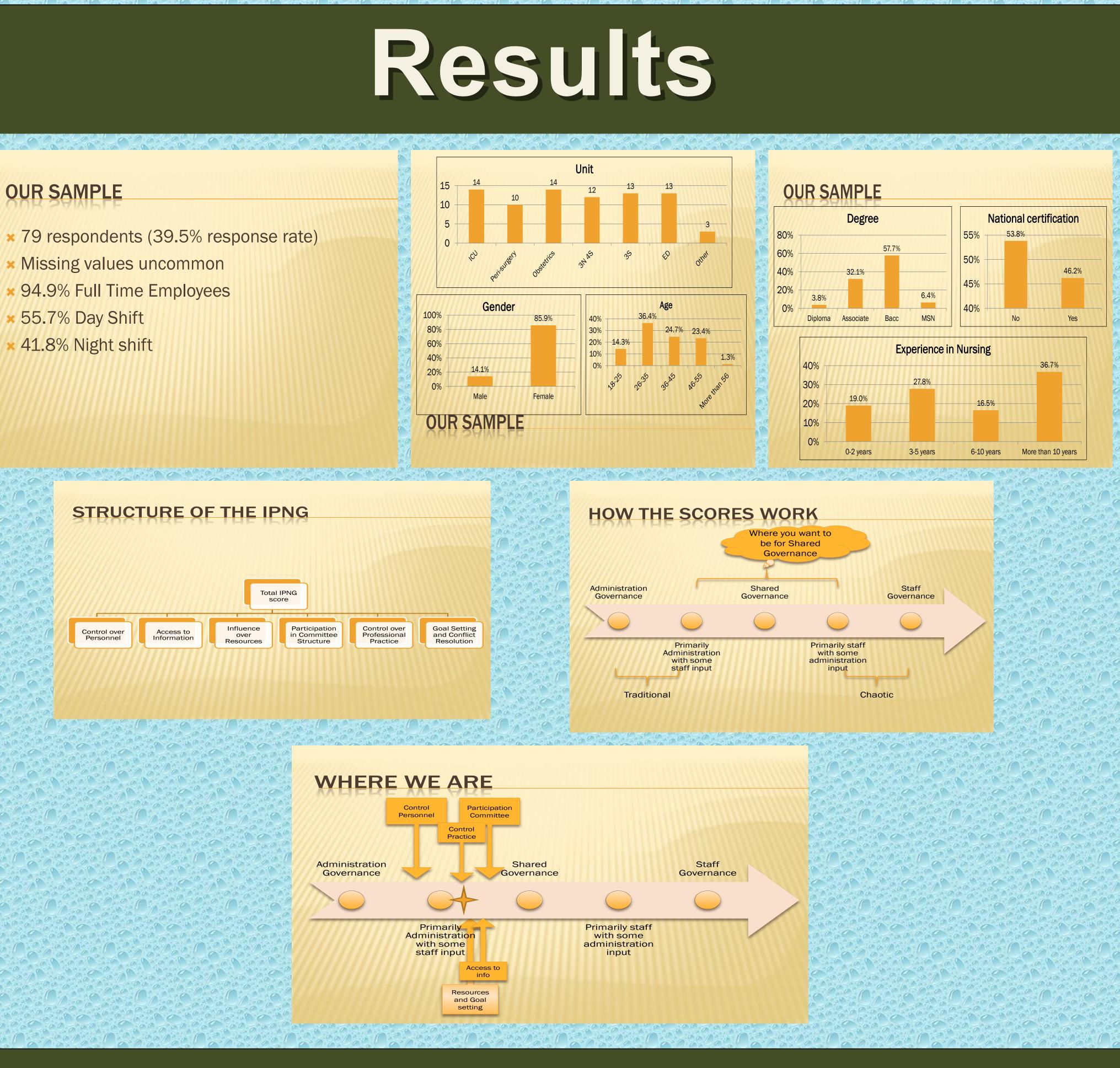






## **OUR SAMPLE**

- Missing values uncommon
- × 55.7% Day Shift
- 41.8% Night shift



One of the initial assumptions in opening WKBH Hospital was that governance was going to be shared decisional involvement between the management/administration and nursing staff. In every step of the planning, development and implementation, shared governance was a focus. It was not surprising therefore to see that the IPNG scores were mostly within the "shared-governance spectrum". There is still room for improvement and the Hospital's journey to Magnet designation warrants monitoring of this governance perception

Limitations of this study are related to study design and generalizability. As is the case for all surveys, the response rate limits the generalizability of the results. Moreover, the NDNQI survey we correlated the IPNG with was done before the present survey. Considering the recent opening of the Hospital and the rapid changes associated with this early implementation period, we can argue the NDNQI satisfaction survey was not really measuring what it was intended to measure. Furthermore, the response rate for the NDNQI survey was much higher than the IPNG survey, making the comparability of the samples questionable.

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## Conclusions

# References