Shared Governance 101: What You Need to Succeed

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Background
- Nursing Shared Governance has been established at Aurora St. Luke's Medical Center (ASLMC) for over 30 years, yet no formal evaluation of shared governance has ever been conducted.
- Shared Governance Chairs obtained permission and utilized the Council Health Survey (CHS) to assess effectiveness of shared governance structures.
- The CHS tool has been shown to be valid and reliable in assessing shared governance effectiveness (Hess et al., 2020).
- Results of initial survey (n=83) in February 2022 showed that 40% of respondents (n=34) selected neutral, disagree, or strongly disagree for survey item “formal education or training for new members/leaders” (mean score =3.5 on 1-5 Likert scale).

Objective
- The goal of the project was to implement a standardized orientation for all new shared governance members.
- The orientation, called Shared Governance 101, was intended to:
  - Engage new members
  - Develop personal and professional connections
  - Establish membership expectations

Approach
- Formalize education/training for new shared governance members based on gap identified by CHS evaluation.
- Standardized orientation session including the following components:
  - History of shared governance (SG) at ASLMC
  - Overview of SG structure
  - Member role and responsibilities
  - Site specific councils
  - Introduction to SG chairs
  - Breakout groups for new members to meet with their respective council chairs.

Approach (continued)
- 2 hour in person and virtual session offered quarterly.
- Time paid from Nursing Shared Governance budget.
- Method of Evaluation
  - Track attendance for sessions.
  - Pre-post assessment, using a Likert scale from 0-5, was conducted to evaluate the SG member’s confidence and identify role expectations before and after the Shared Governance 101 orientation.

Results
- Since inception, 5 Shared Governance 101 sessions have occurred with 53 participants.

Results (continued)
- With each quarterly session, a pre-post assessment showed increase in knowledge/competence.
- A paired sample t-test for Shared Governance 101 attendees showed a significant increase in confidence with skills for role from pre (M=3.46, SD=1.2) to post training (M=4.69, SD=.47), t (25) = (-5.67, p<.001) (Figure 2).

Implications for Practice
- The pre and post CHS tool mean scores from 2022 to 2023 were consistent indicating strong, stable, and effective shared governance across membership, activities, and structure domains at the site.
- Sessions were expanded to all shared governance members or individuals interested in joining in 2023.
- This standardized orientation could be used within any shared governance structure, with orientation materials specific to each site and structure.
- Shared Governance 101 sessions will continue quarterly in 2024 with pre-post assessments.
- Formal evaluation of shared governance structures may aid sites in identifying current strengths, areas of opportunity, and the potential within current shared governance.

References

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Word cloud of free text responses

Figure 1. Shared Governance 101 attendance tracking.

Follow up CHS survey (n=73) was conducted in January 2023.
- Mean score for the item “formal education or training for new members/leaders” increased slightly to 3.63.
- The other items and domains from the CHS tool (membership, activities, and structure) remained consistent from pre-post.

Figure 2. Shared Governance 101 orientation evaluation.
- Feedback from free text fields showed themes of comfort with tasks & connections (Figure 3).

Figure 3. Word cloud of free text responses.

Conclusions
- New shared governance members have increased knowledge and confidence in role expectations with a standardized shared governance orientation.
- Members learned the importance of their contributions and establish personal and professional connections promoting greater engagement.