**OBJECTIVES**

- Understand the purpose of implementing a shared governance model
- Provide a brief overview of Classical Grounded Theory research
- Understand the main concern of bedside nurses working in a children’s hospital in Texas that practices shared governance and how they resolve their main concern
- Describe how nurse leaders can benefit from the results of the research
THE PROBLEM
- Restructuring and downsizing in healthcare
- Bedside nurses:
  - Caring for sicker patients/fewer resources
  - Little input into decisions about practice and practice environment
- Nursing shortages
  - Decline of individuals entering the nursing profession
  - Baby boomers/aging workforce
- Strategies are needed to improve work conditions and the work environment

“Organizations now need to learn that the nurse at the front line of the service is crucial to the success associated with changing the environment of care” (Farrelly, 2013, p.1037)

SHARED GOVERNANCE
- Framework for professional nursing practice
- Empowers nurses:
  - Part of decision making processes
  - Improves communication
  - Creates a positive work environment
- Organizational strategy
  - Between worker and work place:
    - Partnership
    - Equity
    - Accountability
    - Ownership

RESEARCH PURPOSE
- To explore the experiences, “what is really going on,” (Glaser, 1998, p.12) of bedside nurses and gain insight into how working in a SG environment affects them.
- To address the research question:
  “What are the experiences of bedside nurses who practice in a children’s hospital that has had a shared governance model in place for at least four years?”
**Methodology**

- **Classical Grounded Theory (CGT)**
  - Inductive process
  - Develop theory grounded in actual data
  - Rigorous method-constant comparison method
  - Aim of CGT is to identify
    - Themes, patterns, and processes
    - Understand how a group of people define, via their social interactions, their reality
    - Leads to the development of a theory “grounded” in the data
  - Classical Grounded Theory is unique in that it provides more than meaning, understanding, and description of a phenomenon; it creates theory

**Study Sampling**

- Purposive & Snowball
  - Purposive - select participants based on
    - “First hand experience with a culture, social process or phenomenon of interest” ([Streubert & Carpenter, 2011, p. 29](#))
  - Snowball –
    - Participants are asked to refer others

**Data**

- Online semi-structured typed synchronous interviews
  - Data for the study consisted of:
    - Demographic data
    - Interview data
    - Researcher’s memos and notes
Study Findings: Core Category & Substantive Theory

- Initial Nine clusters or categories of data:
  1. Having a voice
  2. Working collaboratively
  3. Providing quality care
  4. Management
  5. Support
  6. Affecting change
  7. Cost
  8. Angst
  9. Being a part

CORE CATEGORY

BEING HEARD

MAIN CONCERN
MAIN CONCERN: BEING HEARD

- “When something good or bad happens, it is much easier for the bedside nurses to voice what the positives and negatives are rather than an outsider guessing and implementing changes based off of paper or what they heard” (participant 3, line 82)
- “I think it is really important the bedside nurses’ voices are heard because oftentimes we are the only people that recognize a problem exists” (participant 6, line 77)
- “The care to the patient is given by the bedside nurse, not the upper level managers. Therefore, we often know what processes are doable, or will even make sense to implement” (participant 11, line 152)
- “As a bedside nurse I know what is happening everyday on my unit and although I may not know the research that the administrators may have, I know whether or not it is feasible” (participant 7, line 75)
- “I know our managers would not have known what to do without the involvement of the bedside nurses” (participant 2, line 35)

SOLVING THE MAIN CONCERN

“Voicing”

- Willingness
  - Feeling a sense of belonging/being supported
  - Relationships with peers, managers
  - Personal history, Peer’s experiences
  - Nurses’ previous experiences, Personal needs
  - Engaging
  - Assessing

WILLINGNESS: BELONGING, SUPPORTED

- More willing to voice when they feel they:
  - Belong
    - “my co-workers and the close little family that we are” (participant 3, line 95)
    - “I feel a part of the process” (participant 3, line 95)
    - “I have been there for so many years that it feels like home and somewhat like a family” (participant 11, line 5)
  - Support
    - I can count on my co-workers to help me if I need it” (participant 2, line 5)
    - “I love it…everyone around me is helpful” (participant 2, line 5)
    - “If a bedside procedure or code takes place, everyone always jumps in to help and be of assistance” (participant 3, line 14)
**Willingness: Relationship with management**

- **Immediate Manager:**
  - "They ask how my day is going" (participant 2, line 13)
  - "Our manager always hears our complaints and tries to help us out" (participant 1, line 69)
  - "Our manager has our back" (participant 14, line 47)
  - "They keep up their skills, understand what patients and staff are talking about, just have a better understanding of the overall daily picture" (participant 9, line 56)

- **Manager:**
  - "Open communication is a good idea, but the managers are still the boss. The staff nurses still watch carefully what they do when the managers are around. When the managers are not there the staff is more relaxed" (participant 9, line 56)

- **CNO:**
  - "I love feeling safe approaching management and even upper administration personnel" (participant 1, line 34)
  - "Our CNO comes by during the dayshift and asks the nurses how things are going and if people have any suggestions, she seems very open to input from bedside nurses" (participant 16, line 48)

- **CEO:**
  - "I have never seen the CEO" (participant 16, line 51)
  - "The bedside nurses seem not to know how to respond when the CEO attempts to connect with them: "The CEO tries to reach out, but I do not feel he has much to do with us" (participant 15, line 44)

**Willingness: Quality; Personal History**

- **Quality**
  - "Everything the nurses want... is for the betterment of their patients" (participant 2, line 77)
  - "We always discuss current practices, how we are doing with our ‘quality initiatives’... as well as patient satisfaction" (participant 6, line 45)
  - "As a bedside nurse I have a voice, a way of expressing concerns and also bettering the department in which I work" (participant 4, line 8)

- **Personal History**
  - "Institutions will ask nurses for their input but then they do not incorporate that input" (participant 3, line 67)
  - "Hospitals I’ve worked in before bedside nurses did not have a voice in the decision making process and often decisions were just passed down from management" (participant 7, line 3)

**Willingness: Peer Experiences; Personal Needs**

- **Peer’s Experiences**
  - "I have heard stories of people getting run off because they voiced their opinion too much... I do think that when people are part of a committee they need to be careful with what they say..." (participant 9, line 56)
  - "I often hear seasoned nurses say they started out trying to become involved, but nothing ever changed so they stopped caring" (participant 5, line 124)

- **Personal Needs**
  - Receive credit - evaluation processes
  - Work schedules
  - Practice and Practice environment
ENGAGING

- Stepping forward to have a voice
- Offer ideas
- Participate in decision-making processes
- Provide feedback
  - Patient
  - Work environment
  - Practice
  - Costs
  - Commitment
  - Personal time

- "I don’t like that it takes up a lot of my time to be on the committees, but I love that we can make changes as bedside nurses."
- Risks

ASSESSING

- Potential responses
  - The bedside nurses may discern:
    - Their input was received positively
    - Their input was received negatively
    - Their input was received but could not be acted on
    - There may be no response or an unclear response to their input
    - Their input is not sought so they had no opportunity to engage

Most important is that they received some sort of feedback.

SUBSTANTIVE THEORY

Being Heard

(The main concern of the bedside nurse)

Engaging
- Offer ideas
- Participate in decision-making processes
- Provide feedback
  - Patient
  - Work environment
  - Practice
  - Costs
  - Commitment
  - Personal time

Assessing
- Potential responses
  - The bedside nurses may discern:
    - Their input was received positively
    - Their input was received negatively
    - Their input was received but could not be acted on
    - There may be no response or an unclear response to their input
    - Their input is not sought so they had no opportunity to engage

Willingness
- Affected by relationships with peers, managers, personal history
- Historical experiences
- Nurtured through feedback related to patient, work environment, practice, costs, commitment, personal time

Voicing
- Feedback received
- Not acted on
- Unserious
- Not engaged

Most important is that they received some sort of feedback.
Path-Goal

- **Path-Goal Theory of Leadership**
  - Leader paves the way
    - Provides a path for the employee
    - Support
    - Guide
    - Direct
  - Cyclical interaction (Kennerly, 1996)
    - Behaviors of leader and the responses of the employees

(Kennerly, 1996; House, 1971)

Kanter

- **Kanter's Theory of Organizational Empowerment**
  - Empowerment depends on managers at all levels relinquishing control
  - Provide individuals with
    - Information
    - Support
    - Resources
    - Opportunities to learn and grow

Employees in any organization, healthcare or otherwise, are more involved and committed when the organization has created an empowering environment (Nedd, 2006).

(Kanter 1977, 1993)

Likert

- **Likert's Management Style Theory**
  - Assess employees' perceptions of management
  - Relationships, involvement, roles between management and subordinates

- **Four Leadership Styles**
  - Exploitive Authoritative
  - Benevolent Authoritative
  - Consultative
  - Participative

Least Productive

Most Productive

(Likert & Likert, 1976)
CONCLUSION

Findings
- Imitate the experiences of bedside nurses
- Information for:
  - Healthcare administrators
  - Nursing directors and managers
  - Substantive Theory describes

Frankel, M.S., & Siang, S. (1999). Ethical and legal aspects of human subjects research on the
Healthcare administrators
Relationship between bedside nurses and hospital management
Emphasized the effect of time
Study can inform
- Other organizations
- Academic
- Social and religious institutions
- Impact of information from people at the point of service

"Organizations that trust and respect their employees and provide systems that support flow of information from each
direction will obtain information vital to the functioning and
productivity of the organization."

REFERENCES

http://www.nursecredentialing.org/


of Issues in Nursing (1), retrieved from


JONA, 37, 8714.

shared governance. Critical Care Nursing Quarterly, 18, 2251

Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Bina, J.K. (2014). Decisional involvement: Actual and preferred involvement in unit-based
shared governance. Critical Care Nursing Quarterly, 18, 2251

Bina, J.K. (2014). Decisional involvement: Actual and preferred involvement in unit-based
shared governance: Making the transition in practice and perception.
JONA, 37(4), 177-


Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Nurse Leader, 4(1), 26-

and hospital-based shared governance. JONA, 33(3), 127-

Calabrese, F.D., & Specht, J. (2003). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Calabrese, F.D., & Specht, J. (2003). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Cameron, K.B., & Quinn, R.R. (1999). Essential concepts and core values of shared governance. JONA, 32(11), 566-

Chern, T. (1993). Developing a culture of service excellence: Empowering nurses within the shared
governance councilor model. The Healthcare Manager 23(3), 36-

Clavelle, L., & Rieger, S. (2001). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Clavelle, L., & Rieger, S. (2001). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.


governance councilor model. The Healthcare Manager 23(3), 36-

Edwards, G.B., & Specht, J.A. (2003). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Edwards, G.B., & Specht, J.A. (2003). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Behavior and Human Performance 5(3), 277-

Farrough, M. Perceptions, knowledge, and commitment of clinical staff to shared
administration of issues in nursing. 25(4), 37-

Gavin, A., Hall, D., & Specht, J. (2010). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.

Gavin, A., Hall, D., & Specht, J. (2010). Shared governance: time to consider the cons
Out of Crisis. Cambridge, MA: Massachusetts Institute of Technology, Center for Abductive Engineering Seeds.


REFERENCES

