

## Introduction

- Shared Governance (SG) is perceived as best practice as it encourages and empowers nurses to be involved in the decision-making process that impacts their nursing practice (Kroning & Hopkins, 2019)
- Decisional Involvement (DI) occurs when a SG model has structure and support to improve the SG councils and committees (Allen-Gilliam et al., 2016)

### Background & Significance

- The National Academy of Medicine (NAM) report *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004), emphasized improvements need to include staff involvement in decision-making (NAM, 2004)
- ANCC Magnet Recognition Program promotes nurse's involvement in shared governance and decision-making that addresses opportunity for improvement in practice (ANCC, 2013)
- Increased shared decision-making between staff nurses and leadership has shown to improve patient experience surveys and patient outcomes (Dechairo-Marino et al., 2018; Kutney-Lee et al., 2016)

### Purpose

- Provide structure to the Unit Practice Council (UPC)
- Alleviate concerns
- Promote shared decision-making

### Clinical Question

Does Restructuring Unit Practice Council Improve Staff Perceptions of Their Decision-Making Involvement in a Tertiary Acute Care Hospital in New Jersey?

### Contact Information

Sarju Patel MSN, RN, DNP Student  
spatel88@sn.rutgers.edu  
(551) 580-3816

## Methodology

- Performance Improvement project using Kurt Lewin's change theory
- Distribution of the Decisional Involvement Scale (DIS) pre & post project intervention to staff nurses and nurse leaders
- Tool: Decisional Involvement Scale (Havens, D. S. & Vasey, J., 2003)
  - Provides insight on perceived levels of decision-making
  - 21 items, scored on a 5-point Likert scale

### Project Intervention:

- Phase 1
  - Electronic distribution of DIS (pre-intervention)
  - Educational module for organizational level UPC members (intervention)
- Phase 2
  - Coaching of the organizational level UPC members (intervention)
  - Electronic distribution of DIS (post-intervention)

### Sample

- Survey sent to 680 nurses and leaders
- Response rate
  - n=32 participated pre- and post-
  - n=85 participated either pre- or post-

### Setting

- Urban academic acute care facility in northern New Jersey
- Three-time Magnet designated hospital

### Outcomes Measured

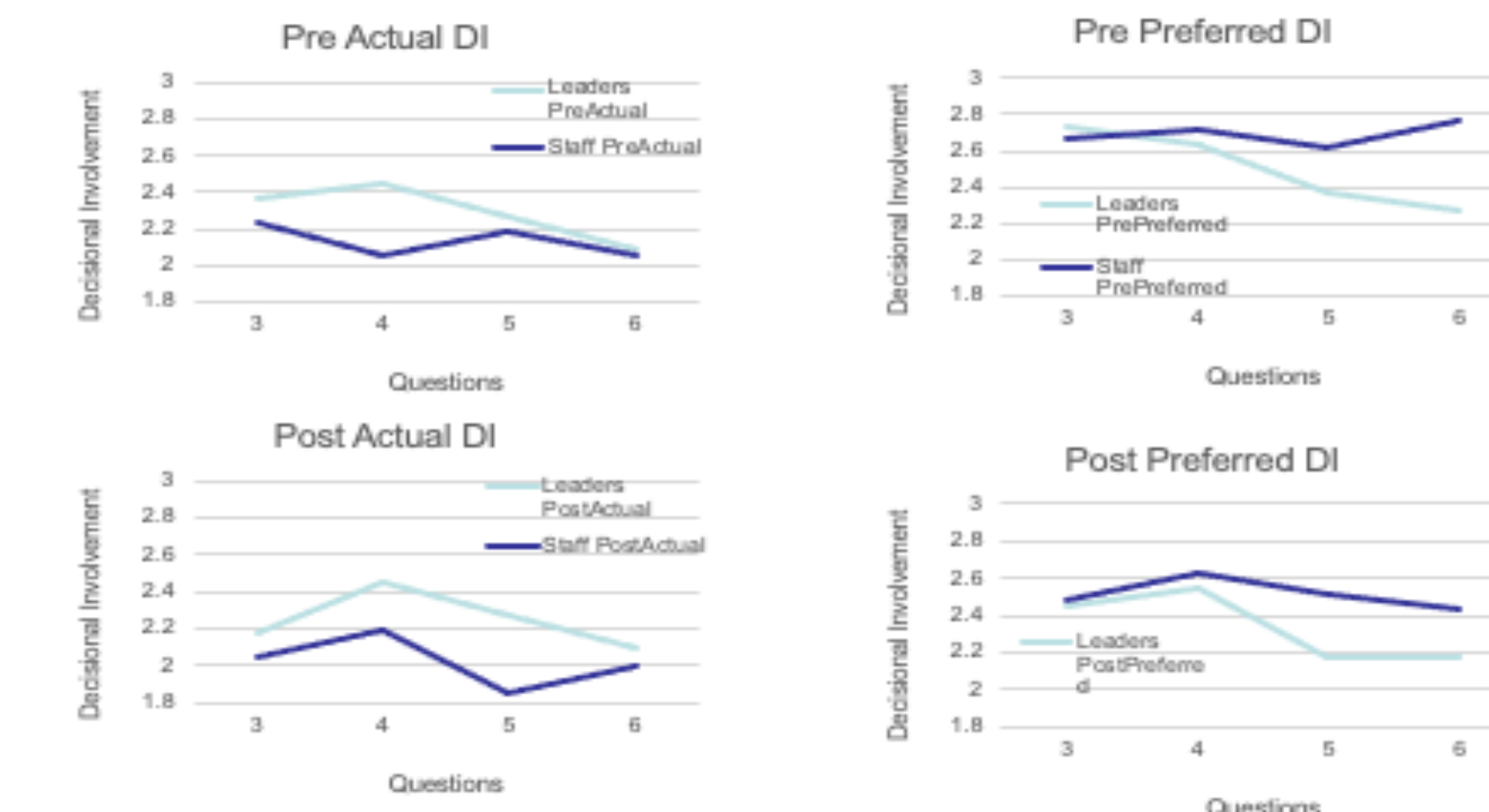
- Decisional involvement as a whole scale and within 3 subscales
- DIS measured between nursing leaders and staff nurses

### Data Analysis

- Descriptive statistics for demographics
- Paired t-test
- Rutgers SPSS v27 software and Excel

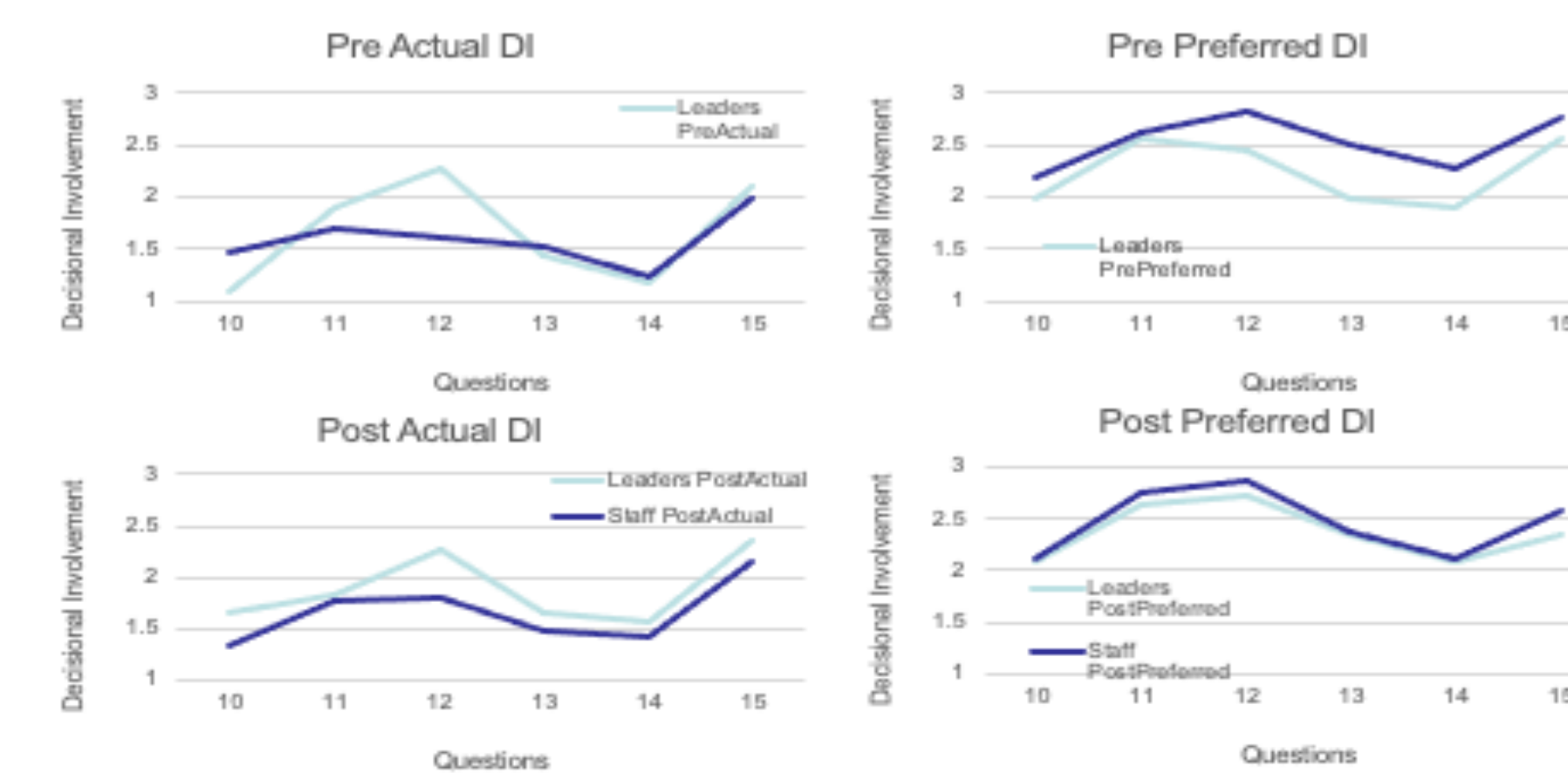
## Results

### Dependent Observation Group DI Gap: Quality of Professional Practice Leaders (n=11), Staff (n=21)



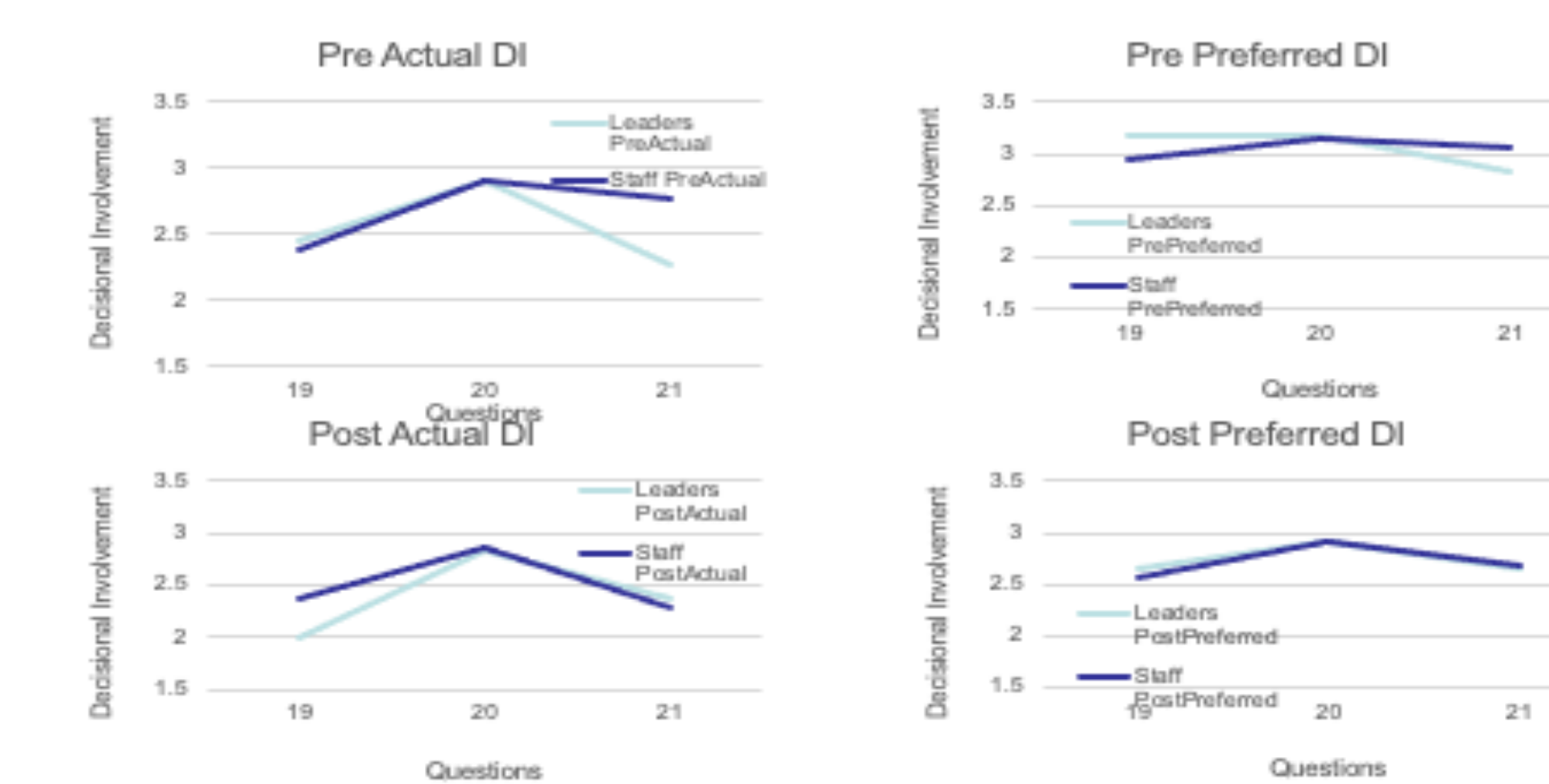
Continue to see dissonance in this subscale post intervention between staff nurses and leaders.

### Dependent Observation Group DI Gap: Unit Governance and Leadership Leaders (n=11), Staff (n=21)



Increased alignment between leaders and staff nurses in this subscale.

### Dependent Observation Group DI Gap: Collaboration and Liaison Activities Leaders (n=11), Staff (n=21)



Post intervention showed alignment between staff nurses and leaders in this subscale.

## Implications

- Magnet organization nurses should be involved in SG and decision-making (ANCC, 2017)
- DIS results are valuable as it provides insight of current levels of DI
- Nursing leaders and staff should focus on the gaps found in the *quality of professional practice* subscale

### Clinical Practice

- Literature supports increasing DI can improve nurse empowerment and autonomy
- Project results indicate desire for more DI
- Nursing Leadership Council was established to increase DI

### Healthcare Policy

- Create policy or guidelines for UPC
- Establish bylaws and operational procedures that are easily accessible
- Evaluate DI annually

### Quality and Safety

- UPC chairs now understand UPC can increase decision-making autonomy
- UPC charters are established that includes at least one goal of improving nurse sensitive indicators
- Quality and patient safety are shown to improve when nurses are empowered (Bailey & Cardin, 2018; Kutney-Lee et al., 2016; Ugur et al., 2017)

### Education

- Process for educating new UPC chairs and leaders needs to be hard-wired

### References

- Allen-Gilliam, J., Kring, D., Graham, R., Freeman, K., Swain, S., Faircloth, G., & Jenkinson, B. (2016). The impact of shared governance over time in a small community hospital. *Journal of Nursing Administration, 46*(5), 257-264.
- American Nurses Credentialing Center. (2013). *2014 Magnet application manual*. American Nurses Credentialing Center.
- American Nurses Credentialing Center. (2017). *2019 Magnet application manual*. American Nurses Credentialing Center.
- Bailey, K. D. & Cardin, S. (2018). Engagement in nursing: One organization's success. *Nursing Administration Quarterly, 42*(3), 223-230.
- Dechairo-Marino, A. E., Collins Raggi, M. E., Mendelson, S. G., Highfield, M. E. F., & Hess Jr, R. G. (2018). Enhancing and advancing shared governance through a targeted decision-making redesign. *Journal of Nursing Administration, 48*(9), 445-451.
- Havens, D. S. & Vasey, J. (2003). Measuring staff nurse decisional involvement: The decisional involvement scale. *Journal of Nursing Administration, 33*(6), 331-336.
- Kroning, M. & Hopkins, K. (2019). Healthcare organizations thrive with shared governance. *Nursing Management, 50*(5), 13-15.
- Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, S., Maguire, P., Dierkes, A., . . . Aiken, L. (2016). Nurse engagement in shared governance and patient and nurse outcomes. *Journal of Nursing Administration, 46*(11), 605-612.
- National Academy of Medicine. (2004). *Keeping patients safe: Transforming the work environment of nurses*. The National Academies Press.
- Ugur, E., Scherb, C. A., Specht, J. P., Sen, S., & Lazzara, L. K. (2017). Staff nurse decisional involvement in the United States and Turkey. *Western Journal of Nursing Research, 39*(12), 1589-1605.