Restructuring the UPC to Improve Decisional Involvement in Staff Nurses

Primary Investigator: Sarju Patel MSN, RN  DNP student
Chair: Edna Cadmus PhD, RN, NEA-BC, FAAN
Team Member: Mabel LaForgia DNP, RN, CNL

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 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 to Improve Staff Perceptions of Their Decision-Making Involvement in a Tertiary Acute Care Hospital in New Jersey?

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

- 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

Contact Information

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

References