

Measuring the Effectiveness of Central Shared Governance Committees in a Community Teaching Hospital

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Background

Shared governance (SG) is a structural model that empowers nurses and interdisciplinary colleagues to have control over professional practice and provides a voice to influence the delivery of healthcare at the point of care and within the organization (Allen-Gilliam et al., 2016; Hess, Weaver, & Speroni, 2020; Speroni et al., 2021).

Problem Statement

- Although councils are the core component of SG there has been limited published literature on how to effectively assess, measure, or evaluate SG councils (Hess, Weaver, & Speroni, 2020).
- The Council Health Survey (CHS) has been found to effectively measure effectiveness of SG councils at the unit or divisional level (Hess et al., 2020).

Purpose

• To assess perceptions of central SG committee members using the CHS

Research Question

• "What is the perception of current shared governance (SG) committee members about SG as measured by the CHS tool?"

Theoretical Frameworks



BWFH Nursing Shared Governance Model



Peace and Power Process in Action in Nursing Department Meetings (Wheeler & Chinn, 1984)

Methodology

- **Study Design:** Cross-sectional descriptive design
- **Setting:** 171-bed Magnet[®] designated community teaching hospital in the Northeast U.S.
- **Sample:** Purposive sampling used to recruit 47 members of the central shared governance nursing committees
- **IRB:** IRB review conducted and met regulatory requirements for exempt research
- **Data analysis:** Descriptive statistics were used to report demographic data and survey results. Inferential statistics were used to assess group differences.

Data Collection: Demographic questions, CHS instrument, two open ended questions

Results

- Response rate was 70.2% (n=33); representative of all central SG committees
- Role:
- > 51% of role providing direct patient = 48.5% (n=16)
- <51% of time in direct patient care on indirect patient care role = 51.5% (n-17)
- Years of experience on a central SG committee: < 2 years = 42.4% (n=14); 3 to 5 years = 24.2% (n=8); over 6 years = 33.3% (n=11)
- Respondents scored higher that the theoretical mean in all three function areas and overall; scores were lower on the Membership scale compared to Structures and Activities scales (Table 1; Figure 1)

CHS Scales	Mean	SD	Skewness	SE	Z	t(32)	p
Structures	4.24	0.66	-0.43	0.41	-1.04	10.85	< .00
Activities	4.35	0.38	0.17	0.41	0.41	20.16	< .00
Membership	3.64	0.61	0.07	0.41	0.18	5.96	< .00
Total CHS	4.19	0.37	0.43	0.41	1.06	18.44	< .00

Table 1: Summary statistics & one-sample

 t-tests for CHS scales

In addition, independent *t*-tests were conducted to determine if the respondents had scored differently depending on their roles in patient care or years of SG experience. No significant differences were found.

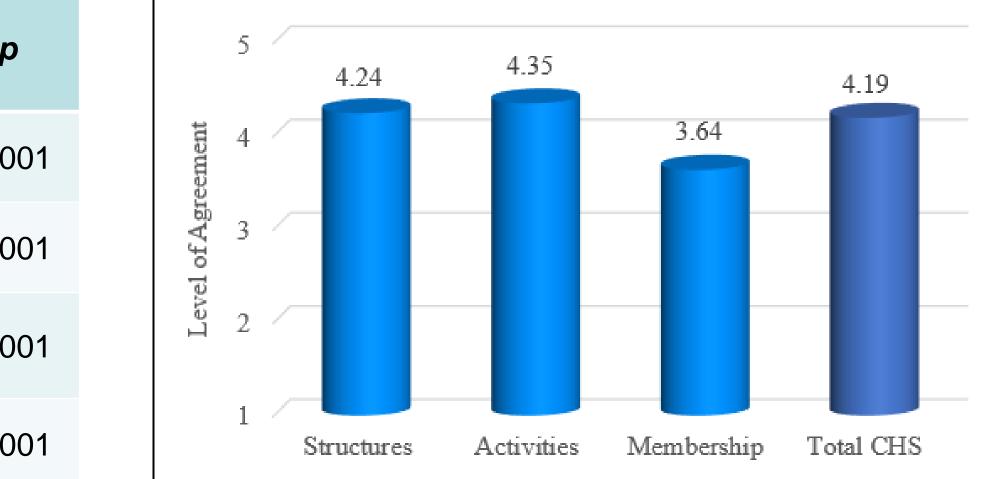


Figure 1: Level of agreement on three subscales and total CHS



Open Ended Responses

Twenty-six (75.51%) participants responded

Strengths

- Committee structure &
 - membership
- Effective communication & strong collaboration among members
- Support for practice changes
- Engagement & empowerment of committee members

Opportunities

- Promote and support membership
- Protected/dedicated time
- Recruitment of new members
- Committee member orientation (new members & co-chair role)
- Standardize structures and processes across committees

Implications

Determining perceptions of how councils' function is key to understanding how to support, structure, or restructure the SG operations at any organization (Ong et al., 2017; Porter-O'Grady, 2019).

Conclusions

Findings from this study provided valuable insight into perceptions of the central SG committee members who perceived function to be above average while suggesting that areas for improvement exists, particularly membership.

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Title

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Unit/Practice Area

Central nursing shared governance committees

Background and Significance

Shared governance (SG) is a structural model that empowers nurses to have control over professional nursing practice and provides a voice to influence the delivery of healthcare (Allen-Gilliam et al., 2016; Hess, Weaver, & Speroni, 2020; Speroni et al., 2021). Although councils are the core component of SG there is limited published literature on how to effectively assess, measure, or evaluate SG councils (Hess et al., 2020).

Method

This IRB exempt study used an observational descriptive design. Purposive sampling identified 47 eligible members of the central SG nursing committees. Invitations were distributed via email. Electronic consent was obtained. Data collection included demographics, Council Health Survey (CHS) (Hess et al., 2020) and two open-ended questions. Descriptive and inferential statistics were used for data analysis.

Results

The response rate was 70.2% (n=33). The z-scores indicate all four scales were normally distributed; t-tests indicate respondents scored significantly higher than "neutral" overall, and with regard to all three function areas (p < .001). Post hoc pairwise comparisons indicated that respondents scored significantly lower on the Membership scale compared to the Structures and Activities scales (p < .001). Secondary analysis considered results of CHS with demographic variables. Independent t-tests indicated no significant differences in demographic groups. Open-ended questions identified strengths and opportunities for improvement.

Conclusion and Nursing Impact

Perceptions of how councils' function is key to understanding how to support, structure, or restructure SG operations at any organization (Ong et al., 2017; Porter-O'Grady, 2019). Findings from this study provide valuable insight into perceptions of the central SG committee members who perceive function to be above average while suggesting areas for improvement exists, particularly membership.

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