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Shared governance : effects on nurse decision-making

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Shared governance: Effects on nurse decision-making

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San Jose State University, 1993

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SHARED GOVERNANCE: EFFECTS ON NURSE DECISION-MAKING

A Thesis

Presented to

The Faculty of the Department of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

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December, 1992

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ABSTRACT

SHARED GOVERNANCE: EFFECTS ON NURSE DECISION-MAKING

by Marilyn Mahugh

Shared governance is a dynamic participative philosophy of organizational management which selectively delegates authority for work-related decisions. The degree to which the staff nurse feels this empowerment makes the difference in terms of autonomy, self-esteem, and self-actualization.

This thesis addresses shared governance and its effect on nurses' perception of their role in decision-making which affects their work lives. The major findings of this study suggest that shared governance as practiced by the study hospital provided the environment in which nurses perceived that they participate in making decisions which affect their work lives. The study also suggested that while they perceive significant decision-making opportunities, these decisions were not routinely valued by their peers or managers. The implication of this study is that managers in the study hospital must increase recognition of nurses' decisions.

ACKNOWLEDGEMENTS

To my husband,
children, parents, and
friends, who never gave
up hope that I would
finally finish.

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Chapter 1

INTRODUCTION

Nursing management throughout the country faces ever increasing pressure to pursue innovative managerial strategies and re-evaluate old established strategies to increase productivity in these times of cost containment. Nursing must identify new ways to deliver high quality nursing care while promoting retention of experienced nurses. To retain nurses, management must create an environment which is fulfilling and rewarding.

The shared governance model of decentralization has been selected by many nurse managers as a strategy to enhance job satisfaction, increase motivation and productivity. Shared governance is a model of nursing organization which provides the individual nurse a balance of autonomy, direction, and control over the work environment. The underlying belief is that responsible participation by each nurse can serve to empower the nursing staff and create a work life that is meaningful and satisfying (Porter-O'Grady, 1991; Porter-O'Grady & Finnagen, 1984).

Background

Shared governance is one of the newest nursing frameworks for a professional practice model. This model strives to increase nurse input into the decisions which

affect them (Bower, 1990). The model also provides a structure for joining specialties in order to discuss issues as a whole. It empowers nurses to make decisions that affect what nurses do and how they fulfill their roles regardless of the setting (Porter-O'Grady, 1991).

Most of the work of nursing in hospitals is considered a service role, not a primary decision-making role. Nurses are discovering that their practice environment fails to meet their personal needs or makes them feel alienated through its unresponsiveness to individual demands (Mead-Bennett & Nkongho, 1990; Porter-O'Grady & Finnagen, 1984).

Shared governance can be described as a dynamic participative philosophy of organizational management which selectively delegates authority for those decisions which affect a nurse's work life. At the same time, shared governance maintains managerial control over selective policies and procedures. It is the degree to which the staff nurse feels this empowerment that makes the difference in terms of autonomy, self-esteem, and self-actualization (Bower, 1991).

Job satisfaction has been studied extensively using Maslow-based tools. Based on Maslow's theory, when job challenges match the basic needs of the individual, both personal needs and organizational needs can be satisfied

(Stitt, 1990). The Maslow-based studies showed autonomy, self-esteem, and self-actualization as needs most often unmet in a nursing role (Prezestzelski, 1987).

Nursing lacks an accepted professional practice model that guides individual and group thinking, actions, and values. The purpose of a professional practice model is to give the nurse the ability to assess the outcomes of patient care, and also provide direction and support for the expression of the basic values of nursing practice. Structures must exist that link the nurse to the broader reality of the complex hospital environment and at the same time encompass expectations of the nurse's role (Porter-O'Grady, 1991).

Shared governance is an accountability-based management system for professional workers. This system offers the nurse not just participation, but a feeling of ownership in the organizational outcomes. Authority and accountability are shared in a systematic format among all members of the nursing department (Porter-O'Grady, 1989).

The need to retain qualified experienced nurses continues in the 1990s. The aging of our population and the AIDS crisis are two most frequently cited reasons that experienced nurses are needed now and in the future. Also, the increased acuity of patients in the hospital and early

discharge of patients to the community reinforce this need for experienced nurses (Mead-Bennett & Nkongho, 1990).

One recently completed study concluded that nurses who leave nursing are well-educated and had an 8 year mean employment in nursing before leaving the field. Their dissatisfaction was with the lack of professionalism in their jobs (i.e., the inability to use their nursing judgment and adapt their care to patient needs). The organizations which employed these nurses apparently failed to satisfy their professional needs for autonomy and a sense of value to the organization (Pierce, Freund, Luikart, & Fondren, 1991).

The Delphi study recently completed by the American College of Health Care surveyed 2,600 health care professionals nationally. In this study 89% of the respondents agreed that there will continue to be a shortage of registered nurses through the mid-1990s. Additionally, when panelists were asked to rank which factors influence physicians to seek affiliation with a hospital, the quality of nursing staff was ranked first.

Based on these data, it is important for hospitals to consider organizational work models which are attractive to nurses. These models meet the needs of nurses by promoting more fulfilling and satisfying jobs for nurses. Important characteristics of a satisfying nursing job are autonomy,

involvement in decision-making, and professional pride (Bower, 1991). Shared governance proposes to increase these factors in nurses' work lives through increased participation and job involvement.

Problem Statement

In response to the need to retain qualified nurses, many hospital nursing administrations are investigating shared governance as a management model. Shared governance offers nurses not just participation, but ownership in the organization. Individual nurses at every level play a role in the decisions that affect nursing activity throughout the hospital. It is thought that shared governance structures ultimately will enable nurses to shed dependent, vocational roles. Instead, nurses will operate and manage, as well as be accountable for their own practice (Bower, 1991; Porter-O'Grady, 1989).

Shared governance proposes to give the individual nurse an increased sense of control over personal work life. This model also proposes that nurses will feel an increased sense of value by the organization and, therefore, an increased level of job satisfaction (Allen, Calkin & Peterson, 1988).

Research Question

Shared governance is an organizational structure which changes the locus of control from upper management to the nursing staff, giving them increased control over their work

lives. The underlying belief is that responsible participation can serve to empower the nursing staff and create a work life that is meaningful and satisfying to everyone (Porter-O'Grady & Finnigan, 1984). The research question for this study is: In a shared governance environment, do the nurses perceive that they have an active role in making decisions which affect their work life?

Purpose

The purpose of this study is to explore the effect of shared governance as perceived by staff nurses. Shared governance advocates report that this model provides a more satisfying environment within traditional hospital structures, increases nursing accountability and professionalism, and enhances the desirability of the workplace. It provides the nurse with opportunities to feel an increased sense of self-esteem, an enhanced level of satisfaction with one's work, and decreased dissatisfaction, thereby decreasing attrition (Gillies, Franklin & Child, 1990).

The implementation of a shared governance system is costly in training dollars and time used in reaching consensus through group decision-making. There is little in the current literature supporting positive outcomes of shared governance, except individual testimony. This study

aims to investigate one aspect of shared governance and its effect on nurses' work lives.

Definition of Terms

For the purpose of this study, the following definitions apply:

1. Work life is that time spent existing in a job environment.
2. Shared governance is a transfer of decision-making and accountability from management to the staff by empowering staff to make decisions which affect their work lives (Porter-O'Grady, 1984).
3. Work environment is the organization in which a nurse is employed.

Chapter 2

CONCEPTUAL FRAMEWORK AND RELATED REVIEW OF LITERATURE

The following chapter will discuss the conceptual framework and review of the literature related to this study. The conceptual framework which best fits this study is one which contrasts a restrictive workplace with one that is less structured, allowing increased participation. The literature review will discuss job satisfaction for the adult worker and the principles of shared governance. The review of the literature identified that little research has been completed which directly related the impact of a shared governance environment to the decision-making opportunities of nursing staff in the workplace.

Conceptual Framework

The conceptual framework for this study was derived from the work of the industrial psychologist Douglas McGregor. McGregor (1966) believed that the manager's style of leading and directing people is closely related to his or her belief system. He proposed two diametrically different theoretical constructs regarding the behavior of people at work. He termed them Theory X and Theory Y. Theory X is traditional management which calls for firm direction and close control over personnel. The assumptions for Theory X propose that average employees basically dislike work, wish to avoid responsibility, and are unambitious and unconcerned

about the company. The employees are directed by superiors and are motivated by a need for security. The management style for Theory X is limited and restrictive. Management is by coercion, fear, and threats of punishment while implementing elaborate control systems (McGregor, 1966).

McGregor developed the following assumptions related to Theory X:

1. Human beings are inherently lazy and will shun work if they can.
2. People must be directed, controlled and motivated by fear of punishment or deprivation to impel them to work as the company requires.
3. The average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition, and wants the job solely for the sake of the money involved (McGregor, 1966).

Theory Y is based on assumptions about human nature and human motivation. McGregor proposed in Theory Y that management is responsible for organizing the elements of productive enterprise. He also proposed that people are not passive or resistant by nature, but learn this behavior in organizations. Theory Y assumes that people possess motivation, the potential for development, and readiness to direct energy toward organizational goals. It is management's responsibility to make it possible for people

to recognize and develop these human characteristics to meet their own goals by directing their own efforts toward organizational objectives (McGregor, 1966).

To help managers understand how to help employees meet personal and organization goals, McGregor (1966) has outlined a hierarchy of needs. He explains that the individual has needs and as soon as one is satisfied, another takes its place. Peoples' needs are organized in hierarchical importance. At the lowest, but preeminent in importance, are an individual's physiological needs. When physiological needs for food, rest, exercise, and shelter are met, these needs are no longer important for motivation.

At the next higher level are safety needs. They are needs for protection against danger, threat, and deprivation. Safety needs are important to employees because of the employees' dependent relationship with management. Arbitrary management can be seen as a threat to the employees' jobs and is a powerful source of dissatisfaction if safety needs are not met (Stitt, 1990).

When safety needs are satisfied, social needs become motivators. These needs are for belonging, association, acceptance, and giving and receiving friendship and love. Management systems can create environments which do not promote group work. As a result workers may become resistant, antagonistic and uncooperative (Stitt, 1990).

McGregor (1966) stated that once social needs are met, ego needs become important. Ego needs are of the greatest significance to management. There are two types. The first is the need that relates to self-confidence, independence, achievement, and knowledge. The second type relates to reputation. These needs include status, recognition, appreciation, and deserved respect of one's fellows. When these ego needs are not met, creativity and productivity decrease (Stitt, 1990).

Once ego needs are met, the last need is that of self-fulfillment. This need includes realizing one's own potential, self-development, and creativity. Few opportunities exist in work life to meet these needs. It is the realization that self-fulfillment is not being met that most commonly drives white-collar workers to change careers in their mid forties in the hope of finding work which is self-actualizing (Stitt, 1990).

Management in many traditional organizations has met the lower physiological needs of the workers. However, if opportunities are not there to meet the higher needs of ego, self-confidence, independence and deserved respect, workers will continue to feel deprived. Their behavior will reflect this feeling by making demands for more money, indolence, pensivity, resistance to change, and lack of responsibility,

rather than increasing productivity and job commitment (Stitt, 1990).

The Theory Y, which McGregor puts forth as a new theory for managing people, rests on the following assumptions:

1. The expenditure of physical and mental effort in work is as natural as play or rest. Depending upon a variety of conditions, work can either be a source of satisfaction and will accordingly be willingly performed, or it can be a source of punishment and will, if possible, be avoided.

2. External control and the threat of punishment are not management's only means of stimulating employee effort toward achieving organizational objectives. Employees will exercise self-direction and self-control to reach objectives to which they are personally committed.

3. Commitment to objectives can be achieved through the satisfaction of employees' ego and self-actualization needs.

4. The average person can learn to not only accept, but to actively seek responsibility.

Operating on Theory Y assumptions means that organizations do not manage employees, but elicit their best performance and foster their creativity through humanistic management skills, the most important of which is skill in

interpersonal communication (O'Connell, Whitmore & O'Connell, 1989).

Hospital nursing organizations are most commonly structured as a bureaucracy. A bureaucratic organization requires a highly ordered structure within which the purposes and functions of the organization unfold. Responsibility flows down and up a rigidly predefined ladder, with key decision-making authority resting at the top of the organization.

Shared governance organizations are designed to bring decision-making components of the organization to the operational levels. Shared governance organizations also strive to instill self-accountability, control, and direction. These organizations decentralize decision-making with the belief that workers want to and are willing to do the best job possible. These organizational characteristics reflect McGregor's Theory Y.

Review of Related Literature

Shared governance is defined as a balance of autonomy and direction, which provides control over the work environment. The underlying belief is that responsible participation can serve to empower the nursing staff and create a work life that is meaningful and satisfying to every nurse (Porter-O'Grady, 1991).

There have been several factors identified which typify a shared governance environment. The parameters of nursing practice, including competencies and responsibilities, must be defined by the staff. The identification of nurse leaders is completed by the staff and not appointed by management. Staff nurses are held accountable for their performances by their peers. Nursing managers do not have veto power for staff nurse decisions. The nursing organization is guided by bylaws developed by the nursing staff. A staff nurse may serve on the board of trustees along with the director of nursing to represent staff nurse interests. Staff nurses play a role in determining wages, budgets, staff and the quality of work. Staff nurses have the authority to change their decisions (Bowers, 1991).

Democratic authority in a shared governance organization humanizes the work environment and establishes an organizational framework based on human values that reflect beliefs and practice that are consistent with the nursing profession. Democratic authority grants to nurses many of the rights that nurses advocate for their patients. These rights include recognition of the individual, valuing human contribution, and attaining adequate information to make an informed decision. Creating a democratic framework in the work environment reduces the variables in an autocratic bureaucracy which hinder communication, relations, and

behaviors necessary for nursing practice (Porter-O'Grady, 1989).

Managers in a traditional hospital work environment expect nurses to be voiceless, to perform specific task, and to defer to others in decision-making. Nurses are often kept isolated on one particular unit which decreases their interactions with other members of the nursing staff. Nurses' personal interests, needs, desires and personal accountability are subjugated to those seen as in control in this form of hospital hierarchy (O'Grady & Finnigan, 1984).

An essential element of a mature management system is delegation. Delegation increases capacity for taking action and solving problems. Delegation is effective only when authority for decision-making is also passed on to others. Passing on responsibility without authority is not delegation. When only responsibility is delegated, the decision-making process is moved to a lower level. The person to whom responsibility is assigned without authority continually upward delegates the final decision to the higher level where the authority exists. The expected capacity and productivity improvements are not realized. The person to whom decision-making is delegated must have the authority to make the decision without reprisal (Stitt, 1990).

A significant increase in decisional participation increases job satisfaction. Nurses who participate in decision-making become more involved with their jobs; their work becomes more important to them, and they become more internally motivated and committed to the organization (Allen, Calkin, & Peterson, 1988).

Organizational characteristics of the work setting, such as patterns of administrative authority, are associated with professionals' perceived control over their work. Focusing responsibility for decision-making at the level where the best nursing decisions can be made is an important organizational characteristic. Wells (1990) established, through a thorough review of the literature related to decentralization as a management strategy, that a lack of involvement in decision-making is a frequent concern of nurses. Autonomy, the freedom to exercise skill and expertise without the control of an external agent, is a cornerstone of job satisfaction. Evidence exists that workers who do not participate in organizational decision-making feel frustrated and dissatisfied with their jobs. Decentralization through the implementation of shared governance places decision-making responsibility at the appropriate level.

In response to the nursing shortage of the late 1980s, a study was completed by Gillies, Franklin and Child (1990)

exploring the relationships between organizational climate and job satisfaction. A descriptive survey design was used for the study. A convenience sample of 34 nurses from four patient units in an urban teaching hospital were studied. The two instruments used were the Organizational Climate Description Questionnaire (Litwin & Stringer, 1968) and the Work Satisfaction Questionnaire (Stamps, 1978).

The study concluded that organizational climate which promotes responsibility for decisions, warmth, support, and identity as a team member increases job satisfaction. The implementation of a participative and decentralized management structure creates an organizational environment which increases the likelihood of the development of the these four factors (Gillies, Franklin, & Child, 1990).

Goodall (1990) defines a democratic management system as one in which staff nurses have frequent opportunities to openly discuss and make decisions about their work through task forces, quality circles, or staff meetings. The supervisor in such a system acts as a coordinator and facilitator, rather than a decision-maker. He states that democratic management is the opposite of authoritarian management in which nearly all decisions are made unilaterally by the department supervisor.

In a review of democratic management principles, Goodall states that an operational climate which fosters

participative decision-making increases the growth in decision-making experience within the staff. The more frequently staff members are consulted and encouraged to contribute, the more expert they will become at helping to make decisions. As staff members become more involved in making decisions, managers will become more confident with facilitating group discussion (Goodall, 1990).

Once nurses, in a democratic organizational climate, are given the responsibility to make decisions which affect their work lives, they will experience increased morale and accountability for their performance and outcomes. Staff nurses are often able to find solutions where none seem to exist. In a genuine professional democracy, the vast majority of staff ultimately feel more empowered and better able to respond to patient needs effectively and in a timely manner (Jenkins, 1991).

Chapter 3

METHODOLOGY

Shared governance has proven to be a popular topic in California, with many hospitals choosing to implement the concept in limited ways. Shared governance is said to balance autonomy and direction by placing decision-making at the lowest locus of control. The underlying belief is that responsible participation can serve to empower the nursing staff and create a work life that is satisfying to the nurse (Porter-O'Grady, 1991). This descriptive study was conducted to assess nurses' perception of their ability to have an active role in making decisions which affect their work life, within a stated shared governance model.

Design

The design of this study was descriptive and exploratory in that no variables were manipulated. The study measured the nurses' perception of the frequency that they were allowed to make decisions which affect their work lives, while working in a shared governance model.

Subjects and Setting

The setting chosen for this study was a community hospital located in a northern California town. This hospital serves a working class community and families from a nearby military base. This hospital was chosen to be the study site because nursing administration has fully

implemented the concept of shared governance to the degree that the nursing staff use the system to manage their day to day work lives.

This hospital has implemented shared governance and has been developing this management system since 1986. The nursing staff, when asked at random, can describe what shared governance is and how they can use it to solve nursing unit problems. The nursing staff shares accountability along with the nurse manager for the day to day operations of their unit.

This hospital has a recognized shared governance model and was the subject of an article detailing the implementation of collaborative governance within this hospital's management strategy. It describes the shift from leading, organizing and controlling to integrating, facilitating and coordination. The article reported that trends to date in this hospital show increased school attendance for the purpose of achieving advanced degrees in nursing, less destructive complaining, more positive attitudes and increased open communication (Jacoby & Terpstra, 1990).

The nursing staff at this community hospital consists of 300 RNs from various backgrounds and educational preparations. Nurse managers and all those in management

positions higher than nurse managers were excluded. All other RNs were included in the study.

Human Subjects Approval

An application for Human Subjects Approval was submitted to the San Jose State University Institutional Review Board and approved prior to beginning this study (Appendix A). The Director of Nursing for the hospital used in this study was contacted. The purpose of the study and the study instrument were reviewed by the Director of Nursing and the study was approved for implementation at the hospital.

Data Collection

A letter of explanation and a questionnaire were made available to each nurse. The cover letter of explanation and questionnaire were distributed to each nurse's mail box on their respective units. Those nurses who chose to participate were asked to complete the questionnaire and leave it in a large envelope placed on their unit for collection purposes. Completed questionnaires were collected from the participating hospital after a period of 4 weeks. Questionnaires were anonymous and could not be traced to the subjects. They were kept locked in the researcher's office throughout the study.

Instrument

The questionnaire consisted of two parts, demographic information and frequency of decision-making. Demographic information included staff nurse level, years of employment as a RN, highest nursing degree held, and normal shift worked. To measure frequency of decision-making the questionnaire used four questions from the Quality of Employment Surveys (Quinn & Sheppard, 1974). Three additional questions were constructed by the researcher. Each of the seven questions were scored on a 4-point scale. The questions were designed to ask how often nurses feel they make decisions which affect their day to day work and if they believe these decisions are valued.

The Quinn and Sheppard survey was previously used in national studies and demonstrated a high degree of stability over time in independent samples of workers. In addition, these questions have a high degree of relevance to hospital settings (Alexander, Weisman, & Chase, 1982).

The complete questionnaire for this study was pilot-tested with a group of 4 RNs in another setting. This group was asked to review the questionnaire for content validity. Minor changes were made to enhance the clarity of the questionnaire.

Analysis Procedures

Data were analyzed with descriptive statistics: frequencies and percentages. The demographic data were summarized with frequencies and percentages to develop a profile of the subjects. Participants were asked to rate their answers as never, sometimes, often, and routinely. The answers to questions related to decision-making were summarized with frequencies and percentages.

Limitations

This study has several limitations related to the conceptual framework, setting, and instrument. The conceptual framework used for this study used one particular definition of shared governance. It was this definition which focused selection of this one particular hospital setting used for this study. Other hospitals in other areas may define shared governance in a different manner.

The hospital chosen for this study was one small community hospital and may not be representative of other hospitals. It is located in a suburban area and is limited in the complexity of patients served. It may well not be deemed a representative sample of other hospitals.

The instrument used was in part taken from a tool developed for the Institute of Social Research in 1974. Validity and reliability information are no longer available. Additional questions added to the tool do not

have established validity and reliability; therefore, results should be generalized with caution.

Chapter 4

FINDINGS

The purpose of this study is to explore the effect of shared governance on the staff nurses' role in making decisions which affect their work lives. Participation through decision-making can serve to empower the whole nursing staff and create a work life which is satisfying (Porter-O'Grady & Finnigan, 1984).

Description of Sample

The sample for this study consisted of 106 nurses who returned questionnaires. A total of 300 RNs employed at a community hospital located in Northern California received questionnaires. This hospital has fully implemented the concepts of shared governance and has been the subject of several other studies related to the outcomes of shared governance.

The demographic information collected included the years of experience as a RN, staff nurse level, and nursing education (Table 1). The group with the highest frequency regarding experience was those with over 10 years experience ($n=50$, 47%). The least frequent amount of experience was less than 1 year ($n=7$, 7%).

The next demographic factor requested was staff nurse level. This hospital has a 4 level staff nurse career ladder. Staff nurse level 2 was most frequently selected

Table 1

Demographics (N = 106)

Years of Experience	Frequency	%
≤ 2yr	7	7%
3-5yr	12	11%
6-10yr	21	20%
> 10yr	50	47%
Missing	16	15%
Staff Nurse level	Frequency	%
1	10	9%
2	65	62%
3	14	13%
4	2	2%
Missing	15	14%
Education	Frequency	%
AD	37	35%
Diploma	16	15%
BSN	46	43%
MSN	2	2%
Missing	5	5%

Table 1 continued

Demographics (N = 106)

Unit	Frequency	%
Home Health	7	7%
Telemetry	7	7%
ICU/CCU	22	20%
Med/Surg (1W)	10	9%
OB/GYN	7	7%
L/D	4	4%
Medical (2S)	7	7%
OR	9	8%
Pre-Surgery	2	2%
PACU	2	2%
Education	2	2%
Missing	27	25%

Shift	Frequency	%
Day	55	52%
Evening	30	28%
Night	21	20%

(n=65, 62%). Staff nurse level 4 was least frequently selected (n=2, 2%).

The level of nursing education was the next demographic factor. The most frequent level was BSN (n=46, 46%). An associate degree was reported by 37 (35%) nurses. Diploma education was reported by 16 (15%) nurses, and a MSN was reported by 2 (2%) nurses.

Other demographic information included unit and shift worked (Table 1). The respondents were asked to identify the unit on which they worked. Of the total 106 responses, the Same Day Surgery unit, the Post Anesthesia unit, and Education department nurses each submitted 2 (2%) responses. The Home Health department, Telemetry unit, the OB/GYN unit, and the Medical unit nurses each submitted 7 (7%) responses. The Operating Room and the Med/Surg unit nurses each submitted 9 (9%) responses. The ICU/CCU unit nurses submitted 22 (21%) responses.

The final demographic factor requested was the shift worked by each respondent. A total of 55 (52%) noted 7-3:30 pm, 30 (28%) noted 3-11:30 pm, and 21 (20%) noted 11-7 am.

Participation in Decision-Making Questionnaire Responses

The sample included a total of 106 questionnaires which responded to all or most of the questions. The questionnaire is constructed of 7 questions. Respondents

were asked to rate their answers on a range of never, sometimes, often, and routinely. Results of responses to each question are illustrated in Table 2.

The first question asked: How often do you feel you are given adequate opportunity to present problems, complaints, or suggestions to your unit council? A total of 106 responded to this question. The most frequently selected responses were often (n=35, 33%) and routinely (n=52, 49%).

The second question asked: How often does your job allow you freedom to do your work? A total of 102 responded to this question. The most frequently selected responses were often (n=47, 44%) and routinely (n=37, 35%).

The third question asked: How often does your job allow you to make decisions on your own? A total of 106 responded to this question. The most frequent responses were often (n=42, 40%) and routinely (n=38, 36%).

The fourth question asked the following question: How often does your job allow you to take part in decisions that affect you? The most frequent responses were sometimes (n=36, 34%) and often (n=39, 37%).

The fifth question asked: How often is your job one where you have a lot of say over what happens on the job? The most frequent responses were sometimes (n=48, 46%) and often (n=34, 33%).

Table 2

Question Responses

Question	Never		Sometimes		Often		Routinely		Total
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>
1. Present problems to unit council.	0	0%	19	18%	35	33%	52	49%	106
2. Freedom to do work.	0	0%	18	18%	47	44%	37	35%	102
3. Make decision on your own.	2	2%	24	22%	42	40%	38	36%	106
4. Take part in decisions that affect you.	1	1%	36	34%	39	37%	30	28%	106
5. A lot of say over your job.	2	2%	48	46%	34	33%	20	19%	104
6. Your decision making valued by leaders.	7	7%	45	43%	34	33%	18	17%	104
7. Your decision making valued by peers.	0	0%	41	39%	44	42%	20	19%	105
TOTALS	12		231		275		215		733

The sixth question asked: How often do you feel that your participation in decision-making is valued by nursing leaders? The most frequent responses were sometimes ($\underline{n}=45$, 43%) and often ($\underline{n}=34$, 33%).

The seventh question asked: How often do you feel that your participation in decision-making is valued by your peers? The most frequent responses were sometimes ($\underline{n}=41$, 39%) and often ($\underline{n}=44$, 42%).

Trends

Never is the fourth best choice for participative management style. Never was selected a total of 12 times. Selection of the never category would indicate that participative management occurs rarely.

The sometimes category is the third best choice for participative management style. Sometimes was selected a total of 231 times. The selection of the sometimes category would indicate that participative management style occurs infrequently.

The sometimes category is a less desirable choice for participative management. The sometimes category was selected by 46% for question 5, indicating that nurses have infrequent say over what happens on their jobs. The sometimes category was also selected by 43% for question number 6, indicating that the respondents felt that nurses' decisions are infrequently valued by their leaders. The

same sometimes category was selected by 39% for question 7, indicating that the respondents felt that nurses' decisions are not valued by their peers.

The often category is the second best choice for a participative management style. Often was selected 275 times. The selection of the often category would indicate that participative management style occurs frequently.

The routinely category is the best choice for a participative management style. Routinely was selected 215 times. The selection of the often category would indicate that participative management occurs at a very high frequency at the unit level.

The routinely category was selected by 49% for question number 1, indicating that nurses have opportunities to present problems, complaints, or suggestions to their unit council. This same category was selected by 35% for question number 2, indicating that nurses are allowed freedom to do their work. The routinely category was also selected by 36% for question number 3, indicating that nurses are allowed to make decisions independently.

Data trends for this study demonstrate higher percentages in the routinely category for questions 1, 2, and 3, which asked if actions occur for which the nurse has control, i.e., present problems, freedom to do work, and make independent decisions. Data trends for questions 5, 6,

and 7, which asked if the nurse has a lot of say over the job, and if the nurse's decisions were valued by leaders and peers, have lower percentages in the routinely category.

Chapter 5

RECOMMENDATIONS AND FINDINGS

Shared governance management styles provide an increased opportunity for nurses to participate in decision-making. These decisions are focused on how the nurses perform their day to day work. Decisions can be made either individually or within a group. Advocates for shared governance state that shared governance will provide a more satisfying environment within traditional hospital environments (Gillies, Franklin, & Child, 1990).

The purpose of this study is to explore the effect of shared governance on staff nurses and their ability to make decisions which affect their work lives. Shared governance places the locus of control at the staff nurse level, giving them increased control over their work lives. The underlying belief is that responsible participation by the nurse can create a meaningful and satisfying work life (Porter-O'Grady & Finnigan, 1984). This study explored the following question: In a shared governance environment, do the nurses perceive that they have an active role in making decisions which affect their work life?

The major findings for this study suggest that shared governance as practiced by the study hospital provided the environment in which nurses perceived that they participate in making decisions which affect their work lives. They

perceived freedom to do their work and the ability to bring problems and suggestions for solutions to their unit councils regularly. The study also suggested that while they perceive significant decision-making opportunities, these decisions are not routinely valued by their peers or managers.

Conclusions

The response of never to all questions was selected only 12 times, demonstrating that nurses perceive that they are participating in some decision-making that affects their work lives.

As demonstrated by the answers to questions 1,2, and 3, over 80% of the nurses can present problems and complaints at their unit councils, feel they have freedom to do their work and that they can make decisions independently. Nurses working in this environment perceive a high level in decision-making in those aspects of their job which they control. The nurses can independently bring problems, complaints or suggestions for change to the unit council to be heard by their peers and managers. The nurses perceive freedom to do work without interference from outside direction. The nurses also feel that decisions can be made independently without fear of reprisal.

In contrast, under 50% of the responses indicate nurses perceive that they have a lot of say over what happens on

their job and that their decisions are valued by nursing leaders and their peers. It can be concluded that actions which promote these perceptions are occurring less frequently.

Responses indicate that nurses can bring problems, complaints, and suggestions to their unit councils; however, these nurses do not feel they have a lot of say over what happens on their job. Once problems and solutions are discussed at the council, recommendations are not recognized and implemented, which promotes the perception that nurses do not have control over their work. Simple organizational changes could be made to recognize and reward individual nurses' contributions to decision-making and control when these decisions are implemented. These changes could include council minutes which name those who contributed to decisions which affect the unit. The progress of these decisions could be charted on a flowchart, which would be updated at each council meeting. A reward system could be implemented for those ideas or decisions which have the most benefit for the unit or hospital.

Responses also indicated that individual nurses' decisions are not routinely valued by their leaders or peers. These nurses do not feel recognized for those decisions they made which affected their work lives. It could be presumed that nurses make decisions or suggestions

to solve problems within their unit councils. If these decisions are not facilitated by the manager, nurses perceive that their decisions are unworthy and, therefore, not valued by their leaders.

Peer recognition for decision-making is an important satisfier for nurses. Perceived peer validation for participation in decision-making can be enhanced by creating an environment which invites risk taking and then rewards those who participate in unit decision-making responsibilities. These activities could be incorporated into a peer review system or clinical ladder evaluations.

These findings suggest that while the nurses perceive that they can make their own decisions and have freedom to do their day to day work, they do not consistently feel that they have control of their jobs. Nurses in this work environment also do not regularly perceive that their decisions are valued by their peers or managers. These nurses are unlikely to be receiving positive feedback concerning these decisions.

Recommendations

The following are recommendations for nurse managers, as well as nurse researchers in nursing management related to the implementation of shared governance. This section contains specific suggestions regarding participative involvement and shared governance, since the data

consistently show that nurses desire this style of management. The following are examples of specific management strategies consistent with the shared governance model.

1. Construct well-organized unit council meetings which provide a no risk environment for sharing problems, ideas, and solutions.

2. Allow nurses to complete their work with as much freedom and autonomy to make day to day decisions as possible.

3. Create a work environment without hierarchy which allows nurses to make independent decisions which affect their work lives.

4. Involve nurses in decisions which affect them either individually or within a group.

5. Involve nurses in decisions which affect their unit organization and how work will be allocated.

6. Give feedback to those nurses who participate in decisions affecting their unit or other aspects of their work, including both positive and negative outcomes. Clearly explain how their decisions affected the outcome.

7. Encourage peer members of the staff to create a low risk environment for sharing problems or ideas. Create a sense that there are no bad ideas. Encourage peer feedback

by role modeling and defining reward systems for solutions controlled by peer groups.

The following section contains suggestions for nurse researchers. Use of the questionnaire for this study identified two problems. The first problem was identified in question number 2. Two respondents noted some confusion over the question and the definition of the word freedom. A suggestion for future use of this questionnaire would be to change the word freedom to without interference. Secondly, question number 5 could be rephrased to ask if the nurses have a lot of say over what happens on their unit work environment.

Because of the short time frame for completing this study, participants were asked to return responses within 2 weeks. A longer time period for collection may have produced a larger return rate.

The hospital used in this study is experiencing reduced health care dollars during this period of economic and political change. Now is a period of time when hospitals are examining efficiencies and trying to produce quality outcomes with less resources. The hospital used as the setting in this study will be challenged to maintain a management style of shared governance. Decisions related to reducing staff and resources will be made by management and can be perceived as controlling nurses' work lives. The

challenge for hospitals using a shared governance model is to include the staff in decisions concerning how to most efficiently use the resources which are available. It would be interesting to restudy this group at a later date and compare the nurses perception of participation in decision-making during a period of tighter economic controls.

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APPENDIX A
Consent Letter

College of Applied Sciences and Arts • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX 408/924-3135

Dear Registered Nurse,

I need your help in conducting a study of the effects of shared governance on staff nurse decision making. The results of this study should increase our understanding of the complex relationships between the work environment and the nurses' opportunity to make decisions concerning her work life. Attached is a questionnaire asking about your opportunities to make decisions which effect your day to day work experience. Will you please spend 15 minutes to complete the form and return it in the attached sealed envelope to the specially marked box in Nursing Administration.

You should understand that your participation is voluntary and that choosing not to participate in this study, or in any part of this study will not affect your relations with San Jose State University or _____.

The results of this study may be published, but any information that could result in your identification will remain confidential.

If you have questions about this study, I will be happy to talk with you. I can be reached at (415) 497-8921. If you have questions or complaints about research subject's rights, or in the event of a research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

Sincerely,

Marilyn Mahugh RN

Marilyn Mahugh, RN
Graduate Student,
San Jose State
University

APPENDIX B
Data Collection Form

Staff Nurse level (please circle 1) 1 2 3 4
Years employed as an RN Less than 1 _____
 1-2 _____
 3-5 _____
 6-10 _____
 over 10 _____

Unit

Please respond to each item as accurately as possible, and try not to skip any item. Indicate the regularity with which you engage in each behavior by circling:

Never Sometimes Often Routinely

1.	How often do you
feel you are given
adequate opportunity
to present problems,
complaints, or
suggestions to your
unit council?	N	S	O	R
2.	How often does your
job allow you freedom
to do your work?	N	S	O	R
3.	How often does your
job allow you to
make a lot of
decisions on your own?	N	S	O	R
4.	How often does your
job allow you to take
part in decisions
that affect you?	N	S	O	R

Never Sometimes Often Routinely

5. How often is your job one where you have a lot of say over what happens on the job?	N	S	O	R
6. How often do you feel that your participation in decision-making is valued by nursing leaders?	N	S	O	R
7. How often do you feel that your participation in decision-making is valued by your peers?	N	S	O	R