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# Evolution of Nursing Shared Governance

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In January of 2007, with the purpose of creating a shared governance structure for nursing at UC San Diego Medical Center, a group of representatives from nursing staff and leadership from all areas within the medical center convened. Driven by their desire to create an environment of empowerment for nurses, that initial meeting provided the foundation and structure for what was to become our shared governance model, a model that embodies shared leadership and participative decision making; not just in theory, but in practice. Initially, nine Shared Governance Councils were formed. Seven were made up of direct-care nurses from throughout the organization and two councils were composed of nurse leaders.

Below is a list of each council and a description of their mission as defined at the onset of shared governance:

## Clinical Practice

Guides clinical practice that values and empowers UCSD nurses by ensuring staff involvement in evidence-based practice, patient and family-centered care, and nursing autonomy.

## Magnet Champions

Educates employees about shared governance and the Magnet Components and its impact on nursing and the partners of the healthcare delivery system

## Professional Development

Provides guidance and resources to support nurses working autonomously and within a multi-disciplinary team to promote professional development

## Quality

Provides leadership to positively influence patient outcomes by setting the agenda for quality improvement,

and analyzing and communicating evidence-based practice results

## Advanced Practice

Strives to improve the health of patients and their families through interdisciplinary participation in clinical, education, research and administrative activities using evidence-based practices; supports the professional growth and development of the members of the Advanced Practice Council and nursing staff at UCSD; and provides consultation, leadership, and resources for the broader healthcare community.

## Image of Nursing

Communicates the value of UCSD nurses both internally and externally

## Research and Evidence-Based Practice (EBP)

Supports the Department of Nursing by providing education, evidence-based practice literature reviews, and mentorship for publication, presentations, and evidence-based nursing projects or nursing research.

## Management Oversight

Aligns with the Components of Magnet by promoting innovative practices, streamlining processes, developing initiatives, and identifying resources that assist managers to achieve desirable outcomes

## Nurse Executive (NEC)

Representing nursing in all areas, NEC guides the practice of nursing to achieve the highest levels of quality care delivery, patient and staff satisfaction, while meeting organizational strategic initiatives. Serves as the endorsing body in support of recommendations made by the other shared governance councils  
This shared governance structure



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enabled direct-care nurses from all settings and roles to participate in decision-making committees, councils, and task forces that affected their practice. On average, 10-15 members participated in each council. All council members are voting members and tasked with representing all nurses and communicating information with their peers in their units. Chairs of each Council were chosen and generally served for 2 years. A member from the Nurse Executive Council (NEC) served as a facilitator for each council to assist direct care nurses with system and process issues. Organizational shared governance councils met minimally

once a month at regularly scheduled times. Council chairs reported out on the activities of their councils on the first Friday of each month to each other and to NEC. The NEC provided guidance, helped remove any barriers that existed, approved resources needed, listened to suggestions for implementation, and helped the councils to disseminate information to all nurses in the organization.

As the organizational councils were evolving, each unit was charged to begin developing or re-structuring existing unit based councils into a unit based shared governance model led by direct care nurses. These councils were established by nursing staff on each unit and provided a means of decision making at the unit level that directly affected the staff and patients in their area. When these issues had a broader impact, the recommendations were forwarded to the appropriate Shared Governance Council for further collaboration, action, and dissemination as needed. Otherwise, the unit-based councils functioned autonomously to serve their specific patient populations and the needs of their staff. There was no formal reporting mechanism for the unit-based councils which was later considered to be a weak link in the shared governance process. Unit-based councils met regularly as deemed necessary (minimally once/month), on a scheduled, but individualized basis in

order to meet their unit-specific goals.

The visual model for the UC San Diego Shared Governance Model was created and is depicted below.

When imagined in three dimensions, the model has a foundation in the Research Council and depicts our belief that evidence-based practice and research are paramount to our nursing practice. The model, based on the original 14 Forces of Magnetism, was designed to illustrate communication of information and decision that goes between all levels and in both directions. This process supports shared leadership and participative decision-making that promotes nursing autonomy.

In addition to the ongoing monthly meetings, the Nursing Executive Council, all nurse managers, Shared Governance Council chairs, nurse educators, and clinical specialists were meeting annually for a day-away retreat to review and revise the nursing Strategic/Quality Plan and to ensure that it is in alignment with the Organization's Strategic/Quality Plan. This plan guided the work of the Councils during the upcoming year.

Shared governance seemed to be working well, but during Magnet preparation, it became apparent that the surface had only been scratched. Many direct care nurses were unaware of shared governance and the strides that had been made. It became clear to the leadership team that there were

significant communication gaps. This was discussed at our next nursing retreat and it was suggested that we have a shared governance coordinating council to help facilitate communication among all staff. As a result, the Nursing Cabinet emerged, new structures

were put into place to enhance communication at all levels and the shared governance processes became more consistent across all councils. The Nursing Cabinet was kicked off in March 2012 and includes the chair of each unit council and organizational council, and the Directors of Quality and Education. Nursing leadership spent many hours educating the cabinet on meeting processes, with the understanding that they would incorporate these elements into running their shared governance councils. Bylaws were developed, co-chairs and a recorder were elected, and roles of all the councils were further developed and disseminated. Image Council and Magnet champions were combined and two new councils were added: Patient Education and Patient and Family-Centered Care.

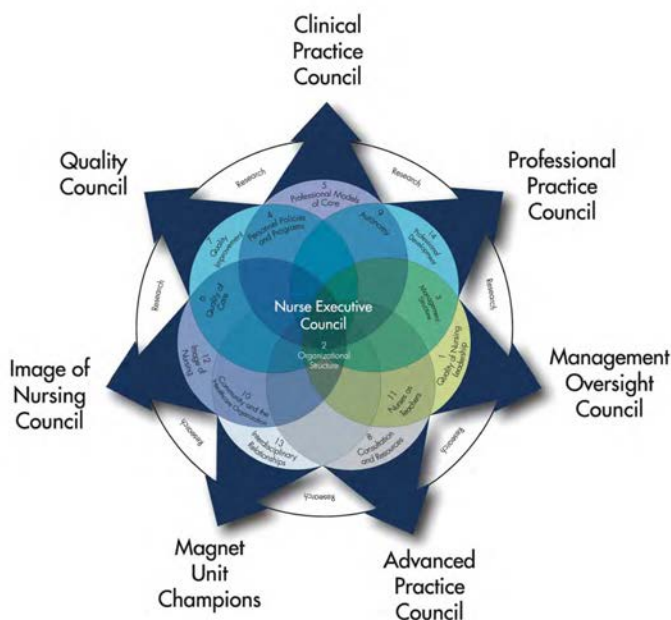
To improve communication among all staff, each month councils report out on their activities and members are expected to share the information with their colleagues. The cabinet members find this a useful exercise because many ideas have emerged that have been adopted across units. A shared governance iShare (a web-based shared document library) was developed and is actively used for communication with the Cabinet members.

The cabinet is in its infancy but the members are engaged and excited to have a voice. They are currently working on the nursing strategic plan and will work with their units to implement tactics to meet the goals. Since the implementation of the shared governance model, UC San Diego Medical Center's direct-care nurses have developed a strong voice for change.

They are actively involved at all levels with policy changes, quality initiatives and self-governance on their units.

Building on the momentum of the past several years, UCSD nurses are poised to lead the way to a healthcare model that guarantees an environment that supports nursing autonomy, nursing excellence and unsurpassed quality in patient care.

## UC San Diego Shared Governance Model



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