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The Need for Speed: Shared Governance Impacting Nursing Practice over a 3 year Magnet Journey of a newly opened hospital.

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Background/Significance

Shared governance (SG) empowers nurses to be involved in decision making, gives them autonomy and responsibility over their practice (Anderson, 2011). It improves the workplace culture and is crucial in improving nurse, patient, and organizational outcomes (Waddell, 2009). This study looks at the nurses' perceptions of shared decision using the Index of Professional Nursing Governance (IPNG) tool of a new hospital on its journey to Magnet designation following the implementation of a SG model.

Purpose

This study described the evolution of the perception in shared governance (SG) throughout the 3-year Magnet journey in a newly opened Hospital. The hypothesis was that the construct of SG would be better understood and applied as the Magnet journey evolved and the perception to SG would increase.

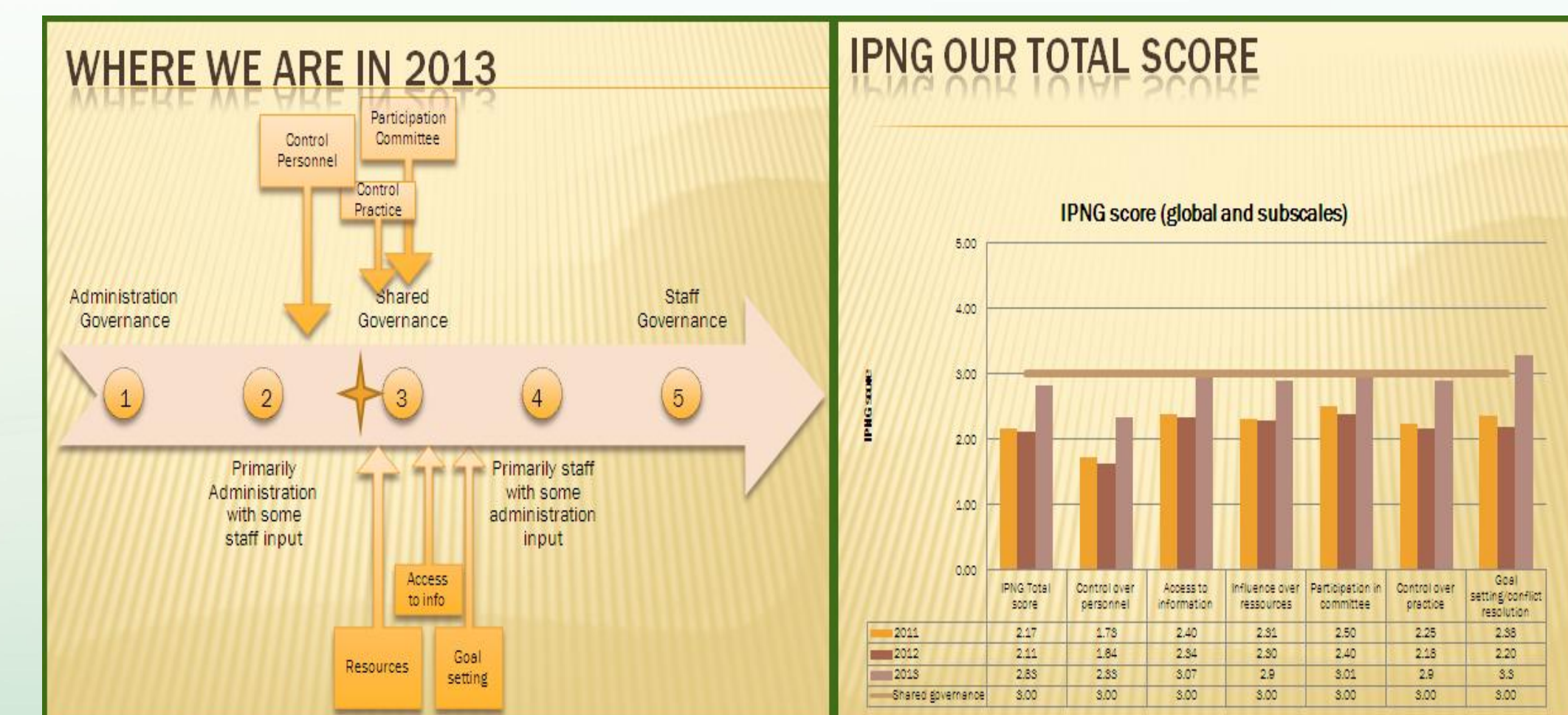
Methods

IRB approval was obtained. Each participant was provided a cover letter explaining the study aims, their rights as a participant, and the voluntary nature of the study. All surveys included a unique code created by the participant and all data was kept securely by the research team. A repeated cross-sectional descriptive study was done in order to measure change in the perception of governance status of the hospital. The survey was distributed to all nurses within the hospital on three separate occasions, each occasion separated by 12 months. Three weeks were allowed for the return of surveys for each administration of the survey.

All through out the 3 years of the magnet journey the shared governance model was practiced.

Results

The nurses significantly perceived that there is shared decisional involvement over time during the magnet 3 year journey. The IPNG survey results in years 1, 2, & 3 fell within the shared governance spectrum as opposed to administration governance spectrum. On a scale of 1 to 5, with 3 being complete shared governance and scores between 2 and 4 being in the shared governance spectrum, the average IPNG score was 2.12 in 2011, 2.11 in 2012 and 2.83 in 2013. To establish concurrent validity, we used the results from the NDNQI annual survey specifically the Job Enjoyment Scale and correlated them to the results of the IPNG results in 2011 and significant positive correlation exist.



Conclusion/Implication to Practice

Continue to improve existing shared governance models to sustain the involvement of nurses in actively participating in decisions affecting their practice. The increase in shared decision making perceptions of nurses meant that their involvement has increased and impacted their practice. There is room for improvement and the journey to Magnet designation warrants monitoring of this governance perception impacting practice.