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Shared Governance Council: Improving Staff and Patient Satisfaction

Haley O'Brien Hall

A project submitted to the faculty of

Gardner-Webb University Hunt School of Nursing

in partial fulfillment of the requirements for the

Master of Science in Nursing Degree

2020

Submitted by:

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Abstract

Due to the decreased staff and patient satisfaction on one post-operative unit, the author has developed a project plan to establish a unit specific Self Governance (SG) committee to improve staff and patient satisfaction. One SG committee and two councils will be formed giving all staff the opportunity to be a voice for change on their unit. The committee is focused on building and maintaining each council. One council will focus on staff satisfaction and one council will focus on patient satisfaction. The progress and outcomes of each committee and council will be evaluated in three ways: staff surveys, patient surveys, and data pulled from the patient charting systems. The cost for this SG project is less than $5,000 each year. Benefits of a successful SG include increased staff retention, staff knowledge, patient outcomes. If successful, this SG project can lay the foundation for SG throughout the entire hospital system.

Acknowledgements

I would like to thank God, first and foremost, for giving me the strength and motivation to complete this degree through the busiest and hardest times of my life. My life verse, for the past nine years, continues to be true in every aspect of my life. Joshua 1:9 states: “Be strong and courageous. Do not be afraid or discouraged, for the Lord your God will be with you wherever you go.”

I would also like to thank my husband and my parents for dealing with my stress along side of me over the past two years. Without their support, I would have never begun this journey, none the less, completed it.

Lastly and arguably most important, I would like to thank Dr. Sharon Creed-Hall, my thesis advisor. Thank you for the constant editing of my many drafts and your guidance on every aspect of this project.

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CHAPTER I

Introduction

"Shared governance (SG) is defined as a management style that promotes nurse involvement in decisions that affect their practice by empowering nurses to contribute and participate in their work environment." (Bieber & Joachim, 2016, p. 62) It is designed to be a collaboration between leadership and staff to make evidence-based practice decisions which can create positive outcomes for both staff members and patients. SG not only has the ability to improve the work environment of unit staff, but also the nursing department and organization as a whole (Joseph & Bogue, 2016). Unit and leadership staff possess different and unique qualities, that when put together, can make a lasting impact on an organization.

Problem Statement

SG is believed to improve workplace morale, staff satisfaction, and patient outcomes. A common issue among nursing units is that SG goes against their typical style of management. Many organizations label themselves as shared governing without actually giving their staff members a voice (Gordon, 2016). This shared governing label attracts prospective employees who are then disappointed to find out that those committees and councils are not truly represented. Joseph and Bogue stated that there needs to be a more action-oriented definition of SG in the work environment that can be used to measure its effectiveness and progress (2016).

Significance

Most healthcare organizations are in a highly competitive environment. Leadership teams have to be proactive in addressing issues within their organization such

as decreased staff and patient satisfaction. With an increase in staff turnover comes an increase in hospital cost and a decrease in staff knowledge of specific patient care. This leads to decreased staff and patient satisfaction. “When organizations utilize SG, employees feel valued and are invested in the organization’s success.” (Kroning & Hopkins, 2019, p. 13) Therefore, they stay and strive to continue improving their work environment. Equipped staff, with expert level knowledge in their specialty, can lead to improved working conditions and patient outcomes. SG committees and councils can help employees feel valued and let their voices be heard.

Purpose

The goal of SG is to engage employees, promote collaboration at all levels of the organization, and show employees that they are respected (Kroning & Hopkins, 2019). The purpose of this project was to create a SG committee that was functional and had measurable goals and outcomes. This is important at the working unit level because of its direct relationship to job satisfaction, nurse retention, and positive patient outcomes (Bieber & Joachim, 2016). This SG project was based on a 22-bed post-operative unit in a privately-owned southeastern hospital. It is pertinent that all staff are capable of recognizing post-operative risks specific to the patient population and that they are knowledgeable on the appropriate mobility of each patient. SG has never been successfully utilized on this unit. This project aims to create a successful and efficient SG committee to improve staff and patient satisfaction.

Theoretical Framework

Patricia Benner’s, “From Novice to Expert Theory” is the theoretical framework used for this project. In 1982, Benner introduced the concept that nurses develop skills

and understanding of patient care over a period of time through personal experiences and educational opportunities. Benner distinguishes the five levels of one's nursing experience as: novice, advanced beginner, competent, proficient, and expert. These levels reflect the growth of nurses as they progress in their career. Each level builds off of experiences and knowledge gained from previous levels. Benner states that an expert is described as a nurse who provides the greatest care and has the most experience, knowledge, and understanding (Thomas & Kellgren, 2017).

Duncan and Hunt claim that unit staff leave their position because they do not feel heard as a pertinent member of the team or that they are being underpaid for their work and contributions (2011). The leadership team then becomes frustrated because staff are leaving their positions creating more cost for the organization. Staff and leadership frequently misunderstand each other which creates barriers in communication that need to remain open. Benner's theory states that nurses at all levels of experience should be working together as one team. If staff and leadership can work together as one unit rather than separate units, all members of the organization could reap the benefits. It is vital that staff members at all stages of experience are using their nursing experiences and knowledge to continue educating other staff members so that together, they all can become experts in their field (Thomas & Kellgren, 2017).

Definition of Terms

Leadership includes charge nurses (CN), assistant nurse managers, managers, directors, the chief nursing officer (CNO), and nurse educators that are not in daily direct patient care. Unit staff includes registered nurses (RN), licensed practical nurses (LPN), secretaries, and nursing assistant personnel (NAP) that are in direct patient care. Patients

include any person who has been admitted to the hospital for medical care and their families. Hospital organizations are divided into departments and many departments are subdivided into units. Examples of departments include: emergency care, critical care, surgical, and medical. Example of units include: orthopedic surgical unit, gerontology medical unit, and intensive care unit. This project focused on one unit within a department of a hospital.

CHAPTER II

Literature Review

The current literature shows that appropriate use of SG committees among nursing units improve staff satisfaction, turnover rates, patient satisfaction, and outcomes. The literature review uses the following key words: nursing, shared governance, empowerment, Patricia Brenner, novice to expert theory, GEMS, staff turnover, hospital cost, and patient outcomes. Databases used during the search included: CINAHL, Medline, ProQuest, Clinical Key for Nursing, Health Source, and Science Direct.

Literature Related to Purpose

The purpose of this project was to create a functional and measurable SG committee. Literature suggests that with a successful SG arises improved staff and patient satisfaction.

Staff Satisfaction

In 2007, a Maryland community hospital's SG council opted to adjust its surgery start times to allow staff members to have one morning meeting each week. This time change allowed all meetings to be held during staff member's regular schedule so that their time away from work was not interrupted (Painter et al., 2013). This simple time adjustment provided great success for the operating room team. Their shared governing accomplishments included infection prevention techniques, patient turnover times, and improved shift report. Due to the success of this SG council, similar practices were implemented in other areas of the same hospital (Painter et al., 2013). This simple time adjustment empowered to staff to update policies and procedures when they saw the need.

In 2014, a northern New York hospital system aimed to promote nurse engagement through a successful SG within their 95-bed hospital, four primary care clinics, multiple specialty clinics, and a long-term care facility (McClarigan et al., 2019). The leadership committee spent one year developing the models, bylaws, and philosophies for this upcoming SG in hopes to have great success. This team initially created five council groups each focusing on a different aspect within healthcare. The five councils were: technology and informatics, nurse practice, education and development, recruitment and retention, and quality. Due to the lengthy but successful planning phases, these unique councils implemented new communication methods that followed HIPAA (Health Insurance Portability and Accountability Act) protocol, monthly education seminars, a new mentor program to improve retention rates, and revised the rapid response policy to better support the staff. Due to these councils, the New York hospital system has seen positive trends in professional growth, staff and patient satisfaction, new graduate retention seen in figure one, and RN turnover rates (McClarigan et al., 2019).

In 2016, a midwestern orthopedic post-operative unit improved their self-scheduling guidelines through the use of SG councils (Bieber & Joachim). Staff expressed frustration with the changes made to their schedules which conflicted with personal obligations. Leadership experienced frustration with the amount of time it took to balance each schedule. This SG council obtained feedback from all staff members about the self-scheduling process. The council revised the guidelines and had all staff read and approve of the new guidelines. Once these guidelines were implemented, staff

expressed gratification for the new process and felt a sense of empowerment in their work (Bieber & Joachim, 2016).

Patient Satisfaction

Not only did the simple surgery time adjustment improve staff performance for the Maryland operating room, as stated under "staff satisfaction", it also greatly improved patient satisfaction and outcomes. Through the SG council within the operating room, new protocols were implemented to reduce infection risks, patients were repositioned more frequently to prevent skin breakdown, and turnover times between surgeries were decreased therefore patient wait times were also decreased (Painter et al., 2013).

Gordon, an outpatient nurse leader at a New York cancer center, created a project to empower oncology nurses to develop a more effective work flow and improve patient satisfaction through SG (2016). Gordon is the leader of five outpatient units that provide chemotherapy infusions to patients. After a year of exponential growth, the leadership saw discrepancies in patient load, teamwork, and communication between the five units. The goal of this SG committee was to merge the staff of the five different units into one collective team. The units needed to work together to create a more conducive work flow. Some units were working 10-hour shifts while other were working 12-hour shifts and some units had empty beds while other units had a wait time for patient. The SG council worked together to decrease wait times for patients and use all five units equally. In conclusion, the wait time for patients was reduced by 34% and all staff members went to a 12-hour shift. This change allowed for increased flexibility in patient trying to schedule their infusions and staff creating their work schedule, as well as an overall decrease in patient wait times (Gordon, 2016).

An emergency and trauma services manager in one Illinois hospital recognized the unacceptable rates of blood culture contamination year after year (Moeller, 2017). The already formed emergency department SG committee worked with the laboratory team to create a solution. Emergency staff were surveyed on the possibilities of why blood culture collection was often contaminated in the emergency department. Staff responses included: sense of being rushed, rapid patient turnover, lack of patient cooperation, lack of bedside equipment, and knowledge deficits of appropriate blood draw. The phlebotomists of the laboratory team showed low contamination rates. This is attributed to the "one patient at a time" idea and that drawing blood is their specialty. Through SG, both the emergency staff and laboratory staff realized the need for further education and demonstration. The new process resulted in a nearly 4% decrease in blood culture contamination. Sepsis and antibiotic resistance are two major concerns in patients. Contaminated blood cultures can lead to incorrect diagnosis and treatment which can cause increase hospital stays, treatments times, and cost for patients. With the new process and decreased contamination rates, patient satisfaction has significantly improved (Moeller, 2017).

A Cincinnati children's hospital SG committee was made aware of their variation in bathing practices across the facility (Kneflin et al., 2016). This council sought to create a hospital wide standard in hopes to reduce central line-associated blood stream infections (CLABSI). The council consulted with physicians, infection control, and pediatric experts to determine the best bathing methods. The use of daily Chlorohexidine (CHG) baths were proven to reduce the risk of infection. Allowing the SG council to

make these decisions provided a positive experience for staff and improved patient outcomes in the pediatric population (Kneflin et al., 2016).

A rehabilitation facility in Hawaii used SG to improve patient-centered care and outcomes. This facility had poor communication between specialties such as speech therapist, nurses, and nursing assistants. This SG committee included members from all specialties within this facility. The barriers in communication was greatly hindering patient care. Nursing assistants were feeding patients that failed their dysphagia screen. When a patient fails their dysphagia screen, they need to be evaluated by a speech therapist before given anything by mouth again. The lack of communication had the ability to cause great harm to the patients. Once the SG council acknowledged their deficits, as a whole, they created better communication routes and plans. The results were improved patient outcomes and improved teamwork and morale in the facility (Torres et al., 2015).

Literature Related to Theoretical Framework

All unit staff members fall somewhere on Patricia Benner's level of expertise continuum. Literature suggests that if shared governance committees used her levels to create well-rounded council teams, then their productivity and satisfaction rates would improve. According to Benner, nurses, at different levels of expertise, possess different levels of cognitive thinking (2001). A novice nurse may not have the critical thinking component of nursing but they are familiar with nursing facts that they have just learned in school. An expert nurse may not recollect all of the memorization from nursing school, but has great critical thinking skills. It takes the knowledge of both types of nurses to create well-rounded council teams.

The Maryland operating room committee consisted of the chief nursing officer, leadership members, and bedside nurses (Painter et al., 2013). The midwestern hospital committee consisted of two RNs, eleven representatives, two nursing managers, the clinical nurse specialist, and a nurse education specialist (Bieber & Joachim, 2016). The Illinois emergency council was comprised of registered nurses, emergency technicians, and unit secretaries (Moeller, 2017). The Hawaii rehab facility committee included a physical therapist, speech therapist, nurse, and nurse aide (Torres et al., 2015). These committees and councils are made up of the highest-level nurses and the newest nurses as well as nursing assistant personnel and members of other hospital and facility personnel. All members are important and bring a unique quality to the team. The bedside nurses and nursing assistants are going to be more knowledgeable about the every-day routine of the units whereas the leadership members are more familiar with policies and hospital rules. To create effective change on a unit, it requires the teamwork of all involved.

Benner's theory has been widely used for leadership training, mentor programs, and professional development within hospitals (Davis & Maisano, 2016). In a SG council, it is important to incorporate staff members that are at each stage of Benner's model. Staff at the novice level learn step by step and are usually task oriented. These council members will help to keep the team on track towards their goal; they will be quick to complete easy tasks for the council. Staff at the advanced beginner stage will understand rules and regulations of the hospital and have the ability to complete obvious reoccurring tasks. Staff at the competent level can prioritize important tasks based off of previous experiences; they are also more goal oriented. Staff at the proficient level look at the entire scenario. They can predict the outcomes based on previous experiences.

These staff members typically make educated decisions. Staff at the expert level have enough experience to use their intuition in situations. Staff members at each of these levels will benefit a SG council because they each think differently and have different levels of knowledges and ideas to add to the group. They each serve a vital purpose (Davis & Maisano, 3016).

Strengths and Limitations of Literature

The strengths of this literature review include: an abundance of research and evidence-based practice on the success of the shared governance and strong hospital organizational support. There are no limitations of this literature review.

CHAPTER III

Needs Assessment

In order to successfully implement a functional SG committee, there has to be an assessment of what is needed to begin. This assessment includes who will participate, funds needed to implement and maintain the council, desired outcomes, and expectations.

Target Setting and Population

This project setting is a 22-bed post-operative unit in a privately-owned south-eastern hospital. This unit specializes in post-operative care for patients who have undergone orthopedic surgeries. These patients are at an increased risk for blood clots, infection, and mechanical falls. These patients require competent and expert nurses to care for them. This project aims to create a valuable SG committee with thriving councils for all staff; therefore, the target population of this project will focus on the staff of this post-operative unit. Staff include: one nurse manager, two assistant nurse managers, 12-day shift nurses, 11-night shift nurses, 8-day shift nursing assistants/secretaries, and 5-night shift nursing assistants. A functioning SG committee on this unit has the opportunity to positively affect unit staff, the patients being cared for, the department, and the organization as a whole.

Sponsors and Stakeholders

The sponsor of this project was the medical surgical clinical nurse specialist at this facility. The clinical nurse specialist was considered an expert, had access to numerous educational opportunities, and had been a member of former successful unit councils within other hospital systems. The stakeholders were the patients, the

organization and the community. The community and local financial supporters were essential to this organization's daily operation.

Team Members

The SG committee leader was the project coordinator. Other committee members included: the clinical nurse specialist, an experienced registered nurse within the hospital, a registered nurse within the orthopedic unit, the night shift assistant manager, one nursing assistant, and a unit secretary. This team was made up of well-rounded nurses and nursing assistants who are at different levels of expertise, according to Benner's theory. This committee oversaw the different councils created and ensured they were each working towards a specific goal. This committee was considered *the start-up committee*.

Available Resources

The main resource needed for this project was the support of management. That support was essential to the startup of SG councils on this unit. Other necessary resources included: the funds to pay hourly employees who attend the council meetings outside of their scheduled shift and a physical meeting location. All initial education was provided and completed via email to save time, money, and resources. Attendance and meeting topics were recorded via Google documents to save money on paper and ink and also to share with all of the members of council.

Cost and Benefit Analysis

The cost of a SG committee was minor, but the benefits had the potential to be major. Staff in management positions such as the manager and the clinical nurse specialist are on a salary, therefore, their pay was not affected. Initial meetings to plan for

the SG councils included salary staff and unit staff. Unit staff were paid hourly; therefore, they would need compensation for meetings scheduled outside of their regular shift. With the hopes that most staff members would self-schedule to work on the days of their meeting, it would decrease the cost of the SG council, also. All necessary materials would be online to decrease cost.

These SG councils would cost the hospital, at most, $400.00 per month, as detailed below. It would be much cheaper for the hospital to promote SG in hopes to increase staff retention and satisfaction than to pay for the training of a new nurse. The cost of replacing a registered nurse was $49,500 (Kroning & Hopkins, 2019). Council meetings will not exceed one hour per month. The potential benefits outweigh the small cost. The potential benefits include staff satisfaction and staff retention. The benefits of staff retention include increased experience on the unit which can improve patient outcomes.

SWOT Analysis

A SWOT analysis was completed.

Strengths for the implementation of a shared governance council included:

- Strong administrative support
- Little to no up-front cost
- Available meeting locations and times

Weaknesses:

- Lack of interest from staff
- Lack of available time from staff
- Lack of expertise within each committee

Opportunities:

- Successful avenue for change agent that could influence other units
- Improve patient outcomes and community support of facility
- Engagement in unit-based decisions and outcomes

Threats:

- No outside threats are observed to this project

Desired and Expected Outcomes

Desirable outcomes from this shared governing council hope to include:

- A decrease in post-operative infections due to an increase in staff knowledge and understanding of infection prevention.
- A decrease in patient falls due to an increase in staff knowledge and understanding of fall prevention.
- A decrease in staff turnover due to an increase in staff satisfaction in their workplace.
- An increase in patient satisfaction due to an increase in staff expertise of orthopedic knowledge and care.
- An increase in awareness and knowledge of the benefits of SG.

These desired outcomes are measurable and can prove or disprove the effectiveness of a shared governance council. These outcomes will be measured in three ways. Patient satisfaction will be measured through surveys such as Press Ganey. Data such as infection rates, fall rates, and readmission rates will be measured through chart analysis completed by the manager, assistant manager, and project coordinator. Staff satisfaction

and turnover rates will be measured through a survey as well as staff retention rates kept by human resources and the unit manager.

The assessment proves that the post-operative unit has all of the physical components for SG, but that it may struggle with commitment from interested and willing unit staff. The SWOT analysis indicates that the creation of these shared governance councils could be beneficial for not only the staff, but the unit, department, and organization as a whole.

CHAPTER IV

Project Design

Goal

The goals of this project were to increase staff satisfaction which decreases turnover rates and improve patient outcomes which improves patient satisfaction.

Objectives

Over the next 2 years, this project aims to decrease staff turnover rates by 25% on this post-operative unit. It is understood that staff often leave positions for other reasons such as home relocations and vertical position moves; however, the goal is to give staff a reason and desire to stay. In this 2-year time period, this project aims to also decrease post-operative infection and fall rates by 70% each. Both of these goals can improve patient satisfaction, if successful.

Plan and Material Development

There are a limited number of staff members on this unit due to its 22-bed size. Therefore, only two councils will be formed, at a time, outside of the initial *start-up committee* as previously discussed. The first council, *the retention council*, will focus on the staff, ways to improve teamwork, and over-all satisfaction. The second council, *the patient advocate council*, will focus on patient care and ways the unit can minimize risks to the patients. Each council will have two leaders from the *start-up council* and five voluntary staff participants from the unit. Staff participates will consist of registered nurses, licensed practical nurses, nursing assistants, and secretaries that work on the unit. Only 10 total staff participants will be needed at a time. Staff participants can rotate in

and out at 6-month increments to allow other staff members to participate within the councils.

Timeline

The *retention council* will meet on the first Monday of each month at 0730. The *patient advocate council* will meet on the first Tuesday of each month at 1930. These times were selected to fall once in day shift and once in night shift following shift report. Each meeting will be 45 minutes to one hour. The goal is for staff to be involved and willing to help cover the unit while their co-workers are participating in the meeting. Since staff on this unit use self-scheduling, they can ensure that they are working on the day of their meeting to avoid extra trips to and from the hospital. If the meeting is on a day where the staff member did not self-schedule to work, they can come in and get paid for the extra time. These councils will continue like this for 2 years, having the option to rotate staff participants every 6 months. Every 3 months, the *start-up committee* will meet and discuss each councils progress and plans moving forward. At the 2-year mark, the shared governing councils will be reviewed by the *start-up committee* and the unit manager for successes and areas needing improvement.

Budget

The budget for this SG committee is very minimal. At most, 10 staff members would get paid for one extra hour of work per month. With the average nursing salary at $27.47, some nurses would make more and some may make less depending on their degree and years of experience. The salaries for nurse assistance and secretaries also vary depending on years of experience. If all 10 members of council are nurses making an average of $27.47 per hour then this project would cost $274.70 each month. Since the

exact members cannot be predicted at this time, a range of $250.00 to $400.00 per month will be budgeted. This means that in a 1-year time span, this SG project has cost this unit between $3,000 and $4,800. It makes more sense to spend $4,800 each year to improve staff satisfaction and patient outcomes rather than spend nearly $50,000 to replace every staff member who leaves the organization.

Evaluation

As said before, effectiveness of this SG committee will be evaluated through patient surveys using Press Ganey, staff surveys created by the startup council, and chart analysis. Evaluation of council progress will occur every 3 months at the *start-up committee* meeting and evaluation of the entire project will occur at the end of the 2-year period. All council-initiated unit changes will be recorded and monitored over the 2-year period for success and/or failure.

CHAPTER V

Dissemination

The project design and expectations of a SG committee on this unit have been laid out in chapter four. The last step of this project is to initiate the shared governing councils.

Dissemination Activity

The project coordinator and the *start-up committee* will have an initial meeting to determine which team members will promote which councils. Once that is decided, a start date will be determined and an email will be sent to all staff on the unit. This email will include: educational information on the benefits of SG, how to join a council, expectations of council members, and initial meeting times and information. The email will require responses from all staff. Staff will be encouraged to join a council but not required due to limited spots available each 6-month period. Staff will be given 1 month to respond to the email. Members of the *start-up committee* will communicate with staff throughout the week to answer any questions and provide more details on the two council options. Once staff members have chosen a council or decided to hold off until the 6-month mark, a second email will be sent. This email will state which staff members are members of which councils. It will also include the date, time, and location for the first meeting of each council. Staff will be encouraged to attend council meetings with topics in mind for discussion. The *retention council* may focus on reasons staff members seek other job opportunities and small ways to improve their work environment. The *patient advocate council* may focus on ways to improve patient care. Staff may suggest ideas

such as how to improve infection rates, fall rates, or non-pharmacological pain control. The councils will create solutions to problems they face in their daily work.

Limitations

There are very few limitations to the success of this project. One hinderance could be staff willingness to participate due to the change in culture. There are many employees who want to come to work to do their job and go home. It will be imperative that staff are educated and excited to be a part of this SG journey. Another limitation could also be management. Members of management will have to remember that the point of SG is to let staff members create their own solutions. If management overstep their boundaries, the SG councils could be unsuccessful.

Implications for Nursing, Families, and Community

The implications for nursing are, if effective, SG has the opportunity to allow staff members to take control of their work environment and create the changes they want to see on the unit. If executed correctly, SG has proven to improve staff and patient satisfaction, improve staff retention, and improve patient outcomes. Continual decreases in staff satisfaction directly effects the hospital productivity, patient satisfaction, and outcomes.

Recommendations

Recommendations for this project include creating a universal process for SG committees so that other units in the hospital can benefit from them. Due to the small unit size, it would be easy to implement similar SG styles to other units and increase the staff involvement or council numbers. SG is more appealing to staff when they can see instant

results and gratification. It is imperative, to keep SG a positive and inclusive committee, that meetings are kept concise and on track.

Conclusion

With the formation of this SG committee and two SG councils, there is evidence in research that shows changes can be made and SG can be successful. If staff want to see change, SG gives them the opportunity to create that change. Shared governance not only gives staff a voice but can also provide a sense of empowerment.

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