



Doctor of Nursing Practice Project

Interprofessional Shared Governance: Effects on Nurses and Nurse Leaders

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Background

- National nursing turnover >27% (NSI Nursing Solutions Inc., 2022).
- Each separation costs an average of > \$200,000 (NSI Nursing Solutions Inc., 2022).
- Nursing retention is a national healthcare priority (NSI Nursing Solutions Inc., 2022).
- Shared governance
 - An effective method of increasing staff nurse engagement (Porter O'Grady & Clavelle, 2021).
 - Structural empowerment and positive practice environment (Clavelle et al, 2013).
 - Supports a shared strategic vision by including nurses’ union early in the planning of shared governance processes (Porter O’Grady 2001) .

Purpose

- To provide the foundation for shared governance discussion and structural empowerment of nurses across the health system.
- Accomplished by the creation of a trial of an interprofessional shared governance structure on several units within the correctional health facility in a unionized public-sector health system, which included members of the nursing staff, nurse leaders, human resources, the nurses’ union, and staffing office professionals.

Method

- Quantitative, purposively-sampled, quasi-experimental pretest-posttest design.
- Established a trial unit-based practice council of staff nurses, nurse leaders, and interprofessional members (human resources, staffing office, & nurses' union).
 - ✓ The council’s first project was self-scheduling with predominantly twelve-hour shifts trial.
- Collected staff nurse and leader turnover & absenteeism rates for 3 months immediately following implementation.
- Compared data to the same time period in the previous year.
- Analyzed data using Microsoft Excel.
- Incidentally-obtained qualitative data from witnessed anecdotal comments at council meetings and interactions with leaders:

Results

Quantitative

Table 1

Staff Nurse Turnover Rates Pretest and Posttest

	Pretest	Posttest
Trial Units	0.3	1.6
Correctional	0.5	1.4
System	1.8	1.4

Note. This table expresses turnover rates as a percentage.

Table 2

Nurse Leader Turnover Rates Pretest and Posttest

	Pretest	Posttest
Trial Units	0	28
Correctional	0	18.9
System	0.8	4.6

Note. This table expresses turnover rates as a percentage.

Table 3

Staff Nurse Absenteeism Rates Pretest and Posttest

	Pretest	Posttest
Trial Units	5.1	17.3
Correctional	28	18
System	13.6	14.8

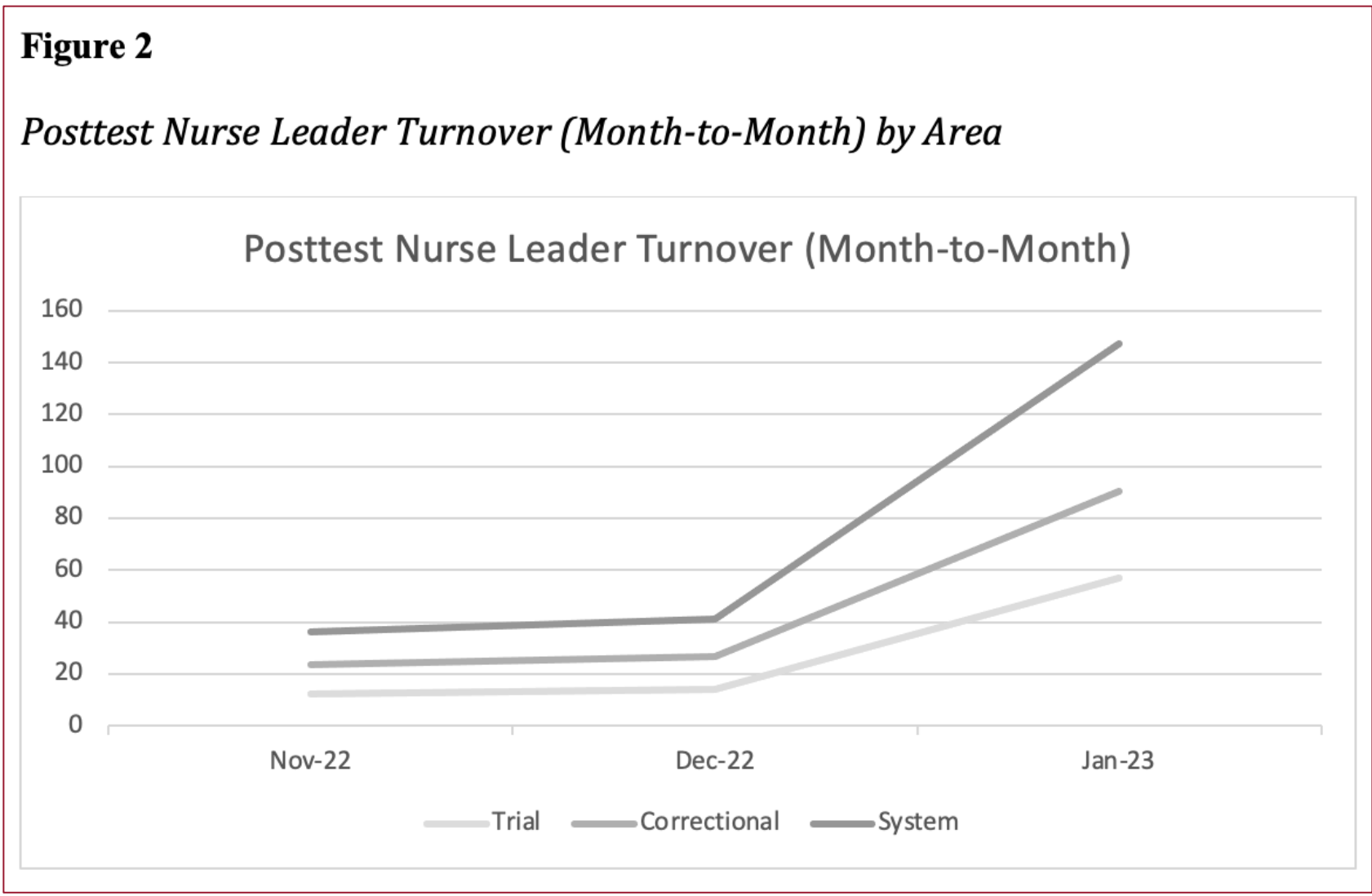
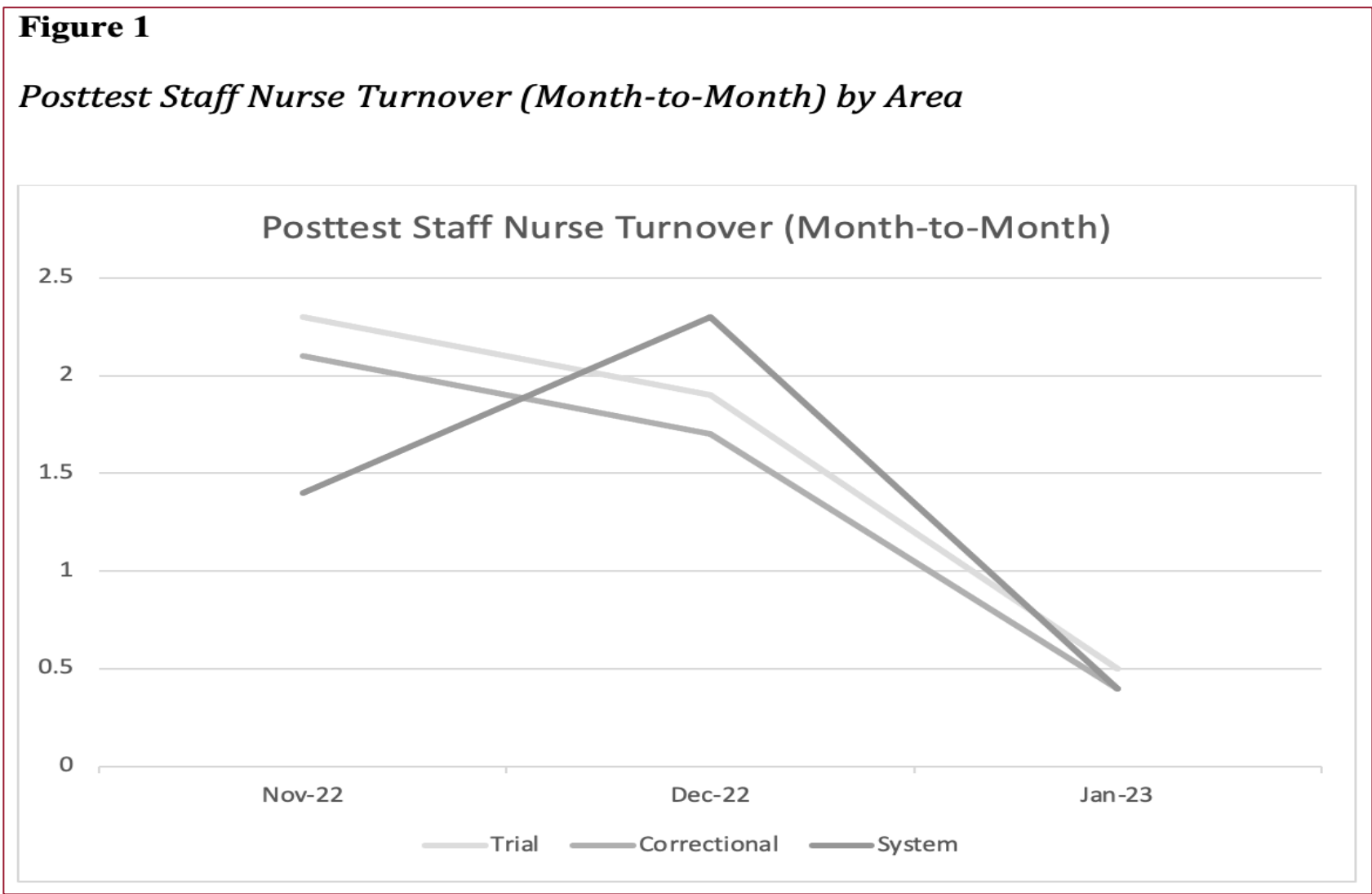
Note. This table expresses absenteeism rates as a percentage.

Table 4

Nurse Leader Absenteeism Rates Pretest and Posttest

	Pretest	Posttest
Trial Units	16.3	31.3
Correctional	19.5	27.4
System	17.2	25

Note. This table expresses absenteeism rates as a percentage.



Qualitative

Themes			
Staff Nurses		Nurse Leaders	
Positive	Negative	Positive	Negative
Work-Life Balance	Handoff Issues	Enhanced Collaboration	Handoff Issues
Less Stress	Floating Issues	Enhanced Union Relations	Floating Issues
Enhanced Collaboration		Happier Staff	

Discussion

- Shared governance preparations involving interprofessional members, including the nurses’ union, may correlate with positive outcomes.
 - Enhanced collaboration, enhanced union relations.
 - Effects on turnover and absenteeism of staff nurses and nurse leaders are inconclusive due to short data collection period.
 - Qualitative data demonstrate positive themes.
- Limitations:**
- Performed in only 3 units within 1 division of the correctional health entity.
 - Data collection limited to 3 months
 - Historical data collection tools were unvalidated with multiple sources and inconsistent use.

Conclusion

Importance:

- Shared governance associated with improved practice environment and structural empowerment of frontline staff (Clavelle et al., 2013).
- Project enhanced collaboration while providing support and empowerment of frontline staff.

Recommendations:

- Implement shared governance, beginning at the unit level.
 - Immediate decline in turnover in trial and divisional units after the implementation.
 - Pre-implementation, provide leadership with education on leading within a shared governance model.
- Include nurses’ union in planning: Create shared vision.
- Monitor results of trial for longer time.
- Implement self-scheduling.

Plan:

- Implement shared governance in step-wise fashion across system.

References

Clavelle, J. T., Porter O’Grady, T., & Drenkard, K. (2013). Structural empowerment and the nursing practice environment in magnet organizations. *The Journal of Nursing Administration*, 43(11), 566-573. <https://doi.org/10.1097/01.NNA.0000434512.81997.3f>

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