

NURSE DECISIONAL INVOLVEMENT IN UNIT LEVEL PRACTICE CHANGE

NURSE DECISIONAL INVOLVEMENT IN UNIT LEVEL PRACTICE CHANGE – INCEPTION OF THE 4D HEALTHCARE COLLABORATION COMMITTEE

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Purpose

To evaluate if shared governance on a medical surgical unit impacts policy practices through staff nurse decisional involvement.

Background

The complexity of healthcare delivery is forcing management to address patient outcomes, satisfaction rates, and nurse recruitment and retention levels. Traditionally, management has responded by imposing changes on staff nurses. Shared governance, which requires a structural change to the delivery system extending staff nurse influence and accountability into nursing practice and administration, offers an opportunity for staff nurses to drive and lead these changes. According to research and theory, shared governance increases the likelihood of changes being selected, applied, and carried through effectively.

Shared governance itself is complex, taking years for successful implementation. Therefore, this project utilized a component of shared governance, nurse decisional involvement (DI), to address whether shared governance practices would impact policy practices on a unit level. DI is the degree to which staff nurses contribute to decision making in regards to nursing practice and patient care.

Method

All staff nurses on a medical surgical unit of a public hospital were given the Staff Nurse DI Survey to measure readiness to increase involvement in policy decision making.

A team of six staff nurses and one manager met weekly for five months to address a unit level policy issue, with active participation from all members. The team selected a project, designed and implemented an intervention, and evaluated results. The team measured the effectiveness of the intervention by gathering data before and throughout implementation.

Results

Of the 46 registered nurses on the unit, 37% responded to the DI survey. The responses demonstrate a desire for increased staff nurse decision making on the unit.

Shared decision making was utilized by the team throughout project implementation, demonstrating success in project process. The policy intervention undertaken by the team was successful, demonstrating positive effect on policy outcome.

Discussion

It is likely that those who responded to the DI survey were predisposed to desire increased DI than those who chose not to respond. Therefore the interpretation that *staff nurses on the unit want increased DI* may be inaccurate.

The little rigorous research that is available on shared governance (Anthony, 2004) indicates that a short timeline such as this project's is ineffective for measuring shared governance. Therefore, success of the project was ascertained largely by the continued and active participation of the team, with little emphasis on the outcome of the team's project. Actual impact of increased staff nurse DI on policy practice could not be accurately measured with this project alone.

Implications/Conclusions

Implementing staff nurse DI is one portion of shared governance and will lead towards successful implementation if supported and sustained by management and staff nurses. This facility has multi-tiered administrative support for shared governance. Additionally, the DI Survey has since been implemented hospital wide, showing support for measuring nurse perceptions and desires of DI in the facility. Staff nurses will need additional encouragement, including paid time set aside for project work, to participate and support future project successes.

Keywords

Shared governance complexity

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