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A theory-based approach to nursing shared governance

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ABSTRACT

Background: The discipline of nursing uses a general definition of shared governance. The discipline's lack of a specified theory with precepts and propositions contributes to persistent barriers in progress toward building evidence-based knowledge through systematic study.

Purpose: The purposes of this article were to describe the development and elements of a program theory approach for nursing shared governance implementation and to recommend further testing.

Method: Five studies using multiple methods are described using a structured framework. The studies led to the use of Lipsey's method of theory development for program implementation to develop a theory for shared governance for nursing.

Discussion: Nine competencies were verified to define nursing practice council effectiveness. Other findings reveal that nurse empowerment results from alignment between the competencies of self- directed work teams and the competencies of organizational leaders. Implementation of GEMS theory based nursing shared governance can advance goals at the individual, unit, department, and organization level.

Conclusion: Advancing professional nursing practice requires that nursing concepts are systematically studied and then formalized for implementation. This article describes the development of a theoretical foundation for the systematic study and implementation of nursing shared governance.

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Introduction

Shared governance is widely believed to improve work experiences, nursing practice, and patient outcomes (Coile, 2001; Laschinger, Finegan, Shamian, & Wilk, 2001). In the clinical setting, shared governance has been linked to improved decision-making, empowerment, nursing satisfaction, control over practice, and autonomy (Caramanica, 2004; Kramer et al., 2008). Shared governance may also enhance nurses' engagement in their professional nursing practice (Burke, 2005).

A key tenet of the evidence-based management practice that is the Magnet Recognition Program is a strong shared governance component. The array of studies offering a variety of evidence on shared governance has relied on a variety of informal (pre-theoretical) definitions of nursing shared governance. The absence of systematic descriptions and definitions has clouded conceptual clarity and impeded research, theory development, and practice improvements. To address this gap, cumulative knowledge gained from a series of six studies that culminate in the use of Lipsey's program theory development method to arrive

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at a theoretical approach to shared governance is described (Lipsey, 1990, 1993; Lipsey & Cordray, 2000).

Current State of Nursing Shared Governance Knowledge and Use

In the United States, there are 419 hospitals with Magnet designation (American Nursing Credentialing Center [ANCC], 2015), which recognize health care organizations for characteristics that are thought to attract nurses and to produce better care. This designation is based on components of the Magnet model such as transformational leadership, structural empowerment, exemplary professional practice, the use of new knowledge, innovations, and improvements, and empirical outcomes. In this context, shared governance is commonly operationalized as the very broad concept of structural empowerment (ANCC, 2015).

Shared governance in nursing is widely understood as "empowerment and the means of empowerment" (Porter-O'Grady, 2001). Simultaneous with the widespread acceptance of this broad conceptualization, diverse perspectives are offered as the operationalization (how to implement or act upon in specified steps) of shared governance, such as establishing committee structures, nurse-driven quality improvement efforts, accountability for decision-making, evidence-based practice projects, and control over practice (dos Santos et al., 2013; Meyers & Costanzo, 2015; Moore & Hutchinson, 2007). Porter-O'Grady has stated that shared governance is not researchable because it is an idea that can take on various expressions (Porter-O'Grady, 2003).

Using the definition of shared governance as empowerment, any number of different structures or functions might be labeled shared governance because they are believed to be empowering for nurses. However, a more precise, specified, and theoretical approach to shared governance in nursing is needed. For example, the seminal work of Kanter (1977) was more precise in describing the kinds of actions that might express empowerment in practice. She defined empowerment as the ability of supervisors to give downward control, the spreading of formal authority, decentralization, and the distribution of decision-making power. Kanter (1977) proposed team concepts to encourage power sharing by more and more people. Further specification based on research is described here.

Coupled with a broad definition for shared governance in nursing, there has also been little research on shared governance and less research showing its linkage to specific outcomes (Anderson, 2011; Anthony, 2004; Barden, Griffin, Donahue, & Fitzpatrick, 2011). According to Anderson (2011), a valid and reliable tool to measure shared governance, rather than proxy concepts such as empowerment, is necessary for evaluation of outcomes related to shared governance to be useful. She advocates for the use of 88-item Index of Professional Nursing Governance (IPNG) by Hess.

Hess (2011) described shared governance as structures and processes by which organizational participants direct, control, and regulate many goal-oriented efforts of other members. Although the IPNG is the most widely used measure as an index of shared governance, it has two shortcomings. The IPNG is lengthy (Lamoureux, Judkins-Cohn, Butao, McCue, & Garcia, 2014) and, therefore, burdensome as a tool for periodically monitoring changes over time or differences across units. More importantly, however, IPNG measures "traditional" board governance (Lamoureux et al., 2014). That is, it is based on concepts which are a poor fit for the practice of direct care nurses in acute-care settings, which are the unit-level "engines" for implementing nursing shared governance and evidence in practice.

The IPNG and the field approach to shared governance does not seem to tap a concept akin to active empowerment as described by Kanter (1977); especially not in regard to functions, roles, or practice scope of direct care nurses engaged in shared governance, individually, or as members of unit practice councils (Bogue, Joseph, & Sieloff, 2009). A more action-oriented operational definition of shared governance that is fitted to the nursing work environment is needed for measures of *nursing* shared governance to be useful in improving nursing knowledge and practice.

Several researchers have called for caution in linking implementation of shared governance to outcomes under the current circumstances because the practice of "shared governance" has widely diverse and often vague meanings. There is no operational definition associated clearly with specific kinds of actions (Anderson, 2011; Anthony, 2004; Bogue et al., 2009). An appropriate measure of shared governance would reflect specifically *how* shared governance is exercised and actualized by nurses in different roles and how these actions are related to outcomes. Specifically, a measure of nursing shared governance should describe and elaborate the quality and/or the quantity of the activities of shared governance. A measure of shared governance that fits nurses' practice and work environments and goals would enable researchers to examine linkages between shared governance practices and outcomes, thereby presenting opportunities to test and further improve shared governance practices (Joseph & Bogue, 2013).

In summary, shared governance has been broadly described as empowerment and the means for empowerment. There are no theories or models linking shared governance specifically to the practices or actions of nurses, particularly direct care nurses. Nor are there any accepted and widely used operational definitions or measures of shared governance that tie specifically to the practices or actions of direct care nurses.