Preparing Clinical Nurses for Shared Governance Leadership Roles

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Shared governance structures have had a significant impact on the empowerment of clinical nurses in shared-decision making. Increased staff engagement, staff satisfaction, professional accountability, and improved patient care outcomes have all been documented as benefits of shared governance.[1,2] Shared governance has been described as "both a philosophy and a structure for professional accountability that helps an organization achieve high-quality, patient-centered care."[2] In addition, shared governance provides a unique opportunity for clinical nurses to develop leadership skills such as interpersonal skills, organizational skills, and computer skills.[3] Leadership opportunities in shared governance have allowed hospitals to develop future nurse leaders within their own organization.[3]

Whereas the overall impact of shared governance on leadership development of clinical nurses is well known, clinical nurses are often hesitant to initially take on these leadership roles. They often lack the basic skills required to lead these councils and are "commonly ill-prepared to share this required leadership and accountability."[4] To aid in the transition into leadership roles and to provide succession planning for its shared governance council leadership positions, Bon Secours St. Francis Hospital (BSSF) focuses on the training and mentoring of these nurses prior to the beginning of their leadership terms.

BSSF SHARED GOVERNANCE STRUCTURE

BSSF was designated as a Magnet® organization by the American Nurses' Credentialing Center (ANCC) Magnet Recognition Program® in 2010 and 2015. The creation of their shared governance structure occurred during the beginning phases of their journey to Magnet recognition in 2007. Although there have been a few changes to the councils over the past 10 years, the overall structure has remained constant. It consists of unit-based councils, 8 hospital-level councils, and a leadership advisory council (LAC) (*Figure 1*). BSSF is part of the Roper St. Francis Healthcare System (RSF), and there are 4 system-wide councils that promote collaboration and decrease duplication across the system (the research, professional practice, Clinical Informatics Planning and Advisory Council [CIPAC], and professional advancement councils). Each council's leadership consists of a clinical nurse chair, a clinical nurse chair-elect, and 2 facilitators. The facilitators for the councils are nurses in formal leadership positions such as a RN clinical specialist, Magnet program director, or clinical manager. Each council also has a scribe. The membership of the LAC is composed of the chair, chair-elect, and facilitators of each of the 8 hospital-level shared governance councils. Unit-based council chairs are also invited and encouraged to attend. It provides oversight for the shared governance process at BSSF. The expected outcomes of the BSSF nursing shared governance structure include excellent quality outcomes, high nurse engagement, continuous nurse professional development, increased interprofessional collaboration, and an excellent patient experience.

CREATION OF A SHARED GOVERNANCE LEADERSHIP WORKSHOP

In 2009, a gap was identified in the comfort level of clinical nurses who were stepping into leadership roles for shared governance councils. They voiced their concerns about being able to run a meeting and other skills required for council leadership. Some councils were having difficulty finding new volunteers to step forward to assume future leadership roles because of the fear of leading meetings and councils for the first time. Based on this feedback, a shared governance leadership workshop was created. This first workshop was presented in 2 sections: one focused on basic meeting management and crucial conversations/conflict management, the other focused on 2009 council goals and open dialogue between councils. The overall purpose of the class was to provide an overview of basic leadership skills needed to run council meetings and to encourage collaboration between the councils. This first workshop was created and led by 2 education specialists in the system professional development department. Feedback from the participants included comments such as "make this an annual thing to cover new leaders," "very informative; loved the opportunity to meet with the leaders of other councils," and "great way to get started when not as familiar with how to run meetings."

Due to the success of the workshop, the LAC decided to make it an annual event. The council assumed the planning and implementation of the workshop. Although there are basic topics covered each year, the workshop agenda changes based on the needs identified by LAC and the current strategic initiatives of the hospital. The current year's LAC chair, chair-elect, and facilitator plan and lead the workshop. Initially, the timing of the workshop occurred in January or February, coinciding with the first month of the new shared governance year. However, in 2014 the LAC decided to move the training to November in order to provide the training 2 months prior to the new leaders stepping into their roles. It was also moved from the historically high census months of January and February to allow for the outgoing leaders to also attend as a means for mentoring and teambuilding.

There are several advantages to this training specific to shared governance leaders: the attendees learn who their resources are for future help, they have an opportunity to interact and network with nurses with varying levels of shared governance leadership experience, they are provided formal training for basic skills required for their role, and they are able to ask specific questions and seek input into common barriers and concerns that all shared governance councils face. The topics that each annual workshop includes are an update on nursing at BSSF, the benefits and purpose of shared governance, strategic planning and goal setting, how to conduct a meeting, planning an agenda, capturing accurate meeting minutes, basics of data analysis, reports from the recent ANCC National Magnet Conference®, and open discussion about current issues facing these leaders.

BSSF Nursing Update

The chief nursing officer usually begins each workshop with a discussion of the current state of nursing at BSSF. She includes year-to-date performance on annual nursing goals and strategic initiatives that shared governance impacts. It provides her an opportunity to share her gratitude for the clinical nurses who have stepped forward into leadership positions and to emphasize her support of shared governance and its importance to BSSF.

Shared Governance 101

Although this topic has not been included in every workshop, it was included in the beginning years and was added back in the past 2 years based on feedback as new nurses became involved in leadership positions. It covers the definition, pur-