Research Instruments

A variety of research instruments is available to those wishing to study implementation strategies and movement toward shared governance. As indicated in this workbook, annual evaluation of progress is advised to assess whether substantive changes have occurred and to assess the progress made toward goal fulfillment.

The instruments included in this appendix have been used extensively in shared governance implementation and have proven valuable to their users. While these are not the only available research tools, they do provide an excellent beginning for the evaluation process and are quite successful in assessing progress. Readers are encouraged to contact the authors of these instruments for information regarding use and evaluation.

In addition to the examples of instruments provided in this appendix, it is recommended that organizations develop individualized tools to assess the kinds of changes important to them relative to implementing shared governance. Some institutions evaluate progress, turnover, vacancy, staff satisfaction, clinical impact, relations with the medical staff and other departments, and a host of other factors important to them. Keeping data as the implementation unfolds is a viable way to evaluate progress and the success of certain strategies for implementing shared governance.

STICHLER COLLABORATIVE BEHAVIOR SCALE (CBS)

The Stichler Collaborative Behavior Scale (CBS), comprised of two parts, was developed to measure respondents' perceptions of collaborative behaviors between the nurse and the physician (Part 1) and between the nurse and the manager (Part 2) in a specific departmental relationship. The CBS was developed using a conceptual framework relating to interactional theory and social theory.

The CBS measures the amount of power balancing, interacting, and interpersonal valuing that occurs in a collaborative relationship. The scale has been used to measure the effect of collaboration on predicting job satisfaction and anticipated turnover. Nurse-physician collaborative behavior and nurse-manager collaborative behavior significantly predicted job satisfaction. Only nurse-manager collaborative behavior significantly predicted anticipated turnover.[1]

The content validity index for the instrument is 0.91. Reliability using Chronbach's alpha is 0.96 for the CBS-1 and 0.98 for the CBS-2. Convergent and discriminant validity were established using the multitrait, multimethod approach.

Further information about the psychometric properties of the Collaborative Behavior Scale and permission to use this instrument in further research can be obtained from the author:

Jaynelle F. Stichler, RN, DNS, CNAA
14322 Blue Sage Road
Poway, CA 92064
(619) 451-0298

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[1]Stichler JF: The effects of collaboration, organizational climate, and job stress on job satisfaction and anticipated turnover, Ann Arbor, MI, University Microfilms, Inc, 1991.

Nurse-Physician Collaborative Behavior Scale–Part 1

Directions: The purpose of this scale is to determine the extent of collaborative behaviors which generally exist between you and the *physicians* with whom you work. (For each statement check (√) the one box that indicates how often you believe that each behavioral statement occurs.) There are no right or wrong answers. Please answer each item as best you can.

	Rarely 1	Sometimes 2	Often 3	Nearly Always 4
1. We feel free to share ideas with one another.				
2. We acknowledge one another's competence.				
3. We support each other as team members.				
4. We work as partners.				
5. We are committed to working together as a team.				
6. We trust one another.				
7. There is a sharing of expertise and talents between us.				
8. We work as "equals" or "partners" for the accomplishment of some goals.				
9. We work together as a team.				
10. My opinions are listened to.				
11. I feel that my input is truly valued.				
12. We work together as associates.				
13. There is a feeling of mutual regard and respect.				
14. We make an effort to resolve any conflicts which arise to our mutual satisfaction.				
15. We both actively participate in the relationship in order to meet our patient care goals.				
16. We share information openly with one another.				
17. We problem solve together.				
18. We recognize the need to have a sense of "give and take" in the relationship.				
19. We recognize our interdependence with one another in order to meet our goals.				
20. We are committed to the process of working together to meet our goals.				

Nurse-Manager Collaborative Behavior Scale–Part 2

Directions: The purpose of this scale is to determine the extent of collaborative behaviors which generally exist between you and the *managers* with whom you work. (For each statement check (√) the one box that indicates how often you believe that each behavioral statement occurs.) There are no right or wrong answers. Please answer each item as best you can.

	Rarely 1	Sometimes 2	Often 3	Nearly Always 4
1. We feel free to share ideas with one another.				
2. We acknowledge one another.				
3. We support each other as team members.				
4. We work as partners.				
5. We are committed to working together as a team.				
6. We trust one another.				
7. There is a sharing of expertise and talents between us.				
8. We work as "equals" or "partners" for the accomplishment of some goals.				
9. We work together as a team.				
10. My opinions are listened to.				
11. I feel that my input is truly valued.				
12. We work together as associates.				
13. There is a feeling of mutual regard and respect.				
14. We make an effort to resolve any conflicts which arise to our mutual satisfaction.				
15. We both actively participate in the relationship in order to meet our patient care goals.				
16. We share information openly with one another.				
17. We problem solve together.				
18. We recognize the need to have a sense of "give and take" in the relationship.				
19. We recognize our interdependence with one another in order to meet our goals.				
20. We are committed to the process of working together to meet our goals.				

NURSE OPINION QUESTIONNAIRE (NOQ)

The Nurse Opinion Questionnaire (NOQ) was developed and initially tested by Dr. Ruth Ludemann and the Nursing Research Committee at Rose Medical Center, Denver, Colorado.[1] It has since been used by the Scottsdale Memorial Hospital Shared Governance Research Committee annually since 1987 to evaluate changes in nurses' perceptions during the implementation of a shared governance structure.

The NOQ contains five scales to measure staff perceptions of variables believed to be affected by shared governance. Organizational commitment is measured by a scale originally developed by Mowday et al (1979)[2] and is not included in this publication. Commitment to shared governance was developed by the Rose Medical Center Research team, with items similar to the organizational commitment scale. Work environment was adapted by the Rose Medical Center Research team from a scale originally used by Welsch and LaVan (1981)[3] and measures perceptions of staff toward the workplace. The scale was shortened from 42 items to 18 items after a factor analysis. Influence was developed by the investigators and measures the amount of influence staff perceive within the organization. Job satisfaction, developed by the team, measures intrinsic and extrinsic job satisfaction.

Reliability coefficients (Cronbach's alpha) have been consistently acceptable, ranging from 0.74 to 0.95, with the majority being above 0.90 over the years.

Permission to use, scoring instructions, and further information may be obtained by contacting Ruth Ludemann, R.N., Ph.D., at Arizona State University, College of Nursing, Tempe, AZ 85287-2602.

[1]Ludemann R and Brown C: Staff perceptions of shared governance, Nurs Admi Q 13(4):49-56, 1989.
[2]Mowday RT, Steers RM, and Porter IW: The measure of organizational commitment, J Voc Behavior 14:224-247, 1979.

[3]Welsch H and LaVan H: Inter-relationships between organizational commitment and job characteristics, job satisfaction, professional behavior and organizational climate, Human Relations 24(12):1079-1089, 1981.

Dear Professional Nurse:

Enclosed is a comprehensive questionnaire designed to obtain nurses' opinions about Shared Governance and your perceptions about the work environment.

We would appreciate your assistance in the completion of this evaluation. The information collected will be used to help us understand what is working well for you, what in the Nursing Division needs attention, and what you would like to see included in future planning. We will be collecting this information approximately once a year, as we refine our shared governance program.

All of this information will be collected and reported anonymously, as group information. You cannot be identified individually. The results, when published, will represent group information.

Your participation is voluntary. Your input is valued and we urge you to complete this questionnaire. The more responses we receive, the better understanding we will have about your opinions and concerns. Please return the completed survey *WITHIN TEN DAYS* to a Shared Governance box in the following locations:

6E Conference Room	2W Conference Room
5E Conference Room	SNF Conference Room
4E/Rehab Conference Room	6th Floor Nursing Office
3EA/Telemetry Conf. Room	SCU Lounge
OB Conference Room	

If you have any questions about the research or your participation, feel free to contact any member of the research committee. The results of this study will be shared with the Nursing Coordinating Council annually. If you wish to obtain a copy of the results, please contact a member of the Shared Governance Research Committee.

Thank you in advance for your participation in this project.

The Shared Governance Research Committee

Lisa Block
Wendy Lyons
Barbara Roberts
Lindsay Thomas
Mary Hays, Administrative Consultant
Ruth Ludeman, Ph.D., Principal Investigator

BACKGROUND INFORMATION

Please complete the following information as it applies to you.

1. Have you completed a research questionnaire to evaluate the Shared Govern-
   ance structure in previous years?

   _____ 1. Yes
   _____ 2. No

2. What is your age?   _____ 20-29   _____ 40-49   _____ >60
                              _____ 30-39   _____ 50-59

3. What is your sex?   _____ 1. Male   _____ 2. Female

Employment Information

4. What shift do you work?

   _____ 1. Days
   _____ 2. Evenings
   _____ 3. Nights

5. Are you currently working:

   _____ 1. 8-hour shifts
   _____ 2. 10-hour shifts
   _____ 3. 12-hour shifts

6. What is the nature of your work?

   _____ 1. Patient care
   _____ 2. Patient care plus some management
   _____ 3. Management only
   _____ 4. Expanded role

7. In which clinical nursing service are you employed? (Check one)

_____ 1. Medical-Surgical/Rehabilitation/Staffing Resources/Skilled
      Nursing Facility
_____ 2. Critical Care/Telemetry
_____ 3. OR/PACU/Special Procedures
_____ 4. Maternal Child Services
_____ 5. Nursing Administration

8. What is your present employment status?

_____ 1. 80-hours per pay period
_____ 2. 72-hours per pay period
_____ 3. 64-hours per pay period
_____ 4. > 48-hours, but < 64-hours per pay period
_____ 5. 48-hours per pay period
_____ 6. < 48-hours per pay period

9. How long have you been employed at Scottsdale Memorial Hospital?

_____ years

10. Approximately how many years have you worked in nursing altogether?

_____ years

11. What type of *basic R.N. education* have you completed?

_____ 1. Associate Degree
_____ 2. B.S.N.
_____ 3. Diploma

12. What is the highest level of education you have completed?

    _____ 1. Associate Degree
    _____ 2. B.S.N.
    _____ 3. Diploma
    _____ 4. Baccalaureate non-nursing
    _____ 5. Master's (nursing)
    _____ 6. Master's (non-nursing) Specialty?_____
    _____ 7. Other (specify)_____

13. Are you currently enrolled in a degree program?

    _____ 1. BSN
    _____ 2. BS - non-nursing
    _____ 3. Master's, nursing
    _____ 4. Master's - non-nursing
    _____ 5. Other

Shared Governance Information - some people have not had the opportunity to participate in Shared Governance. Please answer to the best of your ability.

14. Have you served as a chairperson/chair-elect of a Shared Governance Council/Committee in the last year?

    _____ 1. Yes
    _____ 2. No

15. Have you particpated on Shared Governance Councils/Committees in the last year?

    _____ 1. If yes, how many?_____
    _____ 2. No

16. In the last year, how often have you participated in Shared Governance decision making?

    _____ 1. Frequently
    _____ 2. Some
    _____ 3. Seldom
    _____ 4. Never

17. What do you personally see as the main benefit of having Shared Governance?

_____
_____
_____
_____
_____
_____
_____

18. What do you see as the major disappointment and/or problem of Shared Governance?

_____
_____
_____
_____
_____
_____
_____

19. What suggestions do you have for improvement?

_____
_____
_____
_____
_____
_____
_____

Did you work in this hospital prior to the beginning of shared governance (1986)?

_____ 1. Yes   _____ 2. No

NURSING COMMITTEES/COUNCILS AND SHARED GOVERNANCE

Listed below are similar statements that represent possible feelings individuals may have about Shared Governance. Again, please indicate the degree of *your* agreement or disagreement with each statement by circling one of the seven alternatives.

1 = Strongly Disagree (SD)   5 = Mildly Agree (MA)
2 = Disagree (D)   6 = Agree (A)
3 = Mildly Disagree (MD)   7 = Strongly Agree (SA)
4 = No Opinion (NO)

	SD	D	MD	NO	MA	A	SA
1. I am not really very familiar with the structure and functions of our nursing councils and committees.	1	2	3	4	5	6	7
2. I am willing to put in a great deal of effort beyond that normally expected in order for our nursing councils and committees to be successful.	1	2	3	4	5	6	7
3. I talk up shared goverance to my friends as a great way for staff to participate in decision-making which affects their job.	1	2	3	4	5	6	7
4. I feel very little loyalty to the shared goverance councils.	1	2	3	4	5	6	7
5. The physicians at this hospital understand the shared governance program.	1	2	3	4	5	6	7

	SD	D	MD	NO	MA	A	SA
6. Nursing councils and committees really inspire the very best in me in the way of job performance.	1	2	3	4	5	6	7
7. From what I've heard or observed, patient feelings about the quality of nursing care improved with shared governance.	1	2	3	4	5	6	7
8. From what I've heard or observed, nurse-physician relationships have not improved with shared governance.	1	2	3	4	5	6	7
9. For me, shared governance is the best of all possible ways to structure the nursing division.	1	2	3	4	5	6	7
10. From what I've heard or observed, the quality of nursing care has not improved since shared governance started.	1	2	3	4	5	6	7
11. I really do not care about the fate of shared governance.	1	2	3	4	5	6	7
12. Shared governance has turned out to benefit management more than it benefits employees.	1	2	3	4	5	6	7

	SD	D	MD	NO	MA	A	SA
13. The physicians at this hospital are not supportive of the shared governance program.	1	2	3	4	5	6	7
14. From what I've heard or observed, the comprehansiveness and continuity of nursing care have not improved with the shared governance program.	1	2	3	4	5	6	7

Please indicate the degree of *your* agreement or disagreement with each statement by circling one of the six alternatives.

1 = Strongly Disagree (SD)   4 = Mildly Agree (MA)
2 = Disagree (D)   5 = Agree (A)
3 = Mildly Disagree (MD)   6 = Strongly Agree (SA)

	SD	D	MD	MA	A	SA
1. My superior rarely seeks out my input before decisions are made.	1	2	3	4	5	6
2. There are continuing unrealistic pressures from nursing administration for innovation in the way we carry out our activities.	1	2	3	4	5	6
3. I am often unable to influence my immediate supervisor's decisions and actions that affect me.	1	2	3	4	5	6
4. People are proud of being associated with this hospital.	1	2	3	4	5	6
5. If I make a suggestion in decision making, it is usually considered.	1	2	3	4	5	6

	SD	D	MD	MA	A	SA

6. There is a strong desire among personnel in this hospital to keep abreast of innovations that are occurring in the health care area.

    1   2   3   4   5   6

7. We are encouraged to speak our minds, even if it means disagreeing with our superiors.

    1   2   3   4   5   6

8. There is a lot of support from co-workers during innovation attempts.

    1   2   3   4   5   6

9. I rarely have to do things on the job that are against my better judgement.

    1   2   3   4   5   6

10. As far as I can see, there isn't very much personal loyalty to this hospital by the people who work here.

    1   2   3   4   5   6

11. There is a strong commitment among personnel in this hospital to working through the problems that accompany change and innovation.

    1   2   3   4   5   6

12. There is a lot of cooperation among the different departments in this hospital in trying to implement-utilize innovations into our ongoing activities.

    1   2   3   4   5   6

	SD	D	MD	MA	A	SA
13. I have too heavy a work load, one that I cannot finish during an ordinary work day.	1	2	3	4	5	6
14. It is easy to get necessary information for decision making.	1	2	3	4	5	6
15. My supervisor in this hospital does make an effort to talk with me about my career aspirations.	1	2	3	4	5	6
16. I have little opportunity to participate in innovative changes.	1	2	3	4	5	6
17. The amount of work I routinely have to do does not interfere with how well it gets done.	1	2	3	4	5	6
18. I have too much responsibility delegated to me by my supervisors.	1	2	3	4	5	6

INFLUENCE

Please indicate the degree of *your* agreement or disagreement with each statement by circling one of the six alternatives.

1 = No Influence (N)   4 = Moderate Influence (M)
2 = Little Influence (L)   5 = Great Influence (G)
3 = Some Influence (S)   6 = No Opinion/Don't Know (NO)

How much influence does
the staff have:

	N	L	S	M	G	NO
1. To influence changes in nursing services.	1	2	3	4	5	6
2. With hospital administration.	1	2	3	4	5	6
3. With nursing administration.	1	2	3	4	5	6
4. To make decisions on issues that affect nursing.	1	2	3	4	5	6
5. To influence changes in policy and procedure.	1	2	3	4	5	6
6. To influence changes in personnel policies.	1	2	3	4	5	6
7. To propose new ideas for consideration.	1	2	3	4	5	6
8. To influence the quality of nursing.	1	2	3	4	5	6

Please indicate the degree of *your* agreement or disagreement with each statement by circling one of the six alternatives.

1 = Very Dissatisfied (VD)   4 = Barely Satisfied (BS)
2 = Dissatisfied (D)   5 = Satisfied (S)
3 = A Little Dissatisfied (LD) 6 = Very Satisfied (VS)

How satisfied are you with:	VD	D	LD	BS	S	VS
1. The feeling of self-esteem or self-respect a person gets from being in your job?	1	2	3	4	5	6
2. The opportunities for personal growth and career development in your job?	1	2	3	4	5	6
3. The prestige of your job inside the hospital (that is, the regard received from others in the hospital)?	1	2	3	4	5	6
4. The opportunity for independent thought and action in your job?	1	2	3	4	5	6
5. The pay for your job?	1	2	3	4	5	6
6. The feeling of worthwhile accomplishment in your job?	1	2	3	4	5	6
7. The opportunity in your job for participation in the determination of methods, procedures, and goals?	1	2	3	4	5	6

	VD	D	LD	BS	S	VS
8. The opportunity for clinical promotion?	1	2	3	4	5	6
9. The opportunity for managerial promotion?	1	2	3	4	5	6
10. The amount of respect and fair treatment I receive from your supervisor?	1	2	3	4	5	6
11. The feeling of being informed about what's happening in the nursing division?	1	2	3	4	5	6
12. The prestige of your job outside the hospital (that is, the regard received from others not in the hospital)?	1	2	3	4	5	6
13. Your work schedule and hours?	1	2	3	4	5	6

There may be feelings or ideas that you wish to express, about your work or about Shared Governance which are not addressed in this questionnaire. Please feel free to share these thoughts in the space below.

RESEARCH INSTRUMENT BY DAVID ALLEN

This instrument has been adjusted and individualized in a number of settings where it has been applied. To ensure that any individualization does not invalidate the instrument, it is recommended that the instrument's author be contacted directly regarding use and adaptation. For this reason, a sample of the instrument is not provided in this appendix but a description of it follows.

The variables comprising the instrument include the following: (1) participation in decision making (3 scales); (2) job discretion/difficulty (a measure of how difficult one's daily work is and the degree of discretion one has in job-related decisions); (3) internal motivation; (4) role conflict; (5) organizational commitment and; (6) job satisfaction.

Scales addressing variables can be deleted, depending on the design of the study. The instrument can be used to measure the degree of participation and correlational or causal relationships between participation and other variables (e.g., satisfaction).

The instrument is based on a theoretical model and is composed of well-established scales from prior research and ones developed by the author. Reliability and validity is excellent for all scales. The tool has been used in over 12 organizations with approximately 3,000 nurses comprising the data base. An analysis and/or comparison data from matched organizations may be procured from the author (at cost). There is no charge for use of this instrument but an agreement with other authors requires sharing data and codebooks.

Contact David Allen, RN, PhD, FAAN at (206) 543-3112 for further information.