
Assessing the Manager's Perceptions

THE MANAGER'S ROLE

Much of the success of shared governance depends on the perception and contribution of the managers at all levels of the organization. Indeed, shared governance cannot be successful if the management team is not in support of it. It is important that the perceptions of the manager and the application of the role in implementing shared governance be clarified and understood. The following questions related to the individual manager are helpful in clarifying individual perceptions of managers in the process of implementing shared governance.

CLINICAL OR SERVICE EXECUTIVE

The role of the service executive, whether a nurse or other professional executive, is vital in the design and implementation of shared governance. Because this workbook will be of benefit to all managers in any clinical service we shall identify the chief clinical administrator as a service executive. In all shared governance systems the executive (chief clinical officer) must be completely committed to the concept of shared governance and all that it implies. All too often the executive may give cursory support to shared governance at the outset only to modify his or her views and support when shared governance begins to make significant changes or creates more "noise" in the system than he or she anticipated or can accept. It is important that the executive be fully aware of what she is doing and committing to at the start so that later challenges do not shake the commitment and create difficulties from which it may be nearly impossible to recover.

The executive should ask himself or herself the following questions:

My predominant style of management is:

N O T E S

N O T E S

Chapter 2

The following are the three most important factors influencing the role of the executive:

1.

2.

3.

The barriers in this organization to implementing shared governance are:

1.

2.

3.

Implementing shared governance in this organization will create the following major changes in this organization:

1.

2.

3.

4.

5.

The following peers in administration will have trouble with the notion of shared governance:

1.

Nature of his or her concern:

2.

Nature of his or her concern:

3.

Nature of his or her concern:

The executive will have to confront his or her peers with the reasons and purposes for creating a different organizational system. Since shared governance is accountability-based, he or she will have to be able to articulate the accountabilities and their impact on the organization. The five accountabilities for the professions are practice, quality assurance, education, research, and management. It is these accountabilities on which the concept of shared governance builds. The executive will have to be able to articulate them in an understandable way to his or her boss and colleagues in administration.

Important elements of the accountabilities affecting the service executive's belief system and implementation of shared governance are these: Practice (the work); Quality assurance (measurement); Education (assuring competence); Research (creation of new knowledge); and Management (resource control).

The executive must be willing to undergo personal change and change in the management team. Moving away from being the sole control and introducing control and authority to the staff is key to unfolding shared governance. Allowing that to happen means that a developmental program of personal and leadership change in the organization will be necessary. The executive will have to ask himself or herself the following questions:

How does the introduction of shared governance change my role as a nurse executive?

N O T E S

What three things will I have to change personally to make shared governance work in this setting? (*Refer to Chapter 5 in **Implementing Shared Governance.**)

1.

2.

3.

What will be the most difficult behavior for me to change?

What is my plan for changing the above behavior? Action:

Evaluation:

Time frame:

What will my staff find in me that will be a major strength in making this change to shared governance?

What are the five expectations I have for shared governance from the perspective of the role of the executive?

1.

2.

3.

4.

5.

From the perspective of the executive what are the key changes in the management staff that would have to occur to facilitate a change to shared governance?

1.

2.

3.

Am I willing to undertake the activities and incur the risks of change to implement a shared governance system in my organization?

UNIT MANAGER

Perhaps the greatest support for shared governance will come from the unit manager. The problem here, however, is that the unit manager will undergo the greatest amount of the anticipated changes. This person will directly experience the empowerment and expanded role of the staff in decision making. In the service setting the unit manager will have to support the activities of shared governance that unfold at the unit level. At the outset the unit manager appears to have the most to lose as staff members increase their role in decisions made about their practice and professional lives.

The unit manager must be cognizant of the impact shared governance will have on him or her and the role of manager. A thorough understanding of the concept and some common principles on which shared governance is based is a good place to begin. To accomplish this, several personal developmental objectives need to be addressed:

N O T E S

1. Review personal/professional values
2. Establish a data base on shared governance
 - library search
 - literature review
 - reading priorities
 - generating information to peers
 - discussion group with other managers
3. Question values and functions
4. Determine predominant management style
5. Unit plan for discussion of the concepts

The unit manager must be equally honest in self-analysis of beliefs and style and their impact on implementing shared governance. The most frequent problem experienced with implementing shared governance is the dissonance of the management team with regard to both the concept of shared governance and the successful transition of management behaviors necessary to support it.

The unit manager should ask himself or herself these questions:

What do I believe shared governance contributes to the health care organization?

1.

2.

3.

How does the staff benefit in a shared governance organization?

1.

2.

3.

What are the three greatest problems I have with the idea of shared governance?

1.

2.

3.

What is my plan for personal change with regard to those areas where there is conflict between my beliefs or management style and shared governance?

Goals?

Time line?

Evaluation?

Do I have a peer to whom I can relate regarding evaluation of my own changes in style and support?

Changing management style will be an important part of the transition in the role of the manager. Without some major shifts in the way in which the manager manages, there will be conflicts between the staff and the manager regarding authority and decision making. Therefore the manager must be aware of the kinds of changes required in the shared governance approach. These changes include:

The manager will move from a directing role to a facilitating role. This means more asking, less telling; more supporting, less doing; more group work, less individual task assignment.

N O T E S

N O T E S

Staff will need permission to make decisions. Managers will have to be willing to accept the fact that good decisions may take time. A developmental approach to assisting good decision making will have to be planned by the manager as the staff acquires decision-making skills.

Some control issues will have to move to the staff. Those issues related to practice, quality of care, competence, and evaluation will have a greater staff role. The manager will have to be comfortable with this transition of accountabilities.

The manager will need to feel that his or her boss accepts these changes and that both of them support the changes and each other as they accommodate and lead the changes.

The manager will have to select some of the issues to move to the staff based on their preparedness, his or her personal comfort, and the degree of risk in the decision. Strategizing for success will be important.

Avoiding taking the more controlling and easy way to do things will be especially tough for the manager. At times when it would be more convenient to do something oneself, the manager will need to allow the staff to make the decision. This sometimes calls for extreme patience.

More personal questions for the manager in getting ready for implementing shared governance include:

What causes me to exercise the control that may prevent me from allowing the staff to do something I know I could do better and faster?

Over what kind of issues could I reasonably begin to let the staff assume more control?

1.

2.

3.

What are the three most likely responses I will have when I see the staff making decisions I have problems with?

1.

2.

3.

Are they appropriate?

If my reactions are not appropriate, what will I do when I see them surfacing?

Do I have a "fall back" strategy if staff don't appear to be moving in the right direction or even moving at all?

The leadership roles of the executive and the management team are vital to the success of the shared governance approach. Shared governance has never succeeded anywhere if the management team has not supported it. Support means the willingness to undergo personal and professional change and to lead that change in the staff. A great deal of commitment is required to do that. The nurse manager must be sensitive to the impact of change on himself or herself and relationships with the staff, as well as his or her expression of the management role. As Table 1 indicates, there is a transition from focus on the self to focus on group relationships and functions. The manager must be able to provide an environment that emphasizes the group or team values and processes.

TABLE 1
From Motivation to Empowerment

1960s-1970s	1980s-1990s
Focus on self	Begin with self
Isolation of work and self	Concert of work and self
Motivation of self and others	Group integration and value
Personal growth and work outcomes	Empowerment—group and work well-being
Conflict resolution strategies	Integration/ownership and stakeholding

N O T E S

The manager must be able to seek and get support in this transition. He or she must count on the support of the person to whom he or she reports and the support and encouragement of peers. The executive plays the largest role in providing the initial support and firm commitment to movement to shared governance. Any wavering in that commitment on the executive's part can be easily seen by the managers and the staff and creates a tenuousness in the process which may compromise the energy necessary to make it work. This confidence that it is appropriate and right for the organization must be present at the outset.

Leadership is primarily inspiration and secondarily persuasion. Success is more a matter of relationship than function. As an organization goes through a great deal of change, as suggested by shared governance, the connection between the managers and the executive will be important. The model of that relationship serves as a framework for the emerging relationship in the staff. Trust and dependence on each other in the process of implementation will be vital.

All initial efforts in exploring the shared governance process are in understanding the concept and in building a common understanding regarding what it means. Time for this must be provided first for the managers. Only then can it move to the staff. Problems and issues with the managers' understanding and role need attention at the outset so that some common basis for implementation can be assured.

It should be anticipated that the concept of shared governance raises a lot of important personal and professional issues with the management team. Time in working out these issues is essential if a strong premise and foundation for shared governance are to be in place. Knowledge is only one of the conditions necessary to successful implementation. Personal feelings, insights, fears, and perceptions are as important in the process of successful implementation and can be as critical in preventing it from happening in the organization.

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