Assessing the Staff’s Perceptions

The most challenging part of implementing shared governance is the activities related to involving the staff and changing their perceptions about decision making and their role in it (see Chapter 5 in Implementing Shared Governance). Exploring staff feelings about their current circumstances and their desire for change is an important part of the move to implementing shared governance.

The first questions that are important to staff are those relating to staff satisfaction with the workplace and specific perceptions related to that satisfaction. Two very useful and effective research instruments (included in Appendix C) are the Sturter Collaborative Behavior Scale (CBS), developed by Jaynele F. Stichter, and the Nurse Opinion Questionnaire (NOQ), developed by Ruth Ledermann and the Nursing Research Committee at Rose Medical Center in Denver, Colorado.

Another valuable tool is David Allen’s “Shared Governance Evaluation Instrument.” It is very user-friendly, making it a highly useful tool. Both tools can be used for transitional analysis and should be administered once a year at the same time to the same groups originating the study for the duration of the implementation period (see Appendix C for David Allen’s instrument).

In addition to the above instruments, the following questions are important to the staff involved in implementing shared governance:

1. I understand the concept of shared governance fully?
   Yes  No

2. No, the three main parts I do not understand are:
   1.

3.  

4.
If yes, I like the concept and feel ready to move ahead with it.
Yes
Except for:

I think my colleagues feel the same way I do.
Yes
No

If no, my reasons for thinking this are:
1.
2.
3.

What are the three most important things I would want the shared governance approach to do for me?
1.
2.
3.

If I could freely say what I most want from my profession, what would be the two most important things to me?
1.
2.
FIGURE 3-1
The organic model for the 21st century health care organization.

If I could freely say, what would be the two most important things I would want from my organization?

1. 

2.

INFORMATION NEEDS

If the staff is to be able to do anything meaningful related to shared governance, they must have access to as much data as possible regarding the shared governance process. The planner, however, should not be concerned if the staff members do not appear to be highly interested in the concept in the beginning. They will not be interested in understanding or implementing something that does not appear, at the outset, to affect their lives in a very meaningful way. It will take some time before that changes, and the implementors should be very patient.

Do not undertake a broad-based, service-wide education program for the staff regarding implementing shared governance. To implement an expensive, time-consuming staff education program before the staff is ready to learn is a waste of time and money. People do not learn what they are not ready to hear. Learning occurs best when the material learned directly affects individual lives or can be immediately applied in ways that make a difference to the individual.
Make information available to those interested. Get them more involved. Trust the implementation process and take the time necessary to let individuals lead peers into broadening the peers' interest in what is going on. Make sure that literature and other information are readily available at the unit level and that questions raised can be addressed in a knowledgeable way in a relatively short time.

The following topics should be included in the available literature on the unit:

- Professional roles
- Participatory management
- Changes occurring in health care
- Brief history of professions
- Shared governance concepts
- Shared governance models

(See suggested references in Appendix A.)

Specific needs of the staff related to issues of shared governance should be accommodated to the extent possible. A central data base should be available where new or interesting additions to the information available can be retained and accessed by interested staff. Information specific to new organization designs that are more "organic" in structure, as shown in Figure 3-1, reflect an entirely new approach to the workplace and should be emphasized in researching shared governance. Note that the pyramidal structure symbolic of the bureaucratic model is replaced with concentric circles representing a more democratic, less authoritarian approach.

The following questions will help staff members focus on their own informational needs as they explore their initial interest in shared governance:

How do I think management feels about this concept?

What does the current organization find most threatening about shared governance?

1.

2.

3.

What does it take to really make shared governance successful?
What changes would I have to make in my practice?

in my relationships?

in my beliefs about work?

in my contribution to shared governance?

What is the single most important change I would have to make to a shared governance organization?

1.

Do I really want this kind of change? Does my manager?

Do my peers?

How will the hospital change if we implement shared governance?

How will hospital administration have to change to support this concept?
What do I still wish I knew more about related to shared governance?

1.

2.

3.