

N O T E S

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 in 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?

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What do I still wish I knew more about related to shared governance?

1.

2.

3.