CHAPTER

Beginning Implementation

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THE TASK FORCE

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Implementation of shared governance must begin with a thorough understanding of the concept and implications (see Chapter 2 in **Implementing Shared Governance**). The personnel requiring the most knowledge at the outset are the nurse executive, his or her associates, and the initial leadership group involved in exploration and initiation of implementation.

The initial task force is not the group who will be charged with the responsibility of implementation. They will start to put together the initial structures out of which the shared governance process will unfold. A very careful period of discernment between management and staff leadership with regard to the concept and its implementation in the organization is imperative. The task force does this initial exploration.

The task force should be formed from the creative, innovative, and risk-taking individuals of the organization. Because this could describe a whole host of persons, it is wise to select those who have the time, energy, and interest in shared governance. This group should be relatively broadly based and represent all forums in the department or service. It should not be too large a group but relatively representative of the kinds of professional resources of the staff. It should be comprised, where possible, of at least the following:

Service executive
1 Associate administrator/director
2 Unit managers
1 Clinical specialist or expert (if available)
1 Clinical educator
5 or 6 Staff members

The reader should note that representation between staff and others is relatively equal. It is important at the outset to make a statement about equity in membership of groups and the role of the staff in decisions that affect their future. Creating matching membership by equating staff members to other roles is a good first step. At first, the dialogue between staff and others may be tenuous and slow, but it usually improves as staff achieves comfort in exploring concepts and processes that may have not been open to staff discussion in the past.

The following are common activities of the task force:

1. Exploring the concept of shared governance and contrasting it with current activities in the organization
2. Moving toward some common understanding of what shared governance is and its relationship to professional practice

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3. Anticipating potential problems in the organization with regard to implementing shared governance and their impact on it
4. Exploring feelings in the group about readiness and meaning to the organization related to implementing shared governance
5. Making the initial decision to implement shared governance and form the framework for the Shared Governance Coordinating Council (or steering committee)

In this group the initial issues and concerns are raised. Here the information is gathered, explored, and generated to the staff. Dialogue, controversy, input from a wide variety of sources, debate, discussion and problem solving characterize this time period and are inherent in this group's work in implementing shared governance.

The work of the task force is a significant undertaking. The initial commitment of the organization usually sets it on a path from which it is very difficult to retreat once the process has been initiated. It promises a great deal to the profession and the individual members of the management and staff. It is very difficult to stop this kind of implementation since its goal is to transform the organization. It is a commitment that should not be taken lightly.

It is required that the clinical executive formally and publicly commit to shared governance before implementation begins at any level of the organization. There will be some tough times and a strong need for perseverance and commitment at times when it might seem easier to move away from it. It is important that certain symbolic demarcations be noted. The clinical or service executives' formal commitment is one of them. Without it, the process will never be successful.

Resources required

The role of the task force should focus on providing an appropriate basis for beginning implementation of shared governance. Primary among their considerations is the availability of the resources necessary for the implementation process. The following resources should be secured by the task force before proceeding to form the steering process for shared governance implementation.

_____ Adequate shared governance literature
_____ Documented support from the Nurse Executive
_____ Sufficient people to begin implementation
_____ Management leadership understanding of shared governance
_____ No major staffing problem
_____ Willingness to do the work
_____ Financial resources to support implementation

The above guidelines influence the beginning of the process and should be addressed before the shared governance implementation begins. This transformational work will need as many supports in place as possible. Taking care of these basics will provide a firm basis on which to start the process.

THE SHARED GOVERNANCE COORDINATING COUNCIL (SGCC) OR STEERING COMMITTEE

The shared governance coordinating council (referred to as the SGCC) or steering committee is the first major group to undertake work regarding implementing shared governance. This group is empowered to control and manage the initial implementation process associated with creating a shared governance organizational model.

The most important initial factor influencing this group is the selection of members. There has been a great deal of discussion regarding how to put this group together in an appropriate manner. It appears, however, that how the group is constructed at the outset is less important than who makes up the membership. While a democratic selection process feels better to the organization, there is no evidence that it is the most effective method of selection. The important point is that the SGCC membership be such that the diversity, ability, and commitment be sufficient to undertake the work of creating and managing the implementation of the process.

The task force usually participates in determining the selection process for the SGCC. Sometimes members of the task force become members of the SGCC. This works to the extent that such transition is representative of the staff as a whole.

Some guidelines to assist in forming the SGCC are:

1. The SGCC should represent the staff as a whole.
2. The SGCC should not be larger than 14 members; the best working size ranges from 7 to 10 members.
3. The SGCC should have at least the following representation:
   A majority of staff nurses
   Nurse executive and/or designate
   A clinical specialist (if available)
   A unit manager(s)
4. There needs to be a regular meeting time at least once a month for a minimum of 2 hours each session, more at the outset.
5. Members must want to be there and remember that they are writing a script for the profession at their facility, not simply for their individual departments or units.

Selection process

The following questions help the task force pull together the initial coordinating council membership:

How many services are present in the organization?
Depending on the hospital size, the SGCC may represent major services (in hospitals over 150 beds) or units (in hospitals under 150 beds). In nonhospital settings there should be at least one representative for every 50 to 75 full-time equivalents. The goal is to keep membership size below 14 members.

Identify the services or units represented.

List the non-nurse positions on the SGCC.

Are there any people who should be considered for membership for political reasons?

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Is there someone in the organization who should be a member because of his or her unique expertise?

What is the anticipated start date for the coordinating council?

Empowerment

When the work of selection is complete, the shared governance coordinating council begins its work. This group is the essential first step in putting form to the shared governance process. It is the first vestige of a governance group empowered with authority to make specific and key decisions with regard to the future structure of the clinical organization.

Formal empowerment of this group is essential if it is to willingly and confidently undertake its task. For this reason it is advised that the executive or designate (preference is always that the executive person have personal membership in order to deliver a message of highest level commitment and support) be a permanent member of the SGCC.

The formal powers of this group to transform the service structure and organization are formidable. Needless to say, if a new script is to be written for the organization, this group must have the ability and resources, as well as power, to undertake this work. The following powers must be defined and clarified as a part of the structuring of the SGCC to do its work:

1. The ability to define its own operating rules and regulations regarding:
   - meeting times
   - membership tenure
   - method of decision making
   - powers
   - resource needs (budget and consultants)
   - accountabilities of members
   - time frames
2. The definition of the powers of the chairperson to:
   - call the meeting
   - control the agenda
   - move the group to decision making
   - remove nonparticipating members
   - make group assignments
   - accept no personal assignments
   - speak for the SGCC between regularly scheduled meetings

Defining the role and rules for the chair is perhaps the most important initial task for the SGCC. The chair must have the freedom to undertake the role with the attendant governance powers that accrue to the role. This person's role is to see that the SGCC does its work and that each member contributes to it to the fullest extent possible. In this context the chairperson can move the group to make decisions, remove nonparticipating members, and make assignments. The following questions should be considered when electing the chairperson:

Who should be eligible?

Usually the chair of a shared governance SGCC is selected from among the staff members of the SGCC. However, issues of ability, skills, and preparation

How long should the chairperson serve?

Service is usually computed in the same manner that membership on the SGCC is determined. Sometimes, for continuity, groups may choose to have the chairperson serve for a longer term.

3. The purposes and time frames for completing the work of the SGCC. This group establishes the implementation plan for shared governance and must therefore have the essential components of the plan clearly in place and evaluate progress against expectations. It is clear that this initial plan will not likely look like what eventually takes shape but it does guide the thinking and implementation processes as the plan unfolds.
4. The ability to deal with issues impacting implementation of shared governance as they arise. It is certain that the work is not going to cease during the implementation of a new organizational model. A forum for making operational decisions must be incorporated into the thinking of the group as it puts together newer structures for problem solving.
5. A safe forum for dealing with the hard issues of governance and operating relationships. There must be a safe place where frank and open discussions affecting the organization and the implementation of shared governance get addressed. Ambiguity is the enemy of shared governance. Unresolved issues, hidden agendas, personal biases left unaddressed, incomplete patterns of planning, unexpressed concerns, and so on will intercept effective planning and implementation. When not dealt with they have a way of impeding progress and creating great problems in implementation.

Setting up the SGCC to be effective is the most important initial work of the SGCC. Commitment here will pay off in the effectiveness of the implementation process. Honest, open dialogue in the SGCC sets the stage for dealing with all the political and relational aspects affecting successful implementation. There must be commitment to openness and the ability to deal with real issues affecting the organization. Secrets, hidden agendas, boundary setting, nonnegotiables, and so on contribute to diminishing the effectiveness of the process.

The following questions help the members of the SGCC understand their initial commitments:

How will I best represent those who selected me?

What role do I expect to play in the development of shared governance?

What does being a member of the SGCC mean to me?

What are the time commitments of the role?

Do I need leadership development for this role and how do I identify those deficits for which I will need learning?

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Am I ready to deal with real issues and do I agree to openly deal with those issues that concern me in a nonpassive and nonaggressive manner?

Am I willing to do "homework," reading, and some shared governance functions on nonwork time?

What do I think will be my personal impediment to effective membership on the SGCC?

What is my primary obligation to my peers who are also members of the SGCC?

Although these are not all the questions that should be asked by the new member of the SGCC, they are some of the most important (see Appendix D). As indicated, the degree of commitment to writing the new script for the organization is time consuming but significant. Each of the members must recognize this at the outset of the council's work and make some important decisions in the beginning, not later in the process when that member's role may be more important to the other members.

Sound membership on the SGCC is vital to the successful initiation of the shared governance process. Members will be expected to participate fully in decisions that affect the future and the design of the shared governance model. Therefore care should be exercised when selecting members. Because the rules of the workplace operating at the time of consideration of shared governance take precedence, whatever mechanism that works is the one of choice for the initial selection of these key people. Keep in mind that cross-sectional representation with a preponderance of staff will be the most desirable format for membership in this group.

Meetings

Important to the process of implementation is the structuring of the work and the initiation of meetings and the rules, regulations, and guidelines that make meetings effective. In many professional organizations, meetings are rampant without outcomes to justify their frequency. In shared governance the structure of meetings is vital to the work itself.

The following activities are essential to the beginning phases of the SGCC's work:

1. Establish the goals of the SGCC at the outset. The members should know what their purpose and objectives are for the work that the SGCC will be undertaking. Clarity of purpose at the inception of its work will facilitate the process of implementation.

2. Define the meeting times at the beginning so that long-range planning can be incorporated into the members' schedules. This is governance work for the profession in the institution; members should not miss meetings because of other obligations or time constraints.
3. Make clear role assignments so that expectations for participation and membership can be easily understood. Ambiguous expectations ensure that outcomes will not be achieved.
4. Governance work is the profession's work inside the organizational system. It should be expected that it is paid time and that time at work should be provided for governance activities.
5. The decisional process should be clear to the members. How discussion will unfold, the expectations for participation and dialogue, and the trust-building process associated with creating the group's own culture should be explored with members. Sometimes it is good to have an educator or group specialist help the group develop the kinds of skills necessary to be an effective group.
6. The group should be clear about its mandate and be free to pursue its objectives. The senior manager in the service should be present or a member of this group and indicate in the clearest terms his or her support for the concept and involvement in the process. *Shared governance never works if the senior management is not in support of it.*

THE WORK OF THE SGCC

Whatever other objectives the SGCC might construct for itself, it must at least be directed to exploring the shared governance concept and its implications, deciding on a model, devising an implementation plan, and evaluating the process. Since it is a group not likely to exist beyond the need for it, the SGCC should also have a good notion of the time for its termination in the implementation process. This is a transitional team. Planning therefore should include those structures in the model that will replace the SGCC.

All the processes associated with planning should be couched within the context of a time frame. Time serves the purpose of providing points of measure or a demarcation along the way that furnishes opportunities to evaluate progress. *No goals should be set without planning a time frame associated with their completion.*

Initial activity of the SGCC relates to itself first, as identified above. Work related to the implementation of shared governance itself is also first on the agenda. The culture of shared governance actually begins with this group and is then generated throughout the whole organization.

Some implementors will be concerned at this point about the unit level involvement in shared governance and will no doubt be raising questions about its initiation at the unit level. As indicated in the text **Implementing Shared Governance,** development at the unit level should proceed *following* the establishment of the professional direction for it in the division as a whole. Since shared governance is a professional model that advances the interests of the profession and its members in the best interests of patient care, the principles and premises on which the profession will build shared governance should be clearly established first.

Establishing the principles of shared governance assists the clinical organization to build a shared governance approach that is consistent and integrated and works in a way that benefits both the organization and the profession. Often, when development merely reflects the unit culture and values without a prevailing consistent overlay in the division as a whole, the work units fail to represent a consistent core of values that allow them to talk to each other, or represent the professionally delineated framework for shared governance (that is represented in Figure 4-1).

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FIGURE 4-1
Structural integration for the professional organization.

Instead they sometimes subjugate their broad perspective of their profession to their unique and individual needs. In many ways they do this differently on each unit and no expression of a core framework is ever achieved. If the units have been implementing long enough, even their individual concepts and values associated with shared governance are so different that they may not be able to communicate with each other for lack of a common base of understanding. It must be remembered that shared governance is not designed simply to satisfy only the individual worker (which it does), but more importantly to advance the profession in the work setting and to improve the access to and delivery of health care to those who benefit from health services.

This reality is important to the initiation of the SGCC's work. They can begin the process with a broad-based focus without necessarily limiting the energy and drive of individual units that are anxious to increase the involvement of their staff in shared decision making. It is important to realize that individual work units can begin efforts at collaborative problem solving and structuring without waiting for the SGCC to tell it what to do. Indeed many shared governance approaches have begun just this way. The point that must be kept in mind is that the structuring of shared governance consistent with the goals of the profession in the service setting at any level must be driven by the professional body as a whole. That "corporate" structure must depend on the ability of the unit to fit that framework to a defined degree and thereby to exemplify in their unit structure the values determined appropriate by the SGCC. Each institution will have to manage this tension and determine how to keep unit problem solving and shared governance design operationally consistent with the beliefs essential to all nurses in the service setting. The SGCC should help minimize the ambiguity and the emergence of disparate activities at the unit level.

Responsibilities of the chair

Development of the chair is an important part of the process of moving toward shared governance. Since the chair should most often be selected from among the staff members of the SGCC, it is likely that the person will not have the kinds of leadership skills that are necessary for such a formidable task. The role of the administrative person on the SGCC helps to provide both role modeling and insights into the process of group leadership. Often, it is helpful for the chair of the SGCC and the senior nurse manager on the group to meet before meetings to strategize the chair's role and the management of the agenda or critical issues or processes that frequently arise during group work.

Leadership development attention generally relates to the following skills:

group management
Robert's Rules
conflict resolution
setting agenda priorities
individual problem members
task assignment
solution seeking
facilitation of group members
setting objectives, determining outcomes
speaking and communication skills

Questions related to the above that the chair may need to consider at the outset are:

1. With which of the above expectations am I most comfortable? Least comfortable?

2. How will I go about learning what I need to know in those areas I am unsure about?

3. Are there mentors or role models I can depend on to assist in my leadership development?

4. What am I most uncertain about in assuming the role of chair?

5. What assurances do I need to have to be successful in this role?

6. How will I take care of my needs in this position to keep me in balance?

7. Who in the group (SGCC) will act as my validator on whom I can depend to be open and honest with me when I need feedback and/or support?

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The chairperson's role is very important at the outset of this process. She perhaps best represents the expression of empowerment in the staff. Careful selection and development of this chair can make the transition to shared governance much smoother and better received.

The relationship of the executive with this role is important, too. Validation of its importance can be evidenced in the nurse executive acting as role model and partner with the chair in the process of implementing shared governance. This relationship can be the best evidence of the organization's commitment to the implementation process. In this relationship the dialogue necessary for problem solving, political awareness, mutuality, and support can provide some of the strongest underpinnings for building successful shared governance.

Selecting a model

Becoming informed is always the first step. Shared governance has been in place in health care facilities for 11 years now. There is a growing body of knowledge in the area that can provide a great deal of assistance in understanding the concept. The SGCC must make sure that its members know enough about the concept to be able to make some knowledgeable decisions about what direction to move in its implementation. In Appendix B of this workbook are the names of some of the institutions around the country that are in some stage of successful implementation. Between the literature and the facility resources, the SGCC should be able to find ample data and supporting information to provide a foundation of knowledge for decisions related to implementation.

This information should provide ample material to assist in model selection and the development of a transitional plan (also see Chapter 4 in **Implementing Shared Governance**). Some issues that the information and knowledge building should address are:

1. Kinds of model designs available for consideration
2. Problems and opportunities in implementation
3. Values exemplified in the models
4. Consistency of principles with model design
5. Integration of models with the values of shared governance
6. Degree of empowerment of the staff
7. Distance of the model's design from the bureaucratic or institutional hierarchical structures
8. Well-integrated formal structures
9. Relationship established between unit and divisional structure
10. Representational basis of any of the designs

In addition to the above issues, the SGCC members should raise the following questions about what they read and hear:

How well are the models presented? Are they understandable?

Which models appear most thoroughly developed?

Are there good data to support model presentations?

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Do they appear staff driven? Management driven?

Do you have a better "feel" for a particular model?

How do the models compare to your own culture?

What are some of the models' greatest shortcomings? (They all have some!)

Are you clear on what you want from shared governance?

The above questions are just some of the basic issues that the SGCC will have to consider. The culture and values of each setting will influence the formation of other questions and issues.

The matter of fit is very important. *There is no one best model.* The key for evaluating every model is its consistency with any of the principles on which shared governance is built. In many cases the SGCC may choose to select elements from a variety of models and fit the elements with their own institutional culture or specific intentions.

Some SGCC groups like to select a couple of models or approaches that best appeal to them. As a part of discerning their response they may present each to the staff or leadership from staff and management to gain valuable insights regarding the models' impact on the staff. Frequently staff and management from outside the group can clarify thinking regarding the fit of one model or another with the perceptions they share with the SGCC.

When the SGCC looks at the various models and opens dialogue for approaches related to implementation, it is important that they discuss the best way to get started in the implementation process. There are several points of view with regard to the best approach. The choice of which approach is best for the individual institution is driven by their culture and operational characteristics.

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The methods most often chosen relate to either a division-wide approach or a pilot approach. If an organization is in good operational "health;" that is, has few financial or personnel problems, a division-wide implementation process is always desirable. This approach allows all to initiate the process, makes the initiation a professional strategy, builds internal supports and consultation, and assures organizational integration. The oldest, most successful models in the United States were developed division-wide and implemented at one time.

Since there is a wide variety of levels of integration in many organizations, this approach may not be possible. Using pilot approaches can be very helpful to those who either are tentative regarding the process or have some organizational limitations that do not permit them to generalize the implementation effort. *It should be clear, however, that implementation at the divisional level will be essential if shared governance as a professional model is to be fully successful.* How one moves in that direction is an issue of strategy that will reflect the values and culture of the organization implementing shared governance. The following questions will be helpful in determining which strategy is the best for the individual service setting:

Is there broad-based support and commitment from the entire division (department) for implementing shared governance?

Is the majority of energy for implementing shared governance coming from a few service units?

How broad is the understanding of the shared governance concept?

Is the clinical services division (or nursing) highly decentralized or incorporated into a product or service line format?

Where is most of the encouragement for implementing shared governance originating?

Is shared governance included in the division's strategic plan?
Yes No

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Are most of the goals of shared governance related to unit objectives or to the division's (department's) objectives?

Are there budget problems in the division (department)?

Are there staffing problems in the division (department) that have yet to be resolved?

What is the trust level in the division (department) or unit?

Is the prevailing view of the SGCC that it should be a division-(department-)wide program or initially unit based?

As previously indicated, the concept can be initiated in a number of ways. Since it is a professional model that organizes decision making into an effective operating framework, there must be a point when it affects the work of the profession as a whole in some fundamental ways. To do so indicates that it must represent all of the service in a structure that integrates its various departments, lines, and units or components in an integrated structure.

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The major danger in the approach that has shared governance implemented in the entire service is the risk involved in such a wholesale implementation approach. The dangers related to impact on other services and the medical staff, the potential for large scale failure, and the tremendous degree of change that is thrust on the service can be very threatening and intimidating.

The danger in the pilot approach relates to the acculturation of implementation, which ensures that models reflecting one unit's value system and approach do not always translate to another. Also, the incidence of elitism is increased in settings that use this method with all the envy and passive aggressiveness that accompany it. The danger that the model chosen at the unit level will not replicate in other settings or units is accelerated and increases that chance that it fails to make a significant impact on the role and relationship of the profession to the delivery of health care services.

Clearly the issue of approach is very important to the appropriate implementation of the shared governance system. The answer to the above questions will determine the method of implementation and influence the outcome of the work and the design of the model. It must be very carefully considered.