6 Change Strategies for Moving to Shared Governance

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PLANNED PROCESS OF CHANGE

Coping with change has led nursing departments to use "band-aid" solutions that do nothing substantive for nursing. Changing to shared governance is a long-term strategy. It is a transformation rather than a simple change because of the paradigm shift. Shared governance shifts the authority and accountability to individuals and groups most capable of dealing with a constant need to manage change.

Why is there so much discussion about change? Change is occurring faster, it is more complex, and it reaches deeper into the fabric of our lives. It has an impact on all aspects of an individual's personal and professional life. This rapid rate of change will continue; therefore organizations need to plan for and to implement change at the same time. Shared governance provides a model for this continuous management of change.

Identifying the process and principles of planned change is important to individuals implementing shared governance. As a model, shared governance provides the change agent with a structure for implementing change. Shared governance as a process provides the nursing department with guidelines for empowerment of staff.

The concept of planned change is founded on the principle that people have a right to determine their own future and have the capacity to do so. This concept assumes that human beings have an innate drive toward self-development. The chapter focuses on the process, principles, and problems related to planned change.

Lewin (1947) clearly articulated elements of the change process in his simple unfreezing, change, and refreezing theory. The component of unfreezing is the most difficult step for all involved. A preformed plan for enacting shared governance cannot be bought; in fact, the process of developing such a plan plays a key role in the creation and modeling of empowerment.

The process of unfreezing involves a design for an action plan based on the vision of the nursing department. This plan is not intended to limit or restrict. It is meant to guide and facilitate the actions of all individuals involved in the change.

As part of this decision process, the "where and how" elements begin to

emerge. Creative ways to detour around identified roadblocks and types of interventions that will be needed become clearer. The types of support needed will vary but usually include financial and clerical, and the use of experts. Contingency plans are explored as the design team examines potential resistance. Part of this design process is determining the degree of commitment and ways to increase it.

During this period of unfreezing, the current state of the organization is examined. It is important to assess the present culture of the organization, its managerial styles, and its reward systems in order to determine the readiness of the organization for the empowerment of its staff.

A culture that bases promotions on longevity, "contacts," or both is not using empowering behaviors. A nursing department that promotes on the basis of competencies agreed on and compliance with standards of practice is a department of nursing in transition to empowerment. A final part of the plan for change involves ensuring that a structure is in place for continuous evaluation of the change process.

For example, as a ripple of change begins to affect other departments, a format for problem solving, without which the change might falter, will necessarily emerge. As a format for conflict resolution evolves, roles are clarified, cooperation improves, and individuals increasingly support the change. Ongoing, continuous information exchange and conflict resolution among the groups responsible for decisions become critical.

In the transition process, balancing a nursing department's equilibrium is necessary for organization stability. Below are four factors to consider for achieving equilibrium:

1. Enough stability to facilitate the achievement of current goals
2. Enough continuity to ensure orderly changes in both the ends and the means
3. Enough adaptability to react appropriately to external opportunities and demands and to changing internal conditions
4. Enough innovativeness to allow the organization to be proactive (to initiate changes) when conditions warrant (Kast and Rosenweig, 1974)

Unfreezing for a change is an involved process that requires creativity and, ultimately, a dynamic plan of action. Planned change is evolutionary for shared governance. In shared governance, no one remains unaffected by change. Planning for changes involves application of certain principles.

Principles of Change

Having a set of general principles rather than a rigid blueprint helps nursing departments maintain a focus on empowering human beings. Below are eight principles of change to use for implementation of shared governance (Funches, 1990; Vogt and Murrell, 1990).

1. **Homeostasis.** Change can potentially upset an individual's or an organization's stability. The subsequent resistance is the result of the organism's attempt to automatically compensate for the changes. Therefore the change must be reinforced or the organism will return to old patterns. A nurse manager is the key

reinforcer of change in coaching staff members to take charge of changes in their unit.

The most powerful source of resistance to change deserves special attention, because all organizational cultures have at least one source. When change involves something or someone considered sacred, change will cause considerable upheaval or stress. Examples include a dress code policy or a well-connected employee who should be removed or rigid adherence to a certain model of nursing care delivery.

Other common sources of resistance are listed below; all must be examined in the design and implementation process.

1. The purpose of the change has not been clarified or substantiated
2. The operations and patterns of work groups have been disregarded
3. Employees have not been kept informed about the change
4. Excessive work pressure is created during implementation phase of a change
5. Issues regarding job security and concomitant anxiety have not been given attention in an open, real way (Vogt and Murrell, 1990, p. 138)

2. **Interdependence.** Change in one part of a system affects every other part because every system has many interrelated parts. Elimination of the policy and procedure committee affects more than the nursing department committee structure. A practice determined by professional standards stated by the practice council is based on a model different from the typical institutional task model.
3. **Participation.** People affected by a change should participate in making the change. In addition, the sooner individuals are allowed to participate in a change process, the less resistant they will be. In a shared governance model, multiple opportunities are provided for individual participation in both unit and departmental activities.
4. **Inertia.** Once change is initiated, it will continue in the same direction, unless outside forces effectively stop the movement. Drucker's rule of twenties best expresses the principle of inertia in action:

   - Twenty percent of individuals are the first to arrive and the last to leave
   - Twenty percent of individuals are the last to arrive and the first to leave
   - The other 60 percent in the middle will go with whoever is winning (Drucker, 1974)

   It is also important to remember that the group that is the last to arrive and the first to leave is often the noisiest group, although it does not usually include the majority. Because individuals operate with different rates of readiness, there is a need for multiple ways to facilitate involvement as the change moves forward.

   Reality-testing comments such as the following are often erroneously labeled as resistance:

   - "I already feel overloaded; this just sounds like more time, pressure, and additional burdens."

- "What kind of help are they going to give us in making this change?"
- "I don't think they have thought it through. I can see some possible side effects that I bet they have not thought of."

Change agents must know how to analyze and manage forces operating against change and to acknowledge those who will encourage the change. The shared governance council structure fosters a gathering momentum of participation that moves change forward.

5. **Flexibility.** Adaptability must be built into the system. Shared governance, although firm in its value structure, is a flexible model in actual implementation. Rules are determined by councils.
6. **Inevitable conflict.** Change that alters roles, responsibilities, and accountability by its nature creates conflict among the individuals involved. Therefore conflict resolution skills are necessary to clarify and negotiate new roles within the shared governance model.
7. **Parallel realities.** Because reality is reflected in one's perception of the world, multiple pictures of the change process exist at any one time. A common vision of shared governance will increase speed of implementation. However, individuals voicing their differences simultaneously shape the outcome. Often these individuals are seen as "devil's advocates" but they are as crucial to the process as are cheerleaders. Both keep each other honest and in touch with the group's view of changes.
8. **Reward.** People continue to express behavior for which they receive recognition, reinforcement, and reward. It is important to determine which behaviors are rewarded and celebrated. As progress is made and tasks are accomplished, it is important to acknowledge both the individuals and teams responsible.

These principles can serve as guides in the change process, but there is no absolute rule concerning a single way to create change. A change agent sets the stage by creating conditions necessary to direct change. By providing vision, opportunities to participate, and ongoing evaluation of change, unfreezing will occur and change will begin.

In summary, people will accept an organizational change if they are

1. Involved in the process of change
2. Asked to contribute (knowledge, suggestions, feelings, opinions) to the change
3. Informed of the reasons for and advantages of the change
4. Informed with honesty about all facts of the change
5. Given concrete and specific feedback about the change
6. Respected for their feelings, whether supportive of or opposed to the change
7. Asked about and given any assistance needed to deal with the effects of the change on the job
8. Recognized appropriately for their specific contributions to the implementation of the change (Vogt and Murrell, p. 139)

These points aid in motivating staff.

Motivational Theory in Action

In America an interesting dichotomy occurs between individuals' social and work roles. The social obligation of citizens in a democracy is to participate actively in shaping and supporting social and political institutions. However, a citizen must usually spend at least eight hours a day, five days a week in a work environment where the reverse is required. The ludicrousness of this situation is best stated by Porter-O'Grady and Finnegan (1984):

> *In the work environment, people are expected to be essentially voiceless, to perform specific tasks, to defer to others in decision making and other involvement in the decision process and to subjugate their personal interests, needs, desires and personal accountability to those suggested by representatives of the larger organization. Thus, while they are asked to be responsible, participating and active citizens in a free society while not in a work setting, they are not provided the opportunity to develop and exercise the required activities in the workplace, where they will spend clearly half of their adult life . . . It is no wonder that neither managers nor workers in the United States are culturally equipped to accept diffusion of responsibility and control in the work place.*

Ways to motivate people to become involved are found in literature of organizational behavior by such authors as McClelland (1971), Hertzberg, Mausner, and Synderman (1959), and MacGregor (1960). By understanding and applying the principles of motivation and teamwork, a manager can facilitate individuals' desire to participate.

McClelland used a formula that focused on three key ingredients for aroused motivation.

$$M \times E \times I$$

M represents the basic motivational driving force of the individual. It is what activates the individual to expend energy toward an objective. According to the theory, each individual has power, achievement, and affiliation orientations; however, one of these usually is a more prominent force. Because of individual orientations, each person has a different view of opportunities to participate in shared governance.

For example, an individual who is achievement oriented would rather be in charge of a special project, whereas a power-oriented person would be interested in being a chairperson, being in charge, or being assistant nurse manager. An individual with a high orientation to affiliation would be interested in maintaining good relationships in councils, and achievers would keep the group focused on the task.

Examples of tasks to offer individuals who have a high score in certain areas are listed below:

Achievement

1. Development of a patient acuity system
2. Development of a quality assurance system
3. Development of new programs

4. Development of case management model
5. Development of education programs

Power

1. Council chairperson
2. Management advancement opportunity
3. Interdepartmental committee representative

Affiliation

1. Solving shift-to-shift communication problems
2. Encouraging celebrations
3. Being a good role model as a caring nurse

Fundamentally, McClelland (1971) agrees with McGregor (1960) and Maslow (1954). All see individuals as self-directed, and if given the opportunities to use creativity, individuals will always act in a way consistent with organizational goals. Hertzberg, Mausner, and Synderman concluded that work satisfaction is a result of opportunities to gain satisfaction from the work itself. The challenge is to ensure that both the scope of responsibility and work are themselves strongly motivating. Shared governance provides individuals with opportunities for multiple challenges, and increased participation will be seen as a reward by all three orientations.

E represents the "expectancy of achieving the goal." If individuals believe that their efforts will make a difference, they will be motivated. Participation increases when individuals realize that council decisions become policy. Such changes create the expectancy that participation works to achieve the changes. Individuals begin to believe that their vote counts.

I is "incentive value." Incentive value is the final key ingredient. Attractive incentive opportunities abound. Incentive value determines whether a person deems the opportunity worthy of the effort required. The incentive offered must meet the basic motives of the individual and be worth the time, energy, and, perhaps, funds required. As staff members determine their own schedules and play a role in determining budget expenditures, they see the value of participation.

By knowing how to stimulate individuals' enthusiasm, create an expectation that their efforts will make a difference, and provide a reward worth the participants' efforts, managers encourage people to participate.

Without effective communication, opportunities for participation may go unnoticed. Informing staff members regarding all facets of change is important in creating a climate of trust. Without trust, open participation cannot exist.

Teamwork

The magnitude of the shared governance implementation process requires a high level of participation in a concerted effort for an extended period of time. For the process to succeed, a work group needs to function as efficiently and as effectively as possible while maintaining quality patient care and active staff participation. This is not easy for even the most seasoned nurse manager. The definition of a team by Francis and Young (1979) captures the essence of a well-functioning

team: "A team is an energetic group of people who are committed to achieving common objectives, who work well together and enjoy doing so, and who produce high quality results."

This definition emphasizes the need for individuals to work together for a common goal to produce quality service. For the change to shared governance to be successful, the nursing department needs to work together; teamwork is a way to both teach and lead the process.

The characteristics of a well-functioning team are listed below.* Each requires some change in the operation of the nursing department. Some characteristics focus on the task of the team, whereas others focus on the importance of the process of group functioning.

1. The team shares a sense of purpose or common goals, and each team member is willing to work toward achieving these goals.
2. The team is aware of and interested in its own process and in examining norms operating within the group.
3. The team identifies its own resources and uses them; at these times the group willingly accepts the influence and leadership of the members whose resources are relevant to the immediate task.
4. Group members continually try to listen to and clarify what is being said and to show interest in what others say and feel.
5. Differences of opinion are encouraged and freely expressed; the team does not demand narrow conformity or adherence to formats that inhibit freedom of movement and expression.
6. The team is willing to acknowledge conflict and focus on it until it is either resolved or managed in a way that does not reduce the effectiveness of the individuals involved.
7. The team exerts energy toward problem solving rather than allowing it to be drained by interpersonal issues or competitive struggles.
8. Roles are balanced and shared to facilitate both accomplishment of task and feelings of group cohesion and morale.
9. To encourage risk taking and creativity, mistakes are treated as sources of learning rather than reasons for punishment.
10. The team is responsive to the changing needs of its members and the external environment to which it is related.
11. Team members are committed to periodically evaluating the team's performance.
12. The team is attractive to its members, who identify with it and consider it a source of both professional and personal growth.
13. Developing a climate of trust is recognized as a crucial element facilitating all of the above elements (Hanson and Lubin, 1990, p. 77).

The list clearly addresses the need for a climate of open communication in which people are encouraged to be creative and to focus energy on finding

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solutions for roadblocks to the team's success. Only when all make an effort to resolve differences through honest communication can a climate of trust develop. A trusting climate encourages the surfacing of the team problems and their resolution.

The need for cooperative, interdependent behavior on the part of all group members often directs groups to investigate the team building process. Reddy and Jamison (1990) clearly state that team-building is an effort in which a "team studies its own processes of working together and acts to create a climate in which members' energies are directed toward problem solving and maximizing the use of all members' resources for this process."

Burke (1990) succinctly states the four primary purposes of team building:

1. To set goals or priorities
2. To analyze and clarify the way work is performed according to team members' roles and responsibilities
3. To examine the way the team is working—that is, its process such as norms, decision making, communications, and so forth
4. To examine relationships among the team members

A group in the team-building process begins with setting goals and priorities because problems with roles and responsibilities may result from a lack of clarity regarding team goals. The process is generally approached in the order listed. To begin by working out interpersonal relationships (step 4) may be a misuse of time and energy because the problems may be the result of a misunderstanding in the other three domains.

Role of Consultant

Does the nursing department need a consultant to facilitate the team-building process? The answer is generally *yes*, for two reasons. First, most leaders do not have the necessary process and group skills to manage their own team-building efforts. Second, without an unbiased person, team members are often reluctant to confront their own managers.

An external consultant could help the change process in several ways:

1. Consultants are free to respond to or comment on team behaviors.
2. Team members feel less threatened voicing opinions to consultants or confronting them.
3. Consultants can provide a more objective perspective on the team's operations.
4. Consultants are perceived as having greater expertise and influence than someone within the organization (Hanson and Lubin, 1990, p. 85).

Disadvantages to use of a consultant are the length of time needed for an external person to understand the work culture, its members, and how the two interact. A consultant can assist a team-building effort in the following ways*:

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1. A consultant can help team members become aware of the group process and how it functions.
2. A consultant can coach or counsel team leaders and members, both within and away from team meetings.
3. A consultant can act as a referee in conflicts among team members that should be resolved away from team meetings.
4. A consultant can discuss theory, when appropriate, to highlight or clarify team issues and problems.
5. A consultant can reinforce (support) norms of openness and authenticity among team members.
6. A consultant can assist team members to identify and develop their own resources and skills to complement and eventually supplant those of the consultant (Hanson and Lubin, 1990, pp. 85-86).

Too often, organizations allow consultants or vendors to take ownership of change. In most situations, the organizational development consultant is hired as an idea generator, discussion moderator, or planning assistant. The consultant represents an objective listener and offers solutions or cures that the organization may wish to consider. The consultant performs a midwife role; the cure is born of the organization.

Whether the team leader is an outside consultant, inside consultant, or team member who has the necessary skills, the leader needs to help the team to continually evaluate the process, not only the shared governance implementation goals, but also the team's ability to work as a unit toward that goal. The 12 characteristics of an effective team that were previously listed provide objective criteria to use in assessing the team's actual performance versus how individuals wish the team would perform. By maintaining this focus, problems become evident and suggestions can be offered for team development.

EXPECTED ROLES AND BEHAVIORS IN SHARED GOVERNANCE STRUCTURES
Establishing Goals and Priorities

In managing the changes to shared governance, seeking role clarity is a constant process. As the nursing department establishes its goals and priorities in the implementation process, the need to change decision making becomes an obvious issue. These role expectations can be clarified only when the expected outcome is known.

For example, the nurse manager's role in working with the department heads increases as the implementation process progresses. This involves a change in role for many nurse managers and for their superiors. By keeping focused on the goals, personality conflicts can sometimes be resolved more easily. If the nursing management group determines that the role of the nurse manager is to solve operational problems and that the role of directors is solving policy and system issues, both can work separately and enact their roles for the success of implementation.

The only factor that changes this problem from a simple to a complex one is the fact that different individuals have different priorities. It is therefore important that each nursing department answer the following questions:

1. What are the differences between operational and system problems?
2. What are the role expectations members have for each other?
3. How shall group members deal with the organization's response?
4. What is the plan for changing roles in the future?

The answers to these questions can guide the continuous role clarification process, which requires participation of all staff members.

Active Participation in Decisions

Establishment of priorities for predetermined goals involves active participation of all members of the nursing department. The decision-making process changes in shared governance. As many decisions as possible are made at the unit level, just as in any decentralized structure. However, in shared governance, decisions made by the staff council are the decisions that are enacted. Conflicts are mediated by the executive council, and the appropriate decision-making body is determined.

Individuals within the department have the responsibility to be effective followers and, if they desire, effective leaders. Effective followers share their opinions and relevant information with their group. They seek clarification of information so that they can understand issues and problems the nursing department is facing in implementation of a change. Effective followers also share their successes and act as resources to other members of the nursing department.

The leader's role in a shared governance structure is to facilitate a group's determination of how to achieve its goals. This involves quieting loquacious members, encouraging silent members, summarizing, and drawing the group to conclusions through consensus.

The goal of consensus building is to reach approval of a decision; it does not necessarily involve agreement. "Can I live with this decision?" is the question each individual must answer at the time of the decision. It may not be an individual's favorite choice, but it must be a decision that the individual is willing to support. This support is important when allocation of workload decisions is made.

Allocation of Workload

Decisions on accountability are determined in the council. The workload of everyone in council is determined by speed of implementation and negotiated agreements with other councils and the nursing department as a whole.

For example, the education council may decide that all staff members need training in participatory decision making. That decision clearly affects the unproductive time budget of a nurse manager. The workload of all members increases because staff members need to arrange for each others' participation. Everyone is affected by such a decision. However, it had previously been determined that the education council has the responsibility for determining the priorities of education

for the staff. Therefore all criticism about the effects on the workload should be redirected to the council that took responsibility for the earlier decision.

All nursing departments complain about the additional workload of shared governance; however, all mention a benefit of this added workload: it has forced all staff members to learn to delegate. Delegation as a process assigns the authority and responsibility for completing an assignment; it involves fostering accountability in the follow-up process.

Monitoring Group Process

The task and process goal completion take different directions. The task focus is driven by the establishment of goals and priorities. Monitoring the group process needs should be an active choice.

Group process involves many dynamics, but only one will be discussed. Norms (the expected behavior of members)—functional or dysfunctional—largely determine the output of meetings.

Norms relate to groups as habits to individuals. An individual may have a habit of lateness. If there are many individuals who are repeatedly allowed to be late for meetings (shift-to-shift reports or staff or council meetings), the team has a dysfunctional norm of lateness in the department or unit. If the group is known for its innovative solutions to problems, there is a functional norm of encouraging creativity.

Monitoring the group process involves the continuous examination of dysfunctional norms that inhibit the group's work. Facilitating the group in determining ways to remove these blocks and move forward is the role of chairperson of the councils. Moving forward includes developing strategies to improve the processes of decision making and conflict resolution.

Continuous Resolution of Interpersonal and Intergroup Conflict

You need to surround yourself with able people who will argue back.
W. Beckett, Chairman, Woolworths

If the input of capable workers is not considered, the innovation necessary for any successful change will be lost. To allow people to argue with a leader facilitates a departmental or unit norm that allows open conflict resolution.

At times an outside facilitator may be necessary to maintain the group's focus on the resolution of a particularly difficult issue. For example, in the process of role clarification, the possible elimination of positions usually evolves. Individuals may not feel safe to engage in this type of discussion or one that involves questioning the "boss's decisions" without an objective person at the meeting. This is especially true if the group has a norm of nonconfrontation.

Intergroup conflict between individuals of different levels is a natural part of the second stage of team building. In this stage, conflicts over roles, rights, and values emerge. All members need to focus on the seeking of clarity of expected roles and behaviors in a nursing department through constant conflict resolution as a group and in their relationships with each other. This conflict resolution clears

the path for individuals to focus on the larger issues of the change process. The next section focuses on how to obtain commitment to the ongoing process of shared governance implementation.

OBTAINING COMMITMENT

Achieving participation requires attention to soliciting ideas, encouraging discussion and debate, integrating diverse input, and managing group processes. Participation increases when subordinates have access to information and have knowledge about the situation in question. The manager needs to recognize that proposals from staff are more likely to be successfully implemented than are changes imposed by authority. In theory, people who participate in making a decision are better motivated to execute it. Staff involvement can also improve the quality of decision making because many of the participants are close to the action. Finally, participative decision making facilitates effective on-the-job training and helps subordinates develop.

Participation encourages commitment. As individuals become involved in implementation of shared governance, they begin to feel connected to other team members. When they see that their contributions are appreciated, feelings of personal worth bring a sense of fulfillment. As individuals share their expertise, often working together in teams, they begin to understand the meaning of teamwork. Involvement in councils provides opportunities for individuals and the group as a whole to commit to the process of shared governance. If the nursing department chooses the empowerment path to shared governance, well-articulated commitment will be valuable in the "ups and downs" of the change.

The nurse executive begins the process by committing to restructure the organization to a new framework. This personal commitment initiates the change to a new set of practices that requires the energies of the executive and other leaders in a nursing department. The energy becomes self-perpetuating, impelling the nursing department to continue in its new direction. This high degree of professional commitment is an essential cornerstone in achieving a shared governance framework.

> *The nursing administrator who makes this decision must also realize that once the door has been opened and the people begin to experience shared governance, the door can never be closed again. Therefore, the commitment is not for the short term. It is not periodic, or temporary, or just a trial. It is one that makes a statement that will have a lasting impact on the nursing organization.*
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> Porter-O'Grady and Finnegan, 1984, p. 123

This commitment is not to be regarded lightly because it commits the organization as well as the executive. The nurse executive must begin with the person immediately superior, interpreting the shared governance concept in the most palatable way possible given the superior's manner of thinking.

Initially, commitment springs from an enthusiastic nurse executive; however, the involvement of all nursing management in sustaining commitment is crucial. Because movement from a traditional nursing organization to one of real shared

governance requires 3 to 5 years for implementation, commitment will be tested many times.

One problem that may be encountered is a lack of enthusiasm at the nurse manager level, which seems to occur for two reasons. First, nurse managers are not as informed about the shared governance process as might be expected. They tend to not be included in many educational programs concerning shared governance and skill training, mostly because people believe they "already know about it." Second, the nurse managers are seen as accountable for their units, regardless of the level of functioning of the council.

For example, a physician may want a simple "yes" or "no" answer from the manager to a request for change in product; in reality, the answer requires a decision that the practice council is now responsible for making. Physicians may pressure the nurse manager for simple solutions, thereby testing the nurse manager's commitment to the process of council decisions. Closely related to commitment is the ability to visualize results of departmental change.

Envisioning

To facilitate commitment of nurse managers and staff, clear vision and conflict resolution skills are needed to deal with persons who, for various reasons, lack commitment. Envisioning is a process that can help create agreement regarding the future. The focus is on the question of "What future is desirable?" Follow the vision of a desired future with strategy for action, and the foundation is laid for decisive action to occur. Envisioning can be likened to "A large-scale brainstorming exercise in which participants have an opportunity not only to predict what will happen but to say what should happen" (HAP, 1990).

Resolving Conflict

To sustain the commitment to shared governance, the nursing department needs to continually resolve intradepartmental and interdepartmental conflicts. The unresolved conflicts naturally surface in a shared governance process. Each individual must take an active stance in the process, both in speaking and listening. Each individual should also commit to "fair fighting rules" determined by the group.

If a group commits to do whatever is necessary to succeed in implementing shared governance, the members automatically commit to resolve conflicts. Shared governance cannot occur without ongoing conflict resolution.

Communication ground rules and education about conflict resolution thus need attention early in the process. The box on p. 154 lists a department of nursing's communication ground rules. Education on conflict resolution should focus on assertiveness and negotiation skills. Self-assessment, opportunity for role play and discussion, and practical skills should be the core of the program. Dealing with difficult people and collaborating with other departments are also important.

Role of Followers

"Lead, follow or get out of my way," read a plaque on the desk of President Eisenhower. Leading and following are as important to the success of shared governance as they are in any other enterprise. Followers need to know their leader is

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BOX 6-1

Ground Rules for Communication

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1. There will be no cancellation of meetings
2. All members will attend the monthly administrative update meeting
3. Administrative update will be held on the first Tuesday of the month from 9:00 to 11:00 AM
4. Individuals are to submit agenda items by noon on Friday of the previous week
5. The agenda will be placed in mailboxes on the Monday before this meeting
6. Individuals will attend the meeting, send a representative, or arrange to take notes of the meeting from someone else
7. Anyone who cannot attend the meeting will inform the chairperson
8. Vice President/Director of Nursing will integrate in the seating arrangement in meetings
9. Facilitators will be appointed for each meeting to help the group stay on track, draw out silent members, and provide guidance to group members; two to three members will be assigned to provide process observation at each meeting
10. The turnaround time for distribution of the minutes of the administrative update meeting will be 1 to 2 weeks
11. The meeting will begin and end on time
12. Chairperson of meeting will state up front whether the issue is closed or open for discussion
13. No verbal attacks will be allowed
14. It is agreed that "what is said in the group stays in the group"
15. Individuals are to speak directly and honestly to others involved in a conflict; persons who do not do so will be confronted by group member(s) involved
16. Everyone is to focus on thinking before speaking
17. In meetings, individuals will listen when not speaking to the group (Used with permission from Presbyterian Medical Center of Philadelphia, Department of Nursing, 1990)

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an honest person. Before followers can play an active role in their commitment, they need to believe their leader is an individual of integrity.

Followers also need to take an active part in determining the direction of the shared governance evolving in the department. Consensus decision making fosters the group's commitment to shared governance in two ways. First, because one member can block approval, the group is forced to actively communicate agreements and disagreements; otherwise, consensus decision making remains a cumbersome process. Second, skills that are at the core of consensus building are facilitation skills necessary for the leadership role in shared governance.