Index

A
Absence and job satisfaction, 6
Acceptance in move to shared governance, 127
Accountability, 30-36
  and autonomy, 14
  and competence, 33-34
  conditions of, 30-31
  individual, 63
  management of resources and, 35-36
  nursing practice, 198
  and practice, 31-32
  and research, 34-35
  versus responsibility, 30
  and shared governance, 38
Accreditation, bylaws, and structure, 197-238
Active participation in decisions, 150
Activities, shared governance, 95-96
Administrative model of shared governance, 101-102
Administrative support, 21
Advancement, clinical, 126
Aggression in move to shared governance, 126-127
Alta Bates Hospital Institutional Workers Local 250, Service Employees International Union, AFL-CIO and Employee Advisory Committee of Alta Bates Hospital, Party In Interest, 248-249
Apex Hosiery Co. v. Leader, 241
Articles of bylaws, development of, 205-207
Assessment areas for nursing staff, 112-115
Attention, management of, 177
  challenge of, 174-176
Attitude and change, 76
Authority
  and autonomy, 13-14
  organizational, 14
  professional, 14
  in shared governance model, 18
Autonomy, 174
  and accountability, 14
  and job satisfaction, 6-7
  movement toward, 189-190
Autonomy — cont’d
  in nursing, 59
  and professionalism, 12-14, 242-243
B
Bargaining, collective, 104-107
  emerging models of, 252-254
  historical perspective on, 240-242
  professional nurses and, 242-243
  shared governance and, 239-256
Behavior
  codependent, by nurses, 68
  mentor, 163-164
Boards of directors and nurses, relationship between, 213-214
Bureaucracy, 80
Bureaucratic model, 80
Bureaucratic structure, nursing in, 81-82
Business partner, professional, 174
Business principles, introducing, 191-192
Bylaws for nursing organization, 96-97, 203-212, 278
  accreditation and structure and, 197-238
  addressing organizational coordination, 207-208
  adoption of, 208-212
  articles of, 203
  development of, 205-207
  definition of, 203
  development of, 204-205
  revision of, 208
  rules and regulations section of, 208
  sample, 220-238
C
Care
  health; see Health care
  and practice, standards of, 58-59
Care support staff, organization of, 65
Career advancement programs, 20
Career pathway committee and innovation, 180
Case management, 125
  nursing, 183

285
Case managers, role functions of, 183
Chairpersons of councils, selection of, 90-91
Change
  acceptance of, 144
  attitude and, 76
  empowering nurses to participate in, 70-74
  forces driving, 79-81
  managers and, 73-74
  obstacles to, 74-76
  organizational, decade of, 25-51
  planned process of, 141-149
  principles of, 142-144
  procrastination and, 76
  response to, in organization, assessment of, 115
  and shared governance, 25-29
Change strategies for moving to shared governance, 141-168
Chaos in move to shared governance, 126-131
Checks and balances in shared governance, 95
Clarification phase of shared governance, 131-135
Clayton Act (1914), 241
Clinical advancement, 126
Clinical ladder committee and innovation, 179-182
Clustering, 49
Coaching, 159-162
Codependency, 68
Codependent behavior by nurses, 68
Collaboration, 8
  characteristics of, 19
  and shared governance, 7-9
Collaborative management
  and organizational climate, 20-21
  in workplace, 19-21
Collaborative management styles, 4-5, 7-10
  leadership for, 16
Collaborative practice, 185
  and innovation, 185-186
Collective bargaining, 104-107
  emerging models of, 252-254
  historical perspective on, 240-242
  professional nurses and, 242-243
  shared governance and, 239-256
“Collegial architecture,” 15-16
Collegial practice, 186
  and innovation, 186-188
Commitment
  professional, revitalizing, 190-191
  to shared governance, obtaining, 152-155
Communication
  ground rules for, 153, 154
  in organization, assessment of, 114
  in shared governance model, 17
  and accountability, 33-34
  bylaw development for, 204
  and career advancement, 180-181
  Competency-based orientation, 126
  Competitive relationships, 9
  Conceptual model for nursing, 126
Conflict
  inevitable, and change, 144
  interpersonal and intergroup, continuous resolution of, 151-152
  in move to shared governance, 127-131
  resolving, 153
Confusion in move to shared governance, 126-131
Congressional approach to shared governance, 42
Congressional model of shared governance, 99-101
Consensus, facilitating, 156
Consultant, role of, in team building, 148-149
Contextual environment and innovation, 185
Continuous resolution of interpersonal and intergroup conflict, 151-152
Control
  locus of, in shared governance, 37-38
  and manager’s role, 155
  and professionalism, 242-243
Cooperation
  Deutsch’s theory of, 9
  and goal interdependence theory, 9
Coordinating group, 94
Coordination problems in professional organizations, 61-62
Corporate body of nursing, 94-95
Corporate venture, transition of nursing to, 275
Councilor model of shared governance, 43-45, 97-99
Councils, 90-91
Creativity and teamwork, 189-190
Credentialing process, 210-211
Culture of organization, 139
  assessment of, 112-113
  role of, 60
Cybernetics II theory, 53
  and health care system, 54
D
Decentralization, 81
Decision-making process
  active participation in, 150
  staff participation in, strengthening, 191
Decisions, active participation in, 150
Delegation versus empowerment, 155
Deutsch’s theory of cooperation, 9
Development, team, stages of, 160-161
Development phase of shared governance, 131-135
Differentiated practice, 180
integrating, into shared governance, 169-196
Director, medical, 214
Discipline and removal, bylaws related to, 207
Discretion, professional, 14
problems with, in professional organizations, 62-63
Dissipative structures, 53
Division of unit relationships, 49
Domination of labor organization, employer, 244-250
Dual governance systems, disadvantages of, 5
Duplex Printing Press Co. v. Deering, 241

E
Education
for nurses, 266
for shared governance, 117-118
Education structure for nursing practice, 93
Employer domination of labor organization, 244-250
Empowerment
defining, 157-158
versus delegation, 155
and leadership, 158
of nurses to participate in change, 70-74
Energy, urgency as, 74
Environment
contextual, and innovation, 185
nursing, in professional organizations, 63-66
Envisioning, 153; see also Vision
Evaluation in governance process, 217
Evolution phase of shared governance, 135-136
Evolving model of shared governance, 115-116
Exclusive representation by labor organization, 250-251
Executive group, 94
Extrinsic rewards and job satisfaction, 6

F
Fair representation by labor organization, 251-252
Fear, decreasing, to reach empowerment, 71-72
Female profession, nursing as, 68-69
Flexibility and change, 144
Fluctuation(s)
in health care, current, 54-55
new perspective on, 54
order through, 53
Followers, role of, 153-155
Frustration in move to shared governance, 126-127

G
Gender equity, 26
Goal interdependence theory, cooperation and, 9
Goals and priorities, establishing, in shared governance, 149-150
Governance
defined in bylaws, 206-207
evaluation in process of, 217
hospital; see Hospital governance issues in, 213-217
models of, physicians and, 214-215
shared; see Shared governance
Group process, monitoring, 151

H
Health care
fluctuations in, current, 54-55
movement from hierarchical structures in, 262-269
new challenges in, affecting nursing, 1-3
organization of, in 21st century, organic model for, 265
resilience versus stability in, 54-55
Health Care Amendments of 1974, 240, 242
Health care services and integrating factors, continuum of, 184
Health care system
in changing times, 258-260
Cybernetics II theory and, 54
Herzberg’s two-factor theory of job satisfaction, 5
Hierarchical structures, movement from, in health care, 262-269
High-performing work groups, development of, 198-201
Homeostasis and change, 142-143
Hospital administrator and move to shared governance, 85-86
Hospital governance
new roles for participants in, 215
nurse participation in, 213-214
nurses and, 215-217
Hospitals
organized, legal issues raised by shared governance in, 243-252
and physicians, relationship between, 69
structure for nursing systems in, 56
Human resources framework for understanding organizations, 5

I
Indifference in move to shared governance, 127
Individual and organization, reciprocal relationship between, job satisfaction and, 6
Individual accountability, 63
Industrial model versus social-technocracy model, 259
Inertia and change, 143-144
Information structures, 280-281
Innovation, 172, 174-175
conceptual framework for, 172
integrating diverse components of, 179
management of, 171-174
Innovation problems in professional organizations, 62
Institutional leadership, challenge of, 188-192
Integrated care, 182
Integrated care committee and innovation, 182-185
Integration, 174
Integration phase of shared governance, 135-136
Interdependence, 174
and change, 143
Interdependence theory, goal, cooperation and, 9
Intergroup conflict, continuous resolution of, 151-152
Intergroup relationships in organization, assessment of, 113-114
Interinstitutional integration of professional nursing, 188
Interpersonal conflict, continuous resolution of, 151-152
Intragroup relationships in organization, assessment of, 113-114
Intrinsic rewards and job satisfaction, 6

J
Job descriptions, 126
Job satisfaction, 5-7
Joint Commission on Accreditation of Health Care Organizations nursing standards and shared governance, 201-203

K
Knowledge base for managers, 157
Knowledge level in organization, assessment of, 113

L
Labor organization, 244
domination of, by employer, 244-250
exclusive representation by, 250-251
fair representation by, 251-252
Labor-Management Reporting and Disclosure Act, 242
Landrum-Griffin Act (1959), 240, 242
Leader(s)
manager as, 156-158
women as, 159
Leadership, 14-15, 158
for collaborative management styles, 16
and empowerment, 158
institutional, challenge of, 188-192
staff, creation of, 47-48
styles of, and management of professionals, 14-16
Learning and competence, 34
team, 200-201
Legal issues raised by shared governance in organized hospital, 243-252
Licensed practical nurses, use of, in hospitals, 67-68
LPNs; see Licensed practical nurses

M
Management
of attention, 177
challenge of, 174-176
collaborative and organizational climate, 20-21
in workplace, 19-21
of innovation, 171-174
moving from, to shared governance, 197-201
nursing, structure for, 93-94
participative, 18-19, 190
participatory, shared governance vs. 36
of professionals, leadership styles and, 14-16
of redesign, challenge of, 176-179
of resources and accountability, 35-36
role of
in early phase of move to shared governance, 89-90
traditional, 267
role transition for, in move to shared governance, 121-123
and shared governance, 37
in shared governance model, 17-18
and staff relations, 4-5
of whole-part relationships, challenge of, 179-188
Management styles
and job satisfaction, 5-7
collaborative, 4-5, 7-10
leadership for, 16
people-oriented, 5
Manager(s)
challenges and changes facing, 73-74
and control, 155
knowledge base for, 157
as leader and teacher, 156-158
reframing role of, for empowered environment, 188-189
transitional role of, 155-158
Managerial style, traditional, 4
Managerial support, 21
Maslow's hierarchy related to job satisfaction, 5
Material support staff, organization of, 65
McKinsey 7-S framework, 200
Medical director, 214
Membership, nursing staff, bylaws related to, 206
Mentor behaviors, 163-164
Mentoring, 158, 162-164
Models for shared governance, 38-40, 97-104
Monitoring of group process, 151
Motivational theory, 145-146

N
National Labor Relations Act (1935), 240, 241
National Labor Relations Board, 241
National War Labor Board, 241
NLRB v. Cabot Carbon Co., 245-247
NLRB v. E.I. DuPont de Nemours & Co., 250
NLRB v. Jones & Laughlin Steel Corp., 241
NLRB v. South Nassau Communities Hospital, 249-250
NLRB v. Streamway Division of Scott and Fetzer Co., 247-248
Norris-LaGuardia Act (1932), 241
Nurse managers and staff nurses, relationship between, 67

Nurses
attracting, 3
and board of directors, relationship between, 213-214
codependent behavior by, 68
demand for, 268-269
education for, 266
empowering, to participate in change, 70-74
and hospital governance, 215-217
licensed practical, use of, in hospitals, 67-68
organized, and professionalism, 242-243
participation of, in hospital governance, 213-214
and physicians, relationship between, 69-70
practice roles of, differentiating, 177-179
primary, role functions of, 183
registry, use of, 2
role dissatisfaction of, reasons for, 2
shortage of, 54
explanations for, 1-2
staff, and nurse managers, relationship between, 67

Nursing
autonomy in, 59
in bureaucratic structure, 81-82
call for change in, 25-29
corporate body of, 94-95
Nursing—cont'd
education structure for, 93
as female profession, 68-69
need for structural model for, 269-274
new challenges in health care affecting, 1-3
new organizational structures in, 17-19
practice structure for, 92
primary, 125
professional, interinstitutional integration of, 188
professional practice model for, 175
professionalism of, 10-12
professionalizing, concepts important to, 10-14
quality structure for, 92-93
role of, defined in bylaws, 205-206
as service profession, 59
and shared governance models, 17-18
structure for, in hospital, 56
transition to corporate venture by, 275
and unionization, 18
Nursing care, integrated, definition of, 182
Nursing case management, 183
Nursing environment in professional organizations, 63-66
Nursing groups, 63-64
Nursing management structure, 93-94
Nursing organization
bylaws for, 203-212; see also Bylaws for nursing organization
redesigning, 53-78
Nursing practice
bylaw development for, 204
collaborative, 185-186
collegial, 186-188
differentiated, 180
integrating, into shared governance, 169-196
support programs for, 125-126
Nursing practice accountability, 198
Nursing services, definition of, in bylaws, 206
Nursing staff
assessment areas for, 112-115
roles of, in unfolding shared governance, 111-140
Nursing staff membership, bylaws related to, 206
Nursing standards, JCAHO, and shared governance, 201-203
Nursing work groups, reformatting of, problems encountered with, 66-70

O
Order through fluctuation, 53
Organic model for health care organization in 21st century, 265
Organization
as holographic brain, 170-171
and individual, reciprocal relationship between, job satisfaction and, 6
labor; see Labor organization
as machine, 170, 171
nursing
bylaws for, 203-212; see also Bylaws for nursing organization
redesigning, 53-78
"professionalizing," 4
of professionals, 64-65
of support staff, 65
Organizational authority, 14
Organizational change, decade of, 25-51
Organizational climate and collaborative management, 20-21
Organizational coordination, bylaws addressing, 207-208
Organizational models, professional practice, emerging, 57-60
Organizational paradigm shift, 260-262
Organizational structures in nursing, new, 17-19
Organizations
professional; see Professional organizations redesigning, systematic approach to, 170-171
work of, coordinating, 56
Organized nurses and professionalism, 242-243
Orientation, competency-based, 126

Practical nurses, licensed, use of, in hospitals, 67-68
Practice
and accountability, 31-32
and care, standards of, 58-59
standards of, 126
Practice roles of nurses, differentiating, 177-179
Preamble of bylaws, 205
Primary nurses, role functions of, 183
Primary nursing, 125
Procrastination and change, 76
Productivity and job satisfaction, 6
Profession, 242
characteristics of, 58-59
female, nursing as, 68-69
service, nursing as, 59
Professional authority, 14
Professional business partner, 174
Professional commitment, revitalizing, 190-191
Professional discretion, 14
Professional groups, validation of effects of, 261-262
Professional nursing, interinstitutional integration of, 188
Professional nursing services, definition of, in bylaws, 206
Professional nursing staff, bylaws for, sample, 220-238
Professional organizations
and commitment to change, 55-56
nursing environment in, 63-66
problems encountered in, 61-63
Professional practice model for nursing, 175
shared governance as, 65-66
Professional practice, structure for, 91-92
Professional practice organizational models, emerging, 57-60
Professionalism, 242-243
and autonomy, 12-14
of nursing, 10-12
organized nurses and, 242-243
Professionalizing
of nursing, concepts important to, 10-14
of organization, 4
Professionals
characteristics of, 10
management of, leadership styles and, 14-16
organization of, 64-65

Q
Quality, bylaw development for, 204
Quality assurance, 32-33
Quality structure for nursing practice, 92-93
Shared governance—cont’d
councilor model of, 43-45
creating framework for, 197-238
creating structure, 275-280
disadvantages of, 5
ey early implementation of, 86-87
education for, 117-118
evaluation of, 136-138
formalizing structure of, 45-47
future of, 257-284
hospital administrator and move to, 85-86
implementation of, requirements for, 3
integrating differentiated practice into, 169-196
and JCAHO standards, 201-203
legal issues raised by, in organized hospital, 243-252
locus of control in, 37-38
and management, 37
models for, 38-40, 97-104
design and implementation of, 79-110
selection and implementation of, 123-125
move to, role of management in early phase of, 89-90
moving from management to, 197-201
need for structural model for, 269-274
nursing staff roles in unfolding, 111-140
participatory management vs, 36
phase I of, 116-126
phase II of, 126-131
phase III of, 131-135
phase IV of, 135-136
plan for, development of, 116-126
principles of, 82-83
principles of response to, 29-30
process of, steering committee to oversee, 87-89
as professional practice model, 65-66
role transition in move to, 119-123
strategizing move to, 85-86
as transitional model, 258
trials and tribulations and joys and accomplishments of, 164-165
unit-based approaches to, 43
vision of, 116
Shared governance activities, 95-96
Shared governance model
application of, to organization, 86-87
characteristics of, 82-83
initiating, 83-84
and nursing, 17-18
trends in, 107
Shared governance structures, 40-45
expected roles and behaviors in, 149-152
principles common to, 36-40
Sherman Antitrust Act (1890), 240, 241
Shortage of nurses, 54
   explanations for, 1-2
Skill level in organization, assessment of, 113
Social systems theory and collaboration, 9-10
Social-technocracy model versus industrial model, 259
Stability versus resilience in health care, 54-55
Staff
   and management, relations between, 4-5
   participation of, in decision making, strengthening, 191
   role transition for, in move to shared governance, 119-121
   support
      and nurses, relationship between, 66-67
      organization of, 65
Staff leadership, creation of, 47-48
Staff nurses and nurse managers, relationship between, 67
Staff relationships, 69-70
Staffing fluctuations in health care, 54
Standards
   nursing, JCAHO, and shared governance, 201-203
   of practice, 126
   and care, 58-59
Steering committee to oversee shared governance process, 87-88
   initial activities of, 88-89
Structural model for nursing, need for, 269-274
Structure, 174
   accreditation, and bylaws, 197-238
Supervisors, legal definition of, 245
Support
   administrative, 21
   managerial, 21
Support staff
   and nurses, relationship between, 66-67
   organization of, 65
System, 170
Systematic approach to redesigning organizations, 170-171
Systems theory, 170

T
Taft-Hartley Act (1947), 240, 241-242
Teacher, manager as, 156-158
Teaching and competence, 34
Team building, 148-149
Team development, stages of, 160-161
Team learning, 200-201
Teamwork, 146-148
   and creativity, 189-190
Timetable for council activities, 91
Traditional managerial style, 4
Transactions, 181-182
Trust and leadership, 158
Turnover and job satisfaction, 6

U
Uncertainty in move to shared governance, 126-131
Unfreezing for change, 141-142
Unionization and nursing, 18
Unit to division relationships, 49
Unit-based approaches to shared governance, 43
Unit-based models of shared governance, 103-104
United States v. Hutcheson, 241
Urgency as energy, 74

V
Veto, 97
Vision, 174
   creation of, 172, 174
   to reach empowerment, 71
   selling, 175-176
   of shared governance, 116

W
Wagner Act (1935), 240, 241, 246
Walker v. Teamsters Local 71, 251-252
Whole-part relationships, management of, challenge of, 179-188
Win-win agreements, 209
Women as leaders, 159
Work groups
   high-performing, development of, 198-201
   nursing, reformatting of, problems encountered with, 66-70
Workload, allocation of, 150-151