

The Importance of Implementing a Shared Governance Model in Intensive Care Units

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BACKGROUND

There are 4 Principles of Shared governance: Partnership, equity, accountability and ownership started in the 1980's nursing was dissatisfaction with the management in the hospitals were they work-empower individual nurses to increase authority and control over their practices- MICU Has one of the very first UBC's created 2017-Started so that the staff could bring concerns to unit facilitators and improve practice and patient outcomes- And to build unit cohesiveness to increase working collaboration between the shifts and the patient care teams



PURPOSE

- Enhance involvement of staff nurse in their work life quality through accountability and role expectation.
- Promotes staff growth through innovation, autonomy and professionalism
- Enhance the quality of patient care
- Controlling unit and supply costs
- Retain nursing staff

METHODS

- Increase participation by including in person and WebEx monthly meeting
- Team building – monthly activities designed to include staff and family
- Employee of the month- to recognize the staff each month that exemplifies the Icare4U principle of the hospital
- Tranquility room for self care and self reflections during break times
- MICU Champions to assist and educate with focal areas of needed attention on the unit
- MICU Taskforces formed for intermittent issues that arise need work groups to address the situation.

LOOK TO THE FUTURE

Recommendations for professional practice and future research are included. An interdisciplinary team collaborates with our Unit-Based Council (UBC) every other month, attending committee meetings to discuss issues, answer practice-related questions, and devise interventions to enhance education and problem-solving at the unit level. Monthly meetings, team-building exercises, unit newsletters, and bulletin boards are also utilized to foster communication and cohesion.

While the shared governance literature provides numerous examples of designing and implementing nursing shared governance models, a significant gap exists between design/implementation and achieving a cultural shift. Changing nursing culture is essential for the viability of this governance model. The steps taken by a shared governance transition team aim to help a large nursing organization make changes in governance processes and perceptions and incorporate a maintenance plan.



- Maintain open communication
- Encourage collaboration
- Prevent team burn-out
- Give and accept feedback
- Invest in team-building

RESULTS

Increasing participation and accountability will improve nursing satisfaction and retention which will in turn increase patient satisfaction and outcomes- will reduce burn out



CONCLUSIONS

The shortage of frontline nursing staff and their managers in acute care organizations calls for strategies to effectively utilize and recognize their unique knowledge and skills. Implementing a successful shared decision-making structure can foster an empowering work environment where professional fulfillment and personal satisfaction can thrive. With the right support and opportunities, leadership can be cultivated at all levels of nursing.

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