Caring to Lead: A Study of Clinical Nurse Council Leaders in Shared Governance

Susan R. Allen, PhD(c), RN-BC has been involved with Cincinnati Children’s Hospital Medical Center’s (CCHMC) shared governance structure throughout its twenty-two year history, including during a recent shared governance enhancement project. Her interest in the ways in which involvement in shared governance impacts the development of clinical nurse as leaders led to this being the focus of her dissertation research.

Edith J. Morris, PhD, RN, APRN-BC
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Susan Allen, PhD(c), RN-BC
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Session Objectives

- Describe the importance of developing nursing leaders
  for the changes needed in health care to occur.
- Discuss the findings of an ethnonursing study whose
  purpose was to discover and analyze the ways in
  which direct-care nurses develop as leaders in a
  shared governance environment.
- Examine the ways in which the development of direct
  care nurses as leaders in shared governance may
  assist in meeting the nursing leadership needs in
  health care.
Institute of Medicine Recommendations

- Nurses should be full partners with physicians and other health care professionals in redesigning health care in the US
- Strong nursing leadership is needed throughout the system, from “bedside to boardroom” to achieve this vision
  - Nurses should have a voice and see health policy decision making as something they can shape rather than something that happens to them
  - Nurses need to develop leadership competencies

(Institute of Medicine, 2010)

Implications for Nursing

“It is essential to help nurses fulfill their potential to competently and confidently participate in the governance of our nation’s health care organizations.”

(Curran & Totten, 2010)

Significance

- Nurses can fill the leadership gap in health care by developing nurse leaders
- Our greatest source of leadership lies within the nurses providing patient care
- We must develop these direct-care nurses as leaders to best achieve our potential as leaders in the health care environment
What is Shared Governance?

• Shared governance is ownership of the organization’s work by those who provide its services (Beglinger, 2003)
• Shared power with managers through shared governance is a key factor leading to control over practice (Kramer, et al., 2008)
• Direct care givers must have responsibility and authority for decisions related to their practice (Porter-O’Grady, 2009)
• Moving from a vertical governance structure to a shared leadership organizational model requires significant changes in the culture of an organization, and the behaviors, beliefs and values of its members (Allen, 2010)

Domain of Inquiry

The domain of inquiry for this study is an exploration of the beliefs, values and organizational culture care practices of selected nursing shared governance council leaders in a pediatric health care organization.

Goal and Aims

• To position nurses as leaders in patient care in a pediatric health care organization practicing shared governance. The goal of the study will be achieved through the following aims:
  • Gain new knowledge from the participants that may be used to prepare nurses as leaders, using Leininger’s (1997) theory and methods
  • Discover barriers that may exist in the development of the caring lifeways which are needed to prepare nurses as leaders
  • Analyze how caring relationships develop to promote nursing leadership
Ray’s Theory of Bureaucratic Caring

- Caring is the unifying focus of nursing
- Dialectical relationship (thesis, antithesis, synthesis)
  - Thesis: Human (person and nurse) dimension of spiritual-ethical caring
  - Antithesis: Structural (nursing, environment) dimensions of the organizational culture (technological, economic, political, legal, physical, educational and social-cultural)
  - Synthesis: Theory of bureaucratic caring, the synthetic margin between the human and structural dimensions where there is integration of person, nursing, health and environment by nurses, patients and administrators

Key and General Informants

- Fourteen Key Informants: Chair and chair-elects of the Nursing Shared Governance Councils
- Thirty-one General Informants: Advanced practice nurses, educators, facilitators and managers on the Nursing Shared Governance Councils

Leininger’s Stranger to Trusted Friend Enabler

- Less suspicious, less questioning
- More trusting, more accepting
- Working with and helping the researcher as a friend
- Offers views, values, and interpretations spontaneously
- Signs of enjoying the relationship
- Explains and interprets emic ideas so researcher has accurate data
Data Collection and Analysis

- Process of observation, participation and reflection
- Individual and focus group interviews using an inquiry guide
- Interview sessions were audio-taped and transcribed verbatim and systematically analyzed
- Immersion with the shared leadership, shared decision making and care experiences by attending shared governance council meetings; field notes were generated during the meetings
- Data were coded and analyzed using N-Vivo 9 to identify patterns and themes

Organizational Culture Care Universal Theme I

Culture care for clinical nurse council leaders means:

- Recognizing the nurse within themselves after witnessing and experiencing the caring practices of nurses
- Discovering the nursing leader within themselves through finding their own voice, and in turn, giving voice to other nurses
- Advocating for culturally congruent care for children, families and other nurses
- Accepting personal and professional accountability for their nursing practice and the advancement of nursing leaders within that culture

Words of a Council Chair

“It stimulated me to think and be and grow as a person. It allowed me to say ‘if I can do this as a little staff nurse…’ and I can do it. I did do it! I lived through it and I learned from it.”
Words of a Council Chair-Elect

“I feel like it’s my job at times to push other people, you know, into those roles; that I see great leadership potential in them and they are newer and they are scared. Just give them one little shove and then tell them that you will be right there to help them. I feel like that has then helped other people gain some confidence.”

Organizational Culture Care Diverse Theme I

Culture care for clinical nurse council leaders means:
• Experiencing, witnessing and learning caring practices and lifeways from members of their own family, and other nurses and nursing leaders
• Recognizing and accepting others as they are to build trust and establish relationships to understand and provide the nurturing, support and guidance that others need
• Choosing to be compassionate, responsive, and tolerant after experiencing and witnessing hurtful and unhelpful lifeways of others
• Choosing to give back to others because others recognized, nurtured, supported and guided them

Words of a Council Chair

“I go out of my way to see what a newer person is doing, just to make sure they’re not struggling...I remember when I was a new nurse and there would be more experienced nurses and I would be drowning...looking out the door for someone to yell to, to come and help me and I would, I would see them peek around the corner to look at what I was doing, but not to help me. And I didn’t ever want anybody to feel that way. So I think I need to be the one to step around the corner and first say “do you need anything?” before you need it, and to identify that if you don’t know you need help, just go in and help. So I think that, that is the process that taught me how to help care for other nurses. It’s just my not being cared for.”
Words of a Council Chair

“(She gave) me a leg up in knowledge…because I know the language, and I know the processes and I know what’s needed to make things happen. It’s empowering. Knowledge is empowering. It gives you the opportunity to make a difference. And it also gives you the opportunity to share and teach. Which is huge for me because my knowledge doesn’t do anybody any good unless I’m sharing it.”

Organizational Culture Care Diverse Theme II

Culture care for clinical nurse council leaders means:

• Living within a hierarchical organizational culture with political, economic, social, legal and technological values, beliefs and lifeways that are the antithesis of the cultural values, beliefs and lifeways of the thesis of nursing and shared leadership.

• Believing the values, beliefs and lifeways that they experience in a hierarchical organizational culture are different from, and in opposition with, those of a culture with the values, beliefs and lifeways of shared leadership and shared decision making.

Words of a Council Chair-Elect

“There are rules that are considered in a hierarchy kind of structure. And so I think then it’s hard to feel like as you’re sitting in the council structure that you really have an equal voice to somebody that sits in a manager position or a vice president position, or you know, that you feel like, ‘Um, I’m a nurse’, you know, instead of ‘I am a nurse that works at this institution and I have just as much right to make, you know, an informed decision as anybody else does’...just trying to get that out of your head and looking at it as ‘we’re all equal partners on this council and we all have different points of view and different voices but ultimately we’re all coming forward with our feedback and our votes for things and you know, we all are equal.”
Words of a Council Chair-Elect

“Rather than addressing it with the people involved in (the problem)...they then made this general rule that every nurse was going to check with the oncoming nurse the arm band on the child every shift change...so I think it was announced to us...I mean, these nurses thought this was ridiculous, you know? Did it make it any better? No. I can't imagine that a floor nurse would have had any involvement in that decision...this was their remedy. A ridiculous remedy to the problem. It just needed to be addressed with the individuals involved and then maybe announced to the staff so that everybody thinks again, ‘let’s make sure we’re checking that name band’.”

Organizational Culture Care Universal Theme II

Culture care for clinical nurse council leaders means:

• Working to preserve, maintain, accommodate, negotiate, repattern and restructure the culture care values, beliefs and lifeways within the organizational structure

• Experiencing personal challenges, fears and concerns as a shared governance leader and believing the caring practices of other nursing leaders assist them to preserve, accommodate and repattern their own beliefs, values and lifeways

Words of a Council Chair

“It is being able to say, ‘You know what? This is my practice and you can’t tell me what to do. I mean, you can ask for my input but I have control over this. We can work together to solve the problem, but we have to work together. You can't just do it’....

It was feeling that, and then it was changing, and how different it felt after you knew you influenced it and made a difference...

Once someone feels the way we felt after, it will continue to grow.”
Words of a Council Chair-Elect

"Leaders don’t dictate, they are not in charge of coming up with an answer. The group you’re leading is the one in charge of that. You just need to encourage people to come up with the answers. You’re doing the same caring process of leading them in their mind and their physical and their emotion and their well-being, it’s just on different levels."

Organizational Culture Care Universal Theme III

Culture care for clinical nurse council leaders means:

- Believing shared leadership is having a shared vision and goals with all roles being equally important in and about their nursing practice
- Viewing shared decision making as achieving consensus through mutuality, and supporting the decisions that have been made by nurses about nursing practice
- Believing they make a positive difference in others’ lives through the mutuality of human interactions and connections

Words of a Council Chair

“It’s when all the right people are at the table from bedside nurses to pharmacists to physicians to educators. It’s everybody coming together for the mutual purpose of seeing if this idea is feasible and beneficial and productive…the understanding that it is the team that makes the difference. That’s what shared leadership is, it’s the engagement of everybody.”
Words of a Council Chair-Elect

“There’s sharing of ideas and points of view and the reasoning behind them and then there’s discussion on how to intertwine those points of view and reasoning, so that things that can’t be given up or changed for whatever reason aren’t. The decision has developed from all these points of view, so it’s like a spider-making web... and that’s what it is. It’s just everything coming from every direction but it all turns out to just be beautiful, and that works.”

Organizational Culture Care Constructs

- Finding voice
- Giving voice
- Advocacy
- Accountability
- Shared leadership
- Mutuality

Conclusions

- Caring is the central construct of the profession of nursing and caring practices exist in members of the profession
- Caring practices used in patient care may be transferred to and used in other nursing relationships
- A demonstrable commitment to caring is essential in the practice of nursing leadership
- Cultural, political and legal, economic and technological influences in organizations can negatively impact the caring practices of administrative and clinical nurses
- Sharing the governance of an organization may develop clinical nurses to be the leaders we need them to be
“We cannot become what we need to be by remaining what we are.”

Leadership is An Art
Max DePree

Questions or Thoughts?

Thank you very much!