Reinvigorating Shared Governance: Going Way Out on a High Limb Without a Net
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Goals of a New Shared Governance System
Before jumping into automatic changes, the SGAC methodically discussed reasons why the 2011 SG Model no longer worked. In doing so, we embraced a transition to a congressional SG model in order to:
- Highlight professional role of nurses
- Expedite discussion & decision-making by allowing quick votes on emergent issues
- Increase communication to all nursing staff by:
  - Phone conference capability to Senate
  - E-mail Senate and Cabinet minutes within 48h
- Streamline meeting time and decrease redundancy of work between cabinets
- Addition of 140+ Ambulatory nurses into the model to include both their own cabinet and ambulatory representation on all cabinets

Why the need to change
Our current Shared Governance (SG) system with two minor changes had been in place for eighteen years. Based on reduced attendance and participation, we felt as though our system had become stagnant and unproductive.

In 2013, a survey of our nursing staff supported our thoughts with the following results:
- Current structure of shared governance = 27% effective or very effective
- Housewide councils = 27.35% effective or very effective
(694 (39%) responses received)

Who was involved
The Shared Governance Advisory Council (SGAC) consisted of direct care nurses and Executive Council who met over a period of six months and developed a new Shared Governance plan. The SGAC was chaired by two staff nurses.

Responses to follow-up survey at 6 months and beyond
Transitioning to the Shared Governance Senate has been a major change. To gauge the nursing staff’s response to the change, a six-month survey, modeled after the original survey was conducted. The results endorse a positive response to the transition.
- New Senate Model = 33.5% very effective or effective
- 51% responded that there was more communication about the work of the Senate and Cabinets
(730 (41%) responses received)

The Senate has endorsed conducting this survey annually. Our goal is for the Shared Governance Senate to grow and evolve over time to enhance the role of the professional nurse at Wake Forest Baptist Medical Center.