BEING HEARD: A CLASSICAL GROUNDED THEORY

Exploring the Experiences of Bedside Nurses Working in an Established Shared Governance Environment

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THE PROBLEM

- Restructuring and downsizing in healthcare
  - Bedside nurses:
    - Caring for sicker patients/fewer resources
    - Little input into decisions about practice and practice environment

- Nursing shortages
  - Decline of individuals entering the nursing profession
  - Baby boomers/aging workforce

- Strategies are needed to improve work conditions and the work environment

(Barden et al., 2011; Start et al., 2013; Tiffin, 1995; Upenieks, 2002; Walter et al., 2013; Wilson, 2013)
**SHARED GOVERNANCE**

- Framework for professional nursing practice
  - Empowers nurses:
    - Part of decision making processes
    - Improves communication
    - Creates a positive work environment

- Organizational strategy
  - Between worker and work place:
    - Partnership
    - Equity
    - Accountability
    - Ownership

(Barden et al., 2011; Howell et al., 2001; Moore & Hutchinson, 2007; Porter-O'Grady, 2003; Scott & Caress, 2005; Relf, 1995)
RESEARCH PURPOSE

- To explore the experiences, “what is really going on,” (Glaser, 1998, p. 12) of bedside nurses and gain insight into how working in a SG environment affects them.

- To address the research question:

  “What are the experiences of bedside nurses who practice in a children’s hospital that has had a shared governance model in place for at least four years?”
Methodology

Classical Grounded Theory (CGT)

- Inductive process
- Develop theory grounded in actual data
- Rigorous method-constant comparison method

Aim of CGT is to identify

- Themes, patterns, and processes
- Understand how a group of people define, via their social interactions, their reality
- Leads to the development of a theory “grounded” in the data

Classical Grounded Theory is unique in that it provides more than meaning, understanding, and description of a phenomenon; it creates theory

STUDY SAMPLING

- Purposive, Snowball, and Theoretical Sampling

  - Purposive - select participants based on
    - “[First hand experience with a culture, social process or phenomenon of interest” (Streubert & Carpenter, 2011, p. 28)

  - Snowball –
    - Participants are asked to refer others

DATA

- Online semi-structured typed synchronous interviews
  - Data for the study consisted of:
    - Demographic data
    - Interview data
    - Researcher’s memos and notes
## Data Collection/Analysis

<table>
<thead>
<tr>
<th>Data</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Me</strong> 1. Thanks we will start with questions. Can you tell me what it is like working in your institution? 2. If you were to use words to describe your daily experiences what would those be?</td>
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<tr>
<td><strong>P7</strong> 3. I work in a very unique institution where nurses take a major role in the decision making. Hospitals I have worked at 4. before, nurses, especially bedside nurses did not have a voice in the decision making process and often 5. decisions were just passed down from management. Here at this hospital, Nurses have the opportunity to make a 6. difference in the care that is provided our patients.</td>
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<td><strong>Me</strong> 7. How are the nurses allowed to have a voice? 8. Can you give an example?</td>
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<td><strong>P7</strong> 9. All nurses can participate in monthly congress activities, and each unit has a rep that attends each month to bring 10. concerns and ideas to the network.</td>
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<td><strong>Me</strong> 11. Can you tell me a little about the congress activities?</td>
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<td><strong>P7</strong> 12. One example is that we instituted a project on our unit; we placed care boards in each room. We took our idea 13. to congress and it was well received and now each room in all of our hospitals 14. have a care board. Congress activities include, policy and procedures, instituting best practice change and 15. building networks with other units and hospitals</td>
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<tr>
<td><strong>Me</strong> 16. Wow that is amazing. Are you involved in the SG processes/activities</td>
<td></td>
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<td><strong>P7</strong> 17. I am, I am the unit rep for the Emergency service council as well as the network ER council chair</td>
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<td><strong>Me</strong> 18. What does the term shared governance mean to you</td>
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<tr>
<td><strong>P7</strong> 19. Shared governance means to me that everyone shares a part of the leadership and policies that lead our 20. hospital and the care that we provide to our patients</td>
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<td><strong>Me</strong> 21. Do you feel that your hospital reflects your definition</td>
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<tr>
<td><strong>P7</strong> 22. I feel that this hospital really embraces shared governance as well as making sure that everyone’s voice is heard, 23. we have a website where all new policies and procedures are placed and until feedback has been given and reviewed, only then will it possibly instituted. Management and the 25. directors each take pride in our staff leading change and finding innovative ways to provide better care to our 26. patients as well as new ideas for staffing and flow.</td>
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<tr>
<td><strong>Me</strong> 27. You mentioned management and directors being involved. 28. Does this include upper administration such as the CNO CEO etc.</td>
<td></td>
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<tr>
<td><strong>P7</strong> 29. yes all levels of nursing are involved. We listen most of the time about new things happening, or 30. new policies, or changes in any way.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
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<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Love it, great...everyone around me is helpful</td>
</tr>
<tr>
<td>One seems to have control</td>
<td>Scary...nerve-racking...rewarding</td>
</tr>
<tr>
<td>p&amp;p aimed at pt care are EB</td>
<td>Tons of support</td>
</tr>
<tr>
<td>Practice</td>
<td>I have the ability to use nursing judgment</td>
</tr>
<tr>
<td>Have input on specific</td>
<td>Feel a part of the process</td>
</tr>
<tr>
<td>Critical thinking is</td>
<td>Any employee at any level can have a voice and it will be heard</td>
</tr>
<tr>
<td>encouraged and supported</td>
<td>Doesn’t have to come from top down...anywhere in between</td>
</tr>
<tr>
<td>Managers/supervisors</td>
<td>Preceptor checks up on me</td>
</tr>
<tr>
<td>There are many ways to have</td>
<td>I know I can ask my charge nurses for help</td>
</tr>
<tr>
<td>Management support</td>
<td>People always listen and changes happen quickly when faults are found</td>
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<tr>
<td>Affecting change</td>
<td>I have a sense that upper admin encourages it</td>
</tr>
<tr>
<td>Cost</td>
<td>I have a voice...a way of expressing concerns</td>
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<tr>
<td>Angst</td>
<td>Mgr appreciate process</td>
</tr>
<tr>
<td>Practice environment</td>
<td>Mgr, educator, patient champions, biomed</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Safety scoop...PICU swarm submit online forms</td>
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<tr>
<td>Being a part</td>
<td>SG-individuals working together with a common goal to achieve outcomes</td>
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Study Findings: Core Category & Substantive Theory

- Initial Nine clusters or categories of data
  1. Having a voice
  2. Working collaboratively
  3. Providing quality care
  4. Management
  5. Support
  6. Affecting change
  7. Cost
  8. Angst
  9. Being a part
**Main Concern: Being Heard**

- “When something good or bad happens, it is much easier for the bedside nurses to voice what the positives and negatives are rather than an outsider guessing and implementing changes based off of paper or what they heard” (participant 3, line 82).

- “I think it is really important the bedside nurses’ voices are heard because oftentimes we are the only people that recognize a problem exists” (participant 6, line 77)

- “The care to the patient is given by the bedside nurse, not the upper level managers. Therefore, we often know what processes are doable, or will even make sense to implement” (participant 11, line 152)

- “As a bedside nurse I know what is happening everyday on my unit and although I may not know the research that the administrators may have, I know whether or not it is feasible” (participant 7, line 75)

- “I know our managers would not have known what to do without the involvement of the bedside nurses” (participant 2, line 35).
SOLVING THE MAIN CONCERN

“Voicing”
- Willingness
  - Feeling a sense of belonging/being supported
  - Relationships with peers, managers
  - Personal history, Peer’s experiences
  - Nurses’ previous experiences, Personal needs
- Engaging
- Assessing

(Glaser, 2005)
WILLINGNESS: BELONGING, SUPPORTED

- More willing to voice when they feel they:
  - **Belong**
    - “my co-workers and the close little family that we are” (participant 3, line 91).
    - “I feel a part of the process” (participant 3, line 95).
    - “I have been there for so many years that it feels like home and somewhat like a family” (participant 11, line 5).
  - **Support**
    - “I can count on my co-workers to help me if I need it” (participant 6, line 2)
    - “I love it...everyone around me is helpful” (participant 2, line 5).
    - “If a bedside procedure or code takes place, everyone always jumps in to help and be of assistance” (participant 3, line 14).
Willingness: Relationship with management

**Immediate Manager:**
- “They ask how my day is going” (participant 2, line 13).
- “Our manager always hears our complaints and tries to help us out” (participant 6, line 88).
- “Our manager has our back” (participant 14, line 47).
- “They keep up their skills, understand what patients and staff are talking about, just have a better understanding of the overall daily picture” (participant 5, line 99).

**Manager:**
- “...open communication [is a good idea], but the managers are still the boss. The staff nurses still watch carefully what they do when the managers are around. When the managers are not there the staff is more relaxed” (participant 9, line 56).

**CNO:**
- “I love feeling safe approaching management and even upper administration personnel” (participant 8, line 145).
- “Our CNO comes by during the dayshift and asks the nurses how things are going and if people have any suggestions; she seems very open to input from bedside nurses” (participant 16, line 48).

**CEO:**
- “I have never seen the CEO” (participant 16, line 51).
- The bedside nurses seem not to know how to respond when the CEO attempts to connect with them: “The CEO tries to reach out, but I do not feel he has much to do with [us]” (participant 15, line 44).
Willingness: Quality; Personal History

- **Quality**
  - “Everything the nurses want . . . is for the betterment of their patients” (participant 2 line 77).
  - “We always discuss current practices, how we are doing with our ‘quality initiatives’ . . . as well as patient satisfaction” (participant 6, line 45).
  - “As a bedside nurse I have a voice, a way of expressing concerns and also bettering the department in which I work” (participant 4, line 8).

- **Personal History**
  - “institutions will ask nurses for their input but then they do not incorporate that input” (participant 1, line 34).
  - “Hospitals I’ve worked in before bedside nurses did not have a voice in the decision making process and often decisions were just passed down from management” (participant 7, line 3).
Willingness: Peer Experiences; Personal Needs

- Peer’s Experiences
  - “I have heard stories of people getting run off because they voiced their opinion too much. . . I do think that when people are part of a committee they need to be careful with what they say…” (participant 3 line 67).
  - “I often hear seasoned nurses say they started out trying to become [involved], but nothing ever changed so they stopped caring” (participant 5, line 124).

- Personal Needs
  - Receive credit – evaluation processes
  - Work schedules
  - Practice and Practice environment
ENGAGING

- Stepping forward to have a voice
  - Offer ideas
  - Participate in decision-making processes
  - Provide feedback
    - Patient
    - Work environment
    - Practice
- Costs
  - Commitment
  - Personal time
  - Risks
ASSESSING

Potential responses

The bedside nurses may discern:

- Their input was received positively
- Their input was received negatively
- Their input was received but could not be acted on
- There may be no response or an unclear response to their input
- Their input is not sought so they had no opportunity to engage
Path-Goal

- **Path-Goal Theory of Leadership**
  - Leader paves the way
    - Provides a path for the employee
      - Support
      - Guide
      - Direct
  
- **Cyclical interaction** (Kennerly, 1996)
  - Behaviors of leader and the responses of the employees

(Engen 1970; House, 1971)
Kanter

Kanter’s Theory of Organizational Empowerment

- Empowerment depends on managers at all levels relinquishing control

- Provide individuals with
  - Information
  - Support
  - Resources
  - Opportunities to learn and grow

Employees in any organization, healthcare or otherwise, are more involved and committed when the organization has created an empowering environment (Nedd, 2006).

(Kanter 1977, 1993)
Likert’s Management Style Theory
- Assess employees’ perceptions of management
  - Relationships, involvement, roles between management and subordinates

Four Leadership Styles
- Exploitative Authoritative
- Benevolent Authoritative
- Consultative
- Participative

(Likert & Likert, 1976)
Being Heard
(The main concern of the bedside nurse)

Engaging
- Offer ideas
- Participate in decision-making processes
- Provide feedback related to Patient, Work environment, Practice
- Requires personal time, commitment

VOICING
(Feedback Process)

Assessing
Their input was received
- Positively
- Negatively
- Was received but could not be acted on....
  they continue to voice
  or

Willingness
Affected by:
- Relationships with peers, managers
- Personal history
- Peer’s experiences
- Nurses’ previous experiences

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IMPLICATIONS/CONCLUSIONS

- Substantive Theory *Being Heard*
  - Beyond children’s hospitals & healthcare systems
    - *Being willing*
      - Make a choice
      - Feeling safe and worthwhile
    - *Engaging*
      - More overt
      - Fewer implications
      - Requires technological support, put in place by the organization
    - *Assessing*
      - Key to the employee being willing and engaging
  - *Relationships*
    - Core element
      - Employees colleagues, management,

Organizations that trust and respect their employees and provide systems that support flow of information from each direction can obtain information vital to the functioning and productivity of the organization.
REFERENCES

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Questions