A Unique Model of Shared Governance

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, APN-C, and Phyllis Begyn, RN, MSN, OCN®

Like the aroma of a first-rate cup of coffee, a special blend goes a long way in getting your day off to a good start. The same could be said of working with a team of nurses who blend knowledge, experience, and clinical expertise with passion, dedication, and motivation to empower nursing staff to be their best while elevating the level of care for patients and families with cancer. Such a collaboration can be seen in action by the oncology clinical nurse specialist (CNS) and oncology nurse manager (NM) on the oncology unit at Ocean Medical Center in Brick, NJ.

Collaboration, by definition, is to work together, especially in a joint intellectual effort (American Heritage Dictionary®, 2005). The definition implies that participants are interdependent. Recognizing their interdependence, team members can combine their individual perceptions and skills to synthesize more complex and comprehensive care plans (Forbes & Fitzsimmons, 1993). The American Nurses Association ([ANA], 2003) recognized that high-quality care depends upon collaboration with a common focus, a recognition of each other's expertise, and an appreciation for the skills and knowledge shared across disciplines.

With this type of practice model, the CNS and the NM combine the spheres of management and clinical care to bring about a culture of excellence for nursing staff through role modeling, smart allocation of resources, and the development of standards of excellence. The collaboration capitalizes on the strengths of the CNS and the NM to achieve mutually agreed upon goals for the advancement of oncology nursing practice. In our clinical practice, this approach focuses on professional development and advancement of RNs, shared governance, increased autonomy, and use of evidence-based practice and research to advance the care of patients with cancer.

Environment of Care

In the world of cancer care, practice issues are changing and emerging constantly, including new therapeutic drugs and devices, reimbursement issues, ways to improve patient and nurse satisfaction, and strategies to decrease staff turnover. The environment calls for effective collaboration between the CNS and the NM to be proactive, use good communication skills to exchange ideas, and provide opportunities for creative thinking to address issues that may arise in the constantly changing practice of oncology.

The collaboration and collegiality resulting from this practice alliance led to the inpatient oncology unit being chosen to be the first unit to pilot test a new nursing model of care at Ocean Medical Center, which is part of Meridian Health. The new model of care (see Figure 1) provides an evolutionary work environment that illustrates the benefits of the CNS and NM collaborative partnership in supporting and energizing oncology nurses to develop their "own special blend." The model focuses on four dimensions of patient-centered care. The dimensions highlight the clinical expertise of the nurse, education, shared governance, and research. The new environment proposes five direct hours of patient care per day, a dedicated CNS for the inpatient oncology unit, access to and utilization of enhanced technology, a clinical ladder, and certification expectations. The intent was to create an environment of excellence by improving the quality of nursing care, which we anticipated would improve efficiency of care and physician and patient satisfaction. In turn, we anticipated that the new environment would improve recruitment and retention of the nursing staff.

Organizational Processes Supportive of Oncology Nurses

To foster personal relationships among staff members, the CNS and NM brainstormed ways to recognize and support oncology nursing staff at all levels. An initial method that staff envisioned was self-scheduling of hours. This change in scheduling was implemented by the NM. Furthermore, an annual celebration for RNs, Oncology Nursing Day, was developed and has been held each year to recognize their accomplishments and provide support for the patient care challenges they face each day. For example, one year the festivities included a contest encouraging RNs to submit an essay, poem, or drawing with an oncology theme to display their creative skills. The winner of the contest received a one-year membership to the Oncology Nursing Society (ONS) and a certificate of achievement. Festivities also included a cake-cutting ceremony and door prizes, such as oncology nursing textbooks, pens, oncology nursing certification review texts, and tote bags donated by the most recent ONS Congress attendees. A different theme is chosen each year based on the national ONS theme for Oncology Nursing Month. A banner is displayed on the unit every year in an effort to share the celebration of oncology nurses throughout the organization. Every other month, a nurse who cared for the largest number of patients receiving chemotherapy during the month is celebrated as "Chemo Queen/King of the Month." The nurse's photo is displayed on a wall on the nursing unit for that month, and he or she receives a recognition certificate and a gift card at a staff meeting.

Patient care assistants also are recognized with an annual appreciation party. A theme such as the "Hawaiian Islands" or "Mardi Gras" sets the tone for the party in appreciation of their team spirit and continued caring and commitment to their patients and the unit. The parties include certificates of appreciation, T-shirts, raffle prizes, pizza, and cake. Other team-building activities include ice cream socials, birthday acknowledgements during staff meetings, and individual recognition of personal and professional accomplishments (e.g., completion of academic degrees, oncology certifications, scholarships, awards).

Staff involvement extends beyond the walls of the institution; many staff members are encouraged to be actively involved in community events, and some take on leadership roles. For example, a staff nurse is involved with her local ONS chapter and took on the role of project manager for an outreach campaign targeting adolescents and tobacco

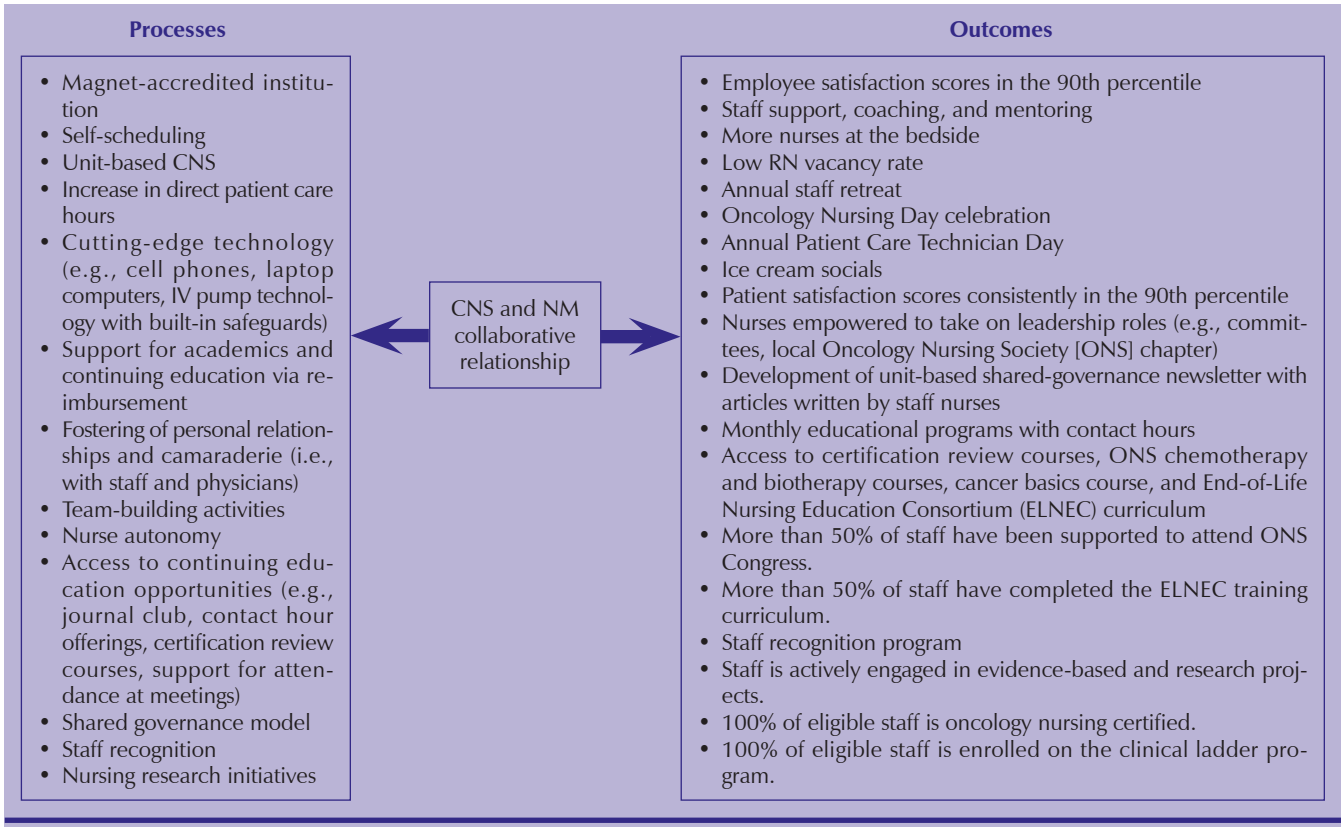

Figure 1. The Clinical Nurse Specialist (CNS)/Nurse Manager (NM) Collaborative Partnership

prevention. The event was highlighted in a local newspaper and in *ONS Connect*. Staff members, including the NM and the CNS, have held leadership positions in the local ONS chapter, including president, secretary, treasurer, and membership chair. Other community events include the following.

- Making Strides Against Breast Cancer
- Juvenile Diabetes Walk
- Relay for Life
- Annual skin cancer screening event as part of the American Academy of Dermatology National Skin Screening Program
- Seafood Festival Health Fair

Education is essential to any successful new model of care. To support nurses and prepare them to face the challenges of health care, the organization encourages pursuits of academic goals and education with financial reimbursement, scholarships, and flexible scheduling. Educational programs recommended to staff include the ONS chemotherapy and biotherapy courses, certification review courses, and the Common Cancers Course, directed toward new entry-level oncology nurses. The courses were identified and implemented by the oncology CNS in collaboration with other CNSs within the health system. Through an annual needs assessment, monthly educational programs are identified by the staff as topics requiring a refresher or further education. The CNS develops and implements a program on oncology topics such as a pharmacology review, new drug updates, symptom management, and a journal club. Continuing nursing education units are awarded for the monthly programs.

In an effort to support the emotional needs of the oncology staff, an annual retreat is provided to allow time for thoughtful reflection about patients lost to cancer. The ONS Power of Presence Toolkit was used during a "Lunch and Learn Session" hosted by the institution to provide support to the oncology staff. The program was well received by staff and led to the conceptualization and development of an annual retreat experience in 2002, with the ultimate goal of promoting staff well-being. Introduction to self-care strategies and methods for applying them are integrated into the retreat program. The retreat is held off campus, providing a safe and comforting environment to reflect on the rewards of being an oncology nurse. Teaching strategies include a slide presentation, didactic content, role playing, storytelling, poetry, self-improvement exercises, and a closing candle-lighting ceremony during which a candle is passed and nurses recognize a peer by describing positive characteristics about him or her. Each annual retreat concludes with a video set to music highlighting staff accomplishments for the year through photographs and inspirational quotations. Evaluations are completed at the end of the program so that each participant can receive continuing nursing education credit. Comments have included, "very heartwarming and thought provoking," "I loved it all from beginning to end," "really enjoyed the slide show," "what a wonderful way to end the retreat," "necessary for the soul," "very positive, filled with love and compassion," and "thank you for such a wonderful experience."

Clinical Expertise

From the manager's perspective, successful oncology programs are dependent on strong relationships between the hospital and specialists. The strength of the relationships correlates directly with the extent to which leadership motivates and guides staff to an agreed-upon vision according to a set of strategies and goals (Gullatte, 2005). The primary focus of the manager role is administrative. Role components include recruitment,

staff selection, schedule development, budget creation and management, and allocation of resources. NM competency is validated by his or her certifications in oncology and nursing administration, a master's degree in nursing administration (or pursuit of the degree), and participation in an annual peer-review process. It is through a collaborative and shared effort that the CNS and the NM work to eliminate barriers, provide support for each other and the staff, and encourage professional growth within the framework of collaborative management derived from a humanistic belief of work motivation (Caruso & Payne, 1990). In addition, to increase our successes, we try to surround ourselves with dynamic and enthusiastic staff, whose work ethic mirrors our own.

From the CNS perspective, practice is defined as the translation of clinical expertise into nursing care provided either directly or by influence of nurses and nursing personnel through evidence-based nursing care standards and programs of care (National Association of Clinical Nurse Specialists, 2004). In the organization, the CNS is expected to handle multiple tasks and agendas simultaneously while coaching and mentoring nursing staff to reach their full potential. The CNS must demonstrate strong organizational skills and a competent ability to prioritize accordingly to get the job done. Being organized requires creating a balance among emergent, urgent, and back-burner projects and deadlines. Additionally, a major requirement for success is the development and maintenance of a trusting collaborative relationship with the NM.

Communication is another crucial element to the success of the CNS role and the collaborative partnership with the NM. Others view the two as a team, which allows both the CNS and NM to gain credibility and force within the practice setting. Together, we develop ideas, goals, and innovative methods for staff empowerment, project planning, and program development. Under the new model of care delivery, the two roles allow for comprehensive, high-quality cancer care and development of unit-based goals, policies, and procedures, while inviting staff nurses to construct and refine their clinical and career goals through flexible scheduling, promotion of higher education, shared governance, career-building activities, and nursing research.

Key to the success of the new model of care is institutional and managerial support provided to nurses to help them achieve their certification goals and advance on the clinical ladder. Efforts included coaching staff during the application process for achieving status on the nursing clinical ladder as well as offering oncology certification review courses and one-on-one study sessions. The outcomes of the initiatives resulted in 100% of eligible RNs attaining clinical ladder status and oncology nursing certification.

Progress in meeting goals of professional expectations under the new model of care included annual staff oncology-based competency refresher training (e.g., educational modules, posters, critical thinking vignettes, hands-on demonstration, games). Additionally, staff members maintain their medical-surgical competencies (such as cardiopulmonary resuscitation training) through the annual skills fair.

Technology

The best oncology care requires high technology. Under the new model, laptops were provided to the nursing staff in an effort to increase the amount of time the nurses spend at the bedside. For example, upon admission of new patients, histories and assessments can be completed in the presence of patients instead of at the nurses' station. Cell phones also were provided to the nurses to foster improved communication with the physicians regarding patient care concerns. Internet and e-mail access for all staff was implemented to improve communication among staff and leadership, as well as to allow access to databases for literature searches, management of projects, and academic assignments.

Automation for medication administration also is available. It enhances patient safety and nursing staff satisfaction in our organization. The technology provides automated narcotics management, data analysis, and reporting tools.

Alaris® Pump technology (Cardinal Health) was introduced to provide safeguards for the administration of IV medications. The technology provides alerts, soft and hard limits, and safety information for high-risk medications such as chemotherapy, antibiotics, and patient-controlled analgesia. The prompts provide a safety net for nurses as well as a customized drug library.

Outcomes

Daily collaboration results in a high degree of personal and professional satisfaction for the nursing staff and the NM and CNS on the oncology unit, as evidenced by the many positive outcomes under the new model of care. None of the achievements would be possible without mutual respect, admiration, and courtesy. Over the past several years, we have built a solid foundation of collegiality, trust, and good communication skills. The CNS considers the NM role as crucial to recruiting and selecting stellar staff, budgeting and allocating resources for professional advancement, and aligning unit goals with administrative initiatives. The NM considers the CNS role key to the success of the collaborative effort for the ongoing development of unit goals, extension of standards of care, policy change, and the advancement of nursing knowledge. The CNS exemplifies the values and ideologies of nursing practice at its best.

Staff involvement in shared governance, a core component of the new model, provides nurses with a voice in governing their practice, building their leadership skills, and capitalizing on their personal strengths and abilities. Shared governance includes a patient satisfaction committee that aims to find ways to exceed patients' and families' expectations during their stays on the inpatient oncology unit. The NM and the CNS meet monthly with staff to discuss concerns, problems, and achievements. The team reviews the scores of the Press Ganey/Hospital Consumer Assessment of Healthcare Providers and Systems and discusses possible causes and solutions to areas identified for improvement. The team, which includes oncology nurses, patient care associates, and unit secretaries, invests time and energy in the work of the committee to ensure positive patient perceptions of their stays on the inpatient unit. Patient satisfaction scores are consistently above the 90th percentile for overall satisfaction. When nurses are empowered to do their best work, patients' perceptions of nursing care are influenced positively. The new care model also values nurse satisfaction; a survey revealed greater than the 90th percentile for overall employee satisfaction with the workplace.

To meet the research requirement under the new model of care, the NM allocates resources based on the needs of the unit, such as providing additional personnel (nursing or ancillary) to cover patient assignments to enable staff to attend research-based meetings. The CNS leads the Unit-Based Research Committee to foster evidence-based

practice and to assist and develop research projects. This committee was formed after the CNS was consulted frequently regarding patients at the end of life experiencing dyspnea. The CNS posted an invitation to the research team. Four nurses volunteered, and the initial research team was created. This led to a current study, "Assessing Dyspnea in the Patient With Non-Small Cell Lung Cancer in the Acute Care Setting." After critiquing the literature, developing a chart audit tool to conduct a performance-improvement project, and calculating the results of audits, the research team wrote a proposal for submission to the institutional review board and initiated the study. The research team meets one evening monthly on the unit to accommodate the majority of nurses on the team on the night shift. The team has collaborated with a nurse researcher from the health system's research center to guide the study. Data collection is almost complete, and data entry and analyses will follow.

Another example is the Inpatient Hospice Program Initiative. Several years ago, the NM and CNS, who are both End-of-Life Nursing Education Consortium trainers, identified that patients with life-limiting illness require availability of end-of-life inpatient hospice services to meet their physical, emotional, psychological, and spiritual needs. The NM collaborated with the institution's hospice services to designate beds on the inpatient oncology unit to accommodate that level of care. Recognizing the needs for privacy and confidentiality, the NM and CNS authored a proposal to designate a quiet area on the unit for the families of dying patients for respite and reflection. Organizations can be benefactors of the rooms to offset costs.

The CNS and NM empowered the nursing staff to become involved with the initiative by forming the Inpatient Hospice Shared Governance Team. Since its inception, the program has demonstrated a steady increase of 27% for inpatient hospice admissions on the unit. This team allowed the nursing staff to be involved in

- Policy and procedure development
- Presentations at Schwartz Center Rounds. Schwartz Center Rounds are a multidisciplinary forum where caregivers discuss difficult, emotional, and social issues that arise in caring for patients.
- Case presentations during hospital-wide education
- Writing articles in the unit's shared-governance newsletters
- Leadership roles at monthly team meetings.

Staff members involved with the Fall Prevention Committee also have made positive contributions to decreasing patient falls on the inpatient oncology unit. In 2006, the inpatient unit fall rate was 5.1%, compared to a national benchmark of 3.1%. The nurses representing the committee met regularly, provided one-on-one staff education, and developed a slide presentation for staff meetings featuring actual case studies and hands-on completion of fall occurrence reports. Additionally, the staff provided raffle prizes for peers who correctly answered questions regarding fall safety. Upon completion of those endeavors, In 2008, the inpatient unit fall rate was 2.4% compared to a national benchmark of 2.96%. For the first quarter of 2009, the fall rate was 1.3% compared to a benchmark of 2.96%. Staff members had the opportunity to become an authority on fall prevention by virtue of participation in the shared-governance activities.

Implications for Practice

Within the shared-governance model, the CNS and NM provide opportunities, as well as give guidance and support in a therapeutic work environment, which allows staff to be passionate about their careers and achieve more than they ever thought possible. Communication and collaboration at multiple levels and in various directions are essential to effectively implementing activities of a clinical unit. Such an environment identifies with each nurse's uniqueness and works to increase his or her potential. Other institutions may find this model useful to transform their patient care units into places where oncology nurses not only perform daily tasks, but also thrive as decision-makers in creating an innovative atmosphere to enhance high-quality cancer care.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, APN-C, is a clinical nurse specialist and Phyllis Begyn, RN, MSN, OCN®, is a nurse manager, both on the oncology unit at Ocean Medical Center in Brick, NJ. Gaguski is on the speakers bureaus for EUSA Pharmaceuticals and sanofi-aventis. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Oncology Nursing Forum* or the Oncology Nursing Society. Gaguski can be reached at megcns@comcast.net, with copy to editor at ONFEditor@ons.org.

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Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include, but are not limited to, overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Mary Ellen Smith Glasgow, PhD, RN, CS, at maryellen.smith.glasgow@drexel.edu or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at payne031@mc.duke.edu.