Empowering Oncology Nurses to Lead Change Through a Shared Governance Project

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Nurses at the bed- or chairside are knowledgeable about clinical and operational concerns that need improvement and, consequently, are in the best position to generate and evaluate practical options and potential solutions to improve efficacy and care processes. Implementation of a shared governance model is effective in engaging staff nurses to make meaningful and sustainable change in patient care processes.

Traditional clinical and operational improvements in hospital and outpatient settings have been led by administrators. This is contrary to the shared governance model in nursing (Bretschneider, Eckhardt, Glenn-West, Green-Smolenski, & Richardson, 2010) and the report The Future of Nursing: Leading Change, Advancing Health (Institute of Medicine [IOM], 2010). The shared governance model endorses a partnership between nursing leaders and direct care staff that promotes collaboration, shared decision making, and accountability for improving patient care and safety (Bretschneider et al., 2010), whereas the IOM (2010) report recommends expanding and promoting opportunities for nurses to lead, design, and implement changes in healthcare delivery systems. Nurses are ideally positioned to enhance efficacy and patient care processes.

Background

Memorial Sloan Kettering Cancer Center, a National Cancer Institute–designated comprehensive cancer center in New York, New York, has an urban outpatient facility with five decentralized infusion units, each providing chemotherapy and supportive care to patients with various types of cancer. Three teams of nurses, each with its own nurse leader, staffed the five units. In 2014, following a year of unexpected and exponential increases in patient volume, clinical and operational challenges (e.g., inconsistent use of treatment space, uneven distribution of nursing staff, lack of communication among unit staff, development of disparate unit cultures and workload expectations) became apparent. Nursing leadership saw the need to combine the staff and management of the five infusion units with the goal of improving safety, efficiency, and cost effectiveness through better use of physical and human resources. One nurse leader was assigned responsibility for the five units, with a staff of more than 70 nurses caring for 300 patients per day in the 62 individual treatment bays. A priority for the nurse leader was to implement a system that would allow the newly merged group of nurses to collaboratively address patients’ needs in the moment and support one another throughout the process, a departure from past behavior.

Creation of Project

The nurse leader, serving as the project’s sponsor, acquired institutional stakeholder support and collaborated with the organization’s Learning and Organizational Development (LOD) division of Human Resources to develop a shared governance project. The project would empower oncology nurses to lead change necessary to develop a new, more effective, and sustainable nursing team while improving the care