

Shared Governance: A Technique to Avoid Unionization

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Background

- Last 20 years saw increase in unionization movement among nurses across U.S.
- NLRB legalized right for physicians to unionize in 1991 (Murray, 1999).
- Unionization movement has extended to ancillary staff as well.

Driving Forces

- Increased workload/long work hours
- Declining wages/benefits
- Actual/perceived loss of power and autonomy
- Care increasingly dictated by non-clinical agent

Positive Impact of Unionization Movement

- Clear, negotiated work rules
- Leveling off of wage/benefit loss – some gains
- Restored some control over patient care factors
- Increased cohesion among bargaining unit members

Negative Impact of Unionization Movement

- Public perception of unionization as demonstrating a lack of professionalism
- Potential increase in cost of care to offset wage/benefit increases
- Potential to restrict access to care by artificially limiting staffing ratios/physician availability

What's Really Important?

Quality of Patient Care!

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A Better Alternative?

- Shared Governance

“The imperatives of managing costs, improving quality, enhancing productivity and resource utilization...cannot be achieved without physician involvement” (Shortell & Kaluzny, p.49).

- Leads to increased control over work design, allocation of resources, and improved collaboration with management, physicians and other team members.

A Better Alternative?

- o Shared vision

“Shared vision creates a sense of commonality, gives a coherence and connection to diverse activities, and establishes commitment and responsibility because it reflects the individual’s personal vision, not merely one handed down from the top.” (Shortell & Kaluzny, p52)

What does it look like?

- The exact structure of an organization will vary depending on several factors:
 - How extensive is SG implemented (ie which staff are included)
 - The level of empowerment
 - The amount of administrative oversight/facilitation
 - Remember, management still has an important role!

References

Elbing, Carl. (2000). www.nurston.com

Murray, M. (1999). Is physician unionization good for patients or physicians. *Journal of Nursing Administration*. 29(11): 5-6.

Shortell, S. and Kaluzny, A. (2000). *Health Care Management: Organizational Design and Behavior* 4th Edition. USA: Delmar/Thompson Learning.

Questions

- Do you feel that the negative impact of unionization is justified by the improvements that are achieved?
- What arguments would you present to management in order to encourage the adoption of shared governance?
- What role do you feel would be appropriate for managers in a shared governance environment?