

## Background

Professional governance empowers clinical nurses to own decisions about practice, quality, competence, and knowledge (Porter-O'Grady & Clavelle, 2021). The ongoing evaluation of a professional governance structure and functioning is essential to support clinical nurses' and nurse leaders' commitment and full contribution to council work, thus ensuring effective oversight of the clinical and leader accountability domains (Porter-O'Grady & Clavelle, 2021). Having designated and protected time for council work, regular attendance, clear guidelines for decision-making, and ample training for council members ensures that nurses can engage in decision-making, evaluate and implement practice changes, revise policies, and lead improvement initiatives (Brennan & Wendt, 2021; Hess et al., 2020).

At Salinas Valley Health Medical Center, we explored a professional governance redesign to address two conditions. First, clinical nurses expressed difficulty participating in multiple council meetings due to conflicting schedules and competing clinical duties. This was particularly true for highly engaged nurses who held positions on multiple councils. Second, we observed that this fragmentation limited cross-council collaboration and diluted engagement in professional governance initiatives. Nurses reported burnout related to competing schedules and multiple meeting days that required meeting attendance on scheduled days off. These challenges led to inconsistent attendance, reduced continuity of work, and missed opportunities for collaboration across councils. Members of our coordinating council, the Collaborative Care Council, reviewed council attendance, council quarterly reports, and nurses' feedback about the current professional governance structure.

Having a designated monthly council day during which all councils meet and nurses attend consecutive meetings throughout the day has been used to improve council effectiveness, operationalize protected time off, enhance attendance, and coordinate governance activities (Hess, 2011; Moreno et al., 2018). To address identified issues, our organization sought to consolidate all professional governance meetings into a single, dedicated council day.

## Purpose Statement

The purpose of this leadership initiative was to improve engagement, efficiency, and collaboration in professional governance by consolidating all council meetings into a designated council day. This restructuring aimed to provide protected time for participants, enhance communication between councils, and strengthen clinical nurse involvement in decision-making.

## Methods

The decision to consolidate all councils into a monthly council day was based on principles of transformational leadership and Lewin's Change Theory, emphasizing stakeholder involvement, communication, and facilitation of change through collaboration and empowerment. This approach aligned with the project's goal of strengthening professional governance efficiency and cross-council collaboration (Lewin, 1951).

Although creating a dedicated council day had been discussed previously, the idea had not been implemented due to concerns about the staffing impact of removing approximately 100 nurses from schedules on the same day in a mid-sized community hospital. To determine feasibility, the project leads (LB, BR) conducted a review of all council member schedules to identify potential meeting days that minimized unit-level disruption. Analysis revealed that the second Wednesday of each pay period caused the least impact on staffing while maximizing attendance. This data-informed approach was chosen to ensure the model was sustainable and equitable across departments. Other stakeholders included the chief nursing officer (CNO) and administrative assistant, council chairs and co-chairs, nurse leaders, and clinical nurses who served on professional governance councils. The target audience for this project was all professional governance members.

Following identification of the optimal day, feedback was sought from all councils to assess the anticipated benefits and challenges of the proposed structure. Common themes included the need for improved communication between councils and the importance of protecting time off for participants. After integrating this input, administrative approval was obtained, and go-live was planned for July 2025 (see Figure 1).

Figure 1

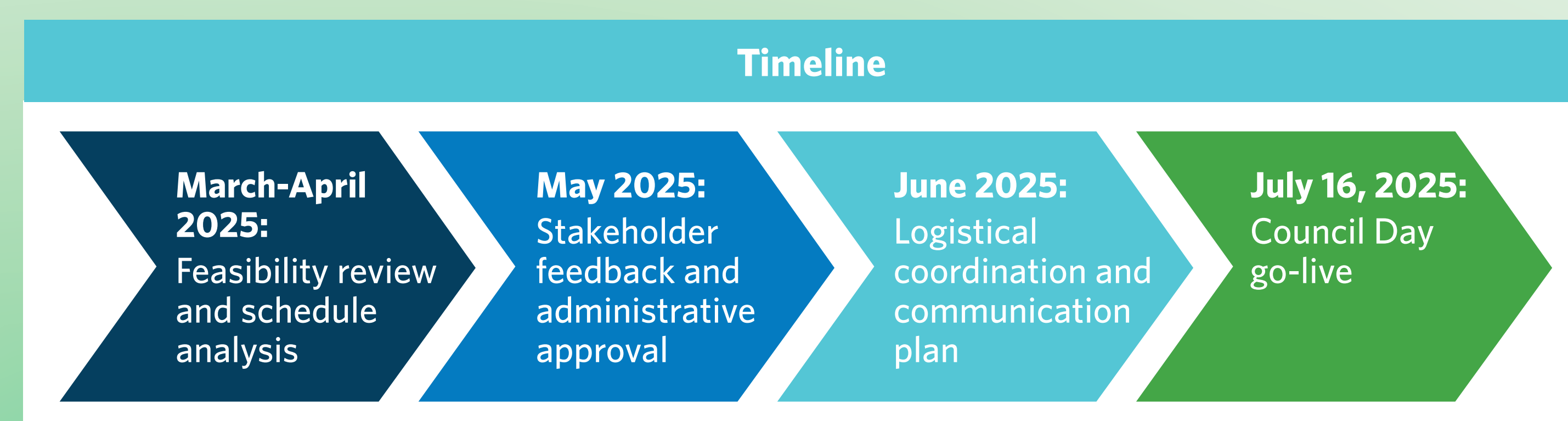


Table 1

Council Day Survey					
<b>Q1: Overall experience with council day</b>					
Q1	Poor	Fair	Good or Excellent	n	p
Day	1 (5.0%)	1 (5.0%)	18 (90.0%)	20	0.007
Night	0 (0.0%)	3 (42.9%)	4 (57.1%)	7	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	1 (3.6%)	5 (17.9%)	22 (78.6%)	28	
<b>Q2: How well does CD support your ability to participate in PG activities?</b>					
Q2	Not well	Sometimes well	Very well	n	p
Day	1 (5.0%)	3 (15.0%)	16 (80.0%)	20	0.001
Night	2 (25.0%)	5 (62.5%)	1 (12.5%)	8	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	3 (10.3%)	9 (31.0%)	17 (58.6%)	29	
<b>Q3: Compared with previous format (separate council days), how has CD affected your engagement?</b>					
Q3	Decreased	About the same	Increased	n	p
Day	1 (5.0%)	8 (40.0%)	11 (55.0%)	20	0.064
Night	1 (14.3%)	5 (71.4%)	1 (14.3%)	7	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	2 (7.1%)	14 (50.0%)	12 (42.9%)	28	
<b>Q4: Council day promotes collaboration between councils</b>					
Q4	Disagree <sup>1</sup>	Neutral	Agree <sup>2</sup>	n	p
Day	2 (10.0%)	3 (15.0%)	15 (75.0%)	20	0.145
Night	0 (0.0%)	3 (37.5%)	5 (62.5%)	8	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	2 (6.9%)	7 (24.1%)	20 (69.0%)	29	
<b>Q5: Meetings are more efficient and better coordinated since the implementation of CD</b>					
Q5	Disagree <sup>1</sup>	Neutral	Agree <sup>2</sup>	n	p
Day	3 (15.0%)	2 (10.0%)	15 (75.0%)	20	0.110
Night	0 (0.0%)	4 (57.1%)	3 (42.9%)	7	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	3 (10.7%)	7 (25.0%)	18 (64.3%)	28	
<b>Q6: Communication between councils has improved</b>					
Q6	Disagree <sup>1</sup>	Neutral	Agree <sup>2</sup>	n	p
Day	1 (5.3%)	4 (21.1%)	14 (73.7%)	19	0.043
Night	1 (14.3%)	4 (57.1%)	2 (28.6%)	7	
Not Specified	0 (0.0%)	1 (100%)	0 (0.0%)	1	
Overall	2 (7.4%)	9 (33.3%)	16 (59.3%)	27	
<b>Q7: CD protects my time off and supports work-life balance</b>					
Q7	Disagree <sup>1</sup>	Neutral	Agree <sup>2</sup>	n	p
Day	2 (10.5%)	6 (31.6%)	11 (57.9%)	19	0.049
Night	3 (37.5%)	3 (37.5%)	2 (25.0%)	8	
Not Specified	0 (0.0%)	0 (0.0%)	1 (100%)	1	
Overall	5 (17.9%)	9 (32.1%)	14 (50.0%)	28	
<b>Q8: Participating in CD has helped reduce feelings of burnout or meeting fatigue</b>					
Q8	Disagree <sup>1</sup>	Neutral	Agree <sup>2</sup>	n	p
Day	3 (21.4%)	0 (0.0%)	11 (78.6%)	14	0.410
Night	2 (66.7%)	0 (0.0%)	1 (33.3%)	3	
Not Specified	0 (0.0%)	0 (0.0%)	0 (0.0%)	0	
Overall	5 (29.4%)	0 (0.0%)	12 (70.6%)	17	
<b>Q12: What is your role in PG?</b>					
Q12	Member	Advisor	Chair <sup>3</sup>	n	p
Day	6 (33.3%)	5 (27.8%)	7 (38.9%)	18	—
Night	5 (62.5%)	0 (0.0%)	3 (37.5%)	8	
Not Specified	1 (100%)	0 (0.0%)	0 (0.0%)	1	
Overall	12 (44.4%)	5 (18.5%)	10 (37.0%)	27	

Note. <sup>1</sup>Includes disagree and strongly disagree. <sup>2</sup>Includes agree and strongly agree. <sup>3</sup>Includes chairs, co-chairs, and associate co-chairs. Questions 9-11 were open-ended. CD = council day; PG = professional governance.

Implementation required extensive collaboration among Collaborative Care Council leadership, the CNO, and administrative support staff. Logistics were coordinated to secure meeting spaces across the medical center campus, developing a schedule sequence to accommodate overlapping councils, and ensure equitable access for both day and night shift nurses. Nurse leaders worked closely with their nurses to pre-plan and remove council members from clinical assignments on council day to enable participation without jeopardizing staffing ratios. Resources were secured to support implementation and included meeting room space, computer availability, and a dedicated education session for professional governance members to attend and collaborate.

Evaluation includes a 12-question survey administered to all professional governance members from November 2025 to January 2026, with a follow-up administration of the survey planned one year post-implementation. One question asked about the participant's role in professional governance, eight questions were presented in a 3-5-point Likert-style format, and there were three open-ended questions (see Table 1).

## Results

Twenty-nine nurses responded to the survey, which included 10 chairpersons (chair, co-chair, associate co-chair); 5 advisors; and 12 members. Two respondents didn't identify their role. Most (78.6%) respondents rated their overall experience with council day as favorable (excellent or good); 69.0% reported agreement or strong agreement that council day promoted collaboration between councils; 64.3% reported agreement or strong agreement that meetings were more efficient and better coordinated with council day; and 70.6% agreed or strongly agreed that council day had reduced feelings of burnout or meeting fatigue.

While 58.6% of participants reported that council day supports their ability to participate in professional governance activities very well, 31.0% indicated sometimes well, and 10.3% reported not well. Responses to a question about how council day has affected engagement were mixed, with 42.9% of participants reporting increased engagement, 50.0% reported no change, and 7.1% reported decreased engagement. Half of respondents agreed or strongly agreed that council day protects their time off and work-life balance, while 32.1% were neutral, and 17.9% disagreed.

There was a statistically significant difference between scores for nurses from day and night shift in their overall experience with council day ( $p = 0.007$ ), support for participation in professional governance activities ( $p = 0.001$ ), improved communication between councils ( $p = 0.043$ ), and protection of time off and work-life balance ( $p = 0.049$ ). Differences in engagement, council collaboration, meeting efficiency, and burnout or meeting fatigue were not statistically significant.

## Conclusions

After evaluating barriers to professional governance, the organization consolidated all professional governance council meetings into a single, recurring council day. A 12-question survey was used to assess council members' perceptions of the change. The preliminary findings suggest that council day has improved council collaboration, communication, meeting efficiency, and burnout or meeting fatigue. Nurses' responses to questions about how well council day supports their ability to participate in professional governance, its effect on their engagement, and how well it protects time off and work-life balance were not as consistently positive as expected. There were significant differences between day and night shift responses, suggesting that night shift nurses did not perceive the change as favorably as day shift nurses. It is also plausible that some nurses already felt supported to participate and were engaged, and thus reported a neutral versus favorable response to those questions. We will survey nurses again after a year post-implementation to assess perceptions and respond to findings.

Limitations of this initiative include that we did not formally assess nurses' perceptions prior to the council day implementation, and the participation rate in the survey was approximately 22%. We do not know how the responses of those who participated may differ from those who did not. In addition, using a validated tool, such as the Council Health Survey (Hess et al., 2020) would have strengthened our project design. Despite these constraints, our findings align with other literature suggesting that a council day model offers a replicable framework for optimizing professional governance (Hess, 2011; Moreno et al., 2018).

## References

- Brennan, D. & Wendt, L. (2021). Increasing quality and patient outcomes with staff engagement and shared governance. *Online Journal of Issues in Nursing*, 26(1), 1-10.
- Hess, R. (2011). Shared governance day: Improving nurse participation and workflow through a consolidated model. *JONA: Journal of Nursing Administration*, 41(6), 283-286.
- Hess, R. G., Bonamer, J. I., Swihart, D., & Brull, S. (2020). Measuring council health to transform shared governance processes and practice. *Journal of Nursing Administration*, 50(2), 104-108.
- Lewin, K. (1951) *Field theory in social science*. Harper & Row.
- Moreno, J. V., Girard, A. S., & Foad, W. (2018). Realigning shared governance with Magnet® and the organization's operating system to achieve clinical excellence. *Journal of Nursing Administration*, 48(3), 160-167.
- Porter-O'Grady, T. & Clavelle, J. T. (2021). Transforming shared governance: toward professional governance for nursing. *JONA: The Journal of Nursing Administration*, 51(4), 206-211.