The evidence collected highlighted the positive aspects of a system patterned after the characteristics of Magnet and Shared Governance. To meet the resultant challenges faced in organizing and implementing the systems within the healthcare industry. From the data gathered it can clearly be concluded that:

The institution must recognize that Magnet and Shared Governance are attributes that define organizations. Authority for nurses to act must be recognized by the institution. Nursing Governance is a process, not a project, and it takes time to share responsibility, accountability, and authority for nurses to act in the organization. Magnet and Shared Governance positively impacts employee opinions by: Increased efforts to recruit and retain experienced RN staff; Better nursing salaries; Improved relationships with patients/families; Decreased wait times; Decreased readmission rates; Higher RN autonomy, MD-RN collaboration, and RN control of practice; and decreased delayed discharges and cost savings to the institution.

The evidence collected highlights the positive aspects of a system patterned after the characteristics of Magnet and Shared Governance. To meet the resultant challenges faced in organizing and implementing the systems within the healthcare industry. From the data gathered it can clearly be concluded that:

The institution must recognize that Magnet and Shared Governance are attributes that define institutions that have achieved Magnet status. Shared Governance from many institutions, the data collected also showed a decrease in perception and knowledge of Shared Governance from 1995 to 1997. It was also shown that there were differences in perception and knowledge between participants and non-participants in Shared Governance within an institution. Unfortunately, these differences also affected the efficacy and effectiveness of the processes and systems put in place, which resulted in the following two observations taken from the evidence collected:

- Positive effects on staff (i.e., salary, opportunities to influence organizational decisions, professional development, relationships with patients/families) were "HIGHER" during the Magnet process but were "LOWER" after Magnet Status had been obtained.
- Positive effects on patients (i.e., decreased wait times, increased bed availability, fewer delayed discharges, decreased patient mortality, and decreased cost savings) were "HIGHER" during the Magnet process but were "LOWER" after Magnet Status had been obtained.

The initial basis of this "Project" was to find out if practicing a "Specialized" Primary Care nursing model would result in different outcomes, increased patient and staff satisfaction, and cost savings to the institution. The initial project was reviewed and gathered, and it was realized that different models of nursing care, such as Primary/Total Nursing, Team Nursing, and increased patient and staff satisfaction, and cost savings to the institution. The initial project was reviewed and gathered, and it was realized that different models of nursing care, such as Primary/Total Nursing, Team Nursing, and nurse-focused care models were then compared to determine the best care model.

Nursing Care Delivery Models at a Glance

<table>
<thead>
<tr>
<th>Description</th>
<th>Patient Focused</th>
<th>Primary/Total Nursing</th>
<th>Team/Focused Nursing</th>
<th>Magnet/Shared Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A model where nurses are the RN staff to provide all direct care</td>
<td>Nurse-focused care model where RNs, other nurses, and other healthcare providers are responsible for patient care</td>
<td>A model using the RN in a team leader and/or team member role to provide patient care</td>
<td>A model that emphasizes teamwork and collaboration between nurses and all healthcare providers</td>
<td></td>
</tr>
</tbody>
</table>

Factors that Impact the Long-Term Continuance of a Magnet/Shared Governance Model

- Nurses had difficulty locating experienced professional collaborators and avoiding conflict concerning the extent of their new-found authority.
- Difficulties arise when trying to disseminate information to all employees who are not actively on Shared Governance councils.
- Apathy in Shared Governance:
- Problems within nursing units curtailed ability to truly share decision making.

On a Pediatric Med/Surg Unit in a Newly Accredited Institution: Nursing Credentialing Center (ANCC).

Introduction

Increased Patient and Staff Satisfaction, and Cost Savings to the Institution?

- Difficulty in communication
- Lack of clarity of defined roles
- Insufficient incentives for participation
- Difficulties arise when trying to disseminate information to all employees who are not actively on Shared Governance councils.

The Evidence-Based Scholars Program was supported by a grant from the Wab,R and Jean Young Shaw Foundation.

- Decreased wait times
- Decreased readmission rates
- Increased bed availability
- Fewer delayed discharges

The Evidence-Based Scholars Program Mentor:

- Better nursing salaries
- Improved relationships with patients/families

ESB Literature available upon request.

**CHOC Children’s**

**CHOC Children’s**

**Ron Mascio RN, CPN**

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**Literature Cited**

- Seago, JA. Chapter 39. Table 39.2.  Nursing, Models of Care Delivery and EBP Literature available upon request.
- **ESB Literature available upon request.**