



spn

Leading from the Beside: Nursing Professional Governance, A New Mindset

Misty Daugherty, MSN, RN, CPHQ
Katie Fields, BSN, RN, EBP-CH
Kris Noel, BSN, RN
Brennan Lewis, DNP, APRN, PCNS-BC, NEA-BC



1

Spot the difference


spn



2

Flipping the Switch

How can you take ownership of your profession?



spn

3

Top pediatric health system

Strong performance
More than 110-year history of providing care exclusively to children from birth to adulthood

Dedicated team
More than 3200 nurses and 11,000 team members provide care to more than 369,000 children annually

Leading experts
Two award-winning pediatric hospitals with 700 total licensed beds and 60 locations provide primary, specialty and subspecialty care

Academic affiliation
Multiple academic research partners and joint pediatric enterprise affiliation to UT Southwestern Medical Center

Magnet Designated
4 times Magnet designated, first achieved in 2009, with redesignations in 2013, 2018, and 2023

PROPRIETARY AND CONFIDENTIAL

childrenshealth.

4

Learning Outcomes

- Describe key attributes of professionalism in nursing and articulate how they are demonstrated in daily practice.
- Differentiate between traditional/shared governance and professional governance frameworks, including their history, purpose, and impact on nursing practice.
- Participate in facilitated breakout discussions to identify barriers, clarifying questions, and priority actions needed for progression within their governance structure.
- Apply standardized procedures—including nominations, elections, agenda building, and meeting documentation—to promote consistency and transparency throughout the governance structure.

5

Who is in the room?

Stand up if you are....

- Inpatient Acute Care Nurse
- ICU Nurses
- Ambulatory Nurses
- Peri-Op Nurses
- ED Nurses
- OR Nurses
- Program Managers/Directors
- Organizational Leaders/Executives

6

Reflection



- What does professionalism mean to you?
- What have you been taught about professionalism?
- How has professionalism been role modeled?
- Are nurses treated as professionals?
- Do nurses act as professionals?

7



Becoming Professional: Shifting from an Employee Workgroup to a Professional Mindset

8

What nurses are not:




- ✓ A Job
- ✓ A series of tasks
- ✓ A set of functions
- ✓ An interchangeable cog
- ✓ A part of the furniture (a cost)
- ✓ A name on the staffing roster
- ✓ Manpower/workforce issue




"Nursing is not an employee workgroup;
we are a profession....
And therein lies our challenge."
~Tim Porter O'Grady

9

Principles of Professions 


<p>Fundamental Social Obligation to Positively Impact Patients</p> <p>We are accountable to society first</p> <p>We are a Community</p> <p>We get each other</p>	<p>Join Profession after Receiving License</p> <p>This person does not “do” nursing, they “are” nursing</p> <p>Leaders Lead their Peers</p> <p>There are many roles within, and we respect each other</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10

All Professions are Self-Governing 

- Mutually Accountable to Demonstrate Value
- Mutual ownership and expectation for and toward each other
- Participate for Life: Expectation, not an Invitation

11

“To be seen as a professional, you must meet the conditions of professional membership. 

Professions are not “jobs.”

Professionals are members of a special community of practice, fulfilling a social mandate.

Their profession becomes one with their person.

“I am a nurse!” Everything I do is nursing as my lived experience.”

(Start et al., 2024, p. 5)

12



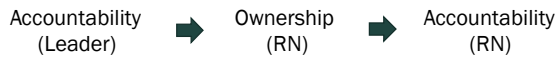
“Taking care of the sick should be a mission, not just a business. **Being a healthcare professional should be a calling,** not just a job.”

The Florence Prescription: From Accountability to Ownership

13



“There’s more accountability in a culture of ownership because **people hold themselves accountable.**”



The Florence Prescription: From Accountability to Ownership

14



How do we demonstrate value as a profession?

We **ANCHOR ourselves in the belief** that nurses are accountable for..." (Dr. Sharon Pappas, 2023)

- ✓ nursing **practice**
- ✓ the **quality** outcomes of their practice
- ✓ the **competency** of nurses that enter in and remain in that practice (we stay on top of EBP)
- ✓ the **knowledge** development within nursing

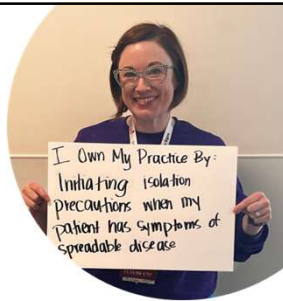
.....We Take Accountability and Own Our Practice

15

Nurses are licensed professionals

Society has entrusted us with:

- ✓ Authority over nursing practice
- ✓ Autonomy to make decisions
- ✓ Accountability for the outcomes of our practice



16

“Nurses cannot act professionally if the context and culture of their lived experiences do not enable professionalism as the prevailing structural framework for nursing.”

(Start et al., 2024, p. 4)





17

Reflection

- What came up for you?
- What would you teach a new nurse about professionalism?
- What do you want to share with your colleagues when you return?





18




Stretch Break

19




It Is Not Just a Word Change

20



“The further away a decision is made from where it is implemented, the higher the cost, the greater the risk, and the lower the sustainability of the outcome”

~Genici Tagnieri



21

Shared Governance Principles



- Four foundational pillars: partnership, equity, accountability, and ownership
- Shared decision making
- Interdisciplinary

22

What's in a Name? Moving from Shared to Professional Governance



"The complexity of the current healthcare system demands the **full contribution and commitment of nurses** as engaged and aligned members of the team. Structural empowerment creates the framework for ensuring that the unique knowledge, wisdom, and expertise of nurses are fully utilized. However, the time has come for nurse leaders to transition from SG to professional governance as a framework for structural empowerment in organizations. Building upon SG foundations of the last 4 decades, professional governance can **enhance the emergence of the accountability, professional obligation, collateral relationships, and decision making that are necessary** to improve nursing, client and organizational outcomes and ultimately advance the health of the community."

(Clavelle, Porter O'Grady, Weston, Verran, 2016)

23

Professional Governance Principles



- Nurses are professionals
- Professionals' own accountability for their practice.
- Professional governance is decision-making within the realm of our knowledge authority
- Accountabilities of clinical nurses are different from nurse managers

24

Professional Governance Principles



- Professionals have accountability both within their practice and over their practice
- Professional governance is different from participative decision-making
- Equitable collateral relationships sustain professional governance
- Organizational leaders create an environment for professional governance

25

Basic Tenets of Nursing Professional Governance



- Nursing is a profession
- Licensed professionals by state, responsible for the independent nursing practice
- A professional is accountable for the decisions they make within their role
- Each professional body within which members practice provides mechanisms for them to contribute to deliberations and decisions regarding competence, education, quality, and practice
- Like other professional groups, nursing has a professional integrating and organizational (governance) structure **where decisions are made, and actions taken related to competence, education, quality and practice** (professional obligations)

(Porter O'Grady and Clavelle, 2021)

26



"Nursing Professional Governance means that members of the profession play a key role in the decisions and actions of that profession."




-Tim Porter O'Grady

27



Decision Accountabilities

<p>Administration (Leaders)</p> <ul style="list-style-type: none"> • Human • Fiscal • Material • Support • Systems 	<p>Profession (Nursing)</p> <ul style="list-style-type: none"> • Practice-Based • Quality • Competence • Knowledge
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

28

		
<p>Old Mindset</p> <ul style="list-style-type: none"> • This is my Job • This is Extra Work • No one Cares about My Voice • Nothing Will Ever Change • Don't Engage a New Nurse Until Year Two • Share Decision Making • We Can't 	<p>New Mindset</p> <ul style="list-style-type: none"> • This is my Profession • This is The Work • I Care about My Voice • Change Will Happen • Engage New Nurses Immediately • Make the Decisions • How Could we Make this Work? 	

29

	<p></p> <p>If nurses are not empowered to make changes, they lose the incentive to examine and improve their own practice.</p>
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

30

Clinical Nurse Ownership and Accountability

Knowledge Creation
Advancing evidence-based nursing knowledge

Peer Competence
Defining, assessing, and upholding competencies

Quality and Value
Designing and monitoring quality initiatives

Nursing Practice
Defining and implementing practice decisions

Clinical nurses don't merely provide input—they own the accountability for these decisions. As owners, they are responsible for making decisions, implementing them, and evaluating their success. This framework positions nurses as primary stewards of their professional practice, reinforcing ownership and autonomy.

31

Imagine the culture that would emerge if every nurse fully owned their professionalism.

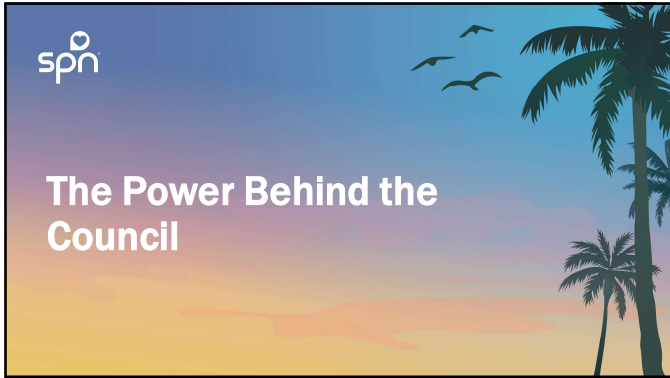
“For the Love of Nursing, Let’s Raise the Bar!”

The Dauntless Nurse

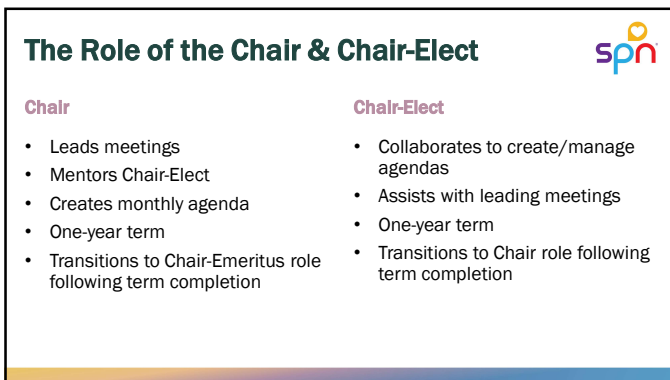
32

"Prior to being involved in NPG, I felt that as a bedside nurse I didn't have much say in policies or changes made, but this has really shown me that my opinion does count, and it is valued and wanted!"

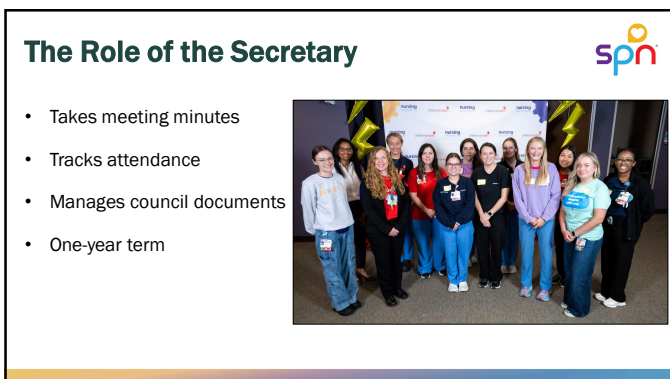
33



37



38



39

NPG Liaisons



- Ensure follow-through
- Maintain alignment with NPG processes
- Support council
- Coaching and mentorship
- Ongoing role

40

Leadership Sponsor



- Mentor
- Lead with yes
- Provide expertise
- Remove barriers
- Assist in facilitation
- Non-Voting Member

41

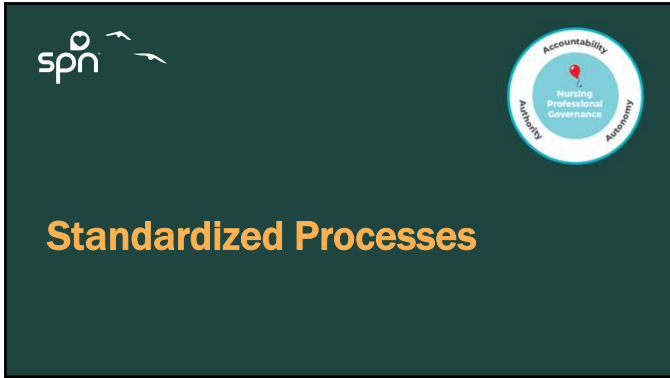
Subject Matter Experts



- Magnet Program Directors
- Educators
- Clinical Nurse Specialists
- Informatics Analysts
- Quality Consultants
- EBP & Nursing Research
- Accreditation

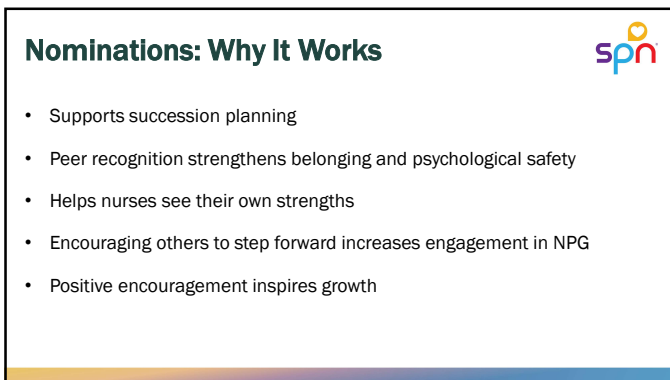


42



The slide features the 'spn' logo in the top left corner and a circular seal in the top right. The seal contains the text 'Accountability', 'Nursing Professional Governance', and 'Autonomy'. The main title 'Standardized Processes' is centered in a large, bold, orange font.

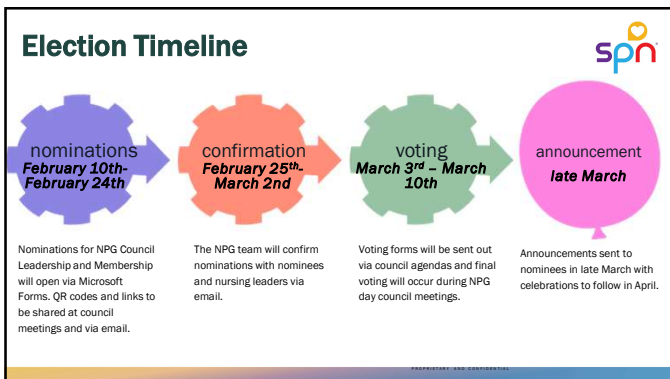
43



The slide is titled 'Nominations: Why It Works' in a bold, dark green font. The 'spn' logo is in the top right. A list of five bullet points is on the left, and a colorful gradient bar is at the bottom.

- Supports succession planning
- Peer recognition strengthens belonging and psychological safety
- Helps nurses see their own strengths
- Encouraging others to step forward increases engagement in NPG
- Positive encouragement inspires growth

44



The slide is titled 'Election Timeline' in a bold, dark green font. The 'spn' logo is in the top right. The timeline consists of four colored gears connected by arrows, each with a date range and a description below it.

- nominations**
February 10th- February 24th
Nominations for NPG Council Leadership and Membership will open via Microsoft Forms. QR codes and links to be shared at council meetings and via email.
- confirmation**
February 25th- March 2nd
The NPG team will confirm nominations with nominees and nursing leaders via email.
- voting**
March 3rd - March 10th
Voting forms will be sent out via council agendas and final voting will occur during NPG day council meetings.
- announcement**
late March
Announcements sent to nominees in late March with celebrations to follow in April.

45

Council Chair Succession Planning



- Decreases role confusion
- Reduces burnout
- Ensures equity in council responsibilities
- Increases council sustainability



46

Standardized Documents



47

Standardized Agendas




- Improves meeting preparedness
- Keeps meetings focused and efficient
- Creates consistency across councils
- Ensures key topics are discussed

Nursing Professional Governance: Acute Care Council				
Date: 3/10/2026				
Time: 10:00am - 11:15am				
Child Net Site: Acute Care Council				
Chair: Carter Routh, BSN, RN, CPHQ	Chair Elect: Torie Hastings, BSN, RN, CPHQ	Secretary: Lauren Manchester, BSN, RN, CPHQ		
MPG Liaison: Katie Fields, BSN, RN, BSN-CPHQ	Executive Sponsor: Candice Johnson, PhD, BSN, MBA, MSW, BC	Director Liaison: Maria Leal, BSN, RN, CPHQ		
Acute Care Council (ACC) supports acute care unit council leaders by promoting collaboration to standardize nursing practices, processes, and workflows to improve the quality of care and safety of patients and increase efficiency through the Acute Care Services.				
MPG Nurses Make Decisions, Leaders Remove Barriers				
<ul style="list-style-type: none"> o Decide - Presenter is coming to the council for a decision. o Input - Presenter is coming to the council for input/feedback. o Inform - Presenter is coming to share information important to the council's duties. 				
Time	Decide/Input/Inform	Topic	Speaker	Notes/Discussion

48

Decision-Making Methods



DECIDE

- Presenter is coming to the council for a decision.
- Quorum (>51% of voting members must be met)
- Will use Roberts Rules of Order to approve decision

INPUT


- Presenter is coming to the council for input/feedback.
- Presenter could be gathering information from the council to inform decision making.

INFORM

- Presenter is coming to the council to share information important to the duties of the council.
- Presenters could be sharing information that is follow-up to work that has been done in the council.

49

Staying on Track



Next Meeting:
2025-2026 SMART Goals:
Agenda Requests:
Follow Up Agenda Items:
Completed Decisions:
Potential Agenda Topics:

Item	Due	SPN	CCN	HEAC	Other
Annual NPS Training	Review Charter & Welcome New Members	Establish Goals	Quarter 1 report due	Review Report	Quarter 2 report due
MURC LEADERS	WELL REVIEW	ALL UNIT LEVEL DATA	Review Report	Review Report	Review Report
Review Unit Performance	Review Patient Experience	Review Certification Data	Review Report	Review Report	Review Report
Review Unit Performance	Review Patient Experience	Review Certification Data	Review Report	Review Report	Review Report

- Goal Tracking
- Future Agenda Topics
- Follow-Up Items
- Council Calendar

50

Meeting Minutes

- An official record of council discussions
- Crucial for Magnet Designation
- Highlight decisions made
- Be Thorough
- Detail specific actions

1570 Decide Nursing Clinical Career Leader Program (Clinical, MSN, RN, CCRN, NPD-BC, NEA-BC - Program Director Magnet and Nursing Recognition)


1. Team Leads Precepting Charge Nurses Proposed Patient 2
Criteria: Precept 12 nurses to charge nurse role

Discussion
Nikki Marshall:
 Team needs precepting charge nurses — right now, it stands at 0 people. If team leaders precept more than 2 nurses to the charge nurse role, does anybody have any input or suggestions on that before we move to vote to approve it or not?
Caiti Ryan Stanwick, BSN, RN, CPNP:
 Is it 3 charge nurses? It could all 3 jobs, or just one? Can it include one only?
Stephanie Holub (C1/C2):
 I was going to ask the same question. Just depending on your unit — like for C11 and C12, they won't put somebody with the same TL the whole time because they want them to have experience with different practices. They'll run through a few different people. So it's not usually consistently the same person, at least for my department.
Allison Kell, MSN, RN, CCRN, NPD-BC, NEA-BC, Magnet:
 Yeah, they just have to precept 2 people. It could be one shift with one person, one shift with another. The idea is to promote professional development of nurses into charge roles and reintroduce team leaders to precept them.

Nikki Marshall:
 It seems like we are ready to move to a decision. Can I get a motion to approve Team Leads precepting charge nurses for 2 points with the modification of greater than or equal to 2 charge nurses?
 • **1st Motion** — Stephanie Holub
 • **2nd Motion** — Melissa Malone
 • **Opposition** — No
 • **Decision** — APPROVED with change to greater than or equal to 2 nurses

51

Council Key Take-Aways



- Concise updates from councils across the system
- Promote transparency
- Ensures ALL staff receive important updates
- Increases visibility of initiatives and decisions made


Nursing Professional Governance
Clinical Informatics Council
Take Aways: August 2025

- **Workload Acuity Rules/Points reviewed and decided**
 - Search workload acuity to see how your patient is scoring
- **Epic efficiency tips:**
 - Reassigne float sheets
 - Can see historical data (last filed column)
 - Bookmark icon (to see unsaved documentation)
 - New function change time by right clicking
 - Ambulatory and Op-time flag significant values
- **Solutions to improve Alerts/InterOp: Verifying tribution resolutions to be shared by CIC team with team and noted on the email**
- **Approved NIS2D BPO Group to prevent multiple NIS2Ds from being given too soon**

1001-100002-0000
Child Health System - Child Health System Alerts
Contact: CIC@childrens.com

52

The Why Behind Council Charters



Nursing Professional Governance Professional Development Council Charter


Purpose

The Professional Development Council (PDC) aims to promote the advancement of nursing education, professional accountability, and education practice by engaging the growth and professional development of the clinical nursing staff. PDC seeks to educationally and support the highest quality of nursing practice by increasing nursing education and encouraging nursing development opportunities, certification, and participation in professional nursing organizations.

- Defines the purpose and scope of a council
- Drives the work of the council
- Outlines membership
- Reduces overlap and confusion between councils
- Increases transparency and accountability

53


NPG Bylaws



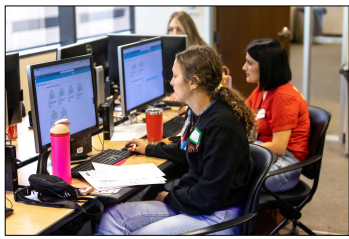
ARTICLE 1 - PURPOSE OF NURSING PROFESSIONAL GOVERNANCE.....	3
ARTICLE 2 - MEMBERSHIP, TERMS, AND ELECTIONS.....	3
Section A - NPG Council and Forum Members.....	3
Section B - Nominations and Elections for Core Council Member and Member-Elect.....	3-4
ARTICLE 3 - NPG DUTIES OF THE CHIEF NURSE EXECUTIVE AND COUNCIL AND FORUM OFFICERS.....	4
Section A - Chief Nurse Executive (CNE).....	4
Section B - Chair-Elect.....	4-5
Section C - Chair-Elect.....	5
Section D - Secretary.....	5
ARTICLE 4 - OFFICER TERMS AND ELECTIONS.....	5
Section A - Nominations and Elections: Chair and Chair-Elect.....	5
Section B - Chair and Chair-Elect.....	5-6
Section C - Nominations and Elections: Secretary.....	6
Section D - Secretary.....	6-7
ARTICLE 5 - DUTIES OF THE ADVISORS.....	7
ARTICLE 6 - NPG COUNCILS AND FORUMS.....	7
Section A - Coordinating Council.....	8
Section B - Core Councils.....	8-9
Section C - Departmental Councils.....	9
Section D - Unit Practice Councils.....	9-10
Section E - Forums.....	10
ARTICLE 7 - MEETINGS.....	10-11
ARTICLE 8 - AMENDMENTS AND APPROVAL OF BYLAWS.....	12-13
ATTACHMENT 1 - NPG IDENTIFICATION.....	14
ATTACHMENT 2 - CHILDREN'S HEALTH NURSING PROFESSIONAL GOVERNANCE STRUCTURE.....	15
ATTACHMENT 3 - CHILDREN'S HEALTH AMBULATORY NPG STRUCTURE.....	16
ATTACHMENT 4 - SECOND TUESDAY COUNCIL DAY SCHEDULE.....	16
NPG REFERENCES.....	17

- Written rules that explain how the NPG structure works
- NPG operating manual
- Creates structure and clarity
- Not council specific


54

Best Practices 


- Digital platform
- Annual Training
 - Council Leaders
 - Members
 - Leadership Sponsors
- Council Day
- Virtual meetings
- Protected time
- Socialize the vision



55




Outcomes



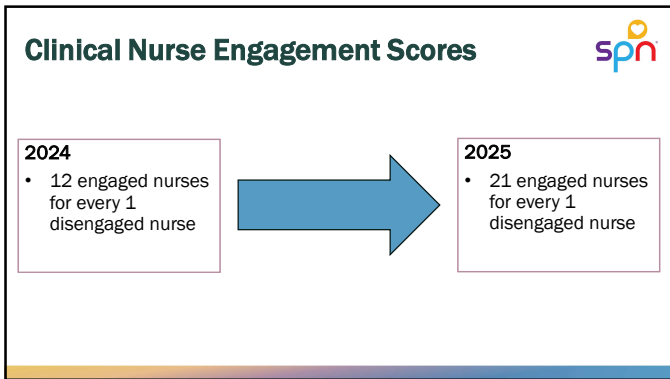
56

“Successful Professional Governance requires **patience, open-mindedness, transparency, humble inquiry, and active listening.**”

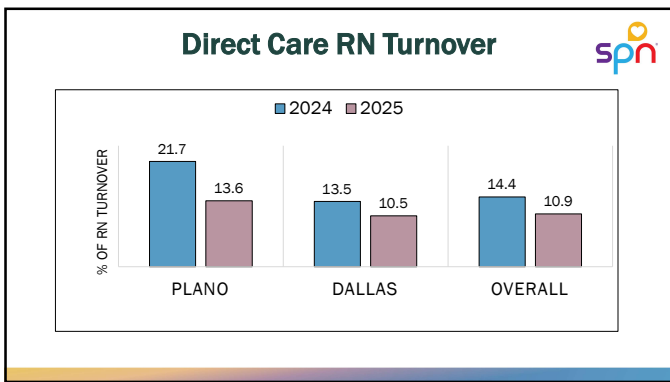
(Start et al., 2024, p.)



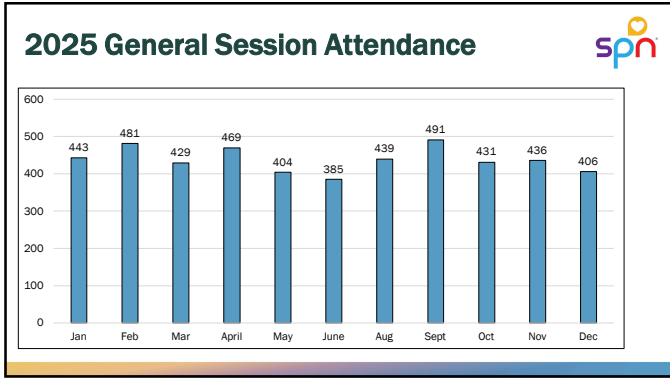
57



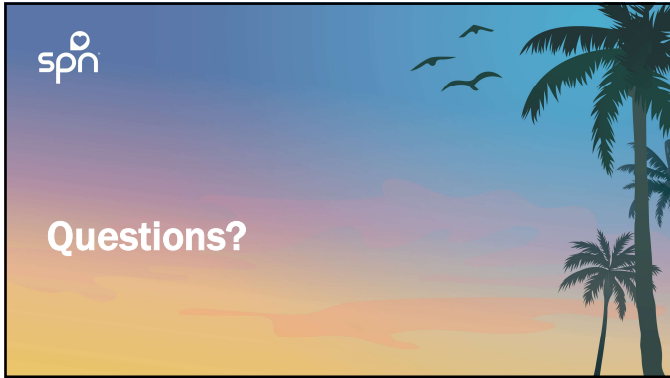
58



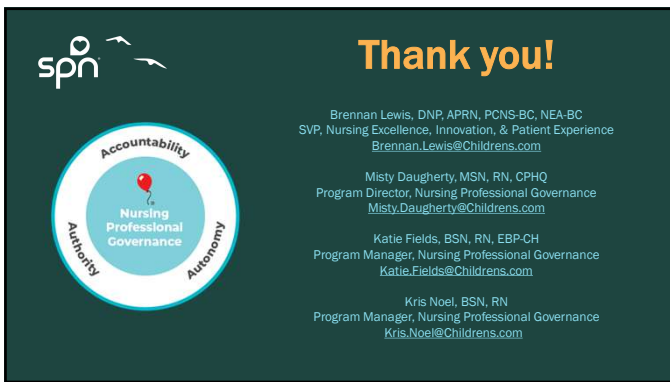
59



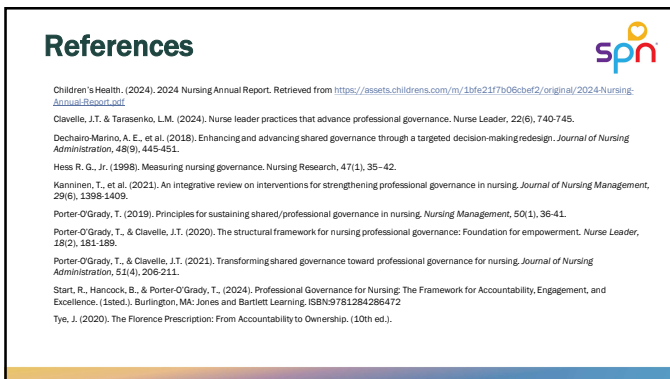
60



64



65




66








67




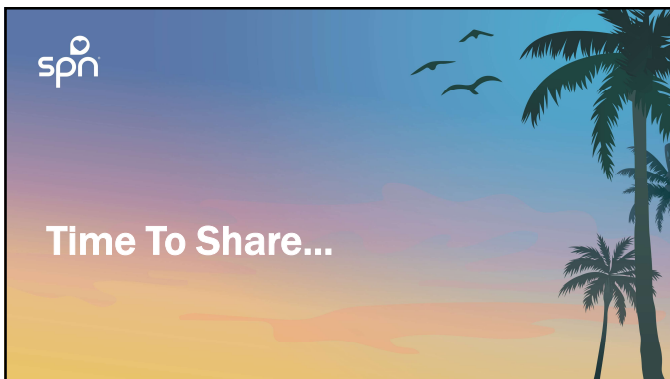
Today In Nursing Leadership Podcast: 4 Part Series from AONL

1. Foundations of Professional Governance (38:25)
<https://open.spotify.com/episode/5lHmvjuLGMtHzgcX9zYUMo?si=UCduwzvZR7OXweXaezAcmQ>
2. Nursing Leadership Behaviors in Professional Governance (15:15)
<https://open.spotify.com/episode/6EBAXpWYWW0gvdHoCBXjGn?si=laRMGkGGsfykEWAi8McLPv>

*BEST for staff:

3. The Impact of a Professional Governance President and Council Chair (14:24)
<https://open.spotify.com/episode/35sLo8tp1SxwYD9HqOa7R?si=JL0efzPeRNlph2DfyqOWg>
4. Professional Governance and the Role of the CNE (12:22)
<https://open.spotify.com/episode/OOCxhQZxmWF3VgL9LnEUJQ?si=PFpCe3BIRRmH9RMBKw55kg>

68

Time To Share...

69

