“Shared governance has given us the power of collaboration”

The trust where I work has established a system of shared governance. Staff have collective ownership to develop and improve practice, to ensure patients receive caring, safe and confident care. As the article on page 20 explains, shared governance places staff at the centre of the decision-making process and sees managers having a facilitative leadership role.

I am secretary to the neuro-spinal council, a specialty council, which means we sit across more than one ward or clinical area. The council sits monthly and has two to three members of staff per ward representing their area on the council. Being involved in shared governance has been a journey that we have all travelled together. It has been a challenge at times, as it is a whole new concept that each council has had to embrace and make their own. But for me, shared governance means shared learning, shared ownership and shared change.

Shared governance does not describe a structure, but a philosophy at Nottingham University Hospitals Trust. It is part of my everyday role – I incorporate it into the ward where I work at every opportunity. All around me I see the improvements and innovations we are making and it makes me smile knowing that this is happening because frontline staff have been enabled to take ownership of these changes.

I believe shared governance has become a fundamental part of the trust’s nursing culture. Indeed, by engaging in shared governance, I feel more supported to meet my revalidation requirements, and aware of my accountability as a registered nurse and what it truly means to be a professional.

I find my involvement in shared governance empowering; I have many members of the trust who seek advice about making changes to wards, sharing plans and formulating ideas for the future – an opportunity that would never have been given to me prior to this role.

The system has influenced many to become leaders and move on to other roles. I know that from being part of the changes here at Nottingham, I can achieve in roles that were never previously open to me because I have learnt effective delegation and communication skills. I have grown in confidence as a nurse and in my research. Shared governance has empowered me as a staff nurse; I have more control over my work and practice, and I hope I can inspire many others to join me.

Kirstie Hood is secretary of the neuro-spinal council and learning disability staff nurse on a neurosurgical ward at Nottingham University Hospitals Trust.

Oxygen therapy may not always be beneficial

Oxygen is vital for cell metabolism – low levels of circulating oxygen in the body resulting in hypoxia can be life-threatening. Many people wrongly assume that oxygen can only have beneficial effects. However, while oxygen therapy can be life-saving, if used incorrectly, it can prove detrimental; for example, providing a high concentration of oxygen to patients with COPD can lead to acidosis.

It is vital that nurses understand the physiology of respiration and know how to use oxygen equipment safely. Our article on page 20 provides a useful, practical update on oxygen administration. The author notes that oxygen is a drug and must always be prescribed; nurses need to understand target oxygen saturation ranges, how to monitor these and when to escalate concerns.

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