Shared Governance as a Foundation for Developing New Nurse Leaders

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Sustaining nursing excellence requires the intentional development of future nurse leaders. At Atlantic Health System Newton Medical Center (AHNMC), shared governance serves as a structure for the development of leadership skills among new nurses, while promoting engagement, retention and professional growth (Green et al., 2024). AHNMC is a 148-bed acute care community hospital located in rural northwestern New Jersey. The organization has maintained Pathway to Excellence® designation from the American Nurses Credentialing Center since 2017, achieved its first Magnet® designation in May 2025 and earned Practice Transition Accreditation Program (PTAP) accreditation in March 2025. Sustaining these distinctions requires strong organizational and departmental structures that promote staff shared decision-making, staff engagement and a healthy work environment.

The medical-surgical department at AHNMC exemplifies these principles through a robust shared governance structure that empowers clinical nurses to partner with formal nursing leaders in shaping practice, improving outcomes, and bringing the team together as a community of caregivers. The department is a 69-bed unit with an average daily census of 56 patients and is supported by a leadership team consisting of a nurse manager (1.0 full-time equivalent [FTE]), assistant managers (3.6 FTEs), and a unit educator (0.8 FTE). The department's unit-based Shared Governance Council (UBC) meets monthly and is co-led by two clinical RNs.

Clinical nurses are taught that discharge planning starts at hospital admission. Similarly, the development of the next generation of leaders begins the moment they are hired. This is the lived experience of nurses hired to the medical-surgical department at AHNMC. The leadership team, led by a transformational nurse manager with over 25 years of experience, is committed to creating an environment where all team members are empowered to contribute, grow professionally and develop leadership capabilities. Shared governance is a key mechanism for achieving these goals.

Supporting new nurses through shared governance

Nurses joining the medical-surgical department arrive with a variety of clinical backgrounds. Some are new graduate RNs (NGRNs), while others transition from different levels of care within AHNMC, other hospitals, or long-term care settings with limited acute care experience. A critical component of this transition process is fostering a sense of belonging and engagement from the outset. One strategy used to facilitate assimilation is encouraging attendance and participation in the UBC. Through involvement in shared governance, new nurses gain an understanding of how decisions are made, how they can influence practice and how their contributions can shape the culture and success of the department.

Reducing turnover through engagement, professional growth

Retention of NGRNs through their first two years of practice remains a significant challenge for healthcare organizations (Clement & Chappel, 2026). The orientation processes utilized by the medical-surgical department address new nurse needs identified in a scoping review by Clement and Chappel (2026), including transition success, clinical and psychological readiness, professional role identity, professional growth and psychological functioning to respond to workplace demands and the work environment.

To support a successful transition to practice and reduce turnover, all AHNMC NGRNs participate in a comprehensive yearlong nurse residency program. AHNMC recognizes that attributes such as confidence, comfort, teamwork, psychological safety, professional growth, autonomy, inclusion, engagement and well-being are critical to new nurse success and long-term retention. Several of these concepts, including confidence, comfort, engagement and well-being, are formally assessed periodically through the first year of employment.

Structured orientation meetings provide opportunities for open dialogue regarding professional development, well-being, belonging and ongoing support needs. These conversations occur throughout orientation and continue through informal meetings with nursing leadership, mentor interactions, and participation in the nurse residency program. NGRNs also engage in group mentoring sessions that foster peer support and professional growth. To strengthen a sense of belonging, engagement and commitment to the unit and organization, unit leadership partners with preceptors to coordinate new nurse

TABLE 1: Shared Governance Leadership Progression Aligned with the AONL Competencies

Professional Practice Timeline	Shared Governance Opportunity	AONL 2026 Core Domain	*Developing* Relevant AONL Subdomains
0–1 Year	Unit-Based Council (UBC) Attendance; Project Participation	Leader Within	Reflective Practice & Foundational Thinking; Career Development; Personal Well-Being
		Professionalism	Professional and Organizational Accountability; Disparities in Care; Governance
		Communication & Relational Management	Effective Communication; Relationship Management
		Knowledge of the Healthcare Environment	Evidence-Based Practice and Innovation
1–2 Years	Project Participation; Serve on Committees; Engage in Clinical Ladder Activities	Leader Within	Reflective Practice & Foundational Thinking; Career Development; Personal Well-Being; Innovation and Entrepreneurship; Relationship-Centered Leadership
		Leadership	Courageous Leadership; Transformation & Innovation
		Professionalism	Professional and Organizational Accountability; Disparities in Care; Governance
		Communication & Relational Management	Effective Communication; Influencing Behaviors; Relationship Management
		Knowledge of the Healthcare Environment	Evidence-Based Practice and Innovation; Quality, Safety, & Improvement Science
		Business Skills & Principles	Workforce Leadership and Optimization
Beyond 2 Years	UBC Co-Chair; Hospital-Wide Council Chair; Health System Shared Governance Participation; Health System Council Chair	Leader Within	Reflective Practice & Foundational Thinking; Career Development; Personal Well-Being; Innovation and Entrepreneurship; Relationship-Centered Leadership; Professional Identity
		Leadership	Courageous Leadership; Transformation & Innovation
		Professionalism	Professional and Organizational Accountability; Disparities in Care; Governance; Advocacy
		Communication & Relational Management	Effective Communication; Influencing Behaviors; Relationship Management; Psychological Safety; Interprofessional Collaboration
		Knowledge of the Healthcare Environment	Evidence-Based Practice and Innovation; Quality, Safety, & Improvement Science; Practice Oversight; Economics & Policy; Community & Population Health; Digital Health, Informatics, & AI Leadership
		Business Skills & Principles	Workforce Leadership and Optimization; Strategic Management; Financial Management

AONL, 2026.

attendance at medical-surgical UBC meetings and at least one hospital-level shared governance meeting during their first year of practice. In 2025, the national RN turnover rate was 17.6%, while turnover among medical-surgical nurses was slightly higher at 18.1%, equating to a retention rate of 81.9%. These findings highlight the ongoing challenge of nurse retention and underscore the importance of targeted strategies to support early career nurses and strengthen workforce stability (NSI Nursing Solutions, 2026). Since the implementation of the UBC engagement strategy in 2022, the department has sustained an RN retention rate of 96.8%.

"The Unit-Based Council was instrumental in my leadership development as well as showed me how my nursing leaders implement changes as well. It provided a supportive, safe environment where I could build confidence, develop my voice as an advocate for nursing practice and lead initiatives that improved our unit and organization. My involvement in UBC helped me recognize the impact a nurse can have in shaping the future of patient care and professional practice."

— Kyle Romanelli, RN, MEDSURG-BC

The Unit-Based Council as a leadership development structure

The Medical-Surgical UBC operates through an open membership model, allowing all staff members to participate. The council is co-chaired by two clinical nurses and facilitated by the unit educator. The unit educator serves as a mentor to council leaders, guiding agenda development, project management, follow-up processes and effective meeting facilitation. Council chairs receive coaching on leadership skills such as conflict resolution, maintaining productive discussions, managing competing priorities and addressing off-topic concerns. The facilitator also collaborates with UBC co-chairs to escalate issues requiring nurse manager support and helps connect them with appropriate stakeholders throughout the organization.

The support provided by the unit educator as UBC facilitator creates an environment in which nurses can develop leadership competencies while learning how organizational systems and decision-making processes function. Participation in shared governance allows nurses to step away from bedside care and begin developing systems thinking, organizational awareness, professional autonomy and leadership self-efficacy. Through active involvement in decision-making processes, nurses gain experience influencing practice at both the unit and organizational levels.

Unit-based council participation

Participation in the UBC provides nurses with a meaningful opportunity to influence unit operations, patient care, staff engagement and workplace culture. New nurses quickly learn that the success of the department is directly influenced by the involvement and leadership of front-line staff. Council discussions may focus on operational processes, scheduling practices, patient care initiatives, staff recognition and performance improvement opportunities. New nurses are encouraged to identify challenges and develop projects that improve patient outcomes, unit function, team morale and staff engagement. Whether working independently or collaboratively, nurses receive support from other UBC members, UBC co-chairs and unit leaders as they develop projects and implement their plans.

One example of a successful UBC initiative was the creation of the unit's Fun Club, a subcommittee dedicated to fostering engagement, supporting community outreach and promoting staff well-being. The Fun Club organizes a variety of activities throughout the year, including potluck events, themed scrub days and ice cream socials. Community-focused initiatives have included donations to local animal shelters, food drives and support for local nonprofit organizations serving asset-limited, income-constrained employed individuals and families. To promote team well-being, the committee sponsors interdisciplinary outdoor activities such as biannual hikes and bicycle rides. As new nurses recognize the autonomy they have to influence their work environment, many become increasingly engaged and motivated to assume additional leadership responsibilities.

"Being a part of unit-based council has been a great way for me to bring my past experience to Atlantic Health. In council, we develop our team-building skills (fun club), create a space that supports our community through donations/volunteerism and develop our best professional selves. I can say that through UBC, I have personally and professionally grown in my practice and am excited to see what my future brings!"

— Catherine Mandara, RN, MEDSURG-BC

Shared governance and clinical advancement

AHNMC utilizes a registered nurse clinical advancement ladder that is standardized across Atlantic Health System hospitals. Key elements of clinical advancement portfolio submissions include demonstrations of professional engagement and leadership, and contributions to the clinical practice environment. Participation in UBC initiatives provides nurses with opportunities to advance on the clinical advancement ladder.

"Unit-Based Council helped me develop my voice as a nurse leader and gain confidence in leading change. Serving as a UBC Chair provided me with opportunities to advocate for staff and patients, lead quality improvement initiatives, and collaborate with interdisciplinary teams to improve outcomes. The leadership skills and confidence I gained through Shared Governance inspired me to take on additional leadership roles." — Luz Parris, BSN, RN, MED-SURG-BC, GERO-BC

Developing future nurse leaders

The UBC also serves as a pipeline for future nurse leaders. Generally, during the first year of practice, nurses attend shared governance meetings, participate in projects and begin developing organizational awareness (Table 1). During the second year, many assume greater responsibility through participation in projects, serving on committees and engaging in clinical ladder advancement activities. As the RNs' experience and confidence increase, nurses are encouraged to pursue leadership opportunities such as serving as UBC co-chair, charge nurses and preceptors. Through mentorship and support from unit leaders, nurses gain confidence in navigating organizational processes, identifying key stakeholders and advancing practice initiatives. As nurses become more engaged in shared governance, they often pursue additional leadership opportunities such as serving as a hospital-wide council member or health system shared governance representative.

Nurses who began their leadership journey through the medical-surgical UBC have advanced to leadership positions within the organization, including assistant manager roles. Shared governance participation has also created opportunities for professional growth beyond the organization. Nurses have been sponsored to attend national conferences, where they have identified innovative practices and products that have subsequently been evaluated for implementation at AHNMC. For example, a former UBC co-chair who attended the ANCC Magnet and Pathway Conference introduced a product identified during the conference that was ultimately reviewed through the Atlantic Health House Value Analysis Council for potential adoption. Similarly, another former UBC co-chair was selected to serve as a Magnet escort during the organization's Magnet site visit, demonstrating the confidence, professionalism and leadership presence cultivated through shared governance involvement.

Shared governance participation provides a developmental pathway that aligns with the 2026 AONL Nurse Leader Core Competencies. Early engagement cultivates communication, accountability, and organizational awareness. Intermediate participation continues the leadership competency growth initiated in the early phase, but adds the concepts of modeling, influence, innovation, governance and relationship-centered leadership. Advanced shared governance involvement develops systems thinking, strategic management, quality improvement expertise, team leadership and business acumen. This progression prepares clinical nurses for increasing leadership responsibility and influence while strengthening shared governance across the organization.

Conclusion

Engaging nurses in shared governance opportunities early in their careers provides meaningful opportunities for leadership development (Green et al., 2024). Through active participation, mentorship and involvement in decision-making, new nurses develop the confidence, skills and professional identity necessary to become influential leaders within their unit, organization and profession. By ensuring that every team member has a voice, opportunities to lead and a meaningful role in driving improvement, the council cultivates both professional growth and a strong sense of community. For the medical-surgical leadership team at AHNMC, engaging nurses in shared governance early in their careers provided a strategy to develop future nurse leaders while also strengthening engagement, retention and professional practice. ◆

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