

CATEGORY:

INNOVATIONS, BEST PRACTICE AND QUALITY OF INITIATIVES

**CULTIVATING EXCELLENCE THROUGH THE
FORCES OF MAGNETISM**

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EXECUTIVE SUMMARY

Health care organizations in Newfoundland and Labrador are still wading through a period of transition. The anticipated effects of downsizing and job uncertainty has resulted in a less than optimal working environment characterized by significant staff turnover, high levels of absenteeism and low levels of collaboration. A positive organizational culture change is desperately needed to improve job satisfaction and enhance interdisciplinary collaboration. What many organizations now require is an “extreme makeover” into that of a magnet culture of excellence.

In order to facilitate the cultural transformation of any health care organization into a magnet culture, specific *forces of magnetism* must be applied and used as a template in its redesign. By investing in this cultural change, the alignment of organizational values with employee values of satisfaction, professional education, and effective interdisciplinary collaboration will help to shape and sustain a positive professional practice environment where quality care is top priority.

PROBLEM

With recent mergers, workforce shortages, patient and quality care issues, the original purpose of health care almost appears to be fading. However, according to Larson (2002), instead of tackling these issues head on, maybe the top priority should be corporate culture. Organizations must invest in its culture to ensure alignment of corporate and employee values of achievement, positive interpersonal relationships and self-actualization (Wooten & Crane, 2003).

The purpose of this article is to outline a redesign for existing organizational cultures and management philosophy. The paper will use current literature to identify the key elements of magnet institutions and outline recommendations to facilitate transformation into a culture of excellence.

WHAT IS A MAGNET?

“Magnet hospitals display a culture of excellence similar to Peters and Waterman's "Best Run" companies and report markedly more of these cultural values than do comparison hospitals not designated as magnet” (Kramer & Schmalenberg, 2005, p.277). According to Ellis & Gates (2005), “[Magnet hospitals are] the symbol of effective and safe patient care” (p. 241), whereby the organization evaluates components that inspire safe care, including employee satisfaction and retention, professional education, and effective interdisciplinary collaboration.

In order to foster such a culture of excellence and commitment, the literature suggests that certain *magnetic* attributes, such as a high degree of nurse autonomy, good communications with physicians and a strong and visible nursing leadership must be present within the organization (Ellis & Gates, 2005; McClure, 2005; Greene, 2003). With these attributes in place, the key findings in magnet institutions are improved job satisfaction and improved patient outcomes. In one study conducted by the University of Pennsylvania, magnet hospitals had a 4.6% lower mortality rate than non-magnet hospitals (Greene, 2003).

Upon reviewing of the characteristics and attributes of 41 magnet hospitals, Urden and Monarch (2002) identified a specific set of structural criteria called the *forces of magnetism* that exemplify magnet status (Table 1).

In order to be truly designated as a Magnet Institution and receive the American Nurses Credentialing Center (ANCC) Magnet Recognition Award, this set of structural criteria must be evaluated in accordance to ANCC credentialing guidelines. According to Greene (2003), the process of accreditation with the ANCC usually takes between three and five years.

Table 1. *The Forces of Magnetism*

Quality of Leadership	Organizational Structure
Management Style	Personnel Policies
Professional Models of Care	Quality of Care
Quality Improvement	Consultation and Resources
Professional Autonomy	Community and the Hospital
Nurses as Teachers	Image of Nursing
Interdisciplinary Relationships	Professional Development

Note: From “Best quality patient care: A historical perspective on magnet hospitals”, by M. Kramer and C. E. Schmalenberg, 2005, *Nursing Administration Quarterly*, 29(3), p. 279.

METHODOLOGY

Due to length requirements, four specific *forces of magnetism* will be highlighted and used as a template to help shape the redesign of any health care organization into a culture of excellence. For each specific criteria identified, supporting literature will be presented, as well as strategies to help in the alignment of existing practice to that of magnet institutions.

ORGANIZATIONAL STRUCTURE

Magnetic Criteria

Robbins and Langton (2003) define organizational structure as “how job tasks are formally divided, grouped, and coordinated” (p.454). Organizational structures include tall, pyramid shaped structures where oftentimes decision-making authority is centralized, concentrating at a single point in the organization, or a flat, horizontal structure whereby the decision-making is more decentralized as lower-level employees provide input into the decision-making process. According to Urden and Monarch (2002), a flat, decentralized structure that fosters decision making at the unit level is a very important element of a magnet institution. This structure provides for immediate actions to problem-solving and also quells feelings of alienation between upper and lower level employees.

Strategies for Change

Strategies for change include adopting a flat organizational structure which has been shown to foster decision-making at the unit level. Direct patient-care staff must be included on organizational committees with a minimal amount of distance between physicians, clinical staff and administration. Fassel (2003) suggests that in order to foster open and honest communication, health care leaders must practice “open-door” management, literally. In order to facilitate the flow of communication to help reduce

uncertainty and improve organizational performance and employee satisfaction, five strategies have been identified (Table 2.)

Table 2. *Five Strategies for Effective Communication*

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| <ol style="list-style-type: none">1. Establish an “Official Grapevine” newsletter to help facilitate the informal network of communication2. Adopt an “open-door” management style to foster open and honest communication3. Offer regular face-to-face CEO updates4. Provide organizational e-mail access for all staff5. Offer cross-cultural education sessions to facilitate effective communication and foster collaborative relationships |
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QUALITY OF LEADERSHIP

“Leadership is a dialogue, not a monologue”

-Kouzes & Posner (2002, p.15)

Magnetic Criteria

According to the literature (Larson, 2002; Bruhn, 2001) the main ingredient in any type of organizational transformation is leadership. James MacGregor Burns, in his Pulitzer Prize and National Book Award winning volume defined leadership as “leaders inducing followers to act for certain goals that represent the values and motivations- the wants and needs, the aspirations and expectations- of both leaders and followers” (Bottles, 2000, p. 56).

Despite the various models and theories of leadership and its behaviour, current literature indicates that quality leadership is paramount in transforming values into actions, vision into realities, obstacles into innovation, separateness into solidarity and risks into reward (Kouzes & Posner, 2002). In any organization, the actions of the leader set the pace. Subsequent leader behaviour then wins trust, loyalty, and ensures the organization's continued vitality.

As a key element in achieving magnet status, Urden and Monarch (2002) indicate that the organizational leadership must be guided by an articulated philosophy of advocacy and support of staff. In order to achieve this, the leader must adhere to the five practices of exemplary leadership (Table 3.) in combination with a participatory style of leadership, where the participation of subordinates in work-related decisions is encouraged and highly valued.

Table 3. *The Five Practices of Exemplary Leadership*

<ol style="list-style-type: none">1. Model the Way2. Inspire a Shared Vision3. Challenge the Process4. Enable Others to Act5. Encourage the Heart

Note. From *The Leadership Challenge* (p. 13), by J.M. Kouzes and B. Z. Posner, 2002. San Francisco: Jossey-Bass.

Strategies for Change

Visible and effective leadership is paramount in achieving a climate of trust during any organizational change. Leaders must create a vision in context with the organization's mission and values. Larson (2002) reiterates that the behaviour of the leader determines the degree to which staff will live the values. Recommendations on ensuring quality leadership are therefore in accordance with Urden and Monarch (2002) and include the need to adopt a more participatory leadership style at all levels throughout the organization and also to ensure leaders are visible, accessible and committed to communication with staff.

INTERDISCIPLINARY RELATIONSHIPS

Magnetic Criteria

Kramer and Schmalenberg (2003) state that current literature consistently reports that nurses in magnet hospitals have good nurse-physician relationships which have shown to improve patient care, increase job satisfaction and decrease staff turnover. In order to facilitate this type of relationship between nurses, physicians and all health care professionals, the concept of teamwork and mutual respect must be valued by all stakeholders. According to Robbins and Langton (2004), the evidence clearly demonstrates that teams typically outperform individuals when specific tasks require multiple skills, judgement and experience. In order to foster such interdisciplinary teamwork, Kramer and Schmalenberg (2003) suggest that leaders must create a culture that values, expects and rewards collegial nurse/physician relationships and, although not mentioned, also collegial relationships with allied health professionals.

Strategies for Change

Collaborative and effective teamwork is one of the fundamentals of magnet institutions. Nurse/physician collaboration is paramount in attaining not only the best

quality of patient care, but also significantly decreasing dissatisfaction and conflict. In order to create a culture that values, expects and rewards collegial relationships, recommendations for change follow that of Kramer and Schmalenberg (2005). Non-physician leaders must plant and nurture the “equal but different” seed by constantly clarifying that nursing and allied health knowledge is different but is as important as that of physicians. In order to support an “equal power” working relationship, clinical competence is the key. Nurses and allied health professionals must keep their practice current and management must create opportunities for staff to showcase their competence to physicians and other members of the health care team.

Interdisciplinary team building is also an important tool in order to foster collaboration and conflict resolution. According to Dixon (2003), an interdisciplinary team approach promotes integration and coordination in which all participants are focused on a goal rather than their specialty. The key challenge and opportunity for interdisciplinary teams is learning to balance discipline expertise with the collective's shared knowledge.

QUALITY CARE

Magnetic Criteria

The ultimate goal of any health care organization is to provide quality care to its population. However, in a magnet culture, quality care must be an organizational priority and staff must feel as if they are providing it.

Caramanica, Cousino & Peterson (2003), identify a shared governance approach where clinical practice/research, operations, education and performance improvement councils collaborate to ensure quality patient care. This approach utilizes an interdisciplinary team to address patient care issues by reviewing the literature (evidence-based practice), engaging in effective dialogue in how adverse events could occur (collaboration), and revising policies and procedures to ensure patient safety and quality of care (excellence). By utilizing this interdisciplinary approach, clinical staff feel as if they are part of the quality care process and they are providing the most up-to-date, evidenced-based, quality care.

While the concept of evidence-based practice dates back to the 1990's, there is still much debate surrounding its utility from theory to practice. According to Walshe & Rundall (2001), “evidence-based health care is, at its simplest, the idea that the care that health professionals provide should be based as closely as possible on evidence from well-conducted research into the effectiveness of health care interventions, thereby minimizing the problems of under-use, overuse and misuse” (p. 431). However, transforming evidenced-based health care from theory to practice is easier said than done because of the volume of research evidence that exists, the speed with which new evidence is produced, the complexity of large health care organizations and the many practical difficulties of changing clinical practice (Halladay & Berro, 2000).

Despite the challenges of implementing clinical practice change based upon current literature, evidence-based practice should remain at the forefront as a way to reduce wide variations in clinical practice patterns and to help reduce the persistent use of therapies and technology that are known to be ineffective. Also, it allows for consistency in theory and practice amongst the team.

Strategies for Change

To ensure clinical effectiveness and consistent practice, interdisciplinary quality care teams should be re-activated to promote quality care by utilizing an evidence-based approach. According to Thurston & King (2004) this collaborative approach to evidence-based practice includes six specific steps (Table 4).

In order to promote quality care initiative through a collaborative evidence-based practice program, interdisciplinary quality teams should be program specific with equal representation from management, education, nursing, allied health, and medical staff.

Table 4. *Six Steps to Evidence-based Practice*

<ol style="list-style-type: none">1. Assess the need for change in practice2. Link the problem with interventions and outcomes using standardized classifications3. Synthesize best evidence4. Design change(s) in practice5. Implement and evaluate the change6. Integrate and maintain the practice change

Note: From “Implementing evidence-based practice: Walking the talk”, by N. E. Thurston & K. M. King, 2004, *Applied Nursing Research*, 17(4), p. 240.

By utilizing this approach to quality care, Thurston & King (2004) found that nursing staff’s insight and clinical expertise led to the identification of very real, meaningful patient care issues and clinical questions and contributed to staff’s dedication to persevere in seeking solutions. It also enabled clinical nurses to understand and implement evidence-based practice.

While *learning* and *empowerment* are very strong nouns and epitomize the goals of most high achieving healthcare organizations, they are also key elements in a magnet culture that blossoms critical thinking and grows professionalism, thereby improving quality of care.

CONCLUSION

Significant demographic change, critical health professional shortages and organizational mergers creating a paradigm shift in values, all influence the well-being of any health care organization. If left ignored, job dissatisfaction, absenteeism, interdisciplinary conflict and a high staff turnover will prevail and will have disastrous effects on organizational functioning and ultimately on quality patient care.

In order to create and maintain a thriving environment and to provide quality health care in the midst of change, organizations must invest in their culture to ensure alignment of their mission and values to that of their employees. Organizational leadership must focus on its health professionals in order to foster a culture of excellence and commitment; which should be the ultimate goal of any health care organization.

While the majority of health care organizations are still in a midst of change, they all still preserve a core pattern of beliefs, values, assumptions, and expectations held by its employees. What organizations now need most is an effective leadership strategy to polish these core beliefs and values into a culture of excellence. Focusing on the forces of magnetism in this current midst of change will help achieve in a new cultural transformation.

“Creating cultural change is a way to bring the organization together in the midst of change.....it’s an anchor” – Barbara Lucas (Larson, 2002).

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