

**MATHER**  
John T. Mather Memorial  
**HOSPITAL**

**MAGNET**  
RECOGNIZED  
  
AMERICAN NURSES  
ACCREDITATION BOARD

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Presented By:

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Coordinator  
Nursing Research and  
Professional Development

ANCC National Magnet® Conference  
Atlanta, Georgia  
October 7-9, 2015

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John T. Mather Memorial Hospital



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## History:

Founded in 1929 (85 Years)

248-Bed Teaching Hospital

Located in Port Jefferson on Long Island in New York State.

**Magnet®-designated in June 2013.**

**Magnet® Nursing Councils (7) ...Provide structures and processes that empower direct care nurses to participate as full partners in shared leadership activities aimed at improving outcomes in a myriad of domains (Clinical Practice, Quality, Nursing Research and Professional Development, Informatics, Nurse Recruitment and Retention, Advanced Practice Nursing, Coordinating).**

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## Magnet® Nursing Councils:




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## Magnet® Council Membership:

**Co-Chairs:** (2) elected by members of the council.  
(Direct care nurses who serve for 2-year period.)

### Members:

#### Direct Care Nurses:

- Elected by peers.
- Represent all clinical areas of the hospital.
- Serve for 2 year period.

#### Nurse Leaders:

- Volunteer or appointed.
- Serve for 2 year period.

**Council Advisors:** (1-2) are nurse leaders, expert in council specialization.

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### Magnet® Council Meetings:

- Held 2<sup>nd</sup> Thursday/Month (except August and December).
- 10 Meetings /Year.
- 11:45am-1:15pm (90 minutes).
- Minutes are tape-recorded and typed by Secretary.
- Luncheon is provided.
- Schedule published months prior to start of new year.
- Schedule distributed via email (Mather intranet).

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### Coordinator of Nursing Research and Professional Development:

- May 28, 2014: Position created (.6) by CNO advocating for dedicated resources to advance the Nursing Research/EBP agenda @ Mather Hospital.

#### Role Responsibilities:

- Advocate      • Mentor
- Teacher       • Consultant
- Coach         • Researcher

- July 7, 2014: Started
- Sept. 11, 2014: Attended first NR/PD Magnet Council.

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### Magnet® Council for Nursing Research/Professional Development:

#### September 11, 2014 Meeting:

38 Members: 19 (50%) Nurse Leaders  
19 (50%) Direct Care RNs

#### **22 (58%) attended.**

8 (36%) were direct care nurses. (14 or 64% leaders)  
8 direct care nurses represent **only 21%** of the  
total number of nurses on the council.

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### Evidence-based Practice Nursing Project:

- **Purpose:** To identify barriers preventing attendance by direct care nurses at the Magnet® Council Nursing for Research/Professional Development Meeting(s).

- **Interview Format:**

Open ended question: What barriers prevent direct care nurses from attending Magnet® Council meetings?

**Sample Size (n=20):**

- 15 (79%) Direct Care Nurses on the NR/PD Council.
- 5 (70%) of all Nurse Managers.

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### Findings of EBP Nursing Project:

- **Barriers preventing Direct Care Nurse attendance at NR/PD Magnet® Council Meetings:**

- **Direct Care RNs:**

- Inadequate staffing
- Scheduling (12hr shifts)
- Lack of Knowledge
- Motivation
- Lack of Reward/Recognition
- Lack of Team Work/Support

- **Nurse Managers:**

- Lack of Buy-In
- Lack of Knowledge
- Lack of Accountability

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### Interventions:

- Presentation of problem/barriers at Nurse Executive Council Meeting (October 2014).
- Increased Awareness (empirical data).
- "Opportunity for Improvement" identified.
- Goal established: ≥ 90% attendance at meetings.
- Nurse Executives met with Nurse Managers.
- Nurse Managers met with Direct Care Nurses.
- Review of Membership on Magnet® Nursing Councils.  
(Peer review of members on Magnet® Nursing Councils).
- Membership on all Magnet® Nursing Councils updated.

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**Magnet® Council for Nursing Research/Professional Development:**

June 9, 2015 Meeting:

**30 Members:** 10 (33.5%) Nurse Leaders (-9 members)  
20 (66.5%) Direct Care RNs (+1 members)

**22 (73%) attended.**

15 (68%) were direct care nurses (7 or 32% Leaders).

15 direct care nurses represent **50%** of the total number of nurses on the council.

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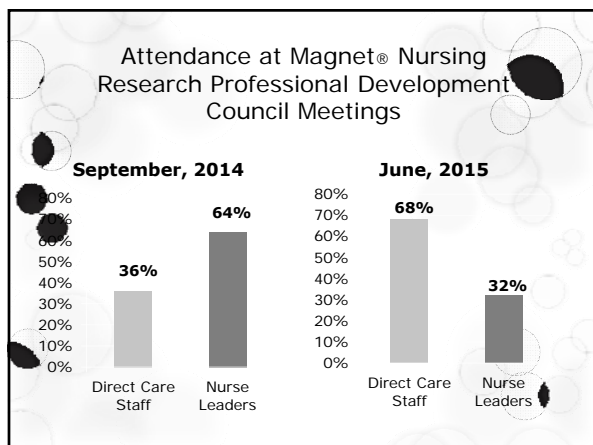
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**Conceptual Framework:**

- Relationship-Based Care
- Caring
- Empowerment
- Magnet® Program (Structural Empowerment)

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### Relationship-Based Care:

- Patient/Family Centered
- 6 Components:
  - Leadership
  - Teamwork
  - Professional Nursing Practice
  - Patient Care Delivery
  - Resource-Driven Practice
  - Outcome Measurement

(Koloroutis, 2004)

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### Relationship-Based Care Model:

- Places personal relationship between coworkers, patients and family members at the center of performance and care delivery.
- Provides tools for organizing care delivery and effecting change, as well as guidance in **transforming** the cultures of healthcare delivery environments from depersonalized places to **person-centered, compassionate healing environments**.

○ <u>Caring</u> /Healing	○ Teamwork
○ Resource-driven	○ Accountable
○ Leadership	○ Professional Practice
○ Innovative/Creative	○ Outcomes/Results

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### Caring Theory in Nursing:

<u>Nurse Theorist:</u>	<u>Theory:</u>
 Florence Nightingale	Legacy of Caring
 Madeline Leininger	Cultural Care Diversity and Universality
 Jean Watson	Human Caring
 Katherine Kolcaba	Comfort Theory of Nursing

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Empowerment:

- "Empowerment is thought to occur when an organization ***sincerely*** ***engages*** people and progressively responds to this engagement with ***mutual interest*** ***and intention*** ***to promote growth***." (Erickson, 2003)
- Concepts that define a ***\*Caring relationship***.
- Develops over time (**Relationship-Based**).

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Empowerment:

- Kanter's **Theory of Workplace Empowerment** (1977, 1993)
- **6 Conditions Required for Empowerment to take place:**
  1. Opportunity for Advancement
  2. Access to Information
  3. Access to Support
  4. Access to Resources
  5. Formal Power
  6. Informal Power

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Power:

- **Formal Power** = refers to jobs that allow discretion, are central to organizational goal accomplishment and are highly visible.
- **Informal Power** = presence of strong networks with peers and supervisors.
- **Power** = ability to mobilize resources and achieve goals.
- **Effective power** = the degree to which staff have access to ***empowering structures*** in the work setting...
  - Resources
  - Information
  - Support
  - Opportunities needed to learn and grow

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### Nursing's Use of Kanter's Empowerment Theory:

- Chandler, G.E (1986) First nurse to use Kanter's Theory to explore the nature of Nursing work environments related to perceptions of empowerment and powerlessness among nurses. (Dissertation, University of Utah)
- Laschinger, H.(2003, 2015) examined Kanter's Empowerment Theory, Magnet® hospital characteristics and RN job satisfaction.

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### Magnet® Model Component: Structural Empowerment

- **Forces of Magnetism:**
- Organizational Structure (2).
- Personnel Policies and Programs (4).
- Community and the Healthcare Organization (10).
- Image of Nursing (12).
- Professional Development (14).

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### Magnet® Model:

The diagram illustrates the Magnet Model as a cyclical process. At the center is a circle labeled 'Empirical Outcomes'. Surrounding this center are four ovals, each representing a component of the model: 'Structural Empowerment' (top), 'Exemplary Professional Practice' (right), 'New Knowledge, Innovations & Improvements' (bottom), and 'Transformational Leadership' (left). Arrows indicate a clockwise flow from one component to the next, eventually leading back to the center. The entire model is enclosed within a larger oval frame labeled 'Global Issues in Nursing & Health Care' at the top.

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### Structural Empowerment (SE): Key Concepts

- Magnet® structural environments are generally **flat, flexible and decentralized**.
- Nurses are involved in **shared governance** and **decision making structures** and processes that establish standards of practice and address opportunities for improvement. (**address excellence in patient care and the safe, efficient and effective operation of the organization**).
- Multidirectional **flow of information** (CNO/Direct Care RNs).
- Strong relationships/influence with the **community**.
- Contributions of RNs are **recognized and commended**.
- **Professional Development Opportunities/Access**.
- Enhance and support the **Value and Image of Nursing**.
- Magnet nurses support **Organizational Goals** and **advance the Nursing Profession**.

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### Magnet® Hospital Environment Characteristics:

#### Structural Empowerment (SE)

“Structures and Processes”

- Relationship-Based
- Caring
- Empowered

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### Best Practices:

- **Communication:**
  - Face-to-face meetings.
  - Email (reminder and “thank you” sent to direct care RNs and Nurse Managers).
  - Time Schedules (Council Meeting day highlighted).
  - Identification of Interests/Needs.
  - Journal Assignments.
- **Staffing:**
  - Nurse Manager coordination (No floating).
  - Accountability (“Real Time Feedback”).

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### Improved Outcomes:

- Attendance at Magnet® Council meetings has demonstrated a steady increase from Fall of 2014 to Summer 2015.
- Improved structures/ process must be "hard wired" into Nursing Culture to maintain achieved success...
  1. Active participation in Magnet® Nursing Councils.  
(Direct care RNs)
  2. Identification of "Opportunities for Improvement".
  3. Recommendations for improvement (evidence-based).
  4. Practice change(s).
  5. Measure/monitor improved empirical outcomes.

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### Reflection:

- "The secret of joy in work is contained in one word – excellence. To know how to do something well is to enjoy it."  
 Pearl S. Buck (1892-1973)  
*Sai Zhenzhu*
- **First woman to be awarded:**  
**Pulitzer prize** (1932) for *The Good Earth* (1931).  
**Nobel Prize in Literature** (1938) "for her rich and truly epic description of peasant life in China and for her biographical masterpieces."  
 Daughter of Presbyterian Missionaries.  
 Lived most of her life before 1932 in China (40 years).  
 Co-Founder *Welcome House* (first international, inter-racial adoption agency).

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