

# 2014 MAGNET<sup>®</sup> PROFILES

Recognizing Nursing Excellence



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Section

# Structural empowerment and the Magnet® Model: A perfect fit

## Are empowerment structures present in your workplace?

By Shelley Moore, PhD, MSN, RN

**N**ursing literature abounds with descriptive and predictive studies of structural empowerment and its relationship to nurses' trust, commitment, control over practice, intent to stay, productivity, job satisfaction, engagement, and quality of care. This article explores the links between the Magnet® Model and structural empowerment in the workplace.

Structural empowerment is one of the five components of the Magnet Model. The others are transformational leadership; exemplary professional practice; new knowledge, innovations, and improvements; and empirical outcomes.

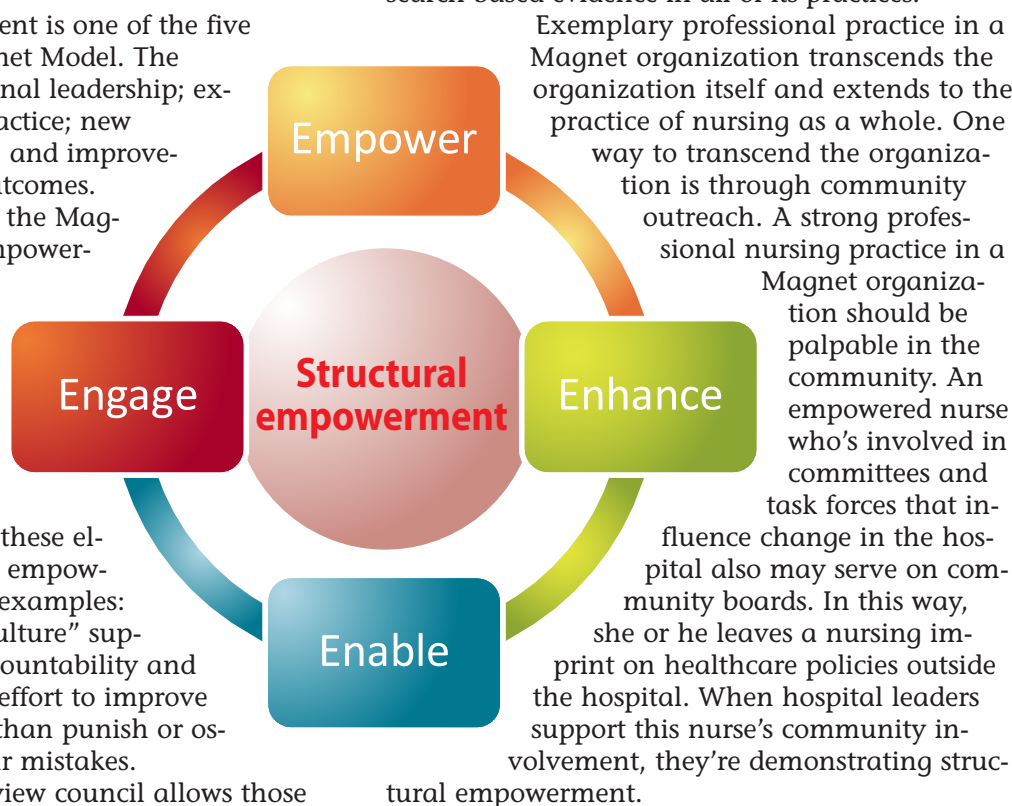
Within the context of the Magnet Model, structural empowerment encompasses organizational structure, personnel policies and programs, professional development, community outreach, and promotion of a positive nursing image. How do these elements reflect structural empowerment? Here are a few examples:

- Establishing a “just culture” supports professional accountability and error reporting in an effort to improve patient safety rather than punish or ostracize people for their mistakes.
- Creation of a peer-review council allows those “in the know” to conduct performance evaluation, not those far removed from the work.
- The shared governance philosophy plays out in decision-making policies.

Through transformational leadership, organizational structure, transparency, congruence of mission with day-to-day operations, and the work environment, a healthcare organization is either “magnetized” or not. Today's healthcare leaders are expected not just to empower staff, solve problems, and adapt to change. To truly embrace healthcare reform in creative ways, they also must foster a certain degree of controlled destabilization that births new ideas and innovations.

People (not only staff but also patients and families) should feel comfortable asking questions.

A structurally empowered nurse is best equipped to protect patients' rights. A Magnet organization focuses not just on improving its own performance but also on contributing new knowledge to the science of nursing. It's expected to use the latest research-based evidence in all of its practices.



structural empowerment.

Even a nurse who works in one of the most restricted hospital settings—the perioperative area—can project a positive image of nursing in the community. For instance, she may volunteer to provide surgical care for people in need locally, regionally, nationally, or even globally. Or she may serve as the hospital's laser safety officer, seeking input from nurses and other staff who work with surgical lasers and interfacing with laser industry representatives while keeping patients' best interests in mind. In this role, she's demonstrating the value of patient advocacy to technical, research and development, and mar-

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keting professionals. Thus, she promotes an understanding of what nurses do first and foremost—preserve patient safety.

### Factors that promote structural empowerment

First described in 1977, the theory of structural empowerment posits that certain factors in a work environment can enable or block employees' ability to accomplish their work in meaningful ways. The four empowerment structures are:

- access to resources needed for one's work
- access to information needed to get one's job done as well as knowledge and understanding of the organization
- support for one's responsibilities and job performance
- opportunity for professional growth and development.

Having formal and informal power enhances these factors.

### How does your workplace stack up?

Consider whether the empowerment structures described above are present in your workplace.

- Does your environment help you accomplish your work in meaningful ways? Do you have access to the resources needed for your work? Do you have the time and appropriate resources with which to accomplish your work?
- Do you have access to the information you need to get the job done? Do you know the values and goals of your hospital's leaders? Are you aware of its financial status? Do you know the future direction leaders want to take the hospital?
- Do you feel your manager supports your responsibilities and job performance? Does your manager provide specific information about tasks you do well? Does he or she give you tangible recommendations on how you can improve? Do you believe your work is valued? What about rewards for contributing innovative ideas and showing flexibility in your job?
- Is your work visible within the organization as a whole? Do you work collaboratively with physicians and other healthcare team members? Do they work collaboratively with you? Do peers and managers seek your help with problems?
- Does your employer give you the opportunity for professional growth and development? Is your work challenging? Does it offer a chance to learn new skills and gain new knowledge?

Perhaps access to information is present but you're not taking advantage of it.

Do you have opportunities to use all of your skills and knowledge? Do you believe your workplace is an empowering environment overall? (Note: These questions come from the Conditions of Work Effectiveness Questionnaire, which measures structural empowerment within the work setting.)

If you answered *no* to some of these questions, it doesn't necessarily mean you work in a negative organization—just that there's room for growth and a need for change. You may be able to change some things yourself. For example, perhaps access to information is present but you're not taking advantage of it. Maybe your supervisor has given you recommendations but you haven't heeded them. On

the other hand, perhaps the leadership mindset at your organization needs to be transformed. Being candid with your employer about your perceptions may lead to strategies to improve the environment.

Cultivating an exceptional work environment doesn't happen overnight. To use a term that occurs throughout Magnet literature, this truly is a *journey*. Be patient, be engaged, and get involved in the improvement process to maximize structural empowerment in your workplace. ■

### Selected references

- Kanter RM. *Men and Women of the Corporation*. 2nd ed. New York, NY: BasicBooks; 1993.
- Magnet Recognition Program® Model. American Nurses Credentialing Center. (2014). [www.nursecredentialing.org/magnet/programoverview/new-magnet-model](http://www.nursecredentialing.org/magnet/programoverview/new-magnet-model). Accessed July 2, 2014.
- Moore SC, Hutchison SA. Developing leaders at every level: accountability and empowerment actualized through shared governance. *J Nurs Adm*. 2007;37(12):564-8.
- Moore SC, Wells NJ. Staff nurses lead the way for improvement to shared governance structure. *J Nurs Adm*. 2010;40(11):477-82.
- Schroeter K. Structural empowerment: the Magnet model applied to perioperative nursing. *AORN J*. 2010;92(2):220-3.
- Spence Laschinger, HK. CWEQ: Conditions of work effectiveness questionnaire I and II. (n.d.). <http://publish.uwo.ca/~hkl/tools/cweq/index.html>. Accessed July 2, 2014.
- Spence Laschinger HK, Wilk P, Cho J, Greco P. Empowerment, engagement and perceived effectiveness in nursing work environments: does experience matter? *J Nurs Manag*. 2009;17(5):636-46.
- Tinkham MR. Pursuing Magnet designation: the role of structural empowerment. *AORN J*. 2013;97(2): 253-6.
- Walker KN, Duff J, Di Staso R, et al. Perioperative nursing shines! Magnet designation reflected in staff engagement, empowerment and excellence. *Acorn: J Periop Nurs Austr*. 2011;24(3):34-42.

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# Developing shared governance leaders

Past presidents of the professional nursing staff at Rush mentor and support emerging leaders.

By Cathy Catrambone, PhD, RN, FAAN; Benson Wright, MSN, RN, CTN-B; Elizabeth Myers, BSN, RN; and Jessica Walker, RN

To obtain Magnet® recognition, hospitals must have structures and processes in place that ensure nurses participate in shared decision making. A shared governance (SG) structure meets this criterion. In this process, nurses take an active participatory role in decisions that affect nursing practice. Ultimately, SG positively affects patient outcomes by moving decision making closer to the point of care. It also enhances nurse autonomy, empowerment, and job satisfaction.

The professional nursing staff (PNS) at Rush University Medical Center in Chicago recently celebrated its 30-year anniversary as one of the nation's first SG nursing organizations. On this occasion, we reflected on the most influential factors contributing to our success and sustainability. One of our strengths has been robust formal mentoring and support for emerging SG leaders.

This article discusses the PNS past presidents' council, an innovative structure developed to formalize mentorship and support for new organizational leaders. Such a committee can be replicated easily in any SG or professional nursing organization to help maintain organizational history, support emerging leaders, and drive outcomes.

## Past presidents as mentors—and beyond

In 1984, Marcia Pencak Murphy was elected the first president of the PNS. Since then, 22 other nurses have been elected president. Most remained employed at Rush after their terms ended, serving as unofficial mentors for emerging SG leaders. However, their mentoring was informal and sometimes sporadic.



In 2008, during planning for the 25th-anniversary celebration of the PNS, Jessica Walker, then PNS president, asked past presidents to assist with programming and historical information. The meetings that ensued gave the former presidents a chance to talk about current challenges and future direction for the organization. In reflection, Rachel Start, 2009-2011 PNS president, recalled, "The 25th anniversary gave me a unique opportunity to understand how to maximize the work and influence of PNS, philosophically and operationally. I was privileged to meet some of the founding presidents to talk about professional accountability, the imperative of an autonomous nursing staff, and the impact of a practice model that had full parity with other disciplines. With their support, I went into my term with passion and energy to live to the fullest those components that exemplify shared governance."

Realizing our past presidents had a vested interest in the organization's success and a desire to continue serving in some capacity, Rush nurses

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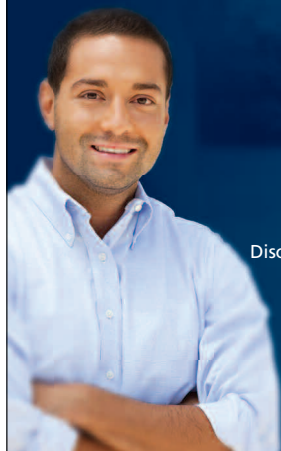
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saw the need for a structure. They drafted the concept of the Past Presidents' Council (PPC), which they announced at the 25th-anniversary celebration. At an inaugural meeting to celebrate the anniversary, the past presidents approved the PPC proposal and affirmed their commitment to serve on the council. The next year, PNS members voted to incorporate the PPC into the SG bylaws, formalizing the council in our structure.

### PPC model

In developing the PPC, the former presidents drew inspiration from other nursing organizations, primarily Sigma Theta Tau International (STTI), the Honor Society of Nursing. STTI has a formalized fellowship of past presidents who serve in an advisory capacity to the current STTI president and board of directors. Other organizations, such as the Hospice and Palliative Care Nurses Association and the Society for Vascular Nursing, also have councils made up of former presidents, who serve as advisors to their organizations.

At Rush, we incorporated the American Association of Critical-Care Nurses' Standards for Establishing and Sustaining Healthy Work Environments (2005) into the guiding values of the PPC. Specifically, we incorporated the standards of true collaboration and authentic leadership.

- *True collaboration* means every team member embraces collaboration as an ongoing process and invests in its development to ensure a sustained culture of collaboration.
- *Authentic leadership* holds that nurse leaders must demonstrate skilled communication, true collaboration, effective decision-making, and meaningful recognition.

At Rush, we believed the PPC could help inculcate these values in our emerging SG leaders.

### PPC goals

Overall PPC goals are for members to serve as advisors to PNS officers, mentor current and future PNS leaders, engage in leadership succession planning, and support the growth and sustenance of our SG organization. A past president chairs the PPC, assuming responsibility for coordinating meetings, driving outcomes, and providing reports to the PNS. The group meets monthly; the PNS president and PPC chair set meeting agendas. Most of the meeting time is dedicated to PNS operations and professional practice matters.

## Where are they now?

The Past Presidents' Council (PPC) at Rush has been an active working group of nurse leaders. Besides serving as an advisory group for the current professional nursing staff (PNS) president, they collaborate to promote the PNS and nursing excellence. Notable outcomes of our past presidents include the following:

- presented on shared governance at national and international conferences, including the 2012 ANCC National Magnet Conference® and the 2013 Sigma Theta Tau International Healthy Work Environment Conference
- published two articles in the past 2 years
- provided leadership and consultation on shared governance at the national and international level
- consulted with international visitors from Rotterdam, Singapore, and Amsterdam.

Rush past presidents have gone on to be leaders and strong advocates for the nursing profession. Since their terms ended, nine have served collectively in 41 elected or appointed positions on nursing and non-nursing boards and taskforces. This includes two members who were elected as presidents of nursing organizations.

Most of the past presidents' service and advocacy occurs at the local or regional level, but some members also have served in national and international organizations. The past presidents describe their PNS presidency experience as instrumental in their leadership growth and development.

### PPC structure

The PPC structure is relatively simple. All nurses who've served as PNS president at Rush are offered lifetime memberships on the council, including those no longer employed at Rush. Currently, the PPC has two highly engaged Rush past presidents who now work in other organizations. The PPC allows these leaders to stay connected to the council while letting us benefit from their experiences in other nursing roles. Also, the current PNS president and president-elect, as well as the president of the nursing SG organization at our sister hospital, Rush Oak Park Hospital, are PPC members. (See *Where are they now?*)

Kathy Pischke-Winn, 1989-1990 PNS president, stated, "I take pride in being a member of the Rush PPC. In my role as Magnet Program Director at University of Chicago Medicine [UCM], I appreciate having a network of strong shared governance leaders and friends. Last year, I reached out to the PPC and they helped organize speakers for a shared governance retreat for an audience of UCM staff nurses and unit managers. I knew I could rely on this group to share their expertise in shared governance."

### Institutional memory

History often repeats itself, even in an SG structure. The past presidents are a great source of institutional memory for current PNS leaders at Rush. The PPC has consulted on such topics as



bylaw revisions and interpretation, peer-review process, code of conduct, appeals of disciplinary action, and denials of advancement on the clinical ladder. Past presidents share examples of how they handled these situations and support the current president and president-elect. Erik McIntosh, 2011-2012 PNS president, recalls, "During my term as president, questions arose about the reporting structure of the PNS in the hospital's quality plan. I was able to consult with the PPC and gather historical information to bring to leadership and build a case for our shared governance organization to report to the board of trustees, just like our medical staff does."

### Mentoring current leaders

The PPC supports leadership development of the PNS president and president-elect. The role of PNS president at Rush can be daunting, and newly elected nurse leaders need support to make an effective transition from the bedside to the boardroom. Dr. Eric Zack, current PNS president, states, "Having a consistent opportunity to engage with

## The past presidents are a great source of institutional memory for current PNS leaders.

past presidents on current issues we face has afforded me not only years of experience from their tenure and how they overcame similar challenges, but access to an amazing collection of wisdom shared by these thought leaders to help us problem-solve."

Whether your organization is in the planning or development stages of SG, consider the value of creating a formal mentoring structure for current and future leaders of

your SG organization. In our organization, the PPC has affected our leaders' growth and development, along with their leadership trajectory in nursing and health care. ■

### Selected reference

American Association of Critical-Care Nurses. AACN Standards for establishing and sustaining healthy work environments: a journey to excellence. 2005. [www.aacn.org/WD/HWE/Docs/HWStandards.pdf](http://www.aacn.org/WD/HWE/Docs/HWStandards.pdf). Accessed July 2, 2014.

Three of the authors work at Rush University in Chicago, Illinois: Cathy Catrambone is an associate professor at the College of Nursing, Elizabeth Myers is a risk manager, and Jessica Walker is a staff nurse. Benson Wright is a patient classification consultant at API Healthcare in Chicago.

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# Calming the chaos: Simulated code interdisciplinary team training

Simulation prepares caregivers for the intensity of critical events.

By Cynthia Perez, MS, RN, CNS, CCRN

**A**s a healthcare professional, you've probably witnessed the chaos and confusion that ensue when a "code blue" is called for a patient in cardiac arrest. This emergency requires an urgent, organized response with immediate coordination of members of a highly capable interdisciplinary emergency resuscitation team.

At Oregon Health & Science University (OHSU), a Magnet® hospital, the code blue team may consist of staff who've never worked together before. Its six members include a physician team leader (a medical intensive care unit [ICU] fellow), an anesthesiologist, a respiratory therapist, and three critical care nurses. All team members except the respiratory therapist are certified in advanced cardiac life support (ACLS). OHSU policy defines the roles of each team member.

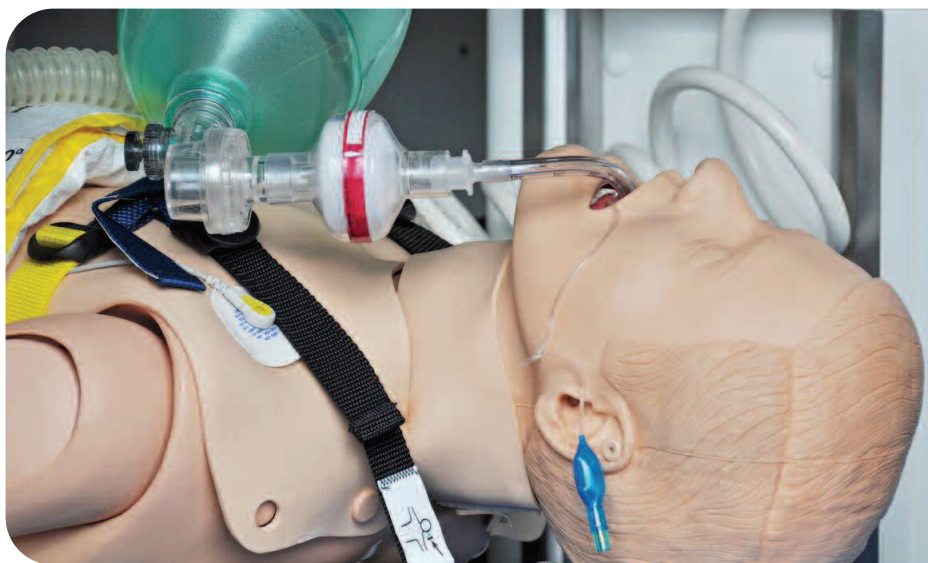
In 2008, nurse code-blue responders identified the need for additional training to improve patient safety and enhance code-responder nurses' confidence and performance. The code RN development program was created in collaboration with the adult rapid response team and the simulation center. Through this training, staff identified the need for more clearly defined roles. The nurses identified three primary nursing responsibilities (called the 3D roles) that must be addressed in a code blue event—drugs, defibrillator, and documentation.

## Enter SCITT

In 2009, OHSU recognized this innovative training and, understanding the need for high-stakes teams to train together, asked that the training become interdisciplinary. Consistent with Magnet princi-

ples, OHSU nurses often assume leadership roles in collaborative interprofessional activities to improve the quality of care, so this project fit in well with the organization's culture.

With support from hospital administrators, an interdisciplinary committee was formed and cochaired by a nurse and physician. Committee members (physicians, nurses, respiratory thera-



pists, and quality management and simulation specialists) developed a program of mock codes called simulated code interdisciplinary team training (SCITT). SCITT was officially launched in August 2009 for the purpose of training high-performing teams using crew resource management (CRM) strategies and ACLS algorithms to manage complex and dynamic crisis situations.

Evidence supports using simulations for cardiac resuscitation rehearsals to improve clinical team performance. Using a high-fidelity human patient simulator gives the SCITT team a chance to re-

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South Nassau achieved initial Magnet designation January 2014. The hospital received the American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Performance Achievement Award, Joint Commission Disease-Specific Certification for Stroke, Wound Care, Total Joint and End Stage Renal Disease, and Becker's Hospital Review 2014 listing of 100 Hospitals with Great Women's Health Programs and 100 Best Places to Work in Healthcare.

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create a crisis scenario without endangering patients. Actual code team members participate in SCITT sessions—sudden, unanticipated, *in situ* code simulations followed by highly facilitated debriefings.

The immediate goal of SCITT is to identify and assess skill deficits and systems problems in emergency medical response. The longer-term goal is to improve code response by allowing code teams to practice the cognitive, technical, and behavioral skills necessary to manage these low-frequency but high-acuity events. Immediately after each mock code, the team is evaluated and gets feedback based on individual and team performance, focusing on the behavioral, cognitive, and technical skills specific to the resuscitation scenario.

### SCITT sessions

SCITT sessions occur approximately twice a month and include both day and night shift staff. The hospital's bed-flow manager allows SCITTs to take place *in situ* in various patient locations. Each scenario is specific to the unit location and patient population. SCITT sessions are paged to the OHSU code blue team through hospital operators as an "adult mock code blue." Although participation is required and mandated, paging the sessions as mock codes gives a layer of safety to providers who may be engaged in other life-sustaining or emergency situations, which take precedence over training. Code team members are expected to triage the event, just as in a real code, by handing off or sending another provider to the mock code. Each SCITT session lasts about 1 hour and includes a 10-minute mock code.

After the session, a 30- to 40-minute debriefing and short session evaluation by participants are held. To maintain an interprofessional approach, the debriefing is done by a physician and nurse, each of whom has content expertise in either ACLS or CRM. The debriefing also includes a simulation specialist to assist with the manikin and two nurse actors who portray first responders. (See *SCITT debriefings*.)

### Improvements over time

The Clinical Teamwork Scale used to measure elements of CRM uses a 0-to-10 scale for all categories (with 0 indicating poor and 10 indicating perfect). Baseline scores from 2009 ranged from 4 to 5.79 (average). After 2 years of training, all scores showed statistically significant improvements from baseline.

The critical action scale used to measure adherence to ACLS revealed that the code blue team cor-

## SCITT debriefings

The debriefing that follows each simulated code interdisciplinary team training (SCITT) session emphasizes the crew resource management (CRM) principles of orientation, communication, and resource management. The CRM debriefer observes the session and evaluates the teamwork by using a validated tool called the Clinical Teamwork Scale. The second debriefer (an advanced cardiac life support instructor) also observes the session and uses an internally developed critical action checklist to evaluate critical resuscitation actions by role and timeliness.

rectly identified the cardiac rhythm 94% of the time—a significant improvement from a baseline adherence of 71% ( $p = .01$ ). In addition, the team recognized the need for prompt defibrillation 82% of the time, compared to 47% at baseline ( $p = .005$ ).

Simulation provides an excellent opportunity to mimic the intensity of critical events by practicing cognitive, technical, and behavioral skills with hands-on, real-time team training in a safe environment. At OHSU, SCITT has contributed to improved clinical and team-based performance as measured in mock codes over time.

System-level improvements have been identified through training, such as documentation, code-cart contents (based on practice and feedback), and the need for additional training on new equipment. The program has led to institutional support for RN code blue team members to function as code team leaders if they arrive on the scene before the physician code leader.

However, planning and facilitating SCITTs are time- and resource-intensive. Filling all the interdisciplinary roles to run a SCITT has been a challenge, especially on the night shift. We plan to continue twice-monthly SCITTs and have increased the scenario complexity based on actual case reviews from the code blue committee. We now have scenarios that incorporate a ventricular assist device, tracheotomy, pregnancy, massive hemorrhage, and ICU code blues. This project is approved by the institutional review board. We're collecting data from actual code blue events to confirm that the training has translated to improved teamwork and clinical accuracy. ■

### Selected references

- Field JM, Hazinski MF, Sayre, MR, et al. Part 1: executive summary: 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*. 2010;122(18 Suppl 3):S640-56.
- Guise JM, Deering SH, Kanki BG, et al. Validation of a tool to measure and promote clinical teamwork. *Simul Healthc*. 2008;3(4):217-23.
- Seethala RR, Esposito EC, Abella BS. Approaches to improving cardiac arrest resuscitation performance. *Curr Opin Crit Care*. 2010;16(3):196-202.

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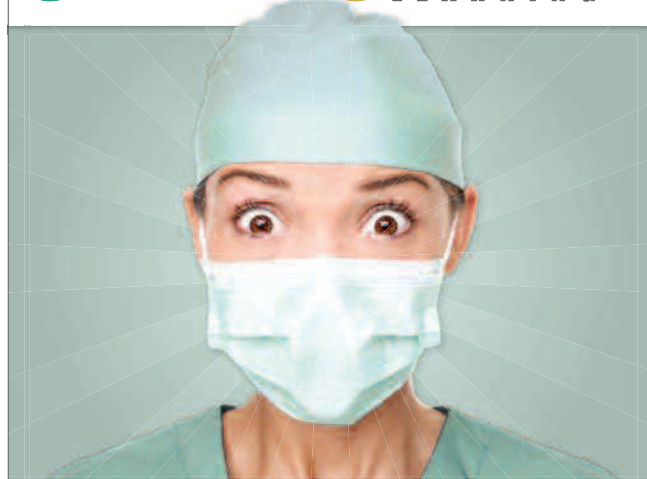
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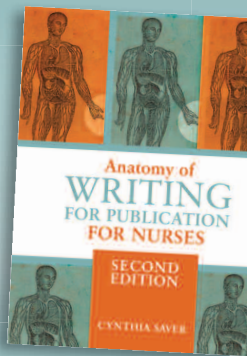
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