

Massachusetts Organization of Nurse Executives  
Transforming the Practice/Work Environment:  
*A Resource Guide for Nurse Leaders*



Developed through a collaborative effort of the Management of Practice and Research Committees

**JUNE 2007**

## INTRODUCTION

This project was completed as part of the MONE 2006-2007 charges for the Management of Practice and Research Committees. The collaborative charges were:

- Complete a review of the literature on ideal practice environments and nursing models of care
- Develop and administer a survey on current practice models and new practice environment initiatives in the state.
- Create a state-wide organizational practice environment self assessment tool
- Provide a resource guide to the membership

References for national and statewide professional organizations, white papers, the Massachusetts Patient's First Initiative, BHE Nursing Initiative and selected publications deemed useful to our membership have been included. The publications resulted from a search, key words "nursing work environment", for the 2000-2007 time period. Additionally, the process included a survey of the health care organizations represented by our membership and a request for papers was sent to the Mass Association of Colleges of Nursing (MACN) deans requesting work underway by faculty in the state related to the Nursing Organizations Alliance (NOA) Principles and Elements of a Healthful Practice/Work Environment 2004.

The framework supporting our work was the NOA Principles and Elements of a Healthful Practice/Work Environment. Review of the publications related to Magnet and models reflect the NOA Principles and are included. The nine NOA principles include the following:

1. Collaborative Practice Culture
2. Communication Rich Culture
3. A Culture of Accountability
4. The Presence of Adequate Numbers of Qualified Nurses
5. The Presence of Expert, Competent, Credible, Visible Leadership
6. Shared Decision-Making at All Levels
7. The Encouragement of Professional Practice & Continued Growth/Development
8. Recognition of the Value of Nursing's Contribution
9. Recognition by Nurses for Their Meaningful Contribution to Practice.

Individual members who reviewed specific sections of publications are noted within the document. We are grateful for the willingness of these members who volunteered their time and talent to this important endeavor. We thank all the committee members who participated in the preparation of this resource guide.

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- I. AACN (American Association of Critical Care Nurses) Standards for Establishing and Sustaining Healthy Work Environments 2005
- J. AACN Standards for Establishing and Sustaining Healthy Work Environments, A Journey to Excellence 2005
- K. RWJF Transforming Care at the Bedside (TCAB)
- L. National Council of State Boards of Nursing Working with Others: A Position Statement 2005
- M. AMN Healthcare: 2007 Survey of Nurse Students
- N. MONE Management of Practice (2003-2004) Nursing Retention Practices- Creating a Healthy Work Environment
- O. Annual Survey of Hospital Nurse Staffing Issues in Massachusetts MHA and MONE
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- Q. Patients First
- R. Board of Higher Education/MONE Nursing Initiative

## Section I

### A. MONE Survey/Results (Mary Larkin, RN, MSN)

#### Overview

The Massachusetts Organization of Nurse Executives (MONE), as the voice of nursing leaders in Massachusetts, has been studying professional practice models and practice environments in the state since 2003, with the purpose of making recommendations for ideal practice environments available to their membership. This work is part of a 3-year strategic plan to establish a statewide platform for exemplary nursing practice and ideal practice environment by December 2007. The MONE Management of Practice and Research Committee's 2006-2007 charge is to develop and disseminate proposed critical elements for ideal nursing practice models and ideal practice environments.

The Management of Practice Committee developed a survey to collect information on current practice models and new practice initiatives in the state. This survey was called the Professional Practice Environment Survey and can be found at the end of this section. The surveys were distributed via email to the MONE membership in September 2006, asking for one response from each hospital represented by the membership (n=72). The survey, developed by the Management of Practice Committee, consisted of five questions including whether the facility had a professional practice model, and if so a description was requested, whether the facility had a defined patient care delivery system and if so describe, and the last question asked for examples of significant work or practice innovations.

#### Results & Conclusions

A total of 26 surveys were returned, representing 25 facilities in Massachusetts. This was equal to a response rate of 35%. Tertiary/academic centers represented 56% of the sample, 20% were community/non-academic, 16% were classified as other (rehab/non-academic, ambulatory, quality improvement organization), and 2% were specialty/academic. Out of the 25 facilities responding 16% had achieved Magnet status.

The number indicating that they had a defined professional practice model at their facility was 16 or 64% of the sample, with 9, or 36% indicating that they did not have a defined practice model. For the purposes of the survey, a professional practice model was defined as a system (structure, process, and values) that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered (Hoffart & Woods, 1996).

Responders were asked to describe their practice model if they answered question number one affirmatively. The most frequently expressed themes were the following: Shared governance, multi-disciplinary collaboration, and models based on theoretical frameworks such as Benner's Novice to Expert, Watson's Theory of Caring, Henderson's Professional Nursing and Orem's Self-care Theory.

The response to question number three indicated that 19, or 76% of the sample did have a defined patient-care delivery system at their facility. The most frequently occurring themes for the type of delivery systems were primary nursing, collaborative or interdisciplinary approach, total patient care, patient focused care, family centered care, relationship based care, and primary care.

The themes described by the respondents were classified according to delivery models described in the literature (Tiedeman & Lookinland, 2004, Person, 2004). Using the classification from the literature, the largest percentage were using primary nursing (32%), the next most frequently utilized delivery system was relationship based (25%), total care (18%), team systems (14%), and functional system (11%).

The final question asked for an example of significant work or a recent practice innovation at the facility. Examples of practice innovations were summarized using qualitative data analysis methods and included simulator training programs, caring moments, clinical ladder/recognition programs, electronic documentation projects, interdisciplinary rounds, peer review, research committees, communication improvement projects, and one site developed a professional practice environment assessment scale. The practice innovations were categorized according to the 2004 Nursing Organizations Alliance (NOA) Principles and Elements of a Healthful Practice/ Work Environment.

The NOA elements that were most commonly expressed in the survey responses were communication rich culture (64%), collaborative practice culture (56%), and a culture of accountability (52%). Only 20% of the responses reflected NOA elements four and nine, presence of adequate number of nurses and recognition by nurses for their meaningful contribution to practice.

The facilities that had a defined professional practice model showed on average, more NOA elements in their responses. The mean number of NOA elements present for those 16 facilities was 4.6, with a range of 0-9 and more than half with 5 or more, while the mean for those without a professional practice model was 1.3, with a range of 0-3.

In summary, the results indicate that most of the responding Massachusetts facilities were utilizing a professional practice model and a defined care delivery system. The results revealed that some of the facilities were in a transition phase, either switching their model, or adapting one where they previously had no model. The nomenclature used to describe professional practice models and delivery systems varied, and were often used interchangeably indicating a need for standardization of terminology when discussing professional practice models.

Many of the elements of a healthful practice environment (NOA, 2004) were reflected in this sample, specifically a collaborative, communication rich culture and a culture of accountability. The elements of adequate numbers of nurses, presence of expert, competent leadership, and recognition by nurses of their contribution to practice were less often expressed.

The NOA elements of a healthy work environment can be used to guide the change process as nurse leaders strive to implement organizational initiatives to improve the work environment for their staff. A professional practice model and a well-defined care delivery system are integral to the conceptual basis for nursing care within an organization. Based on the results of this sample, having a professional practice model and the structure and processes in place to guide the delivery of care, makes the elements of a healthful work environment easier to visualize, target, and achieve. Incorporating the NOA elements to improve the work environment may be a strategy for nurse leaders to enhance staff satisfaction and thereby attract and retain more qualified nurses.

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## Professional Practice Environment Survey

Dear MONE Colleague,

The Management of Practice and Research Committees have been charged with developing a resource guide on ideal practice environments and nursing practice models. Please take a few moments to answer the following questions as your input will be invaluable in assisting us in achieving this goal. **We ask that you confer with colleagues in your organization and that only one completed survey be submitted per organization by a designated point person whom we can contact with any questions.**

**A professional practice model can be described as: “a system (structure, process, and values) that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered” (Hoffart & Woods, 1996, p. 354)**

**A patient-care delivery system can be described as: “an infrastructure for organizing and providing care to patients and families” (Person, C., 2004, p. 159)**

**1. Do you have a defined professional practice model at your facility?**

**? YES                      ? NO**

**2. If you checked YES to a defined model, please identify or describe it.**

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**3. Do you have one or more defined patient care delivery systems at your facility?**

**? YES                      ? NO**

**4. If you checked YES to defined delivery systems, please identify or describe all.**

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**5. Please provide an example of your most significant work or practice innovation that supports your delivery of patient care**

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**Thank you for your participation. Please return online by 9/15/06 to: [info@massone.org](mailto:info@massone.org)**

### Reference List

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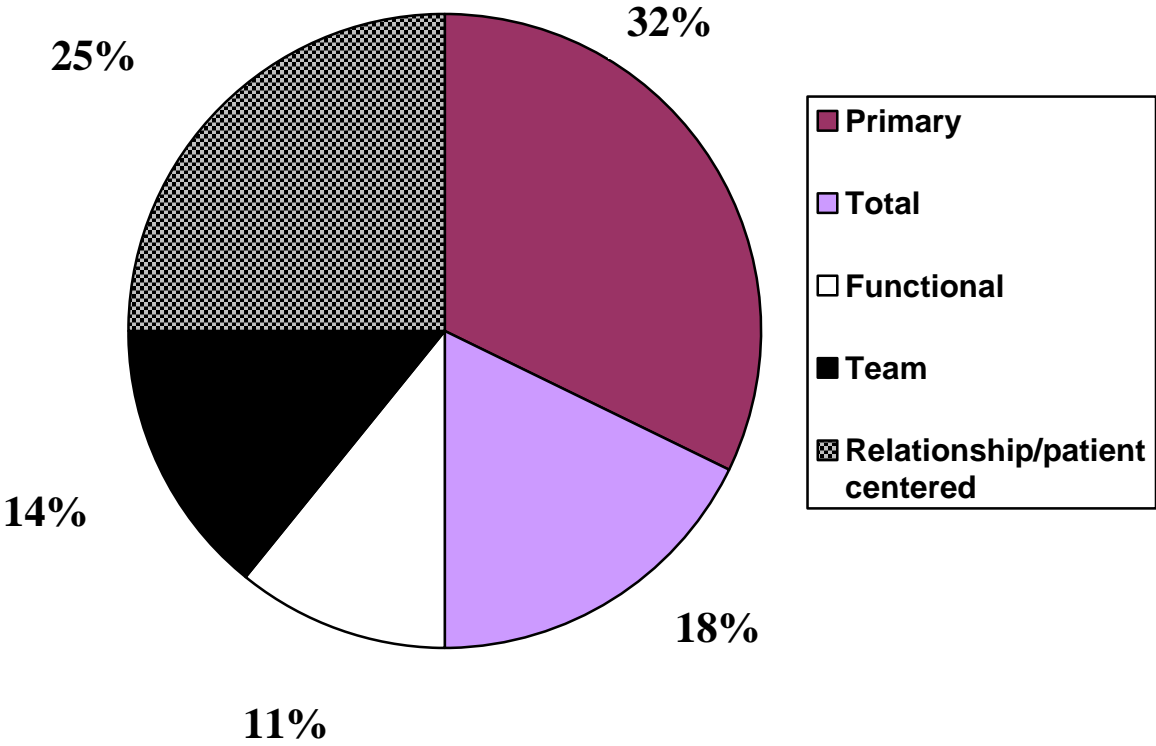
Tiedeman, M. & Lookinland, S. (2004). Traditional models of care delivery: What have we learned? *Journal of Nursing Administration*, 34(6): 291-7.

**Survey Results**

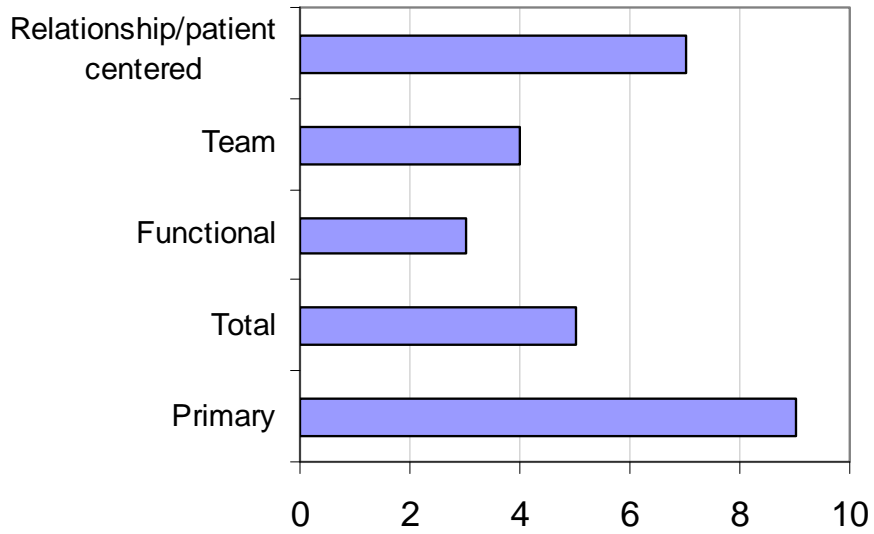
Type of Hospital / Affiliation

Community / Non-academic	<b>5 (20%)</b>
Tertiary / Academic	<b>14 (56%)</b>
Specialty / Academic	<b>2 (8%)</b>
Other (designated as rehab / non-academic; quality improvement organization)	<b>4 (16%)</b>
Total Respondents	<b>25</b>
Magnet Status	<b>4 (16%)</b>

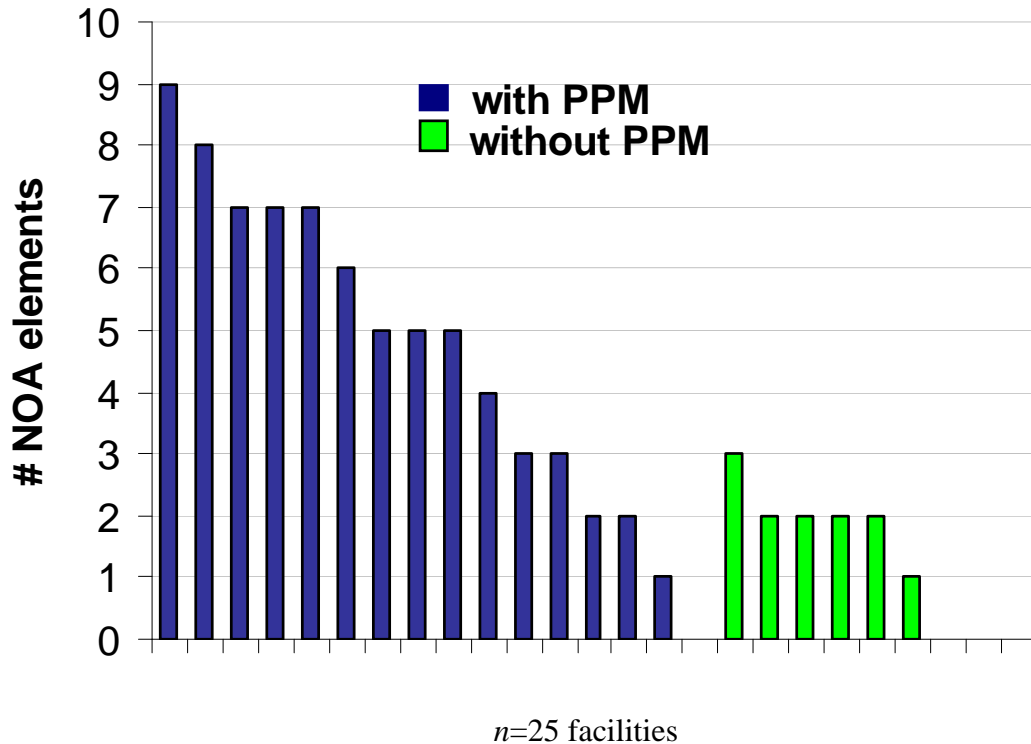
**Care Delivery Models MONE Survey Results**



## Reported Models



## NOA Elements in Facilities with and without Professional Practice Models (PPMs)



## B. MACN Survey Results

Greer Glazer (Research Committee) sent a request to the Mass Association of Colleges of Nursing deans for faculty work related to the NOA Principles in the fall of 2006.

### **1. The following represent presentations/abstracts were contributed by UMass Lowell. They represent work done in the area of occupational health and safety for nurses.**

Koren, A., Galizzi, M., Slatin, C., Sperrazza, K., Melillo, K.D., Mawn, B., Pearce, C., and PHASE-in Healthcare Research Team (2006). Reporting of occupational injuries in healthcare facilities: Findings from hospital, long-term care, and other settings. American Public Health Association's 134<sup>th</sup> Annual Meeting and Exposition, Boston, MA, November 4-8, 2006.

Hoff, L.A., Pearce, C.W., Melillo, K.D., Sperrazza, K., Slatin, C. and PHASE-in Healthcare Research Team (2006). Violence and abuse in healthcare workplace: The context for disparities. American Public Health Association's 134<sup>th</sup> Annual Meeting and Exposition, Boston, MA, November 4-8, 2006.

Hoff, L.A., Koren, A., Mawn, B., Melillo, K.D., Pearce, C. & Sperrazza, K. (2006) Culture of nursing: A factor in nurses' health and safety. American Public Health Association's 134<sup>th</sup> Annual Meeting and Exposition, Boston, MA, November 4-8, 2006.

Melillo, K.D., Lopez, C., Allosso, E., Ranieri, A., Sperrazza, K., Burlakoti, P., Driscoll, S., Wilson, B., Chandonnet, L., & Slatin, C. for the PHASE-in Healthcare Project (2005). Violence and assault of licensed nursing and CNA staff in long-term care: Case study analysis of two nursing homes. *The Gerontologist*, 45(Special Issue 11), p. 488.

Chalupka, S.M. (2005). Environmental health: An opportunity for health promotion and disease prevention. *Journal of the American Association of Occupational Health Nursing*, 53, (1), 13-30.

### **2. An integrative review of the literature was conducted by Barbara Weatherford, a member of the UMass Dartmouth School of Nursing faculty.**

**Introduction:** Professional practice environments (PPE) in acute care hospitals have been shown to be positively related to clinical and administrative outcomes. The individual components of a PPE include autonomy, control over practice, nurse/physician relationships and supportive leadership.

**Objectives:** An integrative review of the theoretical and empirical literature focusing on the factors comprising a PPE in the acute care environment was conducted. The specific aims were: 1) to determine coherency of the variables used to describe a PPE and, 2) to identify gaps in current research related to PPE.

**Data Collection and Analysis:** A total of 686 unduplicated articles were initially identified using specified search criteria in electronic data bases and other search methods. A rating system for relevance and rigor determined a final database of 48 articles reviewed for this study. A matrix method of data display in tables was utilized.

**Results:** There is consistent definition of PPE and use of terms. Theoretical frameworks are lacking in PPE research impacting the establishment of credible measurement tools and the design and evaluation of interventions to enhance a PPE. There is support for the value of a PPE. Studies looking at nurse sensitive outcomes should also include an assessment of the PPE to strengthen the evidence linking PPE to patient outcomes. There is good support for the value of a PPE and that Magnet recognition supports a PPE. Further research is needed on the benefits of Magnet recognition and whether other forms of organizational excellence can support a PPE.

**3. Faculty at Simmons College** are doing research on:

- a. Identifying facilitators and barriers to scholarly nursing practice in the clinical practice setting
- b. Shared decision making related to patient rescue in the ICU

Contact person: Judy Beal DNSC, RN  
Professor and Chairperson of Nursing  
Judy.beal@simmons.edu

## Section II: Selected Review of Publications

### Work Environment Instruments (Patricia M. Noga, RN, MBA, CNAA)

The final charge of the MONE Management of Practice Committee for 2006-2007 is to create a state-wide organizational practice environment self-assessment tool for organizations to utilize on an ongoing basis. After a thorough literature search and review by both the Practice and Research Committees, the committee members recommended that rather than creating a new tool, information regarding three existing tools be shared. A brief synopsis regarding each tool follows, as well as pertinent reference information. This section included review and comments by Dorothy A. Jones, EdD, RNC, FAAN and Christopher R. Friese, RN, PhD, AOCN.

#### Practice Environment Scale of the Nursing Work Index ©

The Practice Environment Scale of the Nursing Work Index (PES-NWI) is suggested as the most useful instrument, based upon a study conducted to identify published instruments to measure the nursing practice environment (Lake, 2007). The instrument contains 31 items that capture particular aspects of nurses' environments, with 5 subscales of different concepts. The subscales are Nurse Participation in Hospital Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations (Lake, 2007). In studies utilizing the PES-NWI tool, there have been linkages proposed between nurse practice environments (Tourangeau, et. al., 2007), (Laschinger, et. al., 2006), (Friese, in press) and patient outcomes, and between nurse practice environments and nurse outcomes (Friese, 2005), (Thomas-Hawkins, 2003), (Manojlovich, 2005). In 2004, the PES-NWI was chosen by the National Quality Forum (NQF) as a Nursing Care Performance Measure. In 2005, The Joint Commission on Accreditation of Healthcare Organizations developed specifications for implementation of the PES-NWI, as well as NQF measures. In 2006, the National Database of Nursing Quality Indicators (NDNQI) added the option of the PES-NWI to the annual nurse survey (Lake, 2007).

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Laschinger, H.K.S. and Leiter, M.P. 2006. The Impact of Nursing Work Environments on Patient Safety Outcomes. *Journal of Nursing Administration*. 36 (5): 259-267.

Manojlovich, M. 2005. Linking the Practice Environment to Nurses' Job Satisfaction Through Nurse-Physician Communication. *Journal of Nursing Scholarship*. 37 (4): 367-373.

Thomas-Hawkins, C. et al., 2003. Staff Nurses' Perceptions of the Work Environment in Freestanding Hemodialysis Facilities. *Nephrology Nursing Journal*. 30 (4): 377-386.

Tourangeau, A.E. et al., 2007. Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients, 32-44.

### **Professional Practice Environment Scale ©**

The Professional Practice Environment Scale measures eight characteristics of the professional practice environment in the acute care setting (Erickson, et. al., 2004). These characteristics were evolved from the magnet hospital study findings and organizational restructuring. The characteristics include leadership and autonomy over practice, clinician-physician relationships, control over practice, communication about patients, conflict management using a problem-solving approach, internal work motivation, and cultural sensitivity. The instrument, which contains items that capture particular aspects of nurses' perception of the professional practice environment, was developed, evaluated, validated, and revised at The Massachusetts General Hospital. Currently, the instrument contains 38 items measured using a 4 point Likert Scale. Eight components were shown, confirming the originally conceptually derived model's structure and accounting for 61% of explained variance. Cronbach's alpha coefficients for the eight PPE subscales ranged from .78 to .88. Finding showed the 38 item PPE Scale was reliable and valid for use in health outcomes research to examine the professional practice environment for staff working in the acute care setting. Continued testing of the Professional Practice Environment Scale is ongoing.

### **References**

Erickson, J.K., M.E. Duffy, M.P. Gibbons, J. Fitzmaurice, M. Ditomassi, and D. Jone 2004. Development and Psychometric Evaluation of the Professional Practice Environment (PPE) Scale. *Journal of Nursing Scholarship* 36 (3): 279-85.

The Staff Perceptions Survey accessed May 8, 2007.

[http://www.massgeneral.org/pcs/ccpd/cpd\\_staff\\_perceptions.asp](http://www.massgeneral.org/pcs/ccpd/cpd_staff_perceptions.asp)

### **Essentials of Magnetism Tool ©**

The Essentials of Magnetism Tool (EOM) measures the elements of a magnetic work environment that staff nurses consider needed to attract and retain nurses, to provide satisfaction, and to facilitate the delivery of quality patient care (Kramer and Schmalenberg, 2004). Hospitals considering magnet application can assess readiness for the magnet process by completing the tool survey. Magnet hospitals can evaluate themselves on the effectiveness of their respective magnetic work environment. The

instrument contains 65 items that capture particular aspects of the essentials of magnetism. The conceptual components are Cultural Values, Control of Nursing Practice, Supportive Nurse Manager: Leadership Behaviors, Supportive Nurse Manager: Managerial Behaviors, Autonomy, RN-MD Relationships, Clinically Competent Nurses/Support for Education, Adequate Staffing, and Delivery Systems. Evaluation of the tool has indicated that it is valid and reliable as a measure of components of a magnetic work environment (Kramer and Schmalenberg, 2004).

## References

Cimiotti, J.P. et.al. 2005. The Magnet process and the Perceived Work Environment of Nurses. *Nursing Research*. 54 (6): 384-390.

Kramer, M. and C. Schmalenberg. 2005. Revising the Essentials of Magnetism Tool. *Journal of Nursing Administration*. 35 (4): 188-198.

Kramer, M. and C. Schmalenberg. 2004. Development and Evaluation of Essentials of Magnetism Tool. *Journal of Nursing Administration*. 34 (7/8): 365-378.

American Nurses Credentialing Center. Magnet Recognition Program. Application Manual 2005.

## C. Models of Innovative Practice (Shirley J. Tierney, RN, MSN, CAGS)

- Hospital at Home Model  
This model originated at Johns Hopkins Hospital and Health Systems in Baltimore, MD. It provides hospital-level care to the patient at the patient's home. The model serves acutely ill, older persons who tend to do better and are more comfortable and safer in their own familiar milieu. It was found that this model achieved outcomes of fewer clinical complications, higher satisfaction and lower overall costs to the patients and to the institution.  
(<http://www.hospitalathome.org/DGM/hah/study.asp> Accessed 12/7/06)
- Transitional Care Model  
This model was innovated by the Hospital of the University of Pennsylvania. The model is that of advanced practice nurse-centered discharge planning and home follow-up intervention. The model serves elders at high risk for poor post-discharge outcomes which would most likely result in the patient's re-admission. The outcomes of this model were a reduction in re-admissions, increased intervals between discharge and readmission and lower health care costs.  
([www.nursing.upenn.edu/centers/hcgne/TransitionalCare.htm](http://www.nursing.upenn.edu/centers/hcgne/TransitionalCare.htm) Accessed 12/7/06)
- "Twelve-Bed" Hospital  
This model was originally conceived at Baptist Hospital in Miami, FL. The model consists of a key RN known as the Patient Care Facilitator (PCF) and units made up of no more than 16 beds. The PCF coordinates all aspects of the patients' care and oversees its delivery. Implementation of this model resulted in

increased employee, patient and physician satisfaction, reduction in length of stay, better continuity of care and better mentoring of novice nurses.  
([www.baptisthealth.net/bhs/en/article\\_detail/0,2240,3418\\_41480695\\_41782616,00.html](http://www.baptisthealth.net/bhs/en/article_detail/0,2240,3418_41480695_41782616,00.html) Accessed 12/7/06)

- **Collaborative Care Model**  
While this model is typically adapted within psychiatric care facilities, it was originally developed by Trinity Mother Frances Health System in Tyler, TX. Its premise was to “mix professionals” in delivering patient-focused care in order to address a mismatch between supply of and demand for patient care services. The model is comprised of four “targets” of care delivery: work assignments, decision making responsibility, inter-staff communications and the role of management. All model planning, implementation and evaluation was conducted at the unit level, including outcomes setting and monitoring. It was found that this model works best in conjunction with a well-defined professional practice model.  
*From:* Lake M, Keeling P, Weber G, Olade R. Collaborative Care: A Professional Practice Model. *JNurs Adm.* 1999;29(9):51-56.
- **Nursing Unit of the Future**  
The Nursing Unit of the Future was developed at the Cleveland Clinic, Cleveland, OH. It was established as a way to cohort new products, processes and systems into one area where the nursing professionals could experience, assess and evaluate them before accepting them and deploying to other nursing units or rejecting them as impractical or infeasible. The Nursing Unit of the Future is reminiscent of Rogers’ Diffusion of Innovation Theory where early adaptor RNs serve as “Champions of Change” and given the opportunity to be the hospital “test pilots” for its many nursing innovations.  
<http://cms.clevelandclinic.org/nursing/body.cfm?id=8> Accessed 12/7/06

#### D. **Magnet** (Elizabeth Allen RN, MSN)

##### **Background**

In 1981 the original Magnet Study was undertaken by the American Academy of Nursing to study the organizational characteristics of forty one hospitals which had been identified as successful in retaining and recruiting nurses during a period of nursing shortage. Results were published in 1983. These hospitals were described as “magnets” for competent nurses. The hospitals were able to facilitate work environments which fostered a culture of quality and resulted in positive patient outcomes. The areas of administration, professional practice and professional development were the foci of examination. From these, the fourteen “Forces of Magnetism” were identified as the constructs which created a Magnet environment. Building upon this work, a pilot program for Magnet recognition was implemented in the early 1990’s. The first Magnet award was given in 1994 to the University of Washington Medical Center in Seattle. In 1998 long term care facilities were included and in 2000 international health care organizations. In addition, the Scope and Standards for Nurse Administrators is utilized in concert with the 14 Forces of Magnetism to provide the building blocks to create a professional work environment along with state and national guidelines, professional associations and standards of

practice. (ANCC Magnet Application Manual, 2005)

### **Literature Review**

A literature search was done through Ovid searching for articles which were related to the Magnet accreditation process and nursing work environments.

Keywords used included:

- the magnet process
- perceived work environment of nurses
- clinical nurse specialists
- job satisfaction
- nursing management
- organizational culture
- empowerment, attitudes
- patient satisfaction
- personnel retention

Articles utilized were dated from 1998 to 2006. The Magnet Application Manual published by the American Nurses Credentialing Center 2004 was also a source. The writer has also reviewed numerous articles obtained through CINAHL.

### **Key Themes:**

- Autonomy, empowerment, and job satisfaction are linked
- Professional work environment
- Recruitment and retention strategies for the nursing workforce
- Creating an Magnet culture, transformation during the process
- Existing and ongoing body of nursing research which is examining the Magnet accreditation
- A positive relationship to the Magnet culture and quality patient care

### **Summary**

The current reality and prediction of an ongoing nursing shortage is an issue for all settings where care is provided by the professional nurse. Job satisfaction and commitment to the retention and recruitment of the nursing workforce is an area of heightened interest driven by this supply and demand in the marketplace. The US Department of Labor projects that employment for registered nurses will grow more rapidly than for any other occupation through 2012, with an increase of 27.3% in the number of new jobs. Factors contributing to this need include an aging workforce, new innovations in health care i.e. technology, inadequate nursing faculty to educate the "next generation" and an aging population with extended life expectancies. (Brady-Schwartz, JONA, 2005). Addressing these issues has been an ongoing effort in the healthcare world. Nursing research has focused on studying the work place environment which creates the culture in an institution which is either successful or not in retaining and attracting professional nurses.

What is also emerging is a body of work which is examining how patient outcomes are related to not only staffing but quality of care. The relationship to effective outcomes and the basic tenets of the Magnet culture are thought to be positively related. Therefore the underpinnings of the Magnet culture which are exemplified in the fourteen Forces of Magnetism are constructs which hold value by ensuring that the environment for the professional nurse also benefits the entire

organization, respects and welcome interdisciplinary communication and focuses on quality of patient care. They can be translated into multiple practice settings and can co-exist alongside other regulatory accreditations

The key characteristics of Magnet hospitals identified by McClure et al. (1983) are administration, professional practice and professional development. The shared values which become actualized and operationalized create a shared language for nurses and their leaders. Attention to educational development, competitive salaries, and ownership of the environment by direct involvement in shaping decisions, professional autonomy and use of evidenced based practice are concepts which come alive through the accreditation process. (Pinkerton, Nursing Economics, 2006). Integration of the Fourteen Forces of Magnetism spurs the healthcare organization to implement an expectation of the importance of an educated staff. The educational strengths build the basis for professional autonomy, competence and collegial relationships (DeSilets and Pinkerton, Journal of Continuing Education in Nursing, January/February, 2005). The literature suggests that nurses seek out environments in which they see competence and support for professional development as a reflection of the organization's value for nursing as a profession and for quality patient care.

A related development from the Magnet accreditation process has been the expectation that hospitals which have achieved Magnet status mentor those in the process of application. The web of collaboration which can evolve is truly representative of the greater nursing community's desire to affect a standard of excellence in all settings where patients receive care. Chief nurse executives and Magnet coordinators identified common themes in approaching the process. These included:

- Securing buy in from key stakeholders
  - Celebrating
  - Using external consultants
  - Putting the structure in place
  - Communicating frequently
  - Educating
  - Mentoring by magnet hospital staff
  - Telling the story
  - Paying the costs, personnel and others
- (Havens and Johnston, JONA, 2004)

The 2005 Magnet application manual addresses and expands on explanations of the Fourteen Forces of Magnetism. The categories are as follows:

- Quality of nursing leadership
- Organizational structure
- Management style
- Personnel policies and programs
- Professional models of care
- Quality of care
- Quality improvement
- Consultation and resources
- Autonomy

- Community and the hospital
  - Nurses as teachers
  - Image of nursing
  - Interdisciplinary relationships
  - Professional development
- Source: Urden and Monarch 2002, p. 106-10

The tenets of these forces build an infrastructure which promotes a healthy work environment for the nurse and across the healthcare organization. The benefits of this accreditation continue to be the subject of ongoing research and also reflect the principles of excellence in management in other business arenas. The process of accomplishing these forces and providing the supporting evidence creates the Magnet environment through a dynamic examination of organizational culture across disciplines. The process invites improvement and supports best practices both clinically and for the greater organization by fostering respect and expecting the highest standards of care.

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## **E. Collaboration: Collaborative Practice Culture** (Donna T. Gemme, RN, MS)

### **Overview**

- Nursing leaders are continuously challenged to recruit qualified nurses and to establish a collaborative and rewarding work culture that promotes nurse satisfaction and retention
- There is increasing evidence that aspects of organizational culture play key roles regarding organizational outcomes. In healthcare organizations, these constructs may have important effects on health service related outcomes
- Nurses' responsibility in creating nurse-friendly culture and healthy work environment
- Nurse-physician relationships-impact on nurse satisfaction, retention, and patient care outcomes
- Group cohesiveness and nurse satisfaction related to orientation, ongoing development and trust
- Creating culturally competent organization – impact on diversity in the workplace

### **Key Themes**

Review of literature identified the challenges facing healthcare organizations in addressing the nursing shortage. Numerous studies have been conducted on nurse satisfaction in efforts to reduce turnover and create enriched and fulfilling work culture environments. There has been a recent focus in many organizations to build or “re-build” the healthy work environment which is comprised of many attributes identified in the literature reviewed:

- Supportive nurse leaders who promote communication and empowerment of nurses

- Promotion of collaborative practice environment
- Receiving respect from CNO, CEO and senior management team
- Physician – RN relationship: respect and support for addressing unacceptable and disruptive behavior
- Available education and continued development of nursing staff

## **Challenges**

Numerous challenges to achieve and sustain collaborative practice culture were identified and impact several layers of any organization. Overall the areas that impact care are central around the patient outcome as it relates clinically to their physical outcome; in addition, and as important is their perception of their care and patient satisfaction.

- Examination of the work environment to identify the areas of concentration: at the unit, division, and organizational levels.
- Educational training to all levels of organization to create the culture
- Ongoing and supportive programs to sustain the system-financial impact
- Measurable outcomes and report cards to demonstrate actual vs target goals
- Resource personnel to support the nurse managers-educators, clinicians, staff support
- Communication with all levels of staff to keep momentum moving forward

## **Innovations**

- Leadership competency development with ongoing education to support training on conflict management, team building (Hill, 2003).
- New patient model development which incorporated coordination and oversight of team (social work, pharmacist, dietitian, clerks, escorts) reporting to nurse manager-new title “PCC” patient care coordinator.
- Development of Nursing Diversity Strategic Plan (Frusti, Niesen, & Campion, 2003).
- Assessment of unit group cohesion through survey and plan for team sessions (DiMeglio et al, 2005)
- Development of mentor program with attention on transition, socialization, and integration of new staff (DiMeglio et al, 2005)

## **Summary**

Efforts to implement strategies to support professional work environment is paramount to addressing the nursing shortage that continues to escalate. The most successful models involved unit based initiatives to address individual work environments and collaborative practice teams. The focus of organizational support through professional educational development is critical for success. Nursing turnover reductions and improvement in unit climate has been affected by programs supporting team performance, code of conduct rules, communication programs- recognizing feedback from all parties involved. Integrated support from multidisciplinary leadership to foster collaboration involves empowerment of staff and promotes positive unit morale. Financial support is critical to the ongoing success of such programs.

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## E. Adequate Staffing: The Presence of Adequate Numbers of Qualified Nurses (Shirley J. Tierney RN MSN CAGS)

### Overview

In 2004, The Nursing Organizations Alliance (NOA) assembled a list of 9 key factors they believed to be the supporting cornerstone of what they termed the "Principles and Elements of a Healthful Practice/Work Environment. Principle number four is concerned with "the presence of adequate numbers of qualified nurses, [their] ability to provide quality care to meet client/patient's needs" and achieve and sustain a "work/home life balance". It is widely believed and accepted that the creation of a healthful practice environment lends itself to the overall improvement in staff retention and a decrease in turnover, reported "burnout" and expressed and perceived

dissatisfaction. Several factors have been identified towards creating and promoting a healthful work environment including the provision of “adequate” staffing levels.

### **Literature Review**

A literature search was conducted to include articles of relevance as of the year 2000. PubMed, CINHALL, OVID and Medline, in addition to the World Wide Web via Google, were queried using the following key words and phrases:

- Nurse / RN Recruitment
- Nurse / RN Retention
- Practice Environment / Professional Practice Environment / RN Practice Environment
- Staffing Ratios / RN Staffing Ratios
- WHPPD
- Nurse satisfaction / RN satisfaction

### **Key Themes**

Several key themes were found throughout the results:

- What is thought to make up a good practice environment
- What are some predictors of an RN's intent to leave
- What do the staffing numbers / ratios suggest
- What is currently available in the literature that adds to the knowledge of establishing a healthful work/practice environment
- What knowledge / research is inadequate / missing in terms of completing the picture

### **Summary**

The literature tends to agree that nursing shortages are cyclical and longstanding in nature, although this past shortage cycle is longer than others preceding it (NEPPC Conference Report Series, July 2005). Although there are many articles written about the nursing shortage, methods of calculating the shortage i.e. how the authors arrived at their conclusion, are not always disclosed. While much of the literature suggests a national nursing shortage, it also suggests that this shortage varies widely by state, is not being experienced by several institutions, and recovery projections are correspondingly varied. The literature also agrees that the average age of a registered nurse is on the upswing (and thus there is a plethora of literature available regarding the “older RN”), and the more specialized the nurse (beyond the parameters of basic RN education and training), the more difficult to replace.

There are a variety of contributing factors towards patient outcomes. Among those cited in this literature review were: the number of staff nurses available to care for the patient, their education, the number of unlicensed / unskilled care providers relative to skilled / licensed caregivers, and the work environment and culture where the care takes place. There is much correlational data available that supports the notion that better staffing does equal better patient outcomes, but there is very little definitive causal data relating the two. (Sugrue, 2005) (Kane, Shamliyan, Mueller, Duval & Wilt, 2007). The literature reveals that there is a wide variation among medical-surgical RN-to-patient ratios among a variety of institutional types with apparently no strong supportive evidence of better patient outcomes or higher patient satisfaction. In addition,

there are several references keying on the practice environment relative to identifying predictors of an RN's intent to leave.

### **Challenges Suggested through the Literature Search**

- Positively identifying and definitively linking patient outcomes to current staffing numbers
- Further study relative to finding supportive evidence that changing staffing levels result in changing patient perceptions: at what point is there a relationship between care given and perceived satisfaction?
- Increasing the granularity of the research down to the unit level to uncover further contributable factors.
- Building a national consensus around a formally acknowledged and acceptable RN staffing throughout all practice environments and settings.

The literature also included some innovative approaches to the *study* of further understanding the constitution of adequate numbers of qualified nurses and factors contributing to a healthful practice environment. Among these were:

- the establishment of unit-based metrics, goal setting and decision making (Bolton et al, 2003)
- the application of "Human Capital Theory" to nursing turnover (Jones, 2005)
- utilizing the notion of "job embeddedness" (Houlton, 2004)
- measuring "Nursing Intensity" (Seago et al, 2004)
- further application of tools such as the Nursing Work Index Revised-B, Practice Environment Scales and the Individual Workload Perception Scale (Arford & Zone-Smith, 2005)
- the application of "Optimization Techniques" for determining "optimum" number of nurses needed (Lewis, 2005)

The literature also suggests that perhaps a statewide classification system might be helpful in understanding differences among various caregivers in a variety of settings.

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## **F. Professional Development: The Encouragement of Professional Practice & Continued Growth & Development**

(Theresa Souza RN, BC, MSN and Suzelle Saint-Eloi RN, MS)

### **Overview**

A rapidly evolving healthcare environment with aging workforce and a national nursing shortage has created many challenges and a call to action. Ongoing nursing education and clinical competence is on the forefront for change. Nursing leaders and healthcare organizations have recognized and are responding to the need for better prepared and well-educated professional nurses. As a key factor for viability and growth joining forces with professional nursing organizations, colleges and universities will encourage nursing education, create positive patient outcomes and invest in a more qualified workforce (Copeland, 2005).

Nursing professional development as defined by Scope and Standards of Practice from the ANA is a “lifelong process of active participation by nurses in learning activities that assist in developing and maintaining the continuing competence, enhance their professional practice, and support achievement of their career goals.” More challenges continue with advanced technology in healthcare today requiring diverse skills to maintain competence. Benner’s stages of nursing development from novice to expert recognize that a professional practitioner learns through educational opportunities and socialization into practice by other practitioners (Benner, 2000).

Management of ongoing learning by individual nurses and leadership encouragement and support will develop a patient trajectory of quality, safe care delivery. Life long learning can be achieved through academia, continuing education, and organizational staff development programs. Healthcare organizations must be committed to providing and enabling practitioners to attend educational programs. Clinical competence through knowledge and skills will provide nurses the opportunity to deliver care effectively and efficiently in a safe, evidence-based environment (Lannon, 2007).

### **Literature Review**

Search of PubMed, CINHALL and Medline included the following key words and phrases:

- Recruitment and Retention
- Professional Practice
- Continuing Education
- Career Long Learning
- Excellence in Nursing Care
- Organizational Support
- Certification
- State requirement for license renewal

### **Key Themes**

Many organizations are embarking on their Magnet journeys, striving to retain a Magnet culture or moving towards advancing the strategic direction of the practice environment. Regardless of the practice setting, encouragement of professional practice and continued growth/development resonates from the literature.

Review of literature illustrated many challenges and opportunities for professional nursing education and competence. Several themes related to professional practice and continued growth and development were identified. They are as follows:

- Clinical competence: Barriers of competent care delivery include aging workforce and national nursing shortage
- Ongoing education: Identification and acceptance that a professional nurses' commitment requires life long learning and is crucial to a nurse's development
- Quality leadership: Limited numbers of organizations support continuing professional education opportunities (financial and time allotment)
- Continuous evaluation: The highest degree of professional nursing is variable and continuously assessed
- Positive mentoring experiences: Certification is recognition of specialty practice and acknowledgement of practice expertise (link identified between high confidence and increased clinical knowledge and increased job satisfaction)
- Collegial relationships (nursing and multidisciplinary members) promote team work and team effectiveness

### **Challenges**

Several issues were identified throughout the literature related to continued growth and development for the professional nurse. Furthermore, the shift from widely accepted methods to innovative practices bears some challenges. For example, topics such as models of care and technology were not addressed. While these items are not imbedded within the principles, there should be consideration for application to the innovations.

It is evident that ongoing education is crucial to safe, effective patient care delivery and positive patient outcomes. The challenges were in how to accomplish a standard practice to maintain clinical competence? The following key challenges were identified:

- No standard organizational practice to maintain competence, many inconsistent practices exist with variable opportunities based upon organizational position
- Very limited organizational support for furthering educational degrees and pursuing certification in specialties
- Very limited opportunities for education at the bedside practitioner level with inconvenient time offerings
- Debate to whether accumulation of contact hours equals clinical competence (this is presently the only quantifiable data, there is no other current substitution to insure competence)
- Inconsistent minimum degree for RN professional practice
- Lack of state board nursing requirements for contact hours to renew license (Currently 30 states require contact hours)
- Inconsistent value of certification in specialty (does it affect nursing excellence, is there a link between certification and patient outcomes?)
- Utility and applicability of concepts gained from educational programs? Do they offer quality and subsequent positive practice changes and improved patient outcomes?

### **Innovations**

There were several organizational specific innovations identified in the literature. It was evident that nursing leadership has recognized the educational gap for continued

clinical competency and are embracing and piloting strategies to fill this gap. Nurse leaders are challenged to create an environment that supports development of professional nurse competence to achieve excellence in patient outcomes. The following innovations were identified:

- Nursing Grand Rounds to support learning opportunities and promote on the job professional development (Lannon, 2005).
- A Certificate Program to provide nurses opportunity to refresh study skills to return to academia and advance degrees (Craven, et.al. 2003).
- Organization support for attainment of National Certification in specialty. The certification recognizes nurses' knowledge and expertise. Certified nurses have a higher perception of empowerment, which results in improved work effectiveness (Piazza, et.al, 2006).
- A Peer Competency Pilot Validator Model that focuses on competency assessment by trained peers at the bedside or at point of care. This Pilot resulted in improved learning, decreased education costs and improved patient outcomes (Ringerman, 2006).
- A Professional Nursing Practice Program that was developed from Benner's work of 4 levels of practice novice, competent, proficient and expert. Its purpose was to support growth of nurses, stimulate a satisfying work environment and promote individual practitioner success. The outcome resulted in a positive impact on quality of patient care and recognition and rewards for professional growth and application of clinical nursing expertise (Robinson, 2003).
- An innovative approach to providing staff with opportunities for continued education (Billings et al, 2004).
- An analysis exploring the role and impact of moral and ethical reasoning and developing in staff nurses (Andrews, 2004).
- An innovative approach integrating the RN performance appraisal and clinical ladder evaluation tool (Schoessler et al, 2005).
- A variety of non-traditional approaches to nursing education are presented. Examples include: mobile devices, electronic games and simulations, virtual reality (Neuman, 2006).
- Project from United Kingdom describing innovative approach used to establish the clinical facilitator role for newly licensed nurses (Kelly et al, 2002).
- Article pointing to the significance of maximizing on-line resources to assist nurses with access to resources to facilitate competency (Hegge et al, 2002).

## **Summary**

Innovative practice environments attract and retain skilled nurses and enhance quality outcomes. Professional practice environments must be created that allow nursing to evolve to its' fullest potential. Nurse leaders must foster a link to achieving excellence in practice through professional educational development.

Professional practice will be enhanced through empowerment and educational opportunities. Continuing education and ongoing learning with organizational support and a team approach among nurses; colleges, professional and healthcare organizations will enhance clinical competence and support evidence-based nursing care delivery.

The literature review has resulted in the following continuing education opportunities and required support:

- CEU's programs with follow up validation of outcome learning
- Professional practice programs
- Peer competency programs
- Certificate programs
- Nursing Grand Rounds
- Onsite specialty certification reviews with financial incentives
- Education programs brought to the bedside
- Financial support and incentives for advanced education and certifications
- Establish partnerships with academic institutions
- Offer scholarships for RN to BSN programs

Nurses and professional organizations are key stakeholders in promoting excellence among today's nursing workforce. Lifelong learning and clinical competence demonstrates a commitment to disease management, health promotion and quality, positive patient outcomes.

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## **G. Recognition** (Jane Brightman, RN. MS)

### **Overview**

“Recognition has been identified as a key contributor to nurses’ job satisfaction and retention. Conversely, lack of recognition has been ranked as one of the primary causes of discontent in nursing.” (Cronin & Becherer, 1999) A recognition system is most effective when based on approaches that are valued by staff; best achieved through a balance of monetary and non-monetary approaches. (Cronin & Becherer, 1999)

### **Key Themes**

Themes related to recognition, identified in current literature, include:

- Competitive compensation. (Cronin & Becherer, 1999),(Ernst et al, 2004), (Miller et al, 2000), (Upenicks, 2003).
- Recognition of staff as partners in the organization’s success. (Jones, 2005), Miller et al, 2000), (Upenicks, 2003).
- One on one feedback. (Cronin & Becherer, 1999),(Ernst et al, 2004),
- Public recognition. (Hughes, 2004), (Ernst et al, 2004), (Cronin & Becherer, 1999), (Krugman et al, 2000).
- Professional development opportunities. (Ernst et al, 2004), (Cronin & Becherer, 1999), (Krugman et al, 2000), (Benner, 2001).

- Essential role of nurse manager in recognition.(Ernst et al, 2004), (Cronin & Becherer, 1999), (Force,2005), (McNeese-Smith, 1997), (Ma et al, 2003).
- Ensuring that methods of reward and recognition are those valued by staff. (Cronin & Becherer, 1999), (Ernst et al, 2004), (Letvak, 2002), (O'Brien-Pallas et al, 2004).

## Challenges

Recognition is not “one-size fits all”. A reward is meaningless if it is not valued by the recipient. “Little research has been done that focuses on the content or process of recognition to nurses.” (Cronin & Becherer, 1999) Challenges to the development of a recognition system which results in staff motivation and job satisfaction exist. Examples include:

- Individual nurse variables such as age and longevity on unit. (Ernst et al,2004).
- Economic environment. (Cronin & Becherer, 1999).
- Increased demand for the expertise and time of experienced nurses in addition to own patient assignment. (Ernst et al, 2004), (O'Brien-Pallas et al, 2004).
- Nurse leaders who have not routinely experienced recognition in own careers and may not have the necessary skill sets. (Ernst et al, 2004), (McNeese-Smith, 1997).
- Not understanding what staff nurses value. (Cronin & Becherer, 1999).
- Horizontal Violence. (Farrell, 2001), (Daisiki, 2004).

## Innovations

In the commemorative edition of Benner’s “From Novice to Expert – Excellence and Power in Clinical Nursing Practice”, the opening statement of “Focus on Excellence”, a chapter authored by Jeanette Ullery states, “There is much in the literature about the need to recognize and reward the staff nurse, yet so few examples of how recognition has been accomplished.” Because we found that this statement still holds true, we have chosen to include some examples of recognition and rewards shared by members of the Management of Practice Committee along with two examples from the literature.

- **“Savings Sharing” (Jones, 2005)** Creative approach by an Ohio Healthcare System to deal with challenges resulting from nursing shortage. The goal was to develop “a program that could be implemented in a simple fashion and have greater emphasis on placing control in the hands of practicing nurses.” Limited but sound success was realized; long term success not demonstrated at time of publication. Indications of positive employee perception of administration noted.
- **“Focus on Excellence” (Ullery in Benner’s book, 2001)** Detailed description of a program, at a facility in Boise Idaho, which provides recognition as well as assisting in development of staff’s clinical knowledge and continued quest for excellence in nursing practice. This stimulating program stems from a symposium, “Focus on Excellence”, sponsored by an appreciative patient and family with the stipulation that it contribute to the knowledge and skills of the majority of the nursing staff at the facility. Ninety-five percent of the nursing staff – registered nurses and licensed practical nurses – was in attendance.

- **What’s Happening at Home? (Management of Practice Members)** What follows is a glimpse at some examples of recognition and rewards which are in place right now and right here in Massachusetts:
  - **Caritas Norwood Hospital**
    - ◆ *Nurse of Distinction Award* – An annual award given to nurses, recognized by their peers for outstanding contributions to patient care, nursing practice and service excellence.
    - ◆ Recognition in Publications: *Nursing Annual Report*, monthly internal newsletter, *e-connection*. In addition, staff’s names and contributions are sent to *Nursing Spectrum*, *Advance*, and *On Call* magazines.
    - ◆ *Spot awards* given by nurse managers to staff who have demonstrated excellence in patient care and service; going above and beyond in any aspect of practice and care. Recognition given at the time of staff’s contribution.
    - ◆ VP Patient Care Services/CNO sends letters to staff’s homes thanking them for their contributions.
    - ◆ *Rounding for Outcomes* – Rounds are made several times a month by members of Senior Leadership to various departments and clinical units. Among other inquiries, staff are asked who they would nominate for recognition and why. The resulting stories are reviewed by all Senior Leadership who select which ones are to go to Frontline Leadership for recognition. The staff to be recognized attend the Frontline Leadership monthly meeting, the stories are read, and the staff are applauded for their contribution to meeting the CNH mission of providing exceptional care. The story is then published in *e-connection*
  - **Boston Medical Center**
    - ◆ *We Care Award* – Nursing participates in the monthly Medical Center award for excellence in patient care. Nominations can come from anyone who believes the staff member’s actions deserve housewide recognition.
    - ◆ *Website* has a “Happenings” section for ongoing nursing information and a “Kudos” section to recognize a nurse noted to be outstanding on the Press Ganey Survey.
    - ◆ *Nurses’ Day* – Annual formal recognition which includes 10 peer nominated awards for outstanding contributions to nursing and patient care as well as three awards named in honor of former nurse leaders.
    - ◆ All formal meetings begin with *Kudos* to staff for recognition, accomplishments, etc.
    - ◆ *Notecards* – Sent by leaders to staff for a job well done.
    - ◆ *Outside Awards* – Structure in place to ensure nominations are submitted for formal award opportunities such as Boston Globe, J and J, and Nursing Spectrum, etc.

- **Southcoast Hospitals Group**
  - ◆ *RN Certification Recognition* – During Nurses Week, all certified RNs are invited to a breakfast where they receive recognition and are awarded a Southcoast RN Certification Pin.
  - ◆ *Above and Beyond* – Upon receipt of a letter recognizing a nurse whose actions are clearly representative of the service priority “above and beyond”, the VP of Patient Services arranges for recognition of the employee to take place in her/his work area. At this time, the employee is photographed with the VP and then given a copy of the photo, in a frame embossed with the date, commemorating the recognition. She/he also receives a copy of the letter. The original is placed in the HR file.
  - ◆ *Quality Outcomes* – Individual or group recognized for a specific quality initiative receives a special framed certificate documenting the recognition.
  - ◆ *SOAR* – Individuals are recognized for their accomplishments in this Southcoast nursing publication.
  - ◆ *President’s Award* – Each year staff are asked to nominate peers who they believe role model the Southcoast cultural elements and service priorities in the daily course of their work. Those selected for the President’s award are formally introduced at the annual meeting of the Southcoast Hospitals Group, which is followed by a reception. Their photos are displayed at each of the three sites. This group is also treated to dinner and the theatre. Nurses have consistently been among the award recipients.
  - ◆ *Scholarship Raffle* – The Staff Professional Development Council sponsors a raffle to fund a scholarship to send a registered nurse to an educational conference.
  
- **Baystate Medical Center & Baystate Mary Lane Hospital**
  - ◆ *Clinical Ladder Program* – Novice Nurse is one with less than two years of experience. The next two ladder steps are based on repeated completion of specific objectives per domain and submission of a portfolio yearly to maintain a level or seek promotion. Specialty certification now required for top level.
  
- **Baystate Franklin Medical Center**
  - ◆ *Frontline Academy Education Program* – for those exhibiting leadership qualities.
  
- **Baystate Health System**
  - ◆ *Baystate’s Best* – system wide program which involves note cards received from patients, families, physicians, peers, etc. An individual who receives five of these cards is rewarded with a \$50 American Express Card. The name of each person who is recognized via a note card is entered into a monthly drawing for a basket and \$50 American Express Card.

- **Dana-Farber Cancer Institute**
  - ◆ *Annual Recognition Dinner* event where nursing and other patient care services staff are honored and receive recognition pertaining to professional development activities.
  - ◆ *Annual Preceptor Breakfast* event for all nursing and patient care services staff involved in precepting.
  - ◆ *A President's Award* for nurses who demonstrate ongoing dedication and commitment to providing the highest quality oncology care to patients, families, and the community.
  - ◆ *Awards for leadership, mentor and peer.*
  - ◆ *Tom Kloss Award* for compassionate care.
  - ◆ *Ellen Gabriel Travel Scholarship* to support continuing education.
  - ◆ *Excellence in Writing Award* for staff who have demonstrated excellence in writing manuscripts.
  - ◆ *Daisy Award* – Can be submitted by patients/families and fellow staff to recognize extraordinary nurses.
  - ◆ *Bonus Program* – Awarded quarterly to individuals that exceed their job requirements and/or demonstrate clinical expertise or professional accomplishments
  
- **Fairlawn Rehabilitation Hospital**
  - ◆ *Merit Gram* – Preprinted forms, located at each elevator, addressed to the CEO – helps to detail who is to be recognized and why. May be completed by patients, families and staff. VP of Nursing writes a note on Merit Grams for her staff and sends copies to the employee's manager and HR file. Managers often post these at the nurses' station. All names are entered into a quarterly drawing for a portable DVD.
  - ◆ *High Five* – Program recognizes staff for a specific reason and is published in house bulletin, *The Voice*.
  
- **Milton Hospital Emergency Department**
  - ◆ *Quarterly Drawing for \$100* – The ER Nurse Director collaborated with the ER physicians regarding the issue of nurse recognition; outcome was the initiation of a fund to support a \$100 quarterly drawing. The name of each nurse, who has been recognized in Press Ganey reports, or by a coworker, patient or other department, is placed on one side of a "star". On the reverse side is a notation about the recognition. These are all entered into the quarterly drawing.
  
- **North Shore Medical Center**
  - ◆ *Eleanor Broadhead Clinical Excellence Award* – Nominations from peers, colleagues, physicians, patients/families for an annual award during Nurses' Week Celebrations. Recipient receives a bracelet and certificate and has her/his name posted on a plaque.
  - ◆ *Nursing Leadership Award* – Nominations from peers, colleagues, physicians, patients/families for an annual award during Nurses'

Week Celebrations. Recipient receives a bracelet and certificate and has her/ his name posted on a plaque.

- ◆ *Blodgett Award for Outstanding Caregiver* (Salem Site) – Annual unit-based, cash award for one RN and one Nurse’s Aide on the medical unit. Nominated by staff.
- ◆ *Partners in Excellence Awards*: Awarded annually to individuals and/or teams to recognize outstanding performance and commitment to excellence.

○ **Massachusetts General Hospital:**

- ◆ *Yvonne Munn Research Award* -- Annual monetary award; funds 2 research studies by MGH nursing staff for the purpose of improving patient care.
- ◆ *Orren Carrere Fox NICU Caregiver Award* -- Annual monetary award; recognizes NICU clinicians caring for patients and families and demonstrating a commitment to patient centered care.
- ◆ *Marie Petrulli Award* – Two Annual monetary awards for MGH oncology nursing staff; recognizes caring, compassion and commitment to care of oncology patients.
- ◆ *Raphael Cronin Award* – Annual monetary award for MGH PH, (21 staff); recognizes caregivers for patient advocacy.
- ◆ *Cancer Career Development Award* – Annual monetary award (funds continuing education); recognizes an RN for outstanding practice in oncology nursing.
- ◆ *Ben Corrao Clanon Memorial Scholarship* – Annual monetary scholarship award; recognizes a NICU staff nurse for excellence and commitment to primary nursing.
- ◆ *Stephanie Macaluso Excellence in Clinical Practice Award* – Annual monetary award; recognizes a caregiver who demonstrates excellence in clinical practice and exemplifies the values supporting our mission.
- ◆ *Jean M. Nardini, RN, Nurse of Distinction Award*-Annual monetary award recognizing clinical nurses for leadership and excellence in practice.
- ◆ *Preceptor of Distinction Award* – Recognizes a member of the nursing staff who has provided outstanding mentorship and support for staff.
- ◆ *Clinical Recognition Program* – A formal program of advancement offering MGH nursing staff the opportunity to develop along the professional continuum from Novice to Clinical Scholar. Increases to base salary accompany the movement along the steps.
- ◆ *Partners in Excellence Awards* – Awarded annually to individuals and/or teams to recognize outstanding performance and commitment to excellence.
- ◆ *Nurse Recognition Week* – A full week of activities, learning opportunities and recognition events celebrating the contributions

and accomplishments of MGH nurses. Individual gifts are mailed to the home of every nurse.

- ◆ *Monthly Recognition of Professional Achievements* - Collated monthly and reported in internal and external publications. There include position changes, publications, certifications, educational advancement, public service activities.

## Summary

The literature indicates that recognition is related to job satisfaction and points to the need to seek approaches to staff recognition which are meaningful. Although salary is cited as significant, it has been demonstrated that meaningful recognition is also realized through non-monetary approaches. (Cronin & Becherer, 1999), (Ernst et al, 2004). It is essential to determine what is considered meaningful to the nurse(s) being recognized. "Pay strategies that reward nurses for what they bring to the job, how they use their skills and competencies, and the outcomes achieved by both the individual nurse and the nursing unit can provide a clear and powerful incentive for advancing quality care initiatives." (Cronin & Becherer, 1999). Strategies which take into account the needs of the aging workforce can assist in retaining the older nurse. (Letvak, 2002), (O'Brien-Pallas, 2004). Attention must be paid to ensuring that nurse managers have the necessary skill sets to carry out their role as key players in providing meaningful recognition to staff on an ongoing basis. (Ernst et al, 2004), (Cronin & Becherer, 1999).

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## Section III: National and State White Papers / Resources

### LEADERSHIP RESOURCES: (Paulette Seymour-Route RN, PhD)

The web-based resources described below can be accessed for viewing without membership or fees unless otherwise noted. (NB: All website reference access current as of May 31, 2007)

- A. American Organization of Nurse Executives: Guiding Principles for Future Care Delivery:**  
[http://www.aone.org/aone/resource/guiding\\_principles.html](http://www.aone.org/aone/resource/guiding_principles.html)  
\*Selected toolkit information requires membership code.
- B. Principles & Elements of a Healthful Practice/Work Environment:**  
<http://www.aone.org/aone/pdf/PrinciplesandElementsHealthfulWorkPractice.pdf>
- C. AONE Nurse Executive Competencies:**  
<http://www.aone.org/aone/pdf/February%20Nurse%20Leader--final%20draft--for%20web.pdf>  
Available for viewing (© 2005 AONE) reprint requests: [aone@aha.org](mailto:aone@aha.org)
- D. AONE Nurse Manager Leadership Collaborative Domain Framework:**  
<http://www.aone.org/aone/resource/NMLC/nmlcLEARNING.html>  
There is a Nurse Manager Inventory Tool available for viewing (© 2004 NMLC)
- E. American Association of Colleges of Nursing Nursing Shortage Resources** is a series of documents that address facts about the shortage, impact on patient care, strategies, legislation and workforce.  
<http://www.aacn.nche.edu/Media/shortageresource.htm>
- F. Hallmarks of the Professional Nursing Practice Environment (2002)**  
<http://www.aacn.nche.edu/Publications/positions/hallmarks.htm>
- G. Hallmarks of the Professional Nursing Practice Setting / Interview Tip Sheet**  
This brochure is intended for use by nursing school graduates when seeking employment. It is organized around the 8 key characteristics the AACN has identified.  
<http://www.aacn.nche.edu/Publications/positions/hallmarks.htm>
- H. American Association of Critical Care Nurses Healthy Work Environment homepage** within the AACN website contains a resource section that includes books, journals, and speakers.  
<http://www.aacn.org/AACN/hwe.nsf/vwdoc/HWEHomePage>
- I. AACN Standards for Establishing and Sustaining Healthy Work Environments, A Journey to Excellence (Executive Summary, 2005)**  
[http://www.aacn.org/aacn/pubpolicy.nsf/Files/ExecSum/\\$File/ExecSum.pdf](http://www.aacn.org/aacn/pubpolicy.nsf/Files/ExecSum/$File/ExecSum.pdf)

- J. AACN Standards for Establishing and Sustaining Healthy Work Environments, A Journey to Excellence (Full document, 2005)**  
[http://www.aacn.org/aacn/pubpolicy.nsf/Files/HWEStandards/\\$Files/HWEStandards.pdf](http://www.aacn.org/aacn/pubpolicy.nsf/Files/HWEStandards/$Files/HWEStandards.pdf)
- K. Transforming Care at the Bedside**  
<http://RWJF.org> Search TCAB
- L. National Council of State Boards of Nursing Working with Others: A Position Statement 2005** (Delegation)  
[http://www.ncsbn.org/working\\_with\\_others.pdf](http://www.ncsbn.org/working_with_others.pdf) (NB: MEMBER ID required)
- M. AMN Healthcare: 2007 Survey of Nurse Students**  
[http://media.corporate-ir.net/media\\_files/irol/13/130589/2007SURVEYOFNURSESTUDENTS.pdf](http://media.corporate-ir.net/media_files/irol/13/130589/2007SURVEYOFNURSESTUDENTS.pdf)
- N. Massachusetts Organization of Nurse Executives Management of Practice Committee Papers: Nursing Retention Practices, Creating a Healthy Work Environment**  
<http://www.massone.org> (NB: need to use Search function using “Creating a Healthy Work Environment” as key words).  
**Giving Voice to Values: A Vision and Guiding Principles for Nursing Practice in Massachusetts**  
[Http://www.massone.org](http://www.massone.org) (MONE Practice Reports)
- O. Annual Survey of Hospital Nurse Staffing Issues in Massachusetts Massachusetts Hospital Association and MONE**  
 (provided to MONE and MHA members)
- P. Massachusetts Board of Registration in Nursing Delegation** The Mass requirements for delegation are included on the website as well as numerous other references.  
[www.state.ma.us/reg/boards/rn/default.htm](http://www.state.ma.us/reg/boards/rn/default.htm)  
 (NB: Type in delegation under search and search in Health and Human Services section.)  
 There is also a slide presentation available:  
[http://mass.gov/Eeohhs2/docs/dph/quality/boards/nursing\\_faculty/delegate\\_supervise.ppt](http://mass.gov/Eeohhs2/docs/dph/quality/boards/nursing_faculty/delegate_supervise.ppt)
- Q. Patients First**  
**Homepage:** <http://www.patientsfirstma.org/index.cfm>
- R. Board of Higher Education/MONE Nurse of the Future** and other related nursing projects.  
[http://mass.edu/p\\_p/home.asp?id=9&iid=9.17](http://mass.edu/p_p/home.asp?id=9&iid=9.17)