



DATE: May 31, 2006

TO: Massachusetts Organization of Nurse Executives Members

FROM: Patricia Noga, RN, Chairperson, Management of Practice Committee
Janet Madigan, RN, President, Massachusetts Organization of Nurse Executives

RE: White Paper on "Giving Voice to Values: A Vision and Guiding Principles for Nursing Practice in Massachusetts"

Attached for your reference is a White Paper, *Giving Voice to Values – A Vision and Guiding Principles for Nursing Practice in Massachusetts*. This paper was developed by the Management of Practice Committee of the Massachusetts Organization of Nurse Executives. The information presented in the paper reflects the work of committee members and the participation of many nurses from MONE and member organizations throughout the state.

As background for the White Paper, the committee conducted a series of focus groups of Massachusetts nurses. Committee members then synthesized the focus group data and identified key themes related to nursing practice. These themes are reflected in the vision and guiding principles that are presented in the paper.

A number of committee members were instrumental in writing this White Paper. They include Lisa Colombo, Katherine McDonough, Patricia Noga, Maureen Schnider, Joyce Welsh, and Ellen Clemence. Committee members who helped shape the document by providing feedback include Deborah Bostic, Jane Brightman, Carol Conley, Tina Frazier, Kathleen Clark-Hussain, Susan Mangini, Cheryl Merrill, Christine Pouliot, Suzelle Saint-Eloi, Patti Shanteler, Theresa Souza, and Linda West.

We welcome your comments on the enclosed White Paper and hope that it benefits you and your future nursing practice.

**Giving Voice to Values –
A Vision and Guiding Principles
for Nursing Practice in Massachusetts**

*A White Paper developed by
the Massachusetts Organization of Nurse Executives
Management of Practice Committee*

The challenges that face nursing today and that will face the profession in the future demand innovative and creative solutions. As the voice of nursing leaders in Massachusetts, the Massachusetts Organization of Nurse Executives (MONE) is committed to playing a leadership role in addressing these challenges and to partnering with others to safeguard patient care, develop and support current and aspiring nurse leaders, and advance professional nursing and the practice environment. (See MONE Mission, Vision, and Values; Appendix 1) In 2004, MONE developed a Breakthrough Strategy that is directed toward achieving these goals and that will guide the organization's activities in 2004-2007.

As part of MONE's Breakthrough Strategy, the Management of Practice Committee was charged with defining a vision for the future of nursing practice in Massachusetts, and with proposing a set of guiding principles that nurse leaders can use as they shape the profession and create practice environments for the future. Creating a shared vision was viewed as an essential first step of the Breakthrough Strategy since, as noted by leadership experts Burt Nanus and Warren Bennis, "There is no more powerful engine driving an organization toward excellence and long-range success than an attractive, worthwhile, and achievable vision of the future, widely shared." (Nanus & Bennis, 1992)

As members of the Management of Practice Committee, we realized that the vision and guiding principles needed to reflect the values and beliefs of nurses practicing in Massachusetts, and determined that the development process would include focus groups with nurses throughout the state. Through the focus groups we hoped to gain insight into what attracts nurses to nursing and keeps them in the profession, and to identify elements that should be included in a vision for the future of nursing practice in Massachusetts.

The work described in this paper builds upon work completed by the American Organization of Nurse Executives (AONE), which has defined *Guiding Principles for Future Health Care Delivery* (AONE, 2004; see Appendix 2), and work by the Nursing Organizations Alliance (NOA), which has specified *Principles and Elements of a Healthful Practice/Work Environment* (Nursing Organizations Alliance, 2004; see Appendix 3). By tapping into the insight and wisdom of nurses in Massachusetts, we have been able to enhance and expand upon the principles articulated by AONE and NOA. Although the focus groups we conducted involved only a small sample of nurses practicing in Massachusetts, we found that the information and insights they yielded transcends practice settings and reflects a diversity of opinion that can serve as a basis for future studies involving larger samples of nurses.

In this paper, we describe the focus group process, discuss themes identified through a content analysis of comments offered by focus group participants, and review the literature related to nurses' values and beliefs. At the end of the paper, we propose elements to include in a vision for nursing practice, and guiding principles for nursing practice in Massachusetts.

Methods

A two-step process was used to develop the vision elements and guiding principles proposed in this document. As noted above, the first step involved conducting a series of focus groups among nurses who were currently practicing in Massachusetts. Twenty-two focus groups were conducted in October and November 2005. The focus groups were held at 19 different MONE member hospitals and were facilitated by members of the Management of Practice Committee. Focus group participants included MONE members along with other nurse leaders and staff nurses who practiced at the participating hospitals. Overall, 327 nurses (0.43% percent of nurses practicing in Massachusetts) participated in one of the focus group sessions.

During each focus group session, participants were asked to respond to the following three questions:

1. Why did you decide to become a nurse?
2. What keeps you in the profession of nursing?
3. It is five years from now – think about what we are doing differently and what is working well. Given that, what will need to be in place to help us achieve this future?

In responding to the first two questions, participants had to examine their own values and consider the values that drove them to choose and stay in nursing. The third question asked more directly for thoughts and ideas that would help us frame a future vision for nursing practice in Massachusetts.

The second part of the two-step development process involved analyzing statements obtained through the focus groups and identifying themes that would guide the development of the vision elements and guiding principles. At the end of each focus group session, the facilitators aggregated participants' responses by question and submitted their results to the Management of Practice Committee. The committee then reviewed the full set of responses for each question and grouped them according to theme.

The results of the analysis, including the demographics of focus group participants and themes uncovered through the analysis, are summarized in the following section.

Findings

Focus group demographics

The majority (96%) of focus group participants were female, and most (71%) were between 40 and 59 years of age. Sixty-three percent (n=207) had been in nursing for more than 21 years. On average, the educational preparation of nurses participating in the focus groups was higher than that of Massachusetts nurses as a whole or of nurses in the US: 72% of the nurses in the focus groups (vs. 49.7% of nurses in Massachusetts and 43% in the US) had a bachelor's or higher degree. (Massachusetts Association of Colleges of Nursing, 2005) Roughly half of the nurses said their primary area of specialty was medicine or surgery, although a wide range of specialties was represented, including administration, critical care, obstetrics/women's health, pediatrics, perioperative services, emergency services, psychiatry, and oncology. The majority of participants (69.4%) were from community/non-academic hospitals; 25.4% practiced in tertiary/academic settings and the rest practiced in specialty/academic institutions, specialty/non-academic institutions, rehabilitation centers, universities, or were self-employed. (See Appendix 4 for additional detail about the demographics of focus group participants.)

Findings related to each of the focus group questions are summarized below.

Question #1: Why did you decide to become a nurse?

Responses to this question revealed that the majority of participants were passionate about their career choice. Content analysis revealed three unique themes explaining why nurses participating in the focus groups chose to become a nurse: (1) personal motivators and the opportunity to make a difference, (2) the influence of others, and (3) available career choices or options.

Personal motivators/opportunity to make a difference – Nurses in the focus groups most often cited the ability to care for and help others, and the opportunity to “make a difference,” as the reason they chose nursing. Several focus group participants noted that they chose nursing

Why did you decide to become a nurse?

- Personal motivators: to make a difference
- Influence of others
- Career choices

because of the varied opportunities it offers. Others described an inner voice or “calling” that led them to a nursing career: “It chose me,” said one participant. Another described nursing as “a calling to help others.”

Influence of others – Many nurses in the focus groups were attracted to nursing as a result of the influence and modeling of others. Some noted that exposure to the nursing role – by being a patient, observing nurses as they cared for a family member or loved one, or working in a healthcare setting where they observed the work of nurses – was a driving force. Several reported being encouraged or influenced by a nurse, often a family member or a friend. Others were simply pursuing a childhood dream – one that was often initiated by literature (such as a childhood book series featuring a nurse) or by personal exposure to a nurse. Participants’ comments – such as “Nurses are amazing;” “Nurses are excellent role models;” “Reading Cherry Ames, I wanted to be like her;” “I’ll never forget how a nurse helped my (father/grandmother/child);” and, “Positive, personal experience with health care” – illustrate the profound impact that nurses have on the individuals and families for whom they care.

Career choices – A number of participants said that they chose nursing after carefully considering the various career options available to them. Many nurses in the focus groups were members of the “baby boom” generation, and noted that their decision to pursue nursing was related to the limited number of career choices available to women during the 1950s and 1960s. Participants also noted that an interest in the health sciences, an opportunity to have a meaningful career, and a chance to work in a challenging and stimulating environment drew them to nursing as opposed to another profession. For some participants, nursing was seen as the most pragmatic career option. Comments such as, “It allowed one the opportunity to have a stable, reliable career;” “It offered education at an affordable/low-cost rate;” or that nursing was the option taken when the “first career choice was not available,” indicate how pragmatic issues are a deciding factor for many nurses. The job flexibility, security, and financial compensation associated with nursing were also cited as a factor that led some focus group participants to the profession.

Question #2: What keeps you in the profession of nursing?

Focus group findings related to this question indicate that many of the same values and attributes that draw nurses to the profession are also the values that keep them in nursing. Through their comments, focus group participants indicated that the impact they have on patients, the sense

of personal fulfillment that nursing brings, and the opportunity to work in a dynamic and rewarding environment all play a role in keeping them in nursing.

Impact on the patient– Nurses participating in the focus groups expressed a genuine passion and commitment to the profession. A majority cited the opportunity to help others in a significant way as a reason for staying in nursing. The sense of personal and professional satisfaction the profession offers was also a dominant theme. Some participants shared poignant stories about interactions between nurses and patients that highlighted the importance of the nurse/patient relationship. Many said that the opportunity to relate to and impact an individual in an intimate way was highly important and was central to the nurse/patient relationship. This perception was reflected in comments such as, “It’s like being in a sacred place,” “[It’s] like participating in the innermost part of someone’s life;” “Nursing utilizes every single part of you;” “In my time as a nurse I have touched so many lives and that is an incredible feeling.”

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| <p>What keeps you in the profession of nursing?</p> <ul style="list-style-type: none">▪ Impact on the patient▪ Personal fulfillment▪ Dynamic environment that promotes personal and professional growth |
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Personal fulfillment – Embedded in participants’ responses was an overwhelming sense of personal fulfillment and of pride and accomplishment in their role as nurses. Participants noted that being a patient advocate was especially rewarding. The importance of this role was reflected in comments describing how nursing offers individuals an opportunity to get involved in people’s lives in a meaningful way and to feel rewarded by helping someone in their time of need. These comments include, “After 19 years I still want to give 100% and feel rewarded at the end of the day that I have helped someone.” Other participants noted the satisfaction of experiencing the “appreciation of patients,” and receiving comments from grateful patients, such as, “I couldn’t have done it without you.”

Dynamic environment that promotes personal and professional growth – The work environment was also frequently cited as a reason for staying in nursing. Aspects of the environment viewed as favorable include: the opportunities it offers for collaboration, camaraderie, and being part of a highly effective team; and the opportunity to have an impact on the health care arena and to work with talented peers to do high quality work. The versatility of the nursing role, autonomy, and opportunities for advancement were also cited as positive attributes. Comments that highlighted the importance of the environment included, “What keeps me in nursing is the nurses I work with and the work we do together to give great, quality care;” “Your coworkers become part of your family;”

“Quality of peers; a talented profession;” “Accomplishment of profession – dynamic profession – collegiality of profession;” “Working as part of a team;” and “Not a static environment – feel that an individual nurse can effect change.” Many respondents described the professional environment as “stimulating,” “ever changing,” and “exciting,” and noted that this dynamism promotes personal and professional growth. The variety of work settings offered by nursing and the exposure to change, innovation, advances in technology, and opportunities to develop new skills were also viewed as positive aspects of the nursing profession.

Other motivators for staying in nursing identified by focus group participants included monetary compensation and benefits, job security, and work flexibility. Although these factors played a role in retaining staff in the profession, they were not cited as frequently as other determinants.

Question #3: It is five years from now – think about what are we doing differently and what is working well. Given that, what will need to be in place to help us achieve this future?

Focus group participants identified factors that are critical to the current and future state of nursing and the health care environment, and that will require focus, planning, and action by health care leaders. Themes elicited by this question are summarized below.

Focus on the patient – Focus group participants noted that creating and maintaining a foundation that supports the nurse/patient relationship and nurse/patient interaction is essential. The opportunity to provide high quality care, to “be present,” and to know the patient will remain a top priority for nurses. It was also noted that patients and families will be more involved in care and need to be empowered to care for themselves.

Professionalism – Nurses in the focus groups cited the importance of preserving and fostering professionalism among nurses. Particularly important are establishing and sustaining respect and recognition for the role of nursing, enhancing interdisciplinary and collaborative practice, developing and adopting best practices, ensuring continued autonomy and accountability for nursing interventions, improving communication between disciplines, and coordinating efforts to improve patient outcomes.

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| <p>What will need to be in place in the future?</p> <ul style="list-style-type: none">▪ Focus on the patient and the family▪ Professionalism▪ Work environment and resources▪ Nurse/physician relationships▪ Technology▪ Education▪ Mentoring |
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Work environment and resources – The setting in which nurses deliver care significantly impacts their role and professional satisfaction. Focus group participants expressed a desire for increased awareness by health care leaders about the complexity of the nursing role, the intensity of nurses' work, and the need for nurturing and sustaining nurses across the continuum. They noted the importance of supportive nursing leadership, of balancing caring and technology, of having the resources necessary to deliver optimal care, and of paying more “attention and intention regarding the environment in order to promote healing and support high quality nursing practice.”

Respondents underscored the need for developing strategies to recruit and retain nurses, and they drew a link between recruitment and retention and efforts to create a nurturing, healing environment that supports nursing practice. Many described the work environment as stressful and felt that expanding on current efforts to address and prevent burnout was a worthy endeavor. A number of participants cited the importance of assuring that financial compensation is commensurate with professional responsibilities and that benefits are designed to attract and retain nurses. Others noted that recognizing work/life balance and offering flexible work options are key to preventing burnout and promoting individual wellness.

Nurse/physician relationships – Focus group participants highlighted the need to strengthen nurse/physician relationships and foster greater collaboration between nurses and their physician colleagues. Specific feedback centered on the need for increased trust, validation, respect, and recognition by physicians and for better collaboration between nurses and physicians in the area of patient care. Some participants noted that the need for more collaboration, trust, and respect applied not only to physicians, but to other professionals on the health care team, as well.

Technology – Overall, the increased use of technology to improve patient care delivery and support positive outcomes was viewed favorably. Focus group participants noted that technology can support nursing practice by improving documentation, data collection, communication, and safety. At the same time, participants emphasized the need for caution in introducing and using technology, offering comments such as, “The use of technology should enhance nursing practice, not take time away from the patient;” and “Use technologies to gain time with patients and better serve them.” Some participants expressed concern that increased technology might negatively impact patient contact, and noted the “need to balance caring touch with technology.” Participants also identified that transitions to automated systems must be made smoothly, and that education and support must be provided prior to implementing new technologies.

Education – Focus group participants repeatedly cited the need for standardizing the level of education required for entry into practice, and the need for ongoing education for nurses already in the profession. Many participants indicated that a baccalaureate degree should be required for entry into practice. This may reflect the demographics of the focus groups (as noted earlier, the percent of focus group participants with a baccalaureate nursing degree or more was higher than the state or national average). Some participants noted a need for education beyond baccalaureate preparation, and for an “increase in the number of master’s prepared nurses.” One participant noted that a “master’s prepared work force- [will enable the] profession to better meet the needs of a more informed public.”

Many participants expressed concern about what they perceived as a disconnect between the academic and clinical settings. Participants cited the need for collaborative initiatives between academia and practice settings that would assure that nursing’s diverse student population would have a sound foundation for entering the profession. Participants also noted the need to increase the number of faculty to meet demand and educate a greater number of students.

Potential solutions offered by focus group members included, “better collaboration between the academic world and the practice setting;” “the establishment of partnerships with hospitals and schools for clinical development;” “bringing qualified instructors into the practice setting;” and offering “more clinically based education.”

Mentoring – A number of focus group participants expressed a need for increased mentoring, citing that mentoring not only helps assure that experienced nurses pass along knowledge to new nurses, but also helps promote a professional, nurturing environment. Such an environment, they noted, is essential for keeping nurses interested in nursing and for encouraging nurses to contribute to the profession.

Findings from the Nursing Literature

Many of the observations and themes uncovered through the focus groups are supported by the nursing literature. For example, a recent survey that was conducted among 800 high school students and adults who changed careers examined factors that motivate individuals as they choose a career, and highlighted what is important to students and adults who choose nursing (Ives Erickson, Holm, Chelminiak, & Ditomassi, 2005). Tables 1 and 2, below, summarize some of the survey’s findings. As noted in the tables, motivating factors rated highly by survey respondents who were interested in nursing were similar to the career motivators cited by nurses who participated in the

focus groups conducted by the Management of Practice Committee. These include a sense of making a difference/benefiting people’s lives, a feeling that what you do is important, interacting with people and working with a group of people you enjoy, feeling you are a part of a team, learning and growth opportunities, and good salary/money.

Table 1. Factors that motivated students

| Motivators | All Students | Students interested in nursing |
|---|---------------------|---------------------------------------|
| Sense of making a difference/benefiting peoples lives | 57% | 71% |
| A sense of feeling what you do is important | 50% | 67% |
| Having a stable, secure job | 47% | 50% |
| Good salary/money | 43% | 50% |

Note. Reported in Ives Erickson, et al. (2005)

Table 2. Factors that motivated adults who changed careers

| Motivators | All Adults | Adults interested in nursing |
|--|-------------------|-------------------------------------|
| A sense of making a difference in people’s lives | 56% | 82% |
| Good salary/money | 50% | 71% |
| Interacting with people/working with a group of people you enjoy | 47% | 69% |
| A sense of feeling what you do is important | 52% | 63% |
| Feeling you’re part of a team | 40% | 60% |
| Learning/growth opportunities | 54% | 60% |
| Advancement opportunities | 39% | 56% |
| Many job options within the field | 26% | 42% |

Note. Reported in Ives Erickson, et al. (2005)

Another survey, conducted in 2003 by Buerhaus et al. (2005), found that 65% of nursing students cited information or advice given to them by other nurses as a factor that inspired their decision to enter the nursing profession. This, too, is consistent with comments by focus group participants who said that exposure to nurses and receiving words of encouragement by members of the nursing profession played a role in their decision to choose nursing.

The focus group findings related to what keeps nurses in nursing are also supported by the nursing literature. For example, Carlson (2000) identified advocacy as a core value within nursing

that is strongly linked to job satisfaction. This is consistent with the observation, made by many of the focus group participants, that the impact they have on patients and the personal fulfillment that comes with assuming the advocate role is one of the main reasons they stay in nursing. The quality of the work environment, which was also cited by focus group participants as a reason for staying in nursing, has been examined by many recent studies, which have linked it to nurse satisfaction, retention, patient safety, and outcomes. (Ulrich, Buerhaus, Donelan, Norman & Dittus, 2005; Smith, Hood, Waldman, & Smith, 2005; Hayhurst, Saylor & Stuenkel, 2005).

The importance of the work environment, and of how that environment supports the practice of nurses, was underscored by the focus groups and has long been recognized in nursing. The original Magnet hospital study conducted in the early 1980s, in which investigators examined 165 hospitals to identify elements that enabled them to successfully recruit and retain nurses, found that among the most important factors were professional autonomy over practice, nursing control over the practice environment, and effective communication between physicians, administrators, and nurses. (McClure, Poulin, Sovie, & Wandelt, 1983) These findings have informed the Magnet Recognition Program offered through the American Nurses Credentialing Center. (Batson, 2004) They are also reflected in a recent report by the Institute of Medicine, *Keeping Patients Safe – Transforming the Work Environment of Nurses* (Institute of Medicine, 2003), and the *AACN Standards for Establishing and Sustaining Healthy Work Environments*, developed by the American Association of Critical Care Nurses (AACN). (AACN, 2003).

As noted earlier, focus group participants placed a lesser emphasis on financial compensation and benefits as reasons for staying in nursing. These findings are also consistent with reports from the literature. One study suggests that although financial compensation and benefits are often viewed as essential considerations that affect nursing job satisfaction, the practice environment may be a more important variable. (Smith et al., 2005) And, a 2004 national survey found a decrease (when compared to results from a 2002 survey) in the number of nurses who felt that salary and benefits were major causes of the nursing shortage. (Buerhaus et al., 2005)

The findings from the nursing literature discussed here are of particular importance to today's nurse leaders. There is some evidence to suggest that nursing satisfaction has increased in the past few years – data from two recent surveys indicate that 87% of RNs surveyed were either somewhat satisfied or very satisfied with being a nurse, while the percent of nurses who were very satisfied with the nursing profession increased from 37% in 2002 to 46% in 2004. (Buerhaus et al., 2005) Even with these gains in satisfaction, however, the nursing shortage makes it increasingly

important that nurse leaders and others in healthcare understand what attracts people to nursing and keeps them in the profession. Creating a vision for nursing that embraces the values that lead nurses to choose and stay in nursing, and creating practice environments that reflect those values, is essential if we are to ensure an adequate workforce for the future.

Vision and Guiding Principles for Nursing Practice in Massachusetts

The comments and observations offered by focus group participants offer more evidence that nurses in Massachusetts are committed to their practice, view the patient as central to their work, and place a high priority on fostering the continued development of nursing as a profession. The Management of Practice Committee built on the themes articulated by the focus groups, principles established by AONE and NOA, and findings from the literature to define the elements of a *Vision for Nursing Practice in Massachusetts* and *Guiding Principles for Nursing Practice in Massachusetts* proposed below. It is our hope that the proposed vision elements and guiding principles will help nurse leaders and others create practice environments that nurture and sustain the professional nurse and that support nurses' efforts to provide individualized, patient-centered care based on best practice.

Vision for Nursing Practice in Massachusetts

Nursing practice in Massachusetts will embody the following elements:

- A commitment to the nurse's relationship with patients and their families
- Professionalism that maintains autonomy and accountability and that promotes partnerships with physicians and colleagues from other disciplines
- A work environment that supports nursing practice and provides resources required by nurses, patients, and families
- Recruitment and retention strategies that are continuous and tailored to each organization
- Technology to better serve patients and families and enhance the work of nurses
- An educational framework that assures entry-level competency and supports ongoing learning for professional development
- Mentoring opportunities for staff and leaders across the profession

Guiding Principles for Nursing Practice in Massachusetts

- The core of Nursing is knowledge and caring
- Commitment to patient/family advocacy is fundamental
- Practice is evidence-based, is focused on outcomes, and is advanced through research
- Professional practice is characterized by autonomy and accountability
- Care is collaborative and embraces the cultural diversity of patients and families
- The environment supports professional growth, respect, and workforce diversity
- Education is ongoing and reflects collaboration between academia and practice settings
- Effective relationships exist among colleagues
- A culture of participative decision-making and shared governance, with an emphasis on transparency and openness, is sustained
- Nursing's contribution is recognized and valued by patients, families, and colleagues in other disciplines
- Technology is used to support and enhance nursing care

Summary and Conclusion

The work of the Management of Practice Committee reported in this White Paper reflects several limitations. Among the most notable is the relatively small number of Massachusetts nurses who were involved in the focus groups. In addition, focus group participants did not reflect all nursing roles and practice settings – many participants were self-selected, the vast majority (over 98%) practiced in acute hospitals, and only 19 of the 74 acute hospitals in the state were represented.

In spite of these limitations, many of the themes identified through the focus groups are consistent with research findings reported in the nursing literature and with guidelines developed by prominent national nursing organizations, including AONE, NOA, and AACN. The focus groups also expanded our understanding of factors that lead nurses to nursing and keep them in the profession, and highlighted elements that should be incorporated into a vision and guidelines for

nursing practice in Massachusetts. The voices of nurses in the focus groups made it clear that nurse leaders must demonstrate an unwavering commitment to the nurse/patient relationship and professional nursing practice, and must promote a standardized educational framework, focused nurse recruitment and retention efforts, and the appropriate use of technology.

The Vision Elements and Guiding Principles for Nursing Practice in Massachusetts presented in this document will guide subsequent work of the Management of Practice Committee and the implementation of MONE's 2004-2007 strategic plan to establish a state-wide platform for exemplary nursing practice and superior patient care.

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Appendix 1

Massachusetts Organization of Nurse Executives

(Massachusetts Organization of Nurse Executives, 2004)

Mission

As the *Voice of Nursing Leaders* in Massachusetts, we:

- Safeguard patient care
- Advance professional nursing and the practice environment
- Develop and support current and aspiring nursing leaders

Core Values

1. Excellence
2. Advocacy
3. Diversity
4. Integrity

Value Statements

- *Excellence*
→ Pursues and recognizes the highest standards of practice and behaviors
- *Advocacy*
→ Participates in public policy and partnerships with other health care leaders
- *Diversity*
→ Encourages and incorporates individuals with varying beliefs and ideals who represent multiple cultures, roles, generations and settings
- *Integrity*
→ Respects the knowledge and uniqueness of those involved by being consistent, articulate and trustworthy

Vision Elements

Practice: Clinical and Administrative Leadership

- MONE is locally & nationally recognized for development of best practices in:
 - Work environments that promote accountability and authority of practicing nurses
 - Safe practice and quality outcomes
 - Technology to support nursing practice
 - Workforce initiatives
 - Nursing leadership and administration
 - Research utilization
- MONE leadership development program focuses on needs of all members

Membership

- MONE is the organization of choice for established and aspiring nursing leaders from diverse roles, settings, cultures and generations, making us strong in both perspective and number
- MONE members act as resources for each other through education, networking and support

Public Policy and Advocacy

- MONE is the expert for the media on nursing and healthcare issues
- MONE leads and influences legislation, public policy and innovation

Resources

- MONE has the infrastructure to support all of its priorities
- MONE is financially sound with steady growth

Partnerships

- MONE engages with others in a spirit of trust, generosity and mutuality in order to achieve common goals
- MONE collaborates in order to provide credible, effective direction for nursing practice and workforce policy and strategies

MONE: The Way We Work

MONE, as both an organization and a collective of individuals, embraces the following characteristics:

- *Engaged*
 - Initiates open dialogues
 - Establishes a dynamic presence
 - Responds to the ideas, concerns and needs of all nursing colleagues
 - Listens actively
- *Inclusive*
 - Incorporates diverse cultures, roles and generations
 - Creates a legacy of excellence in future health care leaders
- *Collaborative*
 - Seeks out the beliefs, opinions and perspectives of others
 - Holds self and others accountable for commitments and outcomes
 - Initiates partnerships to support individuals/organizations with shared goals
 - Celebrates success
- *Pro-Active*
 - Undertakes informed risks
 - Creates a vision for the future
 - Negotiates strategic partnerships
- *Knowledge-Driven*
 - Innovative
 - Incorporates evidence into practice
 - Seeks new knowledge and strategies
 - Data-driven decision making

Appendix 2

Guiding Principles for Future Patient Care Delivery **American Organization of Nurse Executives (AONE, 2004)**

1. **The Core of Nursing is Knowledge and Caring.** The actual work that nurses do will change, but core values will remain.
2. **Care is User-Based.** Care will be directed in partnership with the patient/client or population needs and will be respectful of the diversity of the health belief models of all users.
3. **Knowledge is Access-Based.** The knowledge base of the nurse will shift from “knowing” a specific body of knowledge to “knowing how to access” the evolving knowledge base to support the needs of those for whom care is managed.
4. **Knowledge is Synthesized.** The processing of accessed knowledge will shift the work of the nurse from critical thinking to “critical synthesis”. Synthesis occurs as care is coordinated across multiple levels/disciplines/settings.
5. **Relationships of Care.** Our knowledge and the care provided are grounded in the relationships with our patients/clients/populations. The relationship will be multidisciplinary and include the full societal scope of generations, diversity, and interdependency.
6. **The “Virtual” and the “Presence” Relationship of Care.** Relationships will be dramatically changed by the increased application of technology, causing us to further define the relationship context as being “virtual” or “physical presence” and knowing when each is required.
7. **Managing the Journey.** The work of the nurse in the future will be to partner with the patient/client to manage their journey in accordance with their needs and desires and available resources.

Appendix 3

Principles & Elements of a Healthful Practice/Work Environment **The Nursing Organizations Alliance** (NOA, 2004)

1. Collaborative Practice Culture

- Respectful collegial communication & behavior
- Team orientation
- Presence of trust
- Respect for diversity

2. Communication Rich Culture

- Clear and respectful
- Open & trusting

3. A Culture of Accountability

- Role expectations are clearly defined
- Everyone is accountable

4. The Presence of Adequate Numbers of Qualified Nurses

- Ability to provide quality care to meet client/patient's needs
- Work/home life balance

5. The Presence of Expert, Competent, Credible, Visible Leadership

- Serve as an advocate for nursing practice
- Support shared decision-making
- Allocate resources to support nursing

6. Shared Decision-Making at All Levels

- Nurses participate in system, organizational, and process decisions
- Formal structure exists to support shared decision-making
- Nurses have control over their practice

7. The Encouragement of Professional Practice & Continued Growth/Development

- Continuing education/certification is supported/encouraged
- Participation in professional association encouraged
- An information rich environment is supported

8. Recognition of the Value of Nursing's Contribution

- Reward and pay for performance
- Career mobility and expansion

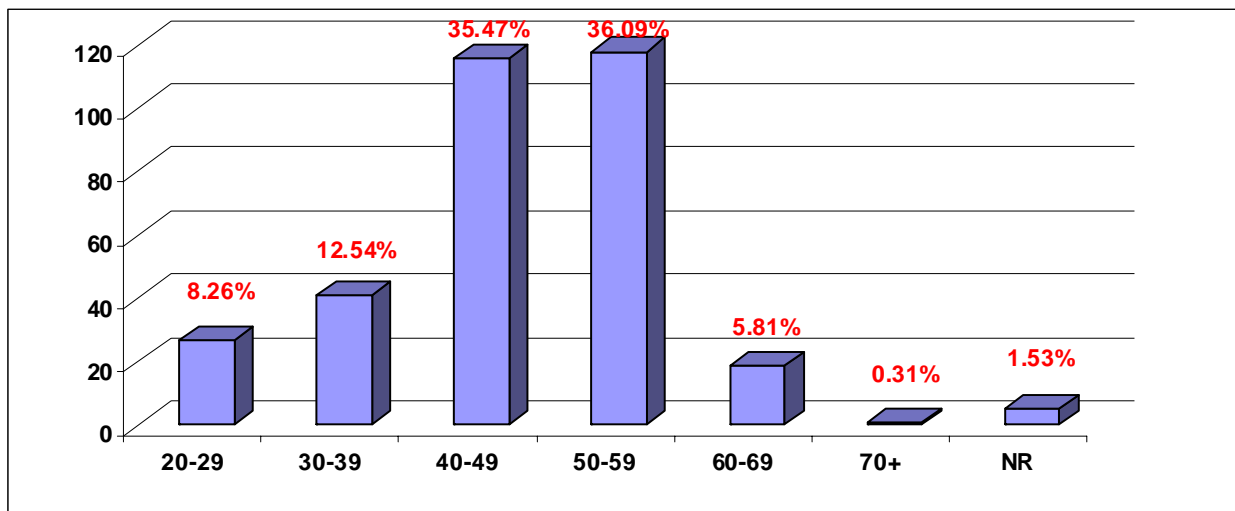
9. Recognition by Nurses for Their Meaningful Contribution to Practice

Appendix 4. Focus Group Demographics

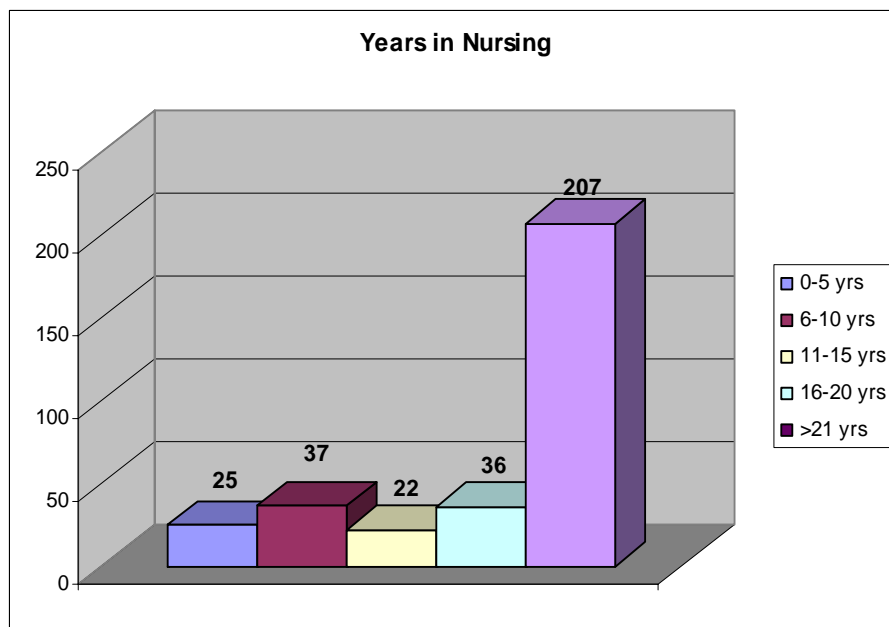
Gender

| Gender | Number (percent) of Participants |
|--------|----------------------------------|
| Female | 314 (96.02%) |
| Male | 11 (3.36%) |
| NR | 2 (0.61%) |

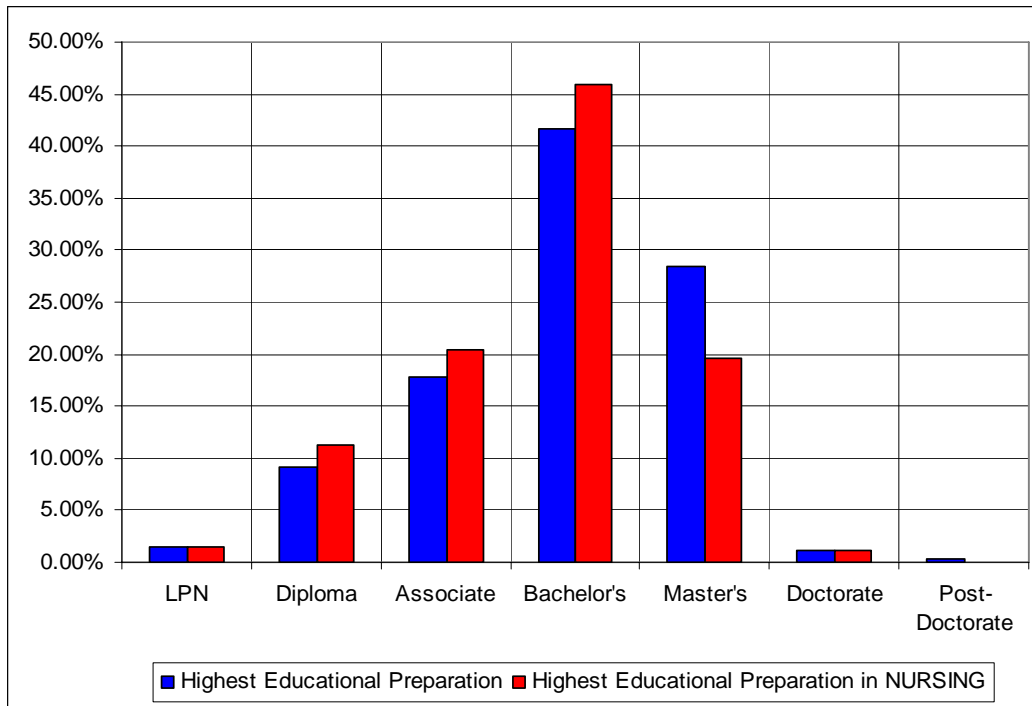
Age Distribution



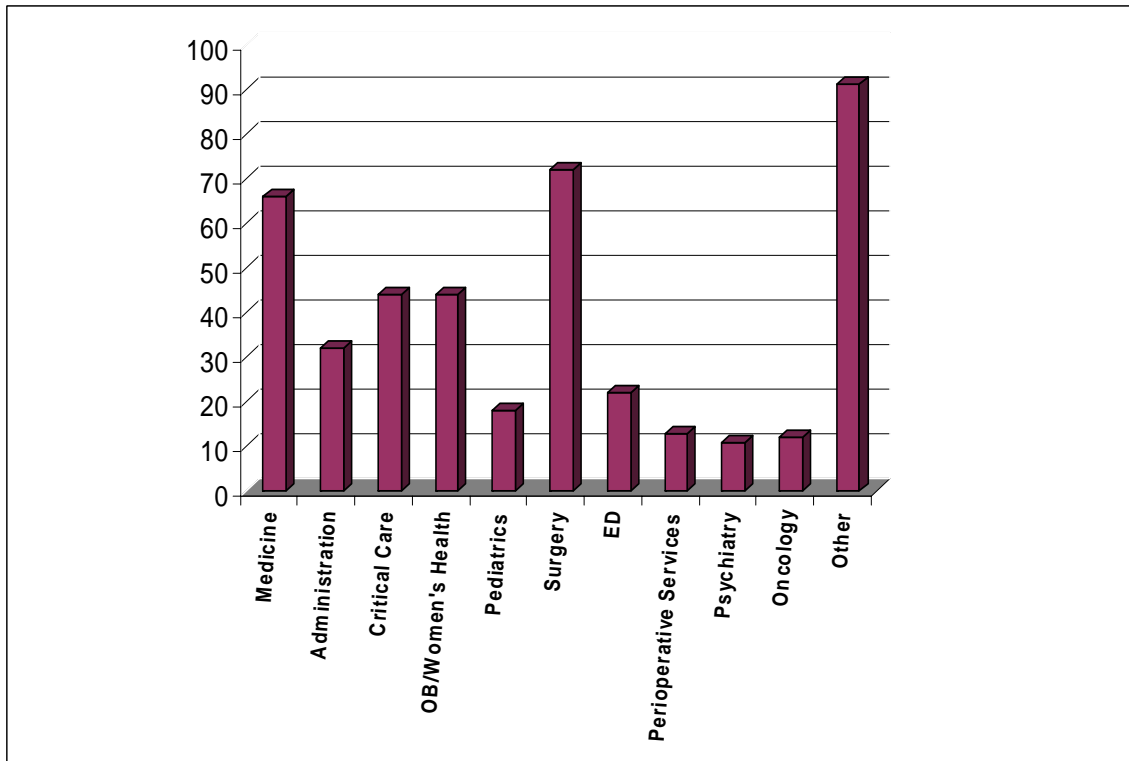
Years in Nursing



Educational Preparation



Areas of Specialty



Type of Hospital/Affiliation

| Type of Hospital | Number (percent) of participants |
|--|----------------------------------|
| Community/Non-academic | 227 (69.42%) |
| Tertiary/Academic | 83 (25.38%) |
| Specialty/Academic | 13 (3.98%) |
| Other (designated as: specialty/non-academic; rehab/non-academic; university; self-employed) | 4 (1.24%) |
| TOTAL Participants | 327 |