Maintaining Magnet in a Pediatric Medical-Surgical Setting: Consistency and Communication are the Keys to Meeting Desired Outcomes

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PICO Question

On a Pediatric Med/Surg Unit in a Newly Accredited Magnet Hospital*, What Factors Impede/Enhance the Ability of the Unit/Institution to Continue to Meet these Desired Magnet Outcomes: Increased Patient Satisfaction, Increased Staff Satisfaction, and Cost Savings to the Institution?

** within 2 years of accreditation*

Evidence Search

Database searches for the review included CINAHL, PubMed, and MedLine. Reviewed websites included the Society of Pediatric Nursing (SPN), and American Nursing Credentialing Center (ANCC).

Articles relevant to the PICO question were found among the databases listed above. Articles found were literature reviews, meta-analysis, experimental and descriptive studies ranging from 1982 to 2007.

The **SPN listserv** was used to elicit responses to the question:

Which Nursing Care Model Does Your Institution Practice and What Does It Look Like?

Responses from clinical experts at nine pediatric institutions were compiled into the results of this review.

The initial basis of this "Project" was to find out if practicing a **"Specialized" Primary Care** nursing model would result in better patient outcomes, increased patient and staff satisfaction, and cost savings to the institution. As evidence was gathered and reviewed, it was realized that different models of nursing care, such as **Primary/Total Care, Team Nursing** and **Patient Focused** nursing were *"successfully"* being practiced at many different institutions. With that realization and more current data available via the internet, theses three nursing care models were then compared to determine:

Which Model of Nursing Care Would Result in Better Patient Outcomes, Increased Patient and Staff Satisfaction, and Cost Savings to the Institution?

Information about practice models was gathered from sources that included clinical experts in pediatric facilities from across the country. The expert practitioners identified another model of care that appears to now be used more widely than other nursing care delivery models. This model of care is called the **"Magnet/ Shared Governance"** model.

Nursing Care Delivery Models at a Glance

	Patient Focused	Primary/Total Nursing	Team/Functional Nursing	Magnet/Shared Governance
Description[1]	A model popularized in the 1990s using RNs as care managers and unlicensed assistive personnel (UAP) in expanded roles such as drawing blood, performing EKGs, and performing certain assessment activities	A model that generally uses an all-RN staff to provide all direct care and allows the RN to care for the same patient throughout the patient's stay; UAPs are not used and unlicensed staff do not provide patient care	A model using the RN as a team leader and LVNs/UAPs to per-form activities such as bathing, feeding, and other duties common to nurse aides and orderlies; it can also divide the work by function such as "medication nurse" or "treatment nurse"	Characterized as "good places for nurses to work" and includes a high degree of RN autonomy, MD-RN collaboration, and RN control of practice; allows for shared decision making by RNs and managers

Evidence Reviewed

What is Magnet/Shared Governance?

A Magnet Model of Nursing Care is based on the qualitative factors of nursing that are referred to as the "14 Forces of Magnetism" as developed by the American Nursing Credentialing Center (ANCC) and called the Magnet Recognition Program (Magnet).

Magnet was developed and implemented to recognize healthcare organizations that provide nursing excellence. Quality patient care, innovators in nursing practice, a professional environment guided by a strong visionary nursing leader who advocates and supports development and excellence, are attributes that define institutions that have achieved Magnet Status.

Shared Governance is an organizational structure that uses councils formed by both clinical and administrative staff to discuss organizational and patient care issues. It allows for a high degree of RN autonomy, MD-RN collaboration, and RN control of practice; and allows for shared decision making by RNs and nurse managers.

What are the Positive Attributes of Magnet Institutions?

For Staff/Institution:

- Characterized as "Good Places for Nurses to Work"
- Shared Governance positively impacts employee opinions and job satisfaction
- Clear roles, supportive management, effective infrastructure
- A partnership between nursing management and clinical staff
- Decreased nursing turnover resulting in a significant cost savings
- Increased efforts to recruit and retain experienced RN
- Better nursing salaries
- Opportunities to influence organizational decisions
- Professional development
- Improved relationships with patients/families

For Patients:

- Nurse control over practice is associated with patient satisfaction
- Decreased wait times
- Increased bed availability
- Fewer delayed discharges
- Fewer patient complaints

Magnet and Pediatric Health Care Facilities:

Responses elicited from several pediatric institutions from across the United States showed that most all of the institutions polled had implemented, or were in the process of implementing, a nursing care model based on the Magnet guidelines. Each institution had either achieved Magnet Status or was in the application process for Magnet and was organizing their Shared Governance councils. It was realized that institutions could benefit from following the guidelines even before obtaining Magnet recognition.

- **After Magnet Recognition – Reduction in Positive Outcomes Over Time:**

Ironically, despite an increased commitment to Shared Governance from many institutions, the data collected also showed a decrease in perception and knowledge of Shared Governance within the first two years after Magnet was obtained. It was also shown that there were differences in perception and knowledge between participants and non-participants in Shared Governance within an institution.

Unfortunately, those differences also affected the efficiency and effectiveness of the processes and systems put in place, which resulted in the following two observations taken from the evidence collected:

- Positive effects on staff (i.e.: salary, opportunities to influence organizational decisions, professional development, relationships with patients/families) were "HIGHER" during the Magnet process but were "LOWER" after Magnet Status had been obtained.

- Positive effects on patients (i.e.: decreased wait times, increased bed availability, fewer delayed discharges, fewer patient complaints) were "HIGHER" during the Magnet process but were "LOWER" after Magnet Status had been obtained.

Factors That Impact the Long-term Continuance of a Magnet/Shared Governance Model

For Clinical Staff:

- Nurses had difficulty taking responsibility in the workplace related to: nurses being skeptical concerning the extent of their new-found authority
- Difficulties arouse when trying to disseminate information to staff members who are not active on Shared Governance councils
- Apathy for Shared Governance
- Attendance problems in councils reduced availability to truly share decision making

For Nursing Management:

- Difficulties motivating staff members to participate related to: increased time commitments, increased job stress and higher turnover
- Insufficient incentives for participation
- Uneven support from management
- Lack of clarity of defined roles
- Lack of consistent support with training
- New employees were not given the same extensive education on Magnet/Shared Governance.

For the Institution:

Communication:

- Consistent, effective communication throughout the institution was listed as being one of the most important aspects of maintaining any program. This was especially significant in newly formed units or new programs and in any growing institution trying to keep up with the the latest clinical information and technology.

Implications for Practice

The evidence collected highlights the positive aspects of a system patterned after the characteristics of the Magnet program. It also outlines some of the challenges faced in organizing and implementing the systems within the healthcare industry. From the data gathered it can clearly be concluded that:

It's the ability of the institution to consistently maintain the identified system over time, that results in their obtaining institutional short and long-term goals.

- Institutions must recognize that Magnet and Shared Governance is a process, not a project, and it takes time to share responsibility, accountability, and authority for nursing practice.
- The institution must provide on-duty time for council chairs to plan and organize.
- Authority for nurses to act must be recognized by the organization.
- Choice and accountability must be upheld by all, throughout the organization, for their roles in the systems and processes in place.
- Frequent and consistent evaluation of systems and infrastructure within an organization is necessary to keep best practices working and in place.
- New systems and processes must be implemented in an effective and timely manner; utilizing consistent education and effective communication, to assure that the specific aspects and goals are known and understood by all those involved.

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Literature Cited

EBP Literature available upon request.

[1] Seago, JA. Chapter 39. Table 39.2. Nursing, Models of Care Delivery and Interventions. Making Healthcare Safer: A Critical Analysis of Patient Safety Practices. Evidence Report/Technology Assessment, No. 43. AHRQ Publication No. 01-E058, July 2001