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How to Organizationally Embed the Magnet Culture

Rachel Behrendt, DNP, RN, ACONS
Donna Molyneaux PhD, RN



Objectives

- Identify methods to sustain a Magnet culture throughout organization
 - Human Resources
 - Organizational Framework
 - Within Nursing Division
- Describe orientation activities that can be designed using the Magnet Model as a framework

Thomas Jefferson University Hospital Center City Campus



Jefferson Nursing:

The TJUH Campus at our 1 Year Magnet Anniversary



- [TJUH Magnet Video](#)

TJUH History

- Received Magnet designation in April of 2009 under '14 Forces' model
- Needed redesign of multiple areas to ensure organization was “rowing in the same direction” for re-designation journey
- Areas redesigned between April 2009 and June 2010:
 - Human Resources
 - Orientation
 - Staff Nurse Leadership Groups
 - Balanced Scorecard projects
 - Data collection and dissemination

Elements to Sustain a Magnet Culture

Key principles:

1) **Accurate information**

Performing a comprehensive assessment assists in understanding reality and the dynamics

2) **Create the vision** keeps the process (and the employees) focused

- 3) Incorporate **communication strategies**: Get “buy-in” from multiple areas and key leaders early
- 4) Create **sustainable structures and systems**
- 5) Provide **support tools**
- 6) **Incorporate metrics** (outcomes) into the process
- 7) **Evaluate and re-commit**

TJUH: Sustaining a Magnet Culture

- Magnet Expectations woven into work throughout nursing and organization
 - Daily operations
 - Organizational change
- Magnet language purposefully included in organizational documents
 - Job descriptions
 - Scopes and Charters of committees

Embedding Magnet Culture within Human Resources

Re-Design of Human Resources

- Job descriptions form foundation of performance evaluation
- Prior to revision job descriptions focused primarily on clinical SKILLS
- New MPD redesigned all nursing job descriptions under 5 Magnet components

Comparison of Job Descriptions: Staff Nurse

OLD: Job duties

- Uses research findings including evidence based practices in the application of the nursing process.
- Identifies areas where evidence based practice can be applied to patient care activities.
- Participates and supports research.
- Participates in developing, revising and implementing nursing standards for patient care.

Revised: Performance Expectations

New Knowledge, Innovations, & Improvements

- **Research**
 - Uses research findings including evidence based practices in the application of the nursing process
 - Demonstrates supports of human rights protection in research protocols
- **Evidence-Based Practice**
 - Identifies opportunities for increasing knowledge and experience
 - Applies current evidence based practice to improve Patient Care Outcomes
 - Participates in one research or evidence-based educational program

Job Description: CNS

Old: Job Duties

- Serves as a resource for continued learning and professional self-development for staff and peers
- Attends all required inservices plus 12 educational programs per year, one of which is on research.
- Attends one outside conference per year in area of clinical specialty.

Revised: Performance Expectations

Structural Empowerment:

- Achieves/maintains professional/specialty certification (at the advanced level, if applicable in specialty).
- Collaboratively develops goals with staff for pursuing additional nursing education.
- Establishes, disseminates (unit-wide and to Division), and meets unit goals for percentage of nurse certification.
- Actively plans and facilitates staff participation in external local, regional, national and international conferences or meetings.

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JOB DESCRIPTION AND PERFORMANCE EVALUATION

Employee Identification

Evaluation Period

SECTION A: JOB DESCRIPTION

Primary Responsibilities

Educational / Training Requirements

Certificates, Licenses, and Experience Requirements

Decision-Making Authority

Degree of Supervision Required

Administrative Responsibilities

Position Supervised or Directly Supervised

Bloodborne Pathogen Exposure

Work Environment

Physical Demands

Additional Information

SECTION B: PERFORMANCE EVALUATION

Annual Requirements

Health Stream Training

PPD

FIT Testing (if required)

Licenses/Certifications

Flu Shot or Declination

Attendance & Punctuality

Number of occurrence

Number of occurrence

Disciplinary Action

Any disciplinary action

Is disciplinary action required

Commitment to Core Competencies

Rating Legend

Employee Core Competencies

1. Customer Service/Support

A. Safety

B. Teamwork

C. Awareness

D. Respect

2. Communication

3. Integrity/Organizational Skills

4. Innovation/Problem Solving

5. Reliability/Attendance

SECTION C: JOB DUTIES/PERFORMANCE EXPECTATIONS

C1: Transformational Leadership

Strategic Planning

Performance

Rating M - Met; NM - Not Met; N/A - Not Applicable.

Validation Method OW - Observation of Work; EW - Evidence of Work; N/A - Not Applicable.

	Performance Rating			Validation Method
	M	NM	N/A	
Demonstrates embodiment of TJUH Nursing Mission, Vision, and Philosophy into practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Effectively contributes to the TJUH nursing strategic planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Demonstrates strategic planning structures and processes to improve the effectiveness and efficiency of units managed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Collaborates with all members of the interdisciplinary team to develop and facilitate innovative, cost-effective systems of delivering high quality patient care for specific patient populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Mentors and advocates appropriate allocation of resources including human, fiscal, and technology to support unit/division goals..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Develops and implements educational activities to: a. Ensure staff members are knowledgeable of the organization's mission, vision, and strategic plans as they reflect Jefferson's anticipated strategic priorities. b. Facilitate staff understanding and use of strategic planning structures and processes (improvement as evidenced by the unit-based balance scorecard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW <input type="checkbox"/> N/A
Evaluates the work environment and implements changes to improve it and patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> OW <input type="checkbox"/> EW

Benefits of Redesigned Job Descriptions

- Enables **potential** staff to understand requirements of Magnet hospitals
- Sets high standards for all **current** staff
- Puts responsibility for continued designation on all nursing staff
- Makes clear what the Nursing Division's priorities are for each member of the team
- Every staff member will see Magnet requirements at quarterly performance review

Embedding Magnet within Orientation

Transformational Leadership

- CNO: Dr. Mary Ann McGinley: “Transformational leadership lives in staff nurses.”

Following initial designation conducted a critical review of orientation:

- What outcomes would support goals?
- What structures and processes are in place?
- What changes need to be implemented to support Magnet environment?

Why Redesign of Orientation Was Necessary

- To ensure:
 - dissemination of a curriculum that underscores the importance of service excellence, the mission and goals of TJUH, Joint Commission Safety Goals, meet regulatory requirements with the ultimate goal of providing a competent workforce
 - To encourage a level of enthusiasm and pride in the choice to work at TJUH
 - To provide an environment that fosters competence in the practice of clinical skills

Nursing Department Orientation for Professional Nurses

Components of the nursing orientation for all new RN hires include:

- 1) hospital oriental (Day 1 of orientation)
- 2) nursing central orientation (day 2-5)
- 3) clinical orientation

Analysis Process

The aims or purposes of a curriculum evaluation include:

1. understanding the curriculum,
2. curriculum improvement, evaluation, and validation
3. recommendations to enhance effectiveness of the orientation
4. to better prepare staff for the professional environment and work demands at this institution.

- Insights into these questions are intended to help develop and guide strategic initiatives to improve the orientation, preparation of nursing personnel, and documentation and follow-through.
- The results would be considered to refine change of the nursing central orientation course.

Consultant Evaluation

- Review of orientation materials
- Attended central orientation and performed critique of information and process
- Interviews with staff development instructors; clinical nurse specialists; nurse managers and staff nurses

- Interviews with staff who have gone through the central orientation with sampling of new-to-practice nurses; new-to-institution nurses; new-to-role nurses (extern to GN)
- Interviews with orientation coordinators at five peer institutions.
- Review of the current literature for research and best practices in nursing central orientation

Components identified as problematic

- Curriculum fragmented, no core curriculum, without consistent information provided
- Goals of central orientation not evident to participants
- No evaluation of effectiveness of instruction
- Expectations of learning environment not clear
- Expectations of professional nurse at Jefferson not explicit

Components Identified as Problematic (cont.)

- Availability of the curricula to nursing personnel other than staff development was limited.
- No incorporation of Magnet expectations
 - Speakers were limited to educators and a few (APNs) and did not include staff nurse leaders

Recommendation: Create the vision

- Organize orientation around the forces of Magnetism
- Include ONBOARDING component to ensure
 - Staff nurse participation
 - Nurse Leader participation

- Magnet content needed to be strengthened especially:
 - Understanding Magnet,
 - Professional nurse expectations,
 - Understanding the Professional Practice Model

How Orientation Was Revised

Incorporated Educational principles

- Established core curriculum
- Clear, explicit goals
- Improved flow; decreased fragmentation
- Concentrated on “need to know”

Explicit expectations:

Learning environment and Professionalism

- Daily evaluations (bi-directional)
- Overall evaluations

Professional Development Model

- Benner: Novice to Expert
 - Realized Novice included novice to practice AND novice to Magnet and needed to address nurses' knowledge deficits in this domain

Magnet concepts embedded

- Content reorganized around Magnet Model Components
- Explicit Meaning for Orienteer (what it means to be a staff nurse working in a Magnet institution)
- Views TJUH Magnet Video

- Explanation of Transformational Leadership and examples and introduction to CNO
- Onboarding: Introduction and brief meetings with key personnel to review expectations: Nurse Manager, preceptor, Staff Nurse leaders and Resource Group

Onboarding

Day	Person/Group	Purpose
Tuesday	Chief Nursing Officer	Introduction to Leadership Team; set vision for orientation
Tuesday	Nurse Manager	Review Unit-based data, begin goal setting, discuss schedule and preceptor
Wednesday	Preceptor	Visit unit, introductions to staff, review equipment and complete those competencies
Thursday	Clinical Nurse Specialist/educator	Review/assessment of competency, discuss orientation process
Friday	Staff Nurse Leaders-SNL/RG Chairs, Magnet Champion Coordinator, NECC Chair	Introduction to Shared Governance and committee work so new staff can identify opportunities for their involvement

- Set the standards higher-Staff nurse begins setting goals during orientation (e.g. Nurse manager provides new employee with unit specific data to review and consider when appropriate discussions occur so they can begin to set goals)
- Incorporated Skills Day

- Orientation content available on Intranet for all employees
- Establishment of orientation curriculum evaluation process

Communication

- Presentations to Key Leadership Personnel, Staff Development and staff
- Clinical Nurse specialist group- led to development of core competencies
- Email and phone reminders

Implementation

- Facilitated by Magnet coordinator and Staff development
- Reevaluation with key groups

Changes in Nursing Division Design to Sustain Magnet

Staff Nurse Leadership & Resource Groups

- Provide staff-level leadership on all issues central to nursing practice

Former Design:

- Three SNLs: Professional Development, Quality and Research, Evidence Based Practice
- Seven RGs: Dermal Defense, Pain, Falls, Cultural Diversity, Infection Control, Diabetes, Ethics

Rescoping of Work

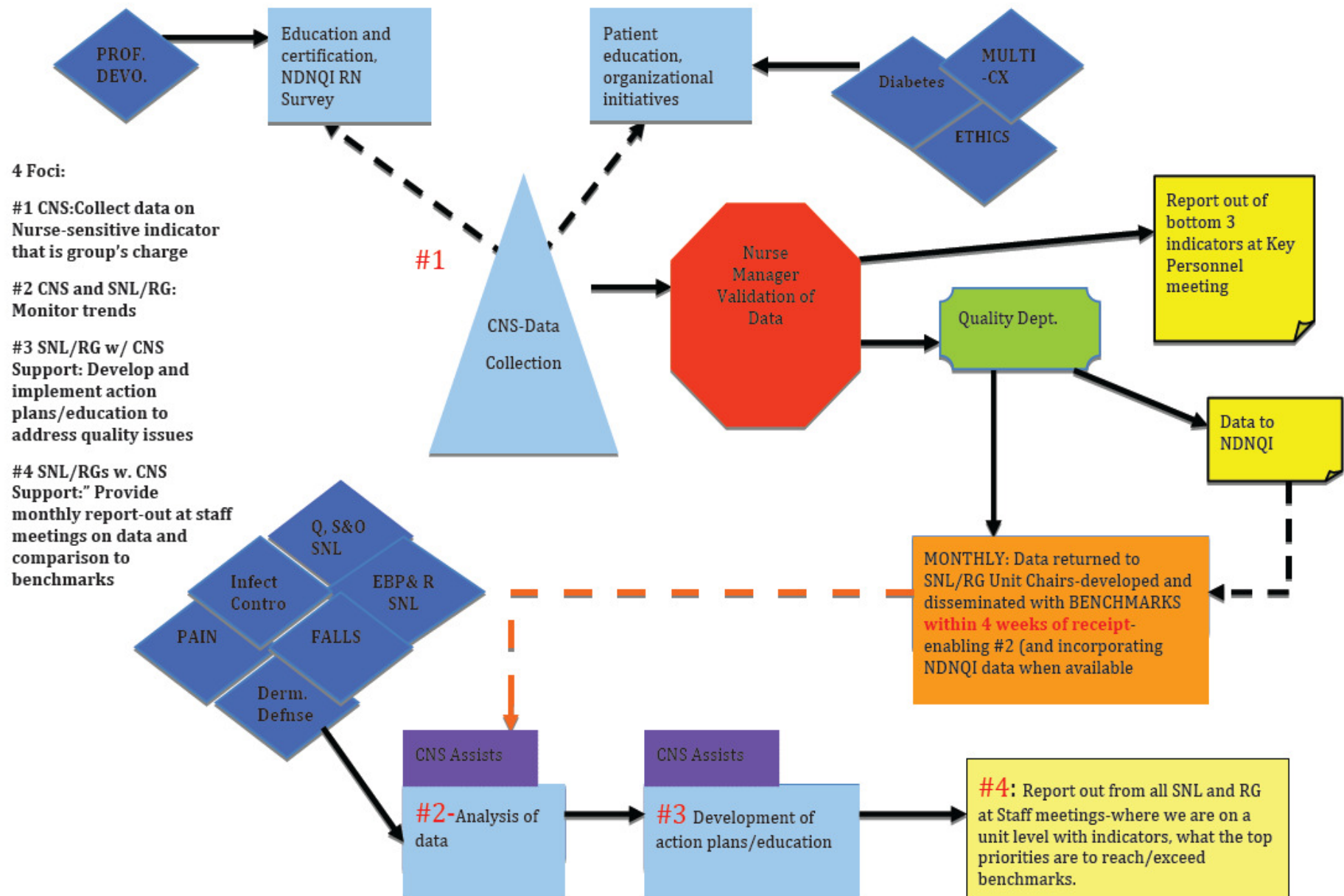
- Realigned SNLs under new components:
 1. Professional Development
 - 2. Evidence Based Practice & Research**
 - 3. Quality, Safety, & Outcomes**
- Added new Resource Group
 - Nursing Informatics -to work on projects for **New Knowledge, Innovation, & Improvements**

Shift in Focus

- Each SNL is now focused on specific projects to advance Magnet:
- Professional Development-Education, certification, & RN satisfaction survey
- QSO-Translating data from NSI into action plans and providing unit-based education on priorities
- EBP/R-Working with QSO and RG to identify Best Practices to improve outcomes, working on staff-led research projects

CNS/NM Work

- Implemented structure/process for data collection, validation, and dissemination
- CNS group collecting all point prevalence NSI data (not on their own unit)
- NM of unit validates data
- Magnet Senior Data Analyst position created to enable analysis and help QSO staff with action plans (monthly dashboard also for each unit)



Scope and Charter

- Each committee was required to design scope with input from Vice President Mentor and MPD
 - High level view of work to be accomplished
- Charters designed after and created “workflow” for each committee throughout year
 - Embedded Magnet language
 - Set expectations for work needed within Magnet hospital
 - “Single book of truth”

**Thomas Jefferson University Hospitals
Operating Calendar Event Charter
Event: Multicultural Resource Group**

EP 7

Purpose

To: Act as a resource and internal consultants to TJUH nurses and allied health professional regarding culturally-sensitive care; Participate in educational initiatives designed to heighten awareness of cultural consideration in the provision of nursing and health care

Timing

Start: July 2010
End: June 2011

EP 7EO

AGENDA/PROCESS:

1. Provide quarterly education on culturally-sensitive care. First month of quarter the committee members will divide into subcommittees and begin researching evidence on cultural groups related to selected topic; 2nd month the subcommittees will finalize the information and present to the committee for approval; 3rd month educational tables will be set up to enable committee to educate peers at TJUH.
2. Collaborate with TJU librarians regarding materials needed to enhance the delivery of culturally-sensitive care.
3. Resource Group members will act as active members/participants on hospital Cultural Diversity committee and Patient Education committee and provide regular reports to Resource Group members on those groups' activities
4. Identify opportunities for improving culturally sensitive care by conducting a survey of nursing staff in November 2010 to identify and address knowledge gaps. Demonstrate effectiveness of interventions by improved results on repeat survey in June 2011.

EP 26 and EP 29

OUTCOMES:

1. Hold 3 educational sessions for nursing and allied health staff designed to increase cultural sensitivity in providing health care. Sessions to be held in: November 2010, February 2011, May 2011.
2. Conduct survey of nursing staff pre- and post-educational interventions to identify and address knowledge gaps.
3. Revise Multicultural Resource Group website to enable access of reference information by staff. Maintain site through quarterly review and updating of information by Resource Group members (to occur in September, December, March, and June).
4. At least one committee member will be an active participant on both the hospital Cultural Diversity committee and Patient Education committee.

Participants

All members of Multicultural Resource Group, members of Professional Development SNL, Pastoral Care

Content Owners

Patient Education Steering Committee, Hospital Cultural Diversity Steering Committee

Event/Process Stewards:

Mentors, Chair of Multicultural Resource Group and Professional Development SNL

Internal Communications

- Magnet website
 - Provides education
 - Enables anyone to submit a “Magnet Story”

[Magnet Website](#)
- Jefferson’s *Magnet Moments*
 - Fostered environment of demonstration and sharing of Magnet environment



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Structural Empowerment

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New Knowledge, Innovations, & Improvements

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Nurse-Managed Insulin Infusion Protocol Arrives **pg. 3**

Shared Decision-Making Model Alive at Jefferson

Welcome to the third issue of *MAGNET Moments*. Summer is here! And with this new season comes a new fiscal year. The new fiscal year is a new beginning in many ways for Jefferson Nursing.

Shared decision-making has allowed staff nurses to actively participate in unit level Committees. This unit level work then informs the work of the Hospital Staff Nurse Leadership Committees. As the Jefferson shared decision-making model has matured, the SNL Committees realigned to become Quality, Safety & Outcomes; Professional Development; and Evidence-Based Practice & Research Committees.

SNL realignment occurred with the direct input of staff nurses and has led to changes in the scope of SNL work. One new facet of SNL work was to engage in strategic planning for FY'11 at the Nursing Leadership Retreat. For the first time, staff nurses had input into prioritizing the work of the Department of Nursing to assure organizational alignment. By taking these new steps, TJUH nurses contributed to a concerted organization-wide focus toward achieving our quality outcome targets for our patients, improving patient satisfaction, rewarding and recognizing staff and fiscal responsibility.

At the individual level, as you contemplate writing SMART goals, you can anticipate further influencing where we can better serve our patients and each other by focusing on Jefferson's strategic values of Quality & Safety, Service, People, Finance and Operations, and Growth.

Please e-mail your comments and suggestions for Magnet Moments to rachel.behrendt@jeffersonhospital.org



Creating Organizational Alignment

- Needed to leverage organizational initiatives to advance Magnet agenda
 - Balanced Scorecard projects
 - Results discussed at monthly Report Out sessions
 - Two NSI projects selected for FY'11 Scorecard: Falls & Hospital-acquired Pressure Ulcers
 - Identified in Excellence Journey requirements for Organizational Priorities (GE Project)

TJUH Culture-Drive Performance Model



... to actualize our Mission, Vision and Values

In Conclusion

- Efforts to sustain Magnet environment must extend **vertically** and **horizontally** within and beyond Nursing Division
- An effective infrastructure within Nursing around Magnet priorities enable organizational understanding which can then be leveraged to help maintain/achieve designation

- Every person must see themselves as a stakeholder in maintaining designation
- Explicitly embedding Magnet language and expectation throughout ensure activities align with requirements

Questions?



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