ESSENTIALS OF A MAGNETIC WORK ENVIRONMENT

PART 4

In this final installment of our series, we explore organizational culture and this essential value: "Concern for the patient is paramount."

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CULTURE DRIVES both the quality of nurses' work lives and the quality of patient care. It's the normative glue that preserves and strengthens the group and provides the healing warmth essential to quality patient care.

A "culture of excellence" has always gone hand in hand with the concepts "magnetic work environment," "highly successful," and "excellent care." In 1982, the same year as the original Magnet hospital study, Peters and Waterman noted that a mark of excellence in organizations is the extent to which a system of common and shared core values is in place—values that go beyond the technical requirements of a job and convert neutral organizations into viable, dynamic institutions.

What exactly does "organizational culture" mean? It's a patterned, shared system of values guiding members as they solve problems, adapt to change, and manage relationships. These beliefs and shared understandings guide behavior in the work setting. An organization's culture has two major components:

- shared values—the persistent concerns, goals, and beliefs ascribed to by most people in a work group that shape the group's behavior
- norms—guides to "right" action that serve to control and regulate proper and acceptable behavior. Norms are common ways of behaving that exist and persist in a group because these responses are taught and reinforced by group members.

Cultural norms aren't published. They are things nurses know or find out by interactions with others, by feedback—a frown, for example, or a puzzled, quizzical look.

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The following excerpt illustrates staff nurses' awareness of the interrelationship between norms and values. (All excerpts are from interviews with Magnet-hospital staff nurses in 2001.)

We have a responsibility to participate in research, especially being a Magnet hospital! It's part of our culture, our norms. Nursing in this hospital is 'gung ho' on research. . . .But it's not enough to talk the game; there has to be action. The very least we can do to show that we value research is to fill out surveys like this.

"Learning" the culture

Culture is learned when group members connect behaviors with consequences. In part 2 of this series, we noted that staff perceive they have "organizational sanction/approval" for autonomous practice when nurse-managers hold them accountable in a positive, teaching, nonpunitive manner.

Each department or subgroup in a hospital has its own subculture. The vitality, strength, dynamism, and adaptability of the culture depend on degree of communication among the various subcultures and the amount of value "buy in" among subgroup members.

Magnet-hospital staff nurses consistently report that "concern for the patient is paramount" is *the most important value* essential to quality patient care. This value, plus other attributes of a culture of excellence—bias for action, productivity through people, and hands-on value driven—were tested on the essentials of magnetism (EOM) cultural values scale. Also included was an item requiring the respondent to analyze the competing values of "cost" and "concern for the patient." The EOM values scale also tested for the presence of three cultural processes:

- *changing and updating cultural values,* meaning anticipating change; having a proactive, strategic orientation; and being aware of the need to change values when initiating behavioral changes
- *establishing values and norms,* concerned with promoting, sharing, and clarifying values and implementing actions reflecting those values
- *transmitting cultural values to new team members,* which staff RNs often described as "bringing everyone on board." New hires, new graduates, physicians, and temporary employees are the main focus of cultural transmission. The following quotation illustrates the point.

When experienced nurses enter this organization, the first thing we have to do is to make sure they buy into our norms. Saying "the doctor didn't order such and such" doesn't cut it. That's not good enough. . . .If the patient needs something, you see that he gets it. They have to learn how we practice here, our norms.

How Magnet hospitals compare

Staff nurses (N=4,320) in 26 hospitals, plus those completing the EOM tool by mail and Web site were tested to ascertain the strength of the values of a culture of excellence that have long been associated with magnetism. (For more on our research into magnetic work environments, see the first three articles in this series in the June, July, and August issues of *Nursing2004.*)

Do cultural values and value processes differ between Magnet hospitals and comparison hospitals (Magnet-aspiring and non-Magnet or "other" hospitals)? The composite cultural value score of Magnet hospitals was significantly higher than that of all comparison hospitals.

Analysis of specific cultural values provides insight into differences in the culture of Magnet, Magnet-aspiring, and other hospitals. Over 90% of all Magnet-hospital nurses tested said that "concern for the patient is paramount," compared with 78% in Magnet-aspiring and 58% in other hospitals. When asked to judge "concern for the patient" against the competing value of "cost of care," we found a 13% to 14% drop in the percentage of nurses responding affirmatively in all three groups, indicating that staff in all three groups of hospitals feel the pressure of cost as a value competing with concern for the patient.

Comments written in on the EOM survey next to this item provide further evidence for this conclusion; for example:

"Promise to teach, passion to learn." Our hospital creed addresses physicians' needs first, cost second, and then the patient. That's just how it is! As a matter of fact, patient care is listed as third priority on our hospital mission statement. . . .Cost is fast catching up to and edging out the docs, though. Only the nurses are the patients' advocates.

What's happened to cultural values in Magnet hospitals over time? Comparing 1989 and 2003 data for two different samples of Magnet and non-Magnet

hospitals, we found that, except for bias for action (defined as a proclivity to act or a willingness to take risks to solve problems), Magnet hospitals have held their own over the 14-year period. Comparison hospitals declined markedly in all value areas, indicating that, at least with respect to values and culture, the disparity between Magnet and comparison hospitals is wider now than it was 14 years ago. (See *Figure 1*.)

What similarities and differences did we find in the critical value processes? The usual stepwise pattern (Magnet highest, followed by Magnet-aspiring, then other) present for the other EOM was also found with respect to these three value processes. Magnet hospitals recognize the need to be proactive and value driven, and the many examples provided by staff nurses during interviews provide evidence that these processes are practiced. (See *Figure 2*.)

Investing in cultural values

Health care organizations have lagged behind corporate America in investments that demonstrate that culture translates into high performance. Although most cultural initiatives emanate from leadership, staff has the responsibility of utilizing and creating opportunities to discuss, argue, and share values and norms with colleagues and managers.

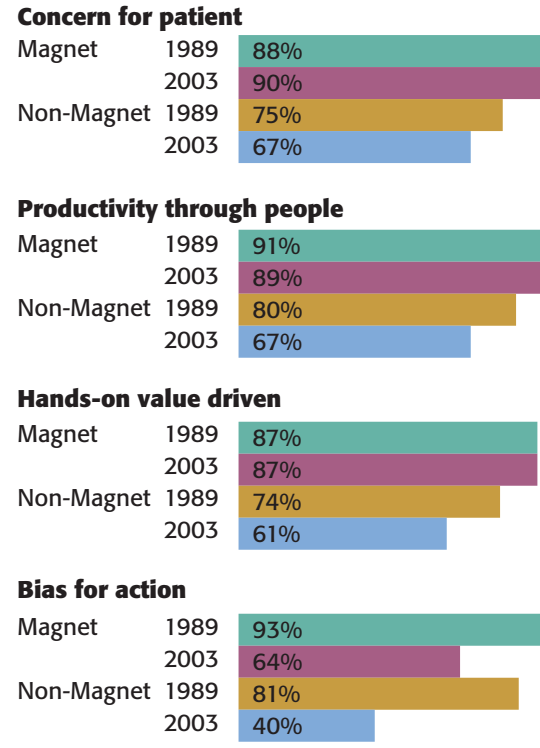
Norms are often set in areas crucial to patient safety and quality care: What constitutes safe care when the unit is short-staffed? What are workload expectations? How much help can you expect from colleagues? Do they help only when asked, or do they look for opportunities to help? Other areas governed by cultural norms include how nurses and physicians work together, responsibility for mentoring new grads, expectations about keeping up-to-date, and the level of clinical competence expected of practitioners.

Knowledge of a unit's norms is related to length of time in the unit and cohesiveness of staff. Newcomers must be quickly informed about the values and norms of the unit if they are to be productive and effective. Norms are often transmitted by phrases such as, "in this unit, we do it this way."

Cultural norms need to be brought to the forefront. Staff nurses have a responsibility for monitoring group norms and initiating changes as needed.

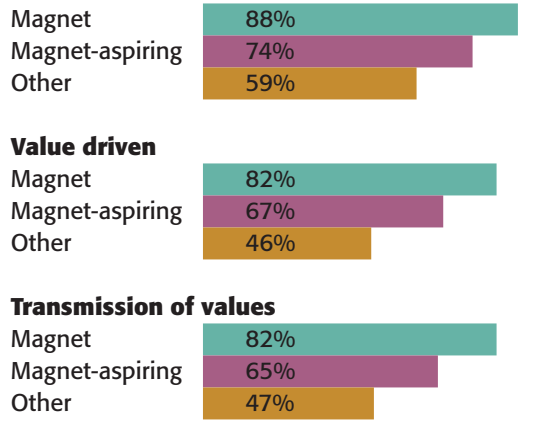
Nursing leadership is primarily responsible for establishing, maintaining, and altering culture. When instituting changes such as introducing clinical path-

Figure 1: Percent of respondents affirming values of a culture of excellence: Comparison between 1989 and 2003



Percentages have been rounded.

Figure 2: Percent of respondents affirming presence of value processes



Percentages have been rounded.

Table 1: Number and percent of 16 Magnet hospitals fitting Magnet profile on 8 essentials of magnetism

To answer the question *Do all Magnet hospitals portray the EOM (essentials of magnetism) to a greater extent than other hospitals?* we statistically divided hospitals into three significantly different homogeneous subsets on each EOM. The subset with the highest scores was labeled "Magnet profile"; the second highest, "Magnet-aspiring profile"; and the third highest, "non-Magnet profile." The size of each profile group wasn't necessarily the same for each EOM, as the homogeneity of each profile was contingent on mean scores and standard deviations. Profile size, and the number and percentage of 16 Magnet hospitals in the Magnet profile for each EOM are shown here.

Control over nursing practice (CNP) was the most discriminating EOM. All 16 Magnet hospitals fit the Magnet profile, three-quarters of the aspiring hospitals fit the aspiring profile, and all non-Magnet hospitals fit the non-Magnet profile. Staff nurses' *perception of the adequacy of staffing* was the least discriminating.

Essentials of magnetism	Size of Magnet hospital profile	Number of Magnet hospitals in profile	Percent of 16 Magnet hospitals in profile
CNP	16	16	100%
Autonomy	14	14	88%
Clinical competence	14	13	81%
Support for education	14	13	81%
Nurse-manager support	14	13	81%
Positive RN/MD relationships	12	11	69%
Cultural values	13	10	63%
Adequate staffing	10	7	44%

Percentages have been rounded.

ways, evidence-based practice, and changes in staff mix, nursing leaders need to anticipate and recognize when changes are in line with cultural values and when they are not and develop cultural transformation plans accordingly.

Putting research into action

Most of the Magnet hospitals met the Magnet profile on most of the eight EOM. (See text in *Table 1*.) We sent all participating Magnet hospitals a customized report of the EOM findings for their hospital, including a comparison with other Magnet hospitals. This indicated whether or not they met the Magnet profile. We can all take a lesson from these Magnet hospitals on how to put research into action.

All but 2 of the 16 Magnet hospitals requested additional information that would allow them to take action, or they asked for suggestions on what they might do to improve. One chief nurse-executive wrote: "The data you sent me shows the nurses in this hospital do not feel that they have organizational approval to practice autonomously. What do I need to do to indicate that administration wants them to?"

The tone of the inquiries is reflected in the following comments from one hospital: "A Magnet facility is not about being 100% perfect…as no such nirvana exists. Magnet hospitals continue to have challenges; it is how they are managed and resolved that makes the difference between the excellent and very good."

Significantly, we received more inquiries from those Magnet hospitals that did not fit the Magnet profile on one or more EOM than we did from those that did. For example, one Magnet hospital requested information on "which of our clinical units scored highest on collegial and collaborative RN/MD relationships because we would like to study and learn from them."

In summary, not all Magnet hospitals fit the Magnet profile on all EOM, but most of those that didn't demonstrated through their inquiries that the original Magnet hospital values—*learn from our successes* and *productivity through people*—are alive and well.

What our findings mean for you

The EOM study was done to test the validity of a tool designed to measure the extent to which differ-

How we handled negative comments from Magnet-hospital nurses

We collected data for this research via several avenues (see "About the Study" in part 1 of this series in the June issue of *Nursing2004*). Besides gathering information from nurses in selected Magnet and non-Magnet hospitals, we mailed surveys to 2,000 hospital nurses and also invited nurses to take the survey online. Among nurses responding to the survey via mail or the Web were 66 nurses working in Magnet hospitals; of these, an unusually large percentage (62%: N=41) wrote in comments. Only six comments were positive; the remaining were critical of the Magnet process, cost, mechanics, site visit, consultation procedure, and standards. What to do with these 66 survey responses posed a perplexing problem.

In a job satisfaction/dissatisfaction study of 1,780 RNs in Michigan hospitals, Fletcher encountered a situation in which 28.6% (N=509) of the respondents wrote in mostly negative comments on a survey tool. She included them, noting: "It would be relatively easy to dismiss the negative responses from the study's nurses as being nonrepresentative of nursing as a whole or a matter of a 'sour grapes' attitude present in a minority of nurses. However, successful businesses have learned that dissatisfied customers, even if a relatively small minority, can be ignored only at great peril to the enterprise."

Despite Fletcher's caution, we decided to omit the 66 Web and mail returns from Magnet hospitals for several reasons:

- The number was extremely small in proportion to the total Magnet hospital data set of 2,355.
- The essentials of magnetism scale scores of the 66 differed markedly from those of the 16 Magnet hospitals in the study.
- The very high proportion of negative write-ins suggests that the Web site and the mail surveys provided the disenfranchised and least satisfied an opportunity to vent.
- Almost two-thirds of the comments written in by the total hospital sample of 4,320 were from nurses in Magnet hospitals and one-third of these were negative or somewhat critical. We have used some of these comments in the presentation of the data in this series of articles, so we judge that the minority view has been presented.

Selected Reference: Fletcher, C.: "Hospital RNs' Job Satisfactions and Dissatisfactions," *Journal of Nursing Administration.* 31(6):324-331, June 2001.

ent kinds of hospitals manifested care processes that staff nurses say are essential for quality patient care—processes such as practicing autonomously, having collegial relationships with physicians, controlling one's own nursing practice, and so on. The EOM tool has been shown to be a valid and reliable indicator of the essentials of magnetism. Magnet-hospital nurses consistently score higher on all EOM than do their counterparts in comparison hospitals.

The EOM tool is unique in that it tests not only EOM concepts, such as autonomy, but it also tests which of the actions or conditions making up each concept are present. It therefore will be useful to hospitals that want to evaluate themselves on the extent to which they possess the EOM and want to initiate action to change. Staff nurses can use the results to define for themselves and their units the parameters of the EOM and then initiate discussions with both their colleagues and management to set realistic expectations and conditions to enact these crucial care concepts.

Creating a culture that values and enables the EOM not only will increase nurses' satisfaction with work but also will improve the quality of patient care. At the end of the day, nurses, patients, and hospitals all come out ahead. N

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For more details about this research, including methodology and a complete list of references, see "Development and Evaluation of Essentials of Magnetism Tool," *Journal of Nursing Administration,* 34(7/8), July-August 2004. For information on obtaining copies of the EOM tool, contact Dr. Kramer at mcairzona@juno.com. The first three articles in this series appear in the June, July, and August issues of *Nursing2004*.

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SELECTED WEB SITE

American Nurses Credentialing Center **http://nursingworld.org/ancc**

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