Coalignment of Observed Versus Expected Practices in an Organizational Change Initiative: A Qualitative Case Study

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ABSTRACT

Organizations implement change initiatives in order to transition from a less desirable present state to what is anticipated to be a more advantageous future state. One measure of the success of an organizational change initiative is the degree of coalignment between actually observed changes that are part of the change initiative versus those expected in the future state. Using qualitative research methods, this paper examines coalignment of observed versus expected changes in organizational practices related to adoption of the "magnet hospital concept" by an academic medical center to increase recruitment and retention of nurses. Overall, the study found a high degree of congruency between actual and anticipated changes in practices. However, areas were found that could diminish realizing the full benefits of the change initiative. Findings are discussed and directions for future research are given.

Key words: Case Study, Change, Coalignment, Magnet Hospital, Organization, Qualitative Research, Recruitment, Registered Nurse, Retention

INTRODUCTION

Strategic management and contingency theories contend that organizations seek to align their internal capabilities with demands of their external environment to achieve sustainable competitive advantage (Mintzberg, 2008). Organizational change initiatives are one means used to accomplish this alignment. One measure of the success of a particular change initiative is the degree to which planned steps in the initiative are actually accomplished in order to realize desired results. This can be thought of as the extent to which the actual change aligns, or coaligns, with that envisioned.

Conceptually this paper examines congruence between actually enacted (observed) and intended (expected) changes resulting from an organizational change initiative. From an operational standpoint, the change initiative examined is adoption of the "magnet hospital concept" (McClure, Poulin, Sovie & Wandelt, 1983) to enhance recruitment and retention of Registered Nurses (RNs) by an academic medical center. Magnet hospitals implement a set of organizational practices that have been shown to increase hiring, reduce turnover, and improve the quality of patient care among other positive outcomes (McClure & Hinshaw, 2002); however, little research has focused on the actual process of enacting magnet practices in formally designated magnet hospitals.

Understanding how magnet principles are enacted is useful to scholarly understanding of the magnet concept and to managerial practice. From a scholarly standpoint, this research will expand understanding of how the magnet concept is operationalized by magnet hospitals and thereby inform understanding of the relationship between specific magnet practices and outcomes. From the standpoint of managerial practice, this research will broadened understanding of the change adoption process of the magnet hospital concept, thereby, promoting and facilitating further adoption of this strategy. Congruence between articulated magnet characteristics and actually enacted characteristics is important for realizing benefits of the magnet hospital concept.

This study is intended to be exploratory in the sense that it seeks to qualitatively assess perceptions, opinions, and observations via a case study from which inferences can be formulated to guide more quantitative hypothesis driven research in the future. Background information on the U.S. nursing shortage and evolution of the magnet hospital concept is first reviewed. The qualitative research design that was used is described in the methodology section. Findings and conclusions are then discussed and future research directions are suggested.

THE NURSING SHORTAGE AND MAGNET CONCEPT

Hospitals in the U.S. have experienced cyclical shortages of nurses since the 1940s when the demand for graduate nurses began to grow at a steady pace (Feldstein, 2004). While the latest shortage is only the most recent in a persistent pattern, it has been characterized as an "impending crisis" (Herman, Olivio & Gioia, 2003) due to the convergence of a number of demographic, institutional, and cultural factors that have not been seen before (Berliner & Ginsberg, 2002; Buerhaus & Staiger, 1999; Janiszewski-Goodin, 2003; Wiener & Tilly, 2002).

The current U. S. shortage of registered nurses (RNs) began in 1998 (Buerhaus, Staiger & Auerbach, 2003) and has been amply documented in a number of studies (AHA, 2001; AHA, 2002; AONE, 2002;Buerhaus, Staiger & Auerbach, 2000; Gelinas & Bohlen, 2002; JCAHO, 2002; Kimball & O'Neil, 2002; Salsberg, 2003, HRSA, 2006, Buerhaus, 2008). Recently

available data indicate that the nursing shortage is far from over. These projections indicate a deficit as high as one million nurses by 2020, dangerously below projected demand (HRSA, 2006). A number of adverse outcomes have been documented as arising from nursing shortages such as, negatively impacting quality of nursing care, retarding the profession's efforts to raise educational credentials, undermining efforts to improve working conditions and employment terms, and discouraging potential entrants from joining the nursing profession (Aiken, 2002).

A major nursing shortage in the early 1980's gave rise to a movement within the nursing profession to identify hospitals that were able to consistently demonstrate superior staffing outcomes regardless of labor market shortages (McClure & Hinshaw, 2002). A landmark study published in 1983 identified practices of hospitals that were able to create an environment that consistently attracted and retained professional nurses in order to provide quality patient care, essentially acting as "magnet hospitals" (McClure, Poulin, Sovie & Wandelt, 1983: 2). These hospitals had a reputation for staff satisfaction, low turnover, and high quality, while operating in competitive labor markets (Buchan, 1999). A number of administrative, clinical practice, and professional development practices were identified as common to these hospitals. These practices were summarized as the fourteen "Forces of Magnetism" as described in Table 1 (Urden & Monarch, 2002: 106). It was argued that these magnet practices could be adopted and/or modified by other hospitals that wanted to proactively address their nursing shortage. Empirical research over the past 25 years has verified that magnet hospitals have demonstrated the ability to attract nurses, recruit new nurses, lower turnover, decrease vacancy rates, increase retention of existing staff, and increase the quality of patient care (McClure & Hinshaw, 2002).

In 1993, a formal program for attaining recognition as a magnet hospital was established by the American Nurses Credentialing Center (ANCC) (ANCC, 2009). The number of formally designated magnet hospitals increased dramatically, from approximately 25 in 2000 to over 300 in 2009 (Costello, 2002; ANCC, 2009). Impressive growth of the magnet concept to date and the recognition it has been accorded by professional organizations emphasizes the need to explore this organizational phenomena in more detail as an organizational change initiative in order to understand how it might better serve to address current and future workforce shortages and how it might extend understanding of organizational change dynamics.

METHODOLOGY

The research setting for this study is a large urban medical center located in a moderately sized city in the southeastern U.S. The medical center is the major teaching hospital for an affiliated medical school and health sciences center, all of which are part of a major state university. The medical center was the only ANCC designated magnet hospital in the metropolitan area at the time of the study and had this designation since 2001. Qualitative research methods were used for this study. Specifically, the three qualitative research methods of documentation review, observation, and interviews were used.

TABLE 1
Forces of Magnetism: Organizational Elements of Excellence in Nursing Care

1. **Quality of nursing leadership –** Knowledgeable, strong risk-takers who followed an articulated philosophy in day-to-day operations and were strong advocates for nursing staff.

2. **Organization structure –** Flat, decentralized, unit-based decision-making with nursing represented on key committees and nursing leader at executive level reporting to CEO.

3. **Management style –** Participative management style in hospital and nursing, feedback from staff at all levels valued and nursing leadership visible, accessible, and communicative.

4. **Personnel policies and programs –** Salaries and benefits competitive with creative and flexible staffing models used and staff involved in developing personnel policies and with significant administrative and clinical promotional opportunities.

5. **Professional models of care -** Models of care used that gave nurses responsibility, authority, and accountability for their practice and for coordination of patient care.

6. **Quality of care –** Nurses perceived they were providing high-quality care and that this was an organizational priority with nursing providing leadership for creating this environment.

7. **Quality improvement –** Quality improvement activities viewed as educational, effective in improving quality of care delivered, and included active involvement by staff nurses.

8. **Consultation and resources –** Knowledgeable experts, particularly advanced practice nurses, were available and used. Peer support was given within and outside nursing.

9. **Autonomy –** Nurses permitted and expected to practice autonomously, consistent with professional standards, using independent judgment within multidisciplinary team approach.

10. **Community and the hospital –** Hospital maintained a strong community presence involving a variety of ongoing, long-term outreach programs so seen as exemplary corporate citizen.

11. **Nurses as teachers –** Nurses permitted and expected to incorporate teaching in all aspects of their practice contributing to high levels of satisfaction.

12. **Image of nursing –** Nurses viewed as integral to the hospital's ability to provide patent care services and as essential resource by other members of the health care team.

13. **Interdisciplinary relationships -** Interdisciplinary relationships characterized as positive with a sense of mutual respect exhibited among all disciplines.

14. **Professional development –** Significant emphasis placed on orientation, continuing and formal education, and career development. Personal and professional development valued and opportunities and resources for competency-based clinical advancement were available.

Documentation review consisted of examination of over 2500 pages of application materials prepared for the ANCC survey process for designation of the medical center as a magnet hospital. Written descriptions of one to five pages in length explained how the medical center complied with each of 91 criteria related to 14 standards established by the ANCC Magnet Recognition Program (ANCC, 2002). After each description, there were from 1 to 10 attachments for each criterion that provided documentary evidence of compliance. This evidence consisted of policy statements, procedures, minutes, organization charts, budget materials, brochures and pamphlets, forms and other artifacts of organizational processes and activities. Only documentation provided by the medical center was used for the study.

Participant observation was used to examine the behavior of nursing staff, physicians, other hospital staff, and their interactions on a nursing unit in the medical center. Observation consisted of spending a day (i.e., eight hour, day shift) observing behaviors and processes on a 29 bed surgical nursing unit (average census of 27 patients) selected by the nursing administration division of the medical center. The researcher assumed an "observer as participant" role in the setting (Lindlof & Taylor, 2002: 149). It was explained that the researcher was doing a research project on academic medical centers and desired to observe the operation of a nursing unit in such a facility. Notes were taken throughout the day on a stenographic pad. No tape recording device was used in order to aid integration of the researcher into the setting. Field notes were written throughout the day and immediately following the observation session. The researcher personally conducted the observations and coded the identity of the participants observed on the nursing unit and maintained secure control of the codes and raw data to assure confidentiality.

Interviews were conducted with a group of key informants at the magnet hospital. A minimally structured, open-ended interview guide presented in Table 2 was used to elicit observations, opinions, beliefs, judgments, and other thoughts from respondents concerning the organizational phenomena. Fifteen interviews were conducted. All interviews, except one, were with employees of the medical center as they had the most direct knowledge of the research topic. The interviewees consisted of nurses on the nursing unit, nursing leaders from both on and off the nursing unit, clinical and non-clinical nursing support staff on the unit, clinical and non-clinical staff from non-nursing departments, and a patient family member. Participation was voluntary. Respondents were interviewed by the researcher. Interview sessions ranged from 20 to 40 minutes. Respondents were assured of the confidentiality of their comments and no identification was made of the respondents except by coded identifiers with the code key secured by the researcher. Interviews were not recorded. Notes were taken by the researcher during the interview and extensive field notes written after each interview. Most interviews were conducted in person at the medical center. Three were conducted via telephone. Interviews were arranged by the researcher.

TABLE 2
Interview Questions

1. In your opinion, what does being a magnet hospital mean? (Follow-up to probe the characteristics of magnet hospital that are mentioned, if needed.)

2. Why do you think (medical center name) sought to adopt the magnet hospital concept? (Follow-up to probe any individual level, organizational level, and environmental level reasons that are offered, if needed. Follow-up probe on mediators and/or moderators of decisions process, if needed.)

3. How was the decision to adopt the magnet hospital concept made? (Follow-up to probe any individual level, organizational level, and environmental level reasons that are offered, if needed. Follow-up probe on mediators and/or moderators of decisions process, if needed.)

4. What do you think are the biggest areas of success related to being a magnet hospital? (Follow-up probe on characteristics of magnet hospital mentioned as needed.)

5. What do you think are the biggest opportunities for improvement as a magnet hospital? (Follow-up probe as needed.)

6. Any other thoughts you have on the magnet hospital concept at (medical center name)? (Follow-up probe as needed.)

Data analysis was continuous throughout the data collection period. As each observation event and interview was completed, data from the activity was reviewed to provide insight for further data collection and whether any data collection procedures or other research design elements needed to be modified. The primary analytic tool for data analysis was coding and categorizing data in accord with the fourteen forces of magnetism characteristics of magnet hospitals in Table 1 using the "constant-comparative method" (Lindlof & Taylor, 2002: 218).

FINDINGS AND DISCUSSION

This section presents and discusses findings drawn from the qualitative data collection methods. The fourteen forces of magnetism that provide the framework for magnet hospital practices were used as the coding schema for these data and for exposition of findings. Notes from the documentation review, observation field notes, and interview responses were examined to discern evidence consistent or inconsistent with each of the forces. Consideration was then given to the overall degree of fit observed by triangulation of findings from all three data sources.

Quality of Nursing Leadership

In magnet hospitals it is expected that nursing leaders are knowledgeable in their role, strong advocates for the nursing staff, and follow an articulated philosophy in leading the nursing department. Documentation review indicated that the nursing division had a formally adopted nursing philosophy and model of nursing practice based on the work of nursing theorist Virginia Henderson (Current Nursing, 2009). Documentary artifacts were included in the attachments indicating how this philosophy was operationalized in the nursing division. For example, nursing policies, procedures, and practice guidelines were included as evidence of alignment of nursing practice with this philosophy.

Interviews were particularly informative relative to nursing leadership. Generally, nursing leadership at the medical center was highly regarded by the nurses and support staff interviewed. In particular the former Chief Nurse Executive (CNE) was very highly regarded by both nursing and non-nursing respondents. The former CNE was uniformly perceived as the individual who personally championed magnet hospital designation for the medical center. One informant referred to the former CNE by saying:

> *"she (the former CNE) was the sparkplug…she knew we were already a magnet hospital, but we just needed to organize things a little better and do the paperwork to get recognized, but it would not have happened without her leadership….she wanted us to have it (the magnet designation) because she knew we were worthy of it and it would show everybody how good we were compared to the best you could compare yourself too."*

While there was substantial laudatory praise for the former CNE, there was some concern about continuing commitment to the magnet concept under a "new" CNE. The informants were aware that activities were underway to prepare an application for redesignation of the medical center by the ANCC. (Redesignation is required every four years and requires completing the entire certification process anew.) However, there was concern as to whether the former CNE's "personal commitment" to magnet hospital principles would be maintained. It was clear that formal designation was important to the staff, but primarily because it provided objective evidence to internal and external stakeholders of the high quality of nursing practice at the medical center. The respondents indicated that their interest in magnet designation was because of the substance (i.e., commitment to high quality professional nursing practice) rather than the "sizzle" (i.e., PR value) of what it represented. The nurses wanted to keep magnet designation, but for the "right reason". They sought validation that this is also the view of hospital administration and nursing leadership. (It should be noted that there was no evidence cited or found of any variance between past and current commitment to the magnet hospital concept by leadership of the medical center.)

Organization structure

The next magnet principle relates to organizational structure of the medical center and nursing and the degree to which authority and responsibility in the hospital is decentralized to place decision-making as close to the patient as possible, while effectively integrating nursing into the hospital's overall operations. The role of the CNE is uniquely important in this regard.

All three qualitative data sources were particularly informative regarding organizational issues. The organization charts, committee minutes, "dashboard" reports, budget and other performance reporting in the documentation were all indicative of decentralization of authority and accountability. Interview results with nursing representatives similarly affirmed this perception. Observations by the researcher were also informative concerning smooth operation of the nursing unit and how the unit manger delegated authority. It was clearly evident that the manager was in a linking pin role connecting the nursing unit to both the nursing organization and other medical center functions. For example, the nursing manager was chairing a committee on flexible scheduling for the medical center that was surveying nursing staff on various scheduling options and seeking consensus as to staff desires, she stated:

> *"I am headed for a meeting right now that I am chairing where we (nursing representatives from units throughout the medical center) will be reviewing results of a survey we did about satisfaction with current staffing options and interest in some new ones that have been proposed."*

However, it was noted from documentation that the former CNE was also Chief Operating Officer (COO) of the medical center with responsibility for most medical center functions. The new CNE did not have the same scope of responsibility as CNE/COO duties. The new CNE duties primarily related to nursing operations. While not a major concern of the staff, it was apparent that there was recognition that the new CNE did not have the same scope of responsibility or authority as the former CNE. There seemed to be a "wait and see" attitude by some respondents as to any implications this might have for the magnet program and nursing in general.

Management Style

Generally a participative management style is typical of magnet hospitals in that it encourages high levels of two-way communication between leadership and staff. Documentation review indicated significant evidence of extensive communication strategies such as newsletters, award programs, recognition events, staff surveys, minutes of group meetings, training events, "Breakfast with Administration," and so forth. Interviews validated that there was a general perception that communication was open and interactive. One informant stated:

> "*… (the former CNE) was always making rounds in the hospital. I have been on the night shift and she would come through the unit real early in the morning and ask you how it was going and so forth and you could tell her."*

Interactive communication seemed to be a strength at the medical center and an on-going challenge to maintain as a strength, particularly through involvement of senior leadership.

It was noted that nurses seemed to feel more involved in communication circles and more informed than nursing support staff on the unit and non-unit professional staff. While the non-unit staff was generally knowledgeable about the medical center being a magnet hospital, their knowledge was more limited. The applicability of the magnet program to non-nursing staff and their roles related to the program were somewhat ambiguous to them. These personnel were

uniformly supportive of the magnet concept if it was good for nursing. However, it was clear that their view was that the magnet concept was primarily a nursing program. As one health professional stated:

> *"I am all for being a magnet hospital since, from what I have heard it is good for the nurses, but I don't know that it means anything special to me or my department."*

The effectiveness of communication concerning the magnet concept to both nursing and non-nursing (professional) support staff is an area that potentially merits consideration in future communications.

Personnel Policies and Programs

It is expected that magnet hospitals will offer competitive salaries and benefits, flexible staffing options, and advancement opportunities. While this factor was not a major focus of the research, documentation of competitiveness on these factors was provided. Interviews were particularly informative as to staffing options. For example, the nursing unit uses 12 hour shifts as its primary staffing schedule and nurses work every fourth weekend. There was satisfaction expressed by the nurses with this schedule and it was noted that the nurses were involved in selection of this option. Overall, there was satisfaction by staff with personal policies and programs with the exception of parking. Once staff member noted that:

> *"the parking situation is awful and always has been…you have to pay for parking if you can afford it….its not like that at other hospitals (in the city)…this is a real negative about working here….it is always the employee's number one complaint."*

While policies and programs related to salary, benefits, and staffing options were satisfactory, it was noted that they were by and large similar to other hospitals. While these factors might not be particular satisfiers, they certainly have the potential to be "dis-satisfiers" if not competitive.

Professional Models of Care and Autonomy

It is expected that magnet hospitals will have a nursing model for patient care delivery that gives nurses responsibility and authority for their practice and for overall coordination of patient care. The predominant mode of practice at the medical center was a modified primary nursing model. In this model, a nurse had responsibility for all aspects of care for a particular group of patients assisted by a patient care technician who performed non-licensed patient care functions, unit support staff that provided housekeeping, dietary and non-clinical support functions, and unit administrative staff that assisted with paperwork. A charge nurse was responsible for operation of the nursing unit on each 12 hour shift and a nurse manager had 24 hour responsibility for the unit. The nurse manager reported to a division director of nursing who reported to the CNE.

Substantial documentation of the model of care was provided. Extensive nursing policies, procedures, and practice guidelines were documented in the ANCC application. Observation indicated a smoothly functioning nursing unit that operated in accord with the model of care. Interviews were conducted with all members of the patient care team described

above. It was noted that the role of the patient care technician had changed since the 2001 magnet hospital application. New patient care duties were added as another position with lower skills was phased out. There was uniform satisfaction with the patient care model by all members of the patient care team. One member noted that:

> *"…we all know what we are supposed to do and work together as a team to get the job done. We don't have any problems except when we get covered up with patients on big surgery days or when someone calls in sick, but usually somebody on the unit will come in to cover so it works out."*

The give and take of working out staffing adjustments on the unit through a process called "peer scheduling" and, thereby, arranging coverage was indicative of the autonomy granted to nursing at the medical center.

Quality of Care and Quality Improvement

Two magnet hospital principles anticipate that high-quality nursing care is an organizational priority, that an environment for providing such care is provided, and that there are continuing efforts to improve the quality of patient care. The documentation review, observation, and interviews were all informative related to these principles.

Documentation in the ANCC application demonstrated extensive quality monitoring activities (e.g., hospital acquired infections, skin ulcers, medication errors, patient falls and restraints), quality studies (e.g., ventricular assist devices, joint replacements, changing of endo tubes), and continuous quality improvement activities (e.g., root cause analysis of adverse patient events, fishbone diagrams for process improvements, dashboards of process indicators). Observation was informative, such as when case managers were noted on the nursing unit checking patient care relative to treatment guidelines, and the presence of a clinical nurse practitioner on the nursing unit to facilitate advanced practice by the nurses was also noted. Both of these observations are consistent with a commitment to high quality nursing care. Most informative were nurse and non-nurse professional staff interviews concerning patient care. Uniformly quality of patient care was cited as the reason for seeking magnet hospital designation. For example, a staff member commented:

> *"It is nice to get recognition and we deserve it I think for our patient care….but what is really important is that being a magnet hospital means that we are as good as the best and this makes us want to stay there and be better….for example, one thing that we have to get more serious about is doing research projects to improve patient care….we get support for this (research studies) and are encouraged to do them and present our results and even get them published."*

Nursing research to improve patient care was one definitive initiative that was pointed to with pride as being a particular trait of the medical center that was encouraged due to the magnet program. While there did seem to be a question as to whether adequate resources were dedicated to this distinctive characteristic, the initiative seemed highly salient to the nurses and evidence of a serious commitment to improving the quality of patient care. (It should be noted that there was evidence in the documentation of patient care research studies that had been conducted.)

Consultation and Resources

It is expected that magnet hospitals will have adequate resources available to support nursing practice in order to provide high quality patient care. Evidence of such support would include the availability of advanced practice nurses, such as clinical nurse specialists and/or nurse practitioners, along with peer support within and outside the nursing division. The documentation review provided substantial evidence of multidisciplinary practice that is addressed in more detail in another section. Observation was informative in noting that a clinical nurse specialist supporting the nursing unit had an office on the unit. Interviews with the nurses indicated that they highly valued the advanced practice role of the clinical nurse specialist. There was concern as to whether the resources devoted to advanced practice support were adequate. However, the nurses noted that support was improving as there had been a period when the clinical nurse specialist role had been de-emphasized and marginally supported at best. The nurses saw the role as particularly important in a state of the art medical center that was on the cutting edge of medical treatment for very ill (high acuity) patients. As one nurse noted:

> *"I think the CNS (clinical nurse specialist) is making a comeback due to the complexity of care that we provide. Patients are so sick now and things (technology and practices) that are required are really complex. High tech is a big part of what we are and you have to have resources (like the CNS) to get the nurses the help they need to do this."*

In regard to adequate resources, staffing was also discussed. The documentation provided sample staffing standards and schedules that represented staffing plans. Observation was informative in that it indicated that the unit staff was very busy, but not overwhelmed with the workload during the observation period. (One of the most surprising observations the researcher made concerned the amount of time the nurses spent in the nursing unit working on patient records versus time spent with patients.) With regard to interview results, overall the nurses thought that the medical center was doing a good job in adequately staffing for its needs. It was noted that the intensive care units and high technology areas usually had all of their jobs filled with the major staffing problems being on routine medical and surgical units. The nurses thought that the medical center was doing a good job retaining experienced nurses that were seen as particularly important in a teaching hospital environment. The nurses thought that the biggest problem in recruiting nurses related to the perception of being located downtown in the city and concomitant problems related to access to the hospital and having to pay for parking. One of the nurses noted:

> *"I think our biggest problem is the perception that it is hard to get to (the medical center), that there is no parking, and if you find a place to park it is unsafe…. maybe they (potential nursing applicants) think of us like an inner-city hospital. I think once nurses come here they see the advantages of working in a top rate medical center and being a magnet hospital gets their attention then."*

Community and the Hospital

Magnet hospitals are expected to maintain a strong community presence and demonstrate long term positive contributions. Documentation was provided evidencing the medical center's capstone position in the local medical community and as part of the economic base of the entire region. Observation confirmed state of the art facilities and the high technology ambiance of a top tier health sciences center. Interviews confirmed that the staff was aware that they were part of a pre-eminent medical center and indicated that this was a source of substantial pride to them. When asked how being a magnet hospital contributed to the reputation of the medical center, responses referred to magnet status serving as objective verification of the quality of the medical center when benchmarked to the best in their class. (The respondents clearly saw their "class" as other national health science centers versus local competitor hospitals.) This perception supported cohesion to the organization and, more specifically, nurse retention when taken in the context of the following comment by one staff member:

"…you know all the hospitals pay about the same thing and all that….you (a nurse) are really looking for something else beyond what they are all about the same on….that is where we (the medical center) are really different as a magnet hospital"

Being a magnet hospital was believed to be positive in terms of recruiting nurses from the community. When asked if magnet hospital status would influence their employment decision, responses were uniformly affirmative by the nurses. For example, one nurse stated:

"I think working at a magnet hospital is a big advantage to me as a nurse. It means that the hospital cares about quality nursing and about the nurses. If I were to go to another city and be looking for a job, I would definitely look to find a magnet hospital and go there first, at least to talk with them. I think more nurses are learning about this (the magnet hospital concept) and it will be a bigger thing in the future (in deciding where to work)."

The benefits of being a magnet hospital in attracting patients to the hospital were also explored. Overall it was the opinion of the respondents that they doubted that many patients or families knew what a magnet hospital was and thus it was not a significant factor in influencing use of the medical center, at least directly. (It was the general view of the respondents that the medical center's national reputation for state of the art treatment was probably most important in influencing patients and families.) This viewpoint was shared by the administrative official interviewed and by a patient family member who was interviewed. When the patient family member was asked about how it was decided to use the medical center for the patient's hospitalization for a serious medical problem, the family member stated:

"We came here (the medical center) because our doctor (local physician in community approximately 100 miles away) told us that this was the best place in the country for my (spouse) to come. We depend on what he (the local physician) tells us and he thinks what they can do here is the best and that's what we want."

While it appears that magnet hospital designation is useful in recruitment and retention of nurses, at least of nurses knowledgeable of the magnet concept, it does not seem to be a significant market differentiator to patients/families based on this response. This finding suggests that increased promotion of magnet status and what it means could be beneficial in both staff retention and recruitment and in building brand image for the medical center. As was stated by the patient family member after a brief explanation of the magnet concept:

> *"Well I don't know about that (the magnet concept explanation), but I do know people come here because they think its best and if that (magnet concept) makes it best then they (the medical center) ought to keep doing it."*

Interdisciplinary Relationships and Image of Nursing.

In addition to evidencing a high degree of teamwork among the nursing and support staff on the unit, there was substantial evidence of multi-disciplinary teamwork with other health professionals. The documentation review indicated substantial cross-disciplinary collaboration evidenced by minutes of committees, task forces, teams and other liaison devices for achieving cross-organizational coordination. Observation confirmed interaction with numerous other health professionals on the nursing unit during the day including physicians, medical residents, physician/surgeon assistants, anesthetists, pharmacists, physical therapists, social workers, dieticians, discharge planners, advanced practice nurses, among others. All of these health professionals were interacting with the nursing unit staff and with each other. Interviews confirmed the multi-disciplinary nature of practice in a large teaching hospital and the central coordinative role that nursing plays in focusing this collaborative process on the patient. One health professional commented:

> *"…experienced nurses are critical, not just to taking care of patients, but to the whole educational process that takes place in a teaching hospital like (the medical center)….experienced nurses help train all of the students that come through the unit including the doctors and make sure that everything that everyone is doing gets done right for the patient…you have to have experienced nurses with really sick patients and with students."*

Clearly nurses were seen as the focal point for coordination of the patient care process by the health care team. As such their role was respected and their experience highly valued. Other disciplinary professionals interviewed were uniformly supportive of nursing and of the magnet hospital concept. While their knowledge about the magnet concept was usually limited, they had heard of the concept at the medical center and thought it beneficial if it aided recruitment and, particularly, retention of experienced nurses. However, one note of discord was evidenced when a non-nursing practitioner questioned why the magnet program was not also targeted to other health professionals at the medical center. This practitioner's perception was that the magnet concept was a nursing program. The health professional also noted that there are many professionals that are critical to patient care and some were also in short supply like nurses. This raised the question as to whether the scope of the magnet concept should be broadened.

Nurses as Teachers and Professional Development

In magnet hospitals it is expected that nurses are involved in teaching related to their practice. References to patient teaching were noted in the documentation and observations confirmed this activity with regard to patient teaching and mentoring of nursing students for clinical training on the nursing unit. In addition, an extensive Nursing Education Department was noted in the documentation and the presence of a Clinical Specialist advanced practice nurse on the nursing unit supported substantial engagement of nurses in teaching roles.

Significant emphasis on training and development of nursing staff is expected in magnet hospitals. The documentation review indicated that the medical center operates a substantial Nursing Staff Development Department that conducts orientation of new nurses, provides in-service education for enhancing skills of existing staff, and oversees a significant number of continuing education programs. In addition, the medical center, as part of a major urban university, offers tuition abatement to encourage staff to pursue formal education through the many degree programs available at the university. An example of an aggressive approach to staff development was provided in the documentation review related to a special program that integrated performance appraisal, career planning, and continuing education into a comprehensive plan for staff members. This program was jointly developed by the Nursing Staff Development Department and the medical center's human resources department.

While observation was not informative on this issue, interviews indicated that the nursing unit staff viewed educational opportunities as a particular strength of the medical center. The medical center's role as a teaching hospital in a major health sciences center was referred to several times as indicative of the importance of staff development in order to stay in the forefront of medical technology and practice. Due to the medical center's reputation as a referral center of national prominence, educational credentials were highly valued and seen as important to advancement. Several of the informants recounted personal educational attainments during their tenures at the medical center. The only concern expressed in the interviews related to promotional opportunities available at the medical center and the concern that compensation policies seemed designed to reward moving into management positions versus advancing clinical skills. This view was expressed as:

> *"…to move up you have to move away from patients….excellence as a clinician is not rewarded like being a manager."*

This comment was echoed by other staff that thought that some mechanism was needed to retain experienced nurses in bedside patient care and reward them for developing advanced clinical skills.

SUMMARY AND CONCLUSION

The purpose of this research was to examine organizational artifacts to determine congruence between enacted (observed) versus intended (expected) characteristics of the magnet hospital concept in a formally designated magnet hospital. This study was exploratory in that it used a qualitative research design to review documentation, accomplish participant observation, and conduct interviews to assess congruency between intended versus enacted magnet practices in a major southeastern medical center formally designated as a magnet hospital. As would be

expected, the study found a high degree of congruence between articulated magnet practices, represented by the fourteen forces of magnetism in Table 1, and enacted practices, evidenced by analysis of the qualitative data. The following conclusions are offered:

Quality of Nursing Leadership - Nursing leadership, as represented by the CNE, is seen as having a history of championing the magnet concept at the medical center. Reinforcement of this attribution is needed with changes in incumbents and role responsibilities for the CNE position.

Organization Structure - A decentralized organizational structure was evident and appeared to function well. Again, clarification and reassurance in the wake of reorganization is needed.

Management Style - The management style appears to be open, interactive, and participative within nursing and across multidisciplinary boundaries. Further embracing other disciplinary areas would increase their understanding of the magnet concept and provide impetus for expanding the domain of the magnet concept to potentially enhance recruitment and retention in these areas.

Personnel Policies and Programs - Personnel policies and practices were seen as competitive, except for parking, and were deemed as neither a significant strength nor weakness. This can be viewed as a positive factor, as it indicates a lack of barriers to non-economic factors that can serve as motivators.

Professional Models of Care and Autonomy - The modified team model of nursing seems to be well accepted and implemented, providing significant autonomy to the nursing staff as evidenced by discretion over their professional practice and staffing arrangements.

Quality of Care and Quality Improvement - There is evidence of high quality of patient care and mechanisms in place to facilitate continuous improvement. A specific opportunity that might be particularly beneficial is enhancing nursing research efforts to improve patient care as this appears to be a particular source of pride to nursing staff even if not directly engaged in such research.

Consultation and Resources - Overall the nurses thought that the medical center was doing a good job in addressing staffing needs, particularly in retention of experienced nurses. Advanced practice nurses were available to the staff and appreciated by them to the extent available. Greater availability of clinical nurse specialists or other advanced practice resources might be of potential benefit. There was clear evidence of multidisciplinary practice at the medical center, however some non-nursing disciplines had limited understanding of the magnet concept, but were interested in its applicability to their discipline. Expanding the magnet concept to other clinical disciplines might be a salient opportunity.

Community and the Hospital - The medical center had dominant positioning in the local medical community and was nationally recognized, which was a source of staff pride. Magnet designation was seen as objective validation of the high caliber of the medical center in general and of nursing practice in particular. This reputational capital related to the magnet concept was seen as beneficial in cohesion of experienced nurses and potentially valuable in recruitment of nurses, but of limited utility in patient acquisition. The opportunity to leverage reputational capital into brand preference among prospective nurses and patients is potentially an area of opportunity.

Interdisciplinary Relationships and Image of Nursing - Substantial evidence of multidisciplinary teamwork was apparent as was high regard by other disciplines for the role of nursing as coordinator of the patient care process. However there was apparent ambiguity concerning the role of other health professions relative to the magnet concept which might indicate an opportunity to beneficially expand its domain to include these professions, as previously noted.

Nurses as Teachers and Professional Development - As would be expected in an academic medical center, there was substantial evidence of fulfillment of the teaching role expectation. Staff development is viewed as a particular strength of the medical center. There was concern expressed that advancement opportunities are limited, particularly for advanced clinical practice.

Overall, the conclusion of this study is that there is significant coalignment between observed and expected characteristics of the magnet hospital concept at the medical center, however it is clear there are areas where alignment can be improved.

It is important to note that there are a number of limitations in this study. First, the documentation that was examined from the ANCC application may not have been representative of then current practices at the medical center; however no significant discrepancies were noted based on interviews and observations. Application data were being updated for re-designation and would have been more informative, but were not available at the time of the study. Second, the time available for observation was limited to one cross-sectional period of eight hours. Longitudinal observation with the observer embedded in the organization for a prolonged period would have been more informative. Next, only fifteen informants were interviewed due to time and resource constraints. A larger and more representative sample is needed. In addition, the nursing unit selected as the focus of this research was selected by nursing administration for purposes of the study and may or may not be representative. Finally, whether the enacted magnet practices were successful in increasing recruitment and retention of nursing staff at the medical center was not quantitatively evaluated, but perceptual reports by key informants were favorable.

Future research needs to address several issues. First, broader qualitative research addressing limitations in the current study would be useful in validating conclusions. Second, future qualitative research specifically focused on a more theory driven approach would be particularly informative in investigating this organizational phenomena in more depth. Third, these qualitative findings need to be evaluated in light of current theoretical perspectives to inductively contribute to providing a basis for empirical hypothesis driven research that is needed. Of major importance, the future research needs to examine whether accomplishment of

the change initiative, implementation of magnet practices in this case, resulted in organizational results (outcomes) consistent with the desired future state that gave rise to the change initiative, namely increasing the actual recruitment and retention of RNs.

The U.S. health care system is in the midst of another shortage of RNs that is projected to quadruple over the next decade. To address this environmental contingency, hospitals are in need of innovative strategies that can be implemented as organizational change initiatives to address this shortage. A body of scholarly research indicates that the magnet hospital concept is a set of organizational practices that are effective in enhancing recruitment and retention of RNs and, thereby, improving the quality of patient care delivered. However, successful implementation of the magnet hospital concept as an organizational change initiative requires that expected organizational practices related to this concept be successfully enacted in hospitals. If these practices are enacted, then evidential artifacts should be observable in the organization. This qualitative study examined these artifacts and found a significant degree of coalignment with magnet principles. The next phase of this research needs to be outcomes focused to determine if successful implementation of these magnet practices have quantitatively increased recruitment and retention of RNs, the ultimate goal of the organizational change initiative.

REFERENCES

Aiken, L.H. (2002). Superior outcomes for magnet hospitals: The evidence base. In M. McClure & A. Hinshaw (Eds.), *Magnet Hospitals Revisited* (pp. 61-82).Washington, DC: American Nurses Publishing.

American Hospital Association (AHA) Commission on Workforce for Hospitals and Health Systems. (2002). *In our hands: How hospital leaders can build a thriving workforce*. Chicago: American Hospital Association.

American Hospital Association (AHA) First Consulting Group Report. (2001). *The healthcare workforce shortage and its implications for America's hospitals.* Chicago: American Hospital Association.

American Nurses Credentialing Center (ANCC). (2002). *The magnet nursing services recognition program for excellence in nursing service: Health care organization instructions and application process manual.* Washington, DC: American Nurses Credentialing Center.

American Nurses Credentialing Center (ANCC). (2009). List of ANCC Certified Magnet Hospitals. Retrieved March 2009, from http://www.ana.org

American Organization of Nurse Executives (AONE). (2002). *Nurseweek/AONE 2002 national survey of registered nurses*.Washington: American Association of Colleges of Nursing.

Berliner, H.S. & Ginsberg, E. (2002). Why this hospital nursing shortage is different. *Journal of the American Medical Association*, 288(21), 2742-2744.

Buchan, J. (1999). Still attractive after all these years? Magnet hospitals in changing health care environment. *Journal of Advanced Nursing*, 30(1), 100-108.

Buerhaus, P.I. & Staiger, D.O. (1999). Trouble in the nurse labor market? Recent trends and future outlook. *Health Affairs*, 18(1), 214-222.

Buerhaus, P.I., Staiger, D.O., & Auerbach, D.L. (2000). Implications of an aging registered nurse workforce. *Journal of the American Medical Association*, 283(22), 2948-2954.

Buerhaus, P.I., Staiger, D.O., & Auerbach, D.L. (2003). Is the current shortage of hospital nurses ending? *Health Affairs*, 22(6), 192-198.

Buerhaus, P.I., Staiger, D. O. & Auerbach, D.L., (2008). *The future of the nursing workforce in the United States: Trends and implications.* New York: Jones and Bartlett Publishers.

Costello, M.A. (2002). Hospitals opt to become magnets for nurses. *AHA NEWS*, 38(16), 1p.

Current Nursing. (2009). *Virginia Henderson's need theory*. Retrieved March, 2009, from http://currentnursing.com/nursing_theory/Henderson.htm

Feldstein P.J. (2004). *Health economics* (6th ed.). Albany, NY: Delmar Publishers.

Gelinas, L. & Bohlen, C. (2002). *Tomorrow's work force: A strategic approach*. Dallas: VHA. Available at http://www.vha.org

Health Resources and Services Administration (HRSA). (2006). *What's behind HRSA's projected supply, demand, and shortage of registered nurses*. Retrieved February 3, 2007, from http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm

Herman R.E., Olivio T.G., & Gioia, J.L. (2003). *Impending crisis: Too many jobs too few people*. Winchester, VA: Oakhill Press.

Janiszewski-Goodin, H. (2003). The nursing shortage in the United States of America: An integrative review of the literature. *Journal of Advanced Nursing*, 43(4), 335-342.

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). (2002). *Health care at the crossroads: Strategies for addressing the evolving nursing crisis*. Chicago: Joint Commission on the Accreditation of Healthcare Organizations.

Kimball, B. & O'Neil, E. (2002). *Healthcare's human crisis: The American nursing shortage*. Princeton, NJ: The Robert Wood Johnson Foundation.

Lindlof, T.R., & Taylor, B.C. (2002). *Qualitative communication research methods*. Thousand Oaks, CA: Sage Publications, Inc.

McClure, M.L. & Hinshaw, A.S. (2002). *Magnet hospitals revisited*. Washington, DC: American Nurses Publishing.

McClure, M.M., Poulin, M., Sovie, M., & Wandelt, M. (1983). *Magnet Hospitals: Attraction and retention of professional nurses: American academy of nursing task force on nursing practice in hospitals*. Kansas City, MO: American Nurses Association.

Mintzberg, H., Ahlstrand, B. & Lampel, J. (2008). *Strategy safari: A guided tour through the wilds of strategic management.* New York: The Free Press.

Salsberg, S. (2000). *Making sense of the system: How states can use health workforce to increase access and improve quality of care*. New York: Milbank Memorial Fund. Retrieved on November 7, 2003, from http://www.milbank.org/reports

Urden, L.D. & Monarch, K. (2002). The ANCC magnet recognition program: converting research findings into action. In M. McClure. & A. Hinshaw (Eds.), *Magnet Hospitals Revisited* (pp. 103-115).Washington, DC: American Nurses Publishing.

Wiener, J.M., & Tilly, J. (2002). Population ageing in the United States of America: Implications for public programmes. *International Journal of Epidemiology*, 31, 776-781.