The Magnet® journey of a community hospital

By Barbara Wallace, EdD, RNC

ACHIEVING MAGNET® recognition has been equated with achieving excellence in nursing care. Many institutions attaining Magnet status are large urban teaching hospitals. Does this mean there's no place for community-based hospitals in a Magnet world? The answer is a resounding "no!" The road to Magnet recognition is the same regardless of location, finances, or institutional size.

Inherent in the Magnet journey is the integration of research and evidence-based practice (EBP) into the delivery of care at every level. To accomplish this integration, nurses must understand EBP and how it relates to research, nursing, and the entire healthcare team. Staff must have a systemwide conviction that EBP is the right thing to do, even though it may be easier to continue to practice as usual. Management must appreciate the return on investment when staff members critically examine how they practice and then make changes when the evidence doesn't support existing practices.

Nurses must develop a game plan to keep everyone on track and be committed to the journey even if the road gets rough. And finally, achieving and sustaining the excellence inherent in Magnet recognition requires hardwiring all of these factors into an organization's values, mission statements, job descriptions, and operations.

Where to begin?

Yogi Berra of the New York Yankees once said, "If you don't know where you're going, you could end up someplace else!" To reach your goal, you must know your starting point. With respect to the Magnet journey, this translates into obtaining baseline data that address current attitudes and perceived barriers associated with research and research utilization.

Many instruments to assess nurses' attitudes and perceived barriers to research have already been developed. Two of the most commonly cited in the scientific literature, recognized for their reliability and validity, are the Hicks Attitude Scale and the Funk, Champagne, Wiese, and Tornquist Barriers Scale.[1,2]

The Attitude Scale has been used to determine RN attitudes toward undertaking research. The Barriers Scale has been used to determine nurses' perceived barriers to research utilization. Both the Attitude Scale and the Barriers Scale instruments are user-friendly and use a Likert scale format for responses to statements along a continuum of agreement or disagreement. Each is available to use with the respective authors' permission.

When used in one community-based hospital system, the two scales were coupled with general descriptive information (age, number of years practicing as a nurse, highest level of educational preparation, and employment status—full-time, part-time, or per diem). The results provided a solid basis to determine the starting point or readiness.

For some community hospitals, staff readiness may be greater than anticipated. This readiness may become a catalyst to energize the nursing leadership to support and encourage their staff to achieve excellence.

Encouraging participation

Having the tools to gather baseline data is only part of the story. Getting enough nurses to respond so that the findings can be generalized to all nurses in the community-based hospital is another. One way to encourage nurses' participation in a baseline survey is to encourage a healthy competition within and among care units, as well as among other community-based hospitals interested in taking the Magnet journey.

Other factors to consider in maximizing survey participation are issues of confidentiality and fear of retribution or job endangerment. This may be especially true for nurses working in a small community hospital. Staff nurses may be afraid that their responses will be traced back to them despite assurances that only the number of nurses eligible to participate on a given unit will be used on the survey and that all findings will be summarized and reported in the aggregate. Nursing leaders must reinforce the fact that no names are used and that responses won't be traced back to individuals.

Interpreting results

What survey results demonstrate that a hospital is ready for the Magnet journey? Look for survey results that reflect a high score on Hicks' Factor 1, measuring the likelihood of nurses

engaging in research, coupled with data that show most nurses hold baccalaureate degrees or higher levels of education. These nurses have probably been exposed to research as part of their schooling.

Loyalty to the profession and a strong commitment to patient care are also positive indicators for achieving excellence readiness. Time spent in the practice of nursing and the age of the nurses may help provide some sense of these qualities. Also key is developing a strategy to keep all nurses, particularly those who work per diem or who float among units, actively engaged in the research utilization process.

Community hospitals and large urban hospitals may not differ significantly in perceived barriers to research and research utilization. Typically, data derived from the Barriers Scale and reported in the scientific literature cites insufficient time on the job to implement ideas and a lack of awareness of research. Neither of these barriers is insurmountable.

Strategies for enhancing EBP

With the knowledge gleaned from a baseline assessment, strategies can be initiated to support and nurture an environment in the process of achieving excellence. The following suggestions may help.

• ***Develop a research and EBP council.*** Having the council sends a message about the importance of research and sets the stage for nurses to discuss and evaluate current practices. It provides a supportive forum to articulate questions about their concerns and offers a way to get answers. Include a librarian as part of the council to help nurses learn how to perform a literature review and learn about various databases.

Make council members a visible presence throughout the hospital and specialty units. For instance, give them colorful EBP pins to wear as part of their professional attire. To recruit members, be sure to stress that research isn't just statistics. Many nurses have less-than-fond memories of the research courses they took in nursing school. Stress the skills inherent in being a researcher, including the ability to observe, to think critically, to ask why or why not, and to seek answers.

Include in council activities opportunities to learn how to read, interpret, and critically evaluate studies in the scientific literature. As the members become more proficient, have the expert or chair step aside and let individual council members select a study for the group to review and discuss together. As the members become more confident, have them create subcommittees on their respective units and conduct unit-based study reviews. As they continue to learn, they pass this knowledge to their colleagues.

An ultimate role of the council may evolve into overseeing all research and EBP activities related to nursing and patient care. This includes reviewing all nursing research proposals before Institutional Review Board (IRB) submission, assisting in study implementation, publishing in professional journals, providing consultation to other committees and councils, and being a resource to nurses advancing their education and needing assistance in their research courses.

• ***Tell everyone.*** Professionally designed, colorful plaques with a photo of some staff nurses could be mounted by the elevators on every unit and in the main lobby of the hospital. The plaques could define EBP or use an illustration of the caregiving model of EBP, including sources for determining best practices and the role of the interdisciplinary team and patient and family involvement in care decision-making. They could also include information that gives the rationale for using EBP and reinforcing the commitment to providing the very best care.

Besides the plaques, each unit could prominently display a research poster overseen by a research council member. It could identify topics of interest and display scientific literature used for research and feedback based on the research. A section on the poster could be used for definitions of pertinent research terms and reader feedback. This might also be a vehicle to encourage interdisciplinary collaboration.

Monthly nursing newsletters are a great way to share news about current research projects and to give visibility to the staff nurses conducting original research or implementing best practices models. The newsletter could also be used to educate nurses about the role of an IRB and research council activities.

• ***Feed the masses.*** Conferences with research and EBP themes and applications are great ways to create enthusiasm and interest and to provide nurses with continuing education credits. Recognize nurses achieving levels of excellence in research and EBP activities in the conference agenda.

Parting thoughts

It's been said that "Hard work pays off in the future. Laziness pays off now."[3] The nurses at the community-based hospital described here have embraced the importance of hard work, and the approach they used in their journey of achieving excellence can be implemented in any community-based hospital. These strategies don't require financial support, only a commitment to make them happen and the belief that the community hospital is a viable player in the Magnet world. ■

REFERENCES

1. Hicks C. A study of nurses' attitudes towards research: a factor analytic approach. *J Adv Nurs.* 1996;23(2):373-379.

2. Funk SG, Champagne MT, Wiese RA, Tornquist EM. BARRIERS: the barriers to research utilization scale. *Appl Nurs Res.* 1991;4(1):39-45.

3. Patterson K, Grenny J, Maxfield D, McMillan R, Switzler A. *Influencer: The Power To Change Anything.* New York, NY: McGraw-Hill; 2008.

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