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Leadership in nursing excellence : the Magnet Recognition® journey experiences in Europe

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Abstract

Improving work conditions and demands in nursing workforce to provide high quality care and patient safety is a strong issue in European hospitals. Inspired by an US program for nursing excellence, Magnet® Recognition, a Belgian hospital shared their experiences and insight by organizing a summer school in 2019 with nurses of 21 hospitals from 9 countries.

This paper explains the hospital's research program, the link between the journey and the content of the summer school, lessons learned and the extent to which participants of European hospitals were interested in nursing excellence and Magnet® designation.

Introduction

The Antwerp University Hospital (Belgium) is a 600-bed academic center situated along the University of Antwerp life science campus, an international ranked research university. The hospital received Magnet® recognition in October 2017 after a 10-year journey (1). Currently, the hospital is the only Magnet® recognized hospital in Europe and the 1st recognized in Continental Europe. The Rochdale Infirmary in Lancashire (UK) was awarded the Magnet® status in 2002 but failed to renew it later that year following a merger (2). In 2004, the chief nursing officer (CNO) and nursing director learned about the research-based frameworks expected of Magnet hospitals® (3). Hospital leaders (i.e., chief executive officer (CEO), CNO and a nursing director) visited some Magnet® recognized hospitals in the U.S. for an introduction in the principles of Magnet. Previously, nursing leadership at Antwerp had been unable to gain an in-depth understanding of their issues with nurse workforce, quality and patient safety, and nurse and patient outcomes. Hence, leadership was not able to provide direction to an effective nursing strategic plan and goals. The CNO and CEO, along with the hospital board, got inspired through these visits regarding the importance of the Magnet® principles.

In 2007, the hospital board, based on recommendation from the CEO and CNO, decided to transform the hospital guided by a research program to improve nursing practice, patient quality and safety outcomes. Inspired by a study of Wolf and Greenhouse⁴, 3 of the 14 forces of Magnetism® supported the first phase of the Journey: 1. flat organizational structures with sufficient nurse representation for unit decisions; 2. a participative management style that incorporates the voice of the staff nurses along with visible and accessible leaders; and

(3) positive interdisciplinary relations with mutual respect among all disciplines (1). A long-term transformation process was initiated as a strategic goal from a classic hierarchical and departmental structure to a flat, empowered interdisciplinary organization.

During the journey, ANCC integrated the 14 forces of Magnetism® into 5 components to clarify the process of recognition, avoiding redundancy and supporting a focus on outcomes (5). The components are transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations, improvements, and empirical outcomes. Gradually, nurse leadership became aware that the capacity to learn, from a methodological and structural perspective, as well as to adapt insights and knowledge into tangible improvements for patients and their families, framing their journey (6-8). This process focused on the individual and team level but also at level of the management itself guiding the hospital policy and governance as well as team-level strategies and goals (9,10). Thus the cornerstones that supported the hospital Journey to Magnet®: Firstly, the set-up of 3 nursing councils (i.e., nurse preceptors; patient safety and infection prevention and control; nurse managers); secondly, the implementation of a hospital-wide quality improvement Lean project, based on the NHS Productive Ward program – Releasing Time to Care™ or PW-program (1,11); finally, the development of a professional practice model (PPM) giving shared identity to staff nurses and midwives; and (4) to submit nurse-sensitive outcome data to the National Database of Nursing Quality Indicators (NDNQI™) quarterly at the unit level (12,13).

To achieve a thorough and sustained improvement of practices, previous study findings suggested that a mutual alignment of goals is essential, both top-down as well as bottom-up, and between different organizational levels including both organizational levels and unit levels.

Implementation and Magnet® recognition

During the process, staff nurses were invited to be involved in the development of the hospital's professional practice model, the set-up of core values and shared foundation of how nursing care will be delivered within the hospital. An introduction was provided on the main principles of the lean methodology, as provided in the PW-program at team level (1,11), as well as the lean A3-reporting method (14,15). A3-reports are developed at unit level and aim to summarize problems and issues based on data, setting up goals and

desirable outcomes, developing and implementing interventions, evaluating and adjusting and/or sustaining improvements, on one single page. In addition, the hospital business intelligence system provided relevant data to the unit improvement boards, visualizing trends in selected clinical guidelines indicators and outcomes of goals that were set at the team and organizational level. These efforts were recognized in the Magnet® recognition report.

Mindful of the unique position of the hospital as the sole Magnet® recognized hospital in Europe, the hospital organized an *'International Meeting on Nursing Excellence Magnet Recognition® in Europe: Lessons Learned'*. More than 200 participants, from over 10 European countries, attended this meeting. The program provided participants with experiences and insights of the hospital Magnet® journey, as well as insights into Journeys to Magnet® initiated in Germany, Spain, Belgium and Finland. Since the Magnet Recognition® became public the Antwerp University Hospital received visits from Belgian and European hospitals, almost at a monthly basis, as well as invitations to provide keynote lectures at professional meetings. Based on the interest, the hospital and university decided to organize a summer school in June 2019 to explore opportunities for a leadership and learning network subsequently.

Disseminating and Sharing Magnet® Recognition Experiences in Europe

An international summer school took place from June 24-28, 2019 at the University of Antwerp, in collaboration with the Antwerp University Hospital. At this summer school concepts, key insights and empirical evidence identified through the Magnet journey were presented. Co-authors were involved in the development of the summer school program and speaker in one or more session. Target audience was graduates, postgraduates, and professionals highly involved and interested in quality improvements and professional and institutional development active in all domains of nursing and health care: acute and chronic care, mental health care, mother and childcare, residential aged care and home care. We provide the opportunity for institutions to send a delegation of two or three motivated representatives. Registration fee was 450€ including course material, coffee breaks, lunches, social activities and network dinner. A certificate of attendance was awarded upon successful completion of the program and a certificate of completion (3 ECTS) in case of a brief assignment before the start of the program and a paper focusing on one of the summer school topics after the program, additionally.

All participants (n=48) received a certificate of attendance and 15 participants (30%) received a certificate of completion.

Following topics were shared and discussed:

Building blocks of an evidence-based nursing strategy plan

Excellence in nursing practice appeared to be a challenge rather than a reality. A major challenge for the healthcare organizations was the capacity to improve outcomes at a continuous pace. It is essential for an organization, whose goal is to maintain and improve health, to set its own approach for achieving excellence (16). Keeping this in mind, leadership and strategic choices were discussed by the CEO, CMO, CNO and a nurse director during the 1st session of the summer school. Ms. Bonnie Barnes and Mr. Mark Barnes co-founders of the DAISY foundation™¹⁷ were invited to this session and spoke about meaningful recognition of nurses. Furthermore, the 1st DAISY award® was granted to a Pediatric Intensive Care Unit nurse at the Antwerp University Hospital based on a testimony of a child's mother¹⁸. In a 2nd session the research program performed over the past decade systematically examined organizational features of nurses' workplaces in relation to nurse and patient outcomes¹⁸. In a 2nd session the results were discussed by the primary investigator achieved as a part of this research program have been disseminated extensively (17-11,18-25).

In the 3th section the Magnet program director discussed how the hospital investigated to what extent Magnet® principles were relevant and adaptable to the Belgian healthcare system and current European socioeconomic context, as an answer to the issues encountered by the hospital at that time, including nursing shortage and unfavorable outcomes (18). Furthermore, decision-making processes at the unit level, in combination with the establishment of 3 nursing councils, were strategies. Leadership training programs was implemented to support the desired participative management style and accessibility of nursing leaders. Quality improvement projects using principles of change (26), performed within an interprofessional context, stimulated the development of mutual respect and involvement. Meanwhile, the PW-program was introduced as an integral part of the governance policy, providing further structural supports for nursing care and quality improvement processes. (12,27). Outcomes included new professional practice model, a system of peer review, a shared governance model, support of evidence based practice through research, and ensuring patient safety and outcomes.

Preceptor program and team-based learning and innovation

The 4th and 5th session (including a hospital visit), a preceptor program for nursing students and an on-boarding program for newly graduated nurses was discussed. The preceptor program for nursing students was developed by the hospital in collaboration with several nursing schools, developing a strategy of workplace learning in numerous nursing wards including a program based on the principles of peer leadership for nursing students ³².

In a 6th session, team-based and innovation learning activities were explored in healthcare teams. Furthermore, the relation between learning processes at individual, team and organizational level and implementation of innovations was discussed. Theoretical aspects of such learning activities were discussed, as well as the concepts of innovative work behavior and implementation of innovations. Insights gained from empirical studies supported the relationships between learning, innovative work behavior and implementation of innovations in such teams. Practical examples were demonstrated such as implementing project management (PM) strategies and skills including the Plan-Do-Study/Check-Act (PDS/CA) cycles at unit level (15,29) to promote the implementation of systematic innovations.

Team-based leadership and development of a research program

Because care safety relies on the collective individual expertise of team members, as well as teamwork, the inter-professional performance of care teams goes hand in hand with the safety culture of the healthcare organization. Consequently, investments in multidisciplinary teamwork training such as 'Team Resource Management' building non-technical skills are essential. These principles were explained and discussed in detail in a next session. Moreover, results of 2 research projects were shared. One project investigated inter-professional collaboration between clinical nurses, nurse managers and physicians working on medical and surgical wards and assessed how this triangle of collaborative relationships is associated with patient outcomes (30,31). The second study investigated the implementation of a Rapid Response System in Belgian hospitals within a randomized study design, assessing the improvement of outcomes such as unexpected mortality, cardiac arrest and unplanned intensive care unit (ICU) admission (32,33). An evidence-based strategy in this study was used to standardize care processes at general wards as an outcome.

Research evidence was interwoven from the beginning of the Antwerp University Hospital Magnet® Journey with the goal providing evidence for assumptions and to understand practice environments and their impact on nursing staff and patients. During the last session a discussion by the investigators was held on how research initiatives and study results could strengthen practices. Hence, a presentation was provided of an extensive research program which was organically set up in close collaboration between the Antwerp University Hospital, other regional hospitals, healthcare institutions and the University of Antwerp research group Centre for Research and Innovation in Care (CRIC) (18).

During the course, participants (table 1) were invited after each session to fill out a standardized document evaluating the extent of their awareness and competence of using a(n) (in)competent and/or (un)conscious grid or learning model both at a personal and an organizational level. In addition, participants were interrogated about the elements they learned during the sessions; their reflection on strengths, weaknesses, threats and opportunities within their practices; and the formulation of potential actions within the session theme. Continuing education credits were offered after completion of a written assignment.

Lessons Learned and Future Challenges

Lessons learned and reflections were shared and discussed during the final session where feedback rounds with participants were organized based on 5 brown paper sessions formulating reflective questions (table 2).

A 1st reflective question that was proposed was *“How realistic is a Magnet® journey in your organization? If realistic, what do you need (first)? If not, what is the reason?”*. Thirty-two reactions indicated a Magnet® Journey as realistic and the needs were described within the 5 Magnet® components. The importance of the hospital board and leadership at all levels’ commitment and involvement (i.e., transformational leadership) was largely addressed, following the development of a shared governance structure empowering staff nurses and supporting units, as well as the provision of sufficient resources. The development of a nurse recruitment policy, aligned with an education and training program, as well as a meaningful recognition strategy, was proposed. In addition, participants indicated that hospitals need to increase the number of bachelor degree nurses (i.e., structural empowerment). Hospitals indicated the introduction of guidelines, protocols and evidence-based practices, such

as early warning score, SBAR (33) and nurse assessments, are required elements (i.e., exemplary professional practice). Various participants indicated the need of research support in nursing practices at the unit level to set up data-driven practices (i.e., new knowledge innovation and improvements). The set-up of various outcomes, such as patient and nurse satisfaction as well as nurse-sensitive outcomes were identified (i.e., empirical outcomes). Some participants indicated a desire to initially start with Pathway to Excellence[®] designation (34) and/or to meet the Joint Commission international or Qmentum standards. Other participants mentioned Magnet[®] recognition as a long-term goal and strategy, a culture change, the necessity to learn and understand about Magnet[®] recognition program and how to successfully implement it in daily practice. Some participants (n=18; 38%) found a Magnet[®] Journey not realistic because of the lack of interdisciplinary collaboration between nurses and physicians; lacking involvement and commitment of the hospital board and leadership, but also a lack of research capacity and opportunity for nurses. Finally, an insufficient number of bachelor degree nurses was mentioned as well. Some hospitals had a lack of a nurse leadership structure such as nurse managers, nurse directors as well as a CNO. Others were in the midst of a hospital resources constraints.

A 2nd reflective question was *'Which kind of support can help you in your journey to nursing excellence?'*. Twenty-nine responses (15%) showed clearly a need for support to improve nurse practices and outcomes towards nursing excellence by creating the support and capacity for research initiatives; a leadership network and learning community at (inter)national and European level and a strategy to involve and commit hospital boards and CEOs.

Furthermore, the question *'Do you expect that we offer a more comprehensive curriculum related to leadership in nursing excellence?'* was asked. Twenty-one reactions (11%) confirmed the current role model of the Antwerp University Hospital but mentioned primarily the need for lectures about the different aspects of Nursing excellence and the Magnet Recognition Program[®] as provided. However, respondents were interested in the combination of such lectures with workshops creating the opportunity to share and discuss insights and ideas.

'To what extent is it preferable and feasible to have a collaboration and support network to share ideas and experiences about Leadership in Nursing Excellence and Journey to Magnet[®]?', was the next question.

Participants (n=20;42%) clearly indicated the need for courses, seminars and conferences at yearly basis to meet, learn and exchange insights and knowledge, as well as experiences supported by an interactive platform.

Moreover, the question was formulated as *'To what extent is it preferable and feasible to have joint (research) projects?'*. Twelve respondents (25%) supported the need to have joint research initiatives both at a European and international level through shared data bases, enabling generalizability and comparability of findings within various health systems and institutions. Furthermore, they indicated a need to create a research priority list of mutual and important issues to study across entities. Topics mentioned included leadership and team shared leadership, shared governance, implementation strategies and future nursing roles.

Finally, participants were asked to indicate the most important lesson(s) from the summer school including take away message(s). In the 59 reactions (31%) that were obtained, all topics discussed as part of the summer school were evaluated as inspiring and valuable, either because it enforced what was known or it created a strong awareness. Interesting general remarks were for example: "It's a culture, not a checklist, nor a manual to follow"; "there is a lot of vision and engagement in nursing science and we can be proud of that"; "it's not the person, but it's the system"; "to be aware of learning environment and team communication in project implementation"; "in Magnet® hospitals, leaders are visible, there is no hierarchy"; "the importance of culture and mindset"; "research was tightly connected to nursing practice and quality of care"; "nursing excellence starts from the bottom, give nurses the opportunity to share their talents and experiences"; "engage, encourage and recognize your nurses" and "ambition is very pronounced and clear".

Conclusion

In Europe, only 1 hospital is ANCC Magnet recognized®. Magnet recognition® entails a long process of several years to transform nursing and hospital organization. From this encounter more than 20 European hospitals are strongly interested in nursing excellence as a part of hospital strategy aiming to improve clinical practice and outcomes. It is clear that other hospitals will become Magnet recognized® in the near future. Sharing insights, knowledge and experiences through courses, seminars, conferences and collaborative networks or platforms are of paramount importance to support hospitals in their journey. A 1st step was made through the organization of

a summer school initiative, providing a short and intensive course. Other initiatives should be encouraged supporting nursing practice and nursing excellence in Europe.

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