

## CLINICAL PRACTICE

# Advancing a Magnet<sup>®</sup> culture in the midst of change

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## ABSTRACT

A key strategy for advancing a Magnet<sup>®</sup> recognized (American Nurses Credentialing Center, Silver Spring, MD) culture of excellence is ongoing staff development. The Magnet Recognition Program<sup>®</sup> requires that there should be evidence in recognized organizations of the development, dissemination and enculturation of the 14 Forces of Magnetism. Magnet Force 14, Professional Development sets an expectation that organization's value personal and professional growth, including orientation, career development, formal education and continuing education. Magnet Force 11, Nurses as Teachers expects that nurses be involved in educational activities. Implementation of Magnet Force 8, Consultation and Resources requires that adequate human resources and knowledgeable experts be available to consult and serve as mentors. Houston Methodist Hospital (HMH) has been designated as a Magnet facility since 2002. As the hospital prepared for its fourth Magnet re-designation, a knowledge deficit and learning need was identified resulting not only from the influx of new employees, many of whom had not worked in a Magnet designated organization, but also from the routine preparation that occurs during re-designation. In addition to these learning needs, there was a concern that adding a significant number of new employees could potentially influence the organization's culture. This article will address the resources and strategies used to engage adult learners in becoming knowledgeable and vested in the Magnet program and their role and responsibilities in this environment to advance a culture of excellence, as defined by the full expression of the 14 Forces of Magnetism.

**Key Words:** Professional development, Adult learning, Organizational culture, Human resources, Magnet recognition program

## 1. BACKGROUND, SIGNIFICANCE AND CHALLENGES

Houston Methodist Hospital (HMH) has been designated as a Magnet recognized (Magnet<sup>®</sup> American Nurses Credentialing Center, Silver Spring, MD) facility since 2002. The hospital has a strong professional practice environment. As a Magnet organization, professional development is highly valued. This stems from the hospital's mission, "To provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research" and the tenets of the Magnet Recognition Program<sup>®</sup>. Between 2013 and 2014, the hospital's patient

volume surged by almost ten percent. To offset this volume, 214 positions for bedside registered nurses, in addition to several managers were budgeted and employed. A new Chief Nurse Executive was also promoted within the organization during this timeframe.

The Magnet journey has a beginning, but no end as the quest for excellence is ongoing. As the hospital prepared for its fourth Magnet re-designation, a Magnet knowledge deficit and learning need was identified resulting not only from the influx of new employees, many of whom had not worked in a Magnet organization, but also from the routine preparation that occurs during Magnet re-designation. In addition to these learning needs, there was a concern that adding a

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significant number of new employees could potentially influence the organization's culture. Organizational culture is important in guiding the discretionary behavior of employees, making it essential that the hospital's core values be clearly defined and communicated to new and veteran employees.<sup>[1]</sup> The hospital's ICARE (Integrity, Compassion, Accountability, Respect, Excellence) values are embedded in Nursing's Professional Practice Model.<sup>[2]</sup> The model is supported by Donabedian's Theory on Structure, Process and Outcomes.<sup>[3]</sup> New employee onboarding and training was compounded by the need to preserve the hospital's mission, vision and values in the midst of change. Knowles Adult-Learning Principles, in conjunction with Donabedian's Structure, Process and Outcome theoretical framework and principles of staff engagement guided the approach to educational and professional development strategies.

Healthcare has undergone a seismic shift, *i.e.*, political, economic, socioeconomic and technological changes, and along with this, the Magnet Recognition Program has grown in complexity. The vision of the Magnet Program is that, "Magnet organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care; the discipline of nursing; and care of the patient, family, and community".<sup>[4]</sup>

Every 4 years, American Nurses Credentialing Center (ANCC) promulgates new Magnet standards. These standards, which are reflective of the 14 Forces of Magnetism, are organized into Sources of Evidence which focus on an organization's structures, processes and empirical outcomes. Successful Magnet hospitals demonstrate the development, dissemination and enculturation of the Sources of Evidence. ANCC defines enculturation as "the process by which people learn the requirements of their surrounding culture and acquire values and behaviors appropriate or necessary in that culture. This includes the process by which the values of Magnet are disseminated throughout the depth and breadth of a healthcare organization".<sup>[4]</sup>

With the release of the 2014 standards, organizations were required to provide evidence that substantiates compliance with 106 Magnet standards. These standards integrated extensive changes from the 2008 Magnet Application Manual, became more highly prescriptive and challenging as the focus continued to shift solely from the structures and processes erected by an organization, to outcomes associated with these structures and processes. Additionally, ANCC significantly increased the number of empirical outcome exemplars that targeted specific standards. Per ANCC, outcomes

must define quantitative and qualitative evidence related to the impact of structures and processes on the patient, nursing workforce, organization and the consumer.<sup>[4]</sup>

Educating a vast number of employees, including numerous new hires, in a 1,119 bed academic, quaternary, teaching hospital compounded the challenge of enculturation. One of the initial hurdles was to interpret each of these new Magnet standards/Sources of Evidence, then frame them in such a manner that the deliverables required by ANCC were understood. Periodically, ANCC distributed updates re-interpreting the Magnet standards/Sources of Evidence, which required retroactive review and re-education of the organization. Additionally, ANCC has a glossary of 96 Magnet terms that are unique to this program. Learning and teaching these definitions compounded the complexity of the educational process.

Another challenge that required postulation was the range of experiences that a cadre of senior Magnet champions, who were recruited to help with re-designation activities, brought to the table. For example, some had never worked in a Magnet hospital, and had never been exposed to the Magnet program nor adult learning principles. These variables influenced the approach to education.

## 2. LITERATURE REVIEW

Consistent with Donabedian's Theory, the ANCC established an expectation that Magnet recognized organizations have well defined structures and processes. In 2008, ANCC released its new Magnet Model and highlighted the requirement that Magnet organizations demonstrate strong evidence of outcomes associated with this infrastructure.<sup>[5]</sup> A comparison between ANCC's and Donabedian's descriptions of structure, process and outcome follows in Table 1.

Both Donabedian and ANCC speak to the characteristics and attributes of an organization and address the structure and resources needed to implement a professional practice model and the delivery of care.<sup>[3,5]</sup> Processes are described as safe, action-oriented care delivery by health care practitioners and outcomes are the result of the structure and processes that impact the patient. ANCC expanded this definition to include the impact on the nursing workforce, the organization and the consumer.<sup>[5,6]</sup>

At HMH, the Professional Practice Model (PPM), provides a framework that depicts nursing practice and is designed to advance nursing's mission of providing leadership and excellence in practice, education and research to the patient, family and community, while achieving the highest levels of outcomes (see Figure 1).<sup>[2]</sup> Implementation of the overall framework is aligned with Ludwig Von Berta-

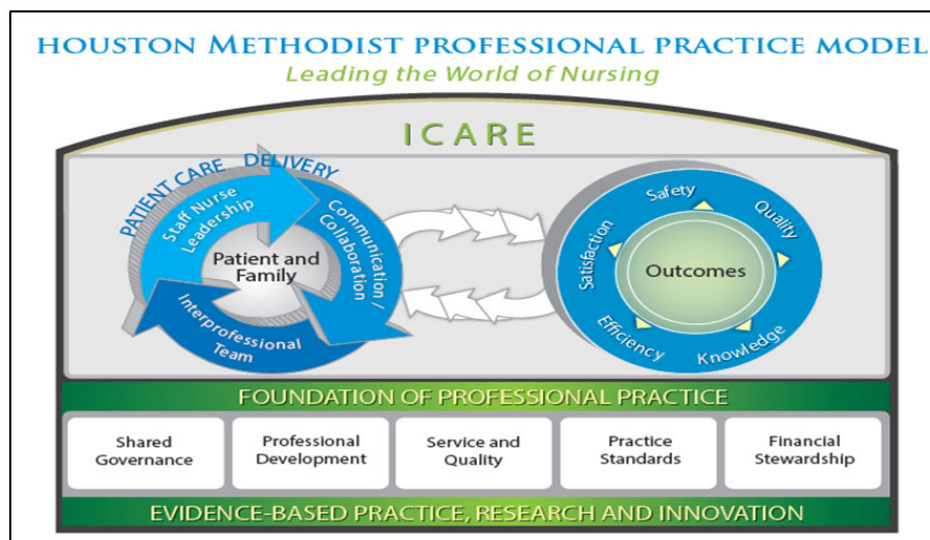
lanffy's General Systems Theory<sup>[7]</sup> and Donabedian's Structure/Process/Outcome Model.<sup>[3]</sup> The organization and practice of nursing is a complex system with interrelated structures and processes that work in concert and result in out-

comes that are evaluated and used to modify the system for continuous improvement. These system components are based on published research, evidence-based practice, innovation and professional standards of nursing practice.

**Table 1.** American Nurses Credentialing Center and Donabedian's descriptions of structure, process and outcomes

	ANCC	Donabedian	Similarities
Structure	Characteristics of the organization and the healthcare system, including leadership, availability of resources, and professional practice models.	Attributes of the settings in which care occurs. Includes the attributes of material resources (such as facilities, equipment and money), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff organization, methods of peer review and methods of reimbursement).	<ul style="list-style-type: none"> <li>• Availability of resources</li> <li>• Characteristics of the organization in which care occurs</li> </ul>
Process	Actions involving the delivery of nursing and healthcare services to patients, including practices that are safe and ethical, autonomous, and evidence-based, with efforts focused on quality improvement.	What is actually being done in giving and receiving care. It includes the patient's activities in seeking care and carrying it out, as well as, the practitioner's activities in making a diagnosis and recommending or implementing treatment.	<ul style="list-style-type: none"> <li>• Patient care delivery</li> </ul>
Outcome	Quantitative and qualitative evidence related to the impact of structure and process on the patient, the nursing workforce, the organization, and the consumer. These outcomes are dynamic and measurable and may be reported at an individual unit, department, population, or organizational level.	The effects of care on the health status of patients and populations. Improvement in the patient's knowledge and salutatory changes in the patient's behavior are included under a broad definition of health status, and so is the degree of the patient's satisfaction with care.	<ul style="list-style-type: none"> <li>• Quality of patient care</li> <li>• Outcomes</li> </ul>

Note. Source: Donabedian, A. (1988). The Quality of Care. *JAMA*, 260(12), 1745-1745 and The Magnet® Model. In *2014 Magnet® Application Manual* (2014 ed., p.g.4). Silver Spring, MD: American Nurses Credentialing Center.



Source: Houston Methodist Professional Nursing Practice. The Department of Nursing. (2014, Houston, Texas)

**Figure 1.** Houston Methodist Hospital Professional Practice Model

The PPM is guided by the hospital's ICARE values: Integrity, Compassion, Accountability, Respect and Excellence, which provide direction for nursing practice. It is also grounded

in nursing's vision of: "Leading the world of nursing in an innovative and collaborative environment of excellence in patient care, education and research", and the triad of lead-

ership, art and science, which serve as the foundation for the hospital’s philosophy of nursing. Operationalizing and integrating this vision into daily practice requires deliberate and targeted actions.

Organizational culture is defined as “a way of thinking, behaving or working that exists in a place or organization, and integrates a set of shared values, goals and practices that characterize the organization”.<sup>[8]</sup> Culture guides organizational behaviors and responses, as well as, the attitudes and beliefs of employees.<sup>[7]</sup> Culture can directly impact an employee and determine whether they succeed in an organization’s environment. The organizational culture must be learned and shared,<sup>[9]</sup> in order to effectively integrate new employees. When an organization’s culture is well known and defined, it becomes a guiding principle for hiring new employees, as these new employees change the dynamics, interactions and outcomes achieved by the team and organization.<sup>[5]</sup> A culture that is cohesive, supports participatory decision-making, team members, as well as, leadership empowerment, mentorship and teamwork is one that produces satisfied employees and patients.<sup>[10]</sup>

In addition to an organization’s culture, staff development is an important organizational priority that impacts staff satisfaction, employee retention, job competence, efficiency, effectiveness, quality and service outcomes, and an organization’s reputation, which either boosts the bottom line or negatively affects it. An educational program structured to meet the needs of employees conveys to them that they are valued.<sup>[11]</sup> Professional development is one of five structures

which anchor HMM’s Nursing Professional Practice Model.

Knowles was a key figure in the field of adult education. His adult learning theory, “Andragogy” is grounded in humanistic philosophy and is well known in the field of education.<sup>[12]</sup> Knowles described Andragogy as having two dimensions which constitute “a model of assumptions” about the characteristics of adult learners and the processes involved in adult education that stem from these characteristics.<sup>[12]</sup> Andragogy focuses more on the process and less on the content being taught.<sup>[13]</sup> Knowles believed that adults need to know what and why they need to learn and by solving problems, they learn experientially; learning is also enhanced when they perceive that the topic is of value and they are involved in planning and evaluating their own instruction. He strongly advocated promoting self-directed inquiry and learning, noting that individuals who are self-directed have defined a learning need; therefore, they are more motivated to learn.<sup>[12]</sup>

Knowles theoretical framework stresses the behavior of the teacher in the learning cycle as a facilitator, who provides more support early in the learning cycle and less as learners become competent. The body of knowledge that promotes an environment that is conducive to adult learning supports several principles relevant to those who teach. These are summarized in Table 2 and also discussed in the application of the Knowles andragogical assumptions to build leadership capacity and Magnet knowledge through education in Table 3.<sup>[11]</sup>

**Table 2.** Role of teachers in the learning environment

<ul style="list-style-type: none"> <li>• Structure the environment to promote learning (physically comfortable).</li> <li>• Identify competencies and problematic gaps in the desired performance.</li> <li>• Build mutual trust through cooperative activities.</li> <li>• Expose learners to new possibilities.</li> <li>• Facilitate self-directed inquiry and learning.</li> <li>• Accept and respect the person.</li> <li>• Offer options in designing the learning experience and facilitate the resources.</li> </ul>
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*Note.* Source: Knowles, 1980. “The Modern Practice of Adult Education: From Pedagogy to Andragogy.”

As adults move through each developmental phase and mature, their role in planning and evaluating their own learning should be expanded to encourage more self-directed learning and ultimately teaching other learners. In making this transition, Knowles recommended that several variables be considered, for example, determining learning needs, preferences and strategies, human resources and the desired outcomes.<sup>[14]</sup>

Bluestone *et al.* (2013) studied the effectiveness of various

educational approaches. She found that multiple and repetitive strategies that allow for interaction and application by learners, in conjunction with the media and the setting used to instruct, yield the best learning outcomes.<sup>[15]</sup> Didactic instruction was generally found not to be an effective learning strategy, as opposed to, interactive scenarios and feedback to the learner, which were both found to positively impact learning. Games which allow interaction and feedback also had the potential to positively influence a learning outcome.

**Table 3.** Application of Knowles Andragogical Assumptions to enhance Magnet knowledge and leadership capacity

Assumptions	Summary of Learners Characteristics	Teachers Strategies	Houston Methodist Hospital Application	Outcomes
Learners need to Know (Relevance)	Mature adult learners need to know why, what and how they need to learn before undertaking the learning process	Help adult learners see the value of a topic and the personal payoff for learning.	Magnet team identified the skills ( <i>shared vision, systems thinker, personal mastery, self-knowledge, self-directed, subject matter expert, able to internalize knowledge</i> ) necessary to close the Magnet knowledge gap and sixteen high performing Magnet champions.	Group convened to share the vision. The group designated themselves the "Magnet in Motion Magnet Champion Leadership Group". (MIM)
Concept of the Learner	As Individuals mature and become experienced, they become less dependent and have a psychological need to be more self-directed. During this pivotal phase, teachers play a key role in aligning the values and expectations of teachers and the institution with the learner. Teachers encourage the learner by providing opportunities for self-evaluation of their competencies.	Identify competencies to achieve an ideal model of performance. Create a climate that is physically and psychologically conducive to learning, for example, ensure that the physical environment is comfortable, has good acoustics and lighting. Build trust by respecting and supporting people and giving them freedom of expression, provide them tools and involve them in self-diagnosing their strengths and weaknesses. Use computerized games, simulation and group exercises to help learners measure gaps with their competencies. <sup>[11]</sup>	1) MIM group embraced the Magnet team's vision to advance a Magnet culture of excellence through education. 2) Magnet team and MIM group defined the competencies (application of skills), roles, responsibilities and ground rules. MIM members committed to serve as a resource, consultant, coach and teacher to the Magnet champions. Biweekly meetings were held in one of the hospital's newer conference rooms with audiovisual equipment. 3) Magnet team administered a computerized 16 item test to assess MIM knowledge of the Magnet program. Education included a self-study module on Magnet principles.	1) The Magnet team and MIM group collaborated to draft a charter documenting MIM competencies, roles and responsibilities. 2) MIM group drafted and signed a formal charter delineating their duties and accountabilities and aligning their values with the hospital's Integrity, Compassion, Accountability, Respect, Excellence (ICARE) Values). 3) After completing a Magnet education module and re-testing three times, MIM members scored 4.71 out of a five point Likert Scale to the question: "I'm confident in my knowledge as a leader to advance a Magnet culture of excellence."
Experience	As adults acquire a unique set of experiences, they begin to define who they are and draw upon these experiences as a resource for learning. Learning from experience is more meaningful than passive learning. If adults find that these experiences are not being used or valued, they may feel rejected. <sup>[11]</sup>	Use techniques that tap into the learners experiences and emphasize practical application. For example this may include role playing, skill practice exercises, supervised demonstrations, workshops and sequential educational activities. These exercises enable the adult learner to "unfreeze" preconceptions.	1) Magnet team prioritized MIM education on interpersonal communication: a. Oz Accountability Principle; b. Crucial Conversations; c. Trust; d. DiSC Personality Type. 2) MIM members gained insight into their unique abilities and knowledge by completing: a. Oz Accountability self-assessment exercises; b. DiSC Personality type (DiSC was also administered to the entire Magnet champion group to facilitate stratification of workgroups); c. Test on knowledge of Magnet program (individual score); d. Annual self-evaluations; and e. Annual one-page summary of unit best-practices. 3) MIM members participated in role playing scenarios and interactive problem solving games used to strengthen their knowledge and skills.	1) MIM and Magnet team DiSC personality types: a. D-6 b. I-2 c. S-7 d. C-3 2) Collaborated with Magnet team to create learning games, e.g., Jeopardy, Bingo and DiSC-Go-Tech.
Readiness to Learn	Successful completion of a task produces a readiness to learn and serves as a springboard to learn even more in order to respond effectively to daily tasks and problems. Robert J. Havighurst (1970) stratified the adult years into three phases: early adulthood, middle age and later maturity <sup>[30]</sup> . Each of these phases offers developmental and teaching moments that create a readiness to learn <sup>[11]</sup> .	Readiness to learn has implications for the timing of learning and the sequencing of the curriculum. For example, orientation would be scheduled before a program on dealing with difficult personalities. The grouping of learners according to the developmental task is also an important concept. In some cases, homogenous groups may be appropriate depending on the interest of the group. An example of this might be teaching new mothers how to breastfeed. In other cases, a heterogeneous group may be appropriate, for example, teaching stroke symptoms <sup>[11]</sup> . The design of an educational activity should consider the learners age and other characteristics that stimulate their curiosity to learn.	1) Magnet team scheduled progressive education of MIM members on how to: a. develop a lesson plan; b. host a Magnet 101 Workshop; c. implement a shared governance model; and d. implement ADKAR Model for Change. 2) MIM members participated on focus groups to revise the hospital's Professional Practice Model and Standards of Professional Nursing Practice.	1) MIM members hosted three Magnet Champion 101 Workshops during 2014 and 2015 and worked with five units on the structure and processes required for shared governance. MIM members also role played how to host a shared governance meeting. 2) Six MIM members participated in two half-day focus group discussions to revise and finalize the Professional Practice Model and nursing standards, which were approved by the Department of Nursing.
Orientation to Learning	As adults mature, they have a greater need to be competent, acquire and apply knowledge in response to current life situations. They view learning as a process improvement to cope with daily life issues. They become problem-centered and develop urgency to apply the knowledge and skills acquired.	Develop problem-centered educational activities that are organized around competencies and involve adults in designing the objectives and processes that support a self-directed diagnosis and learning. This promotes shared responsibility for seeking out learning opportunities. <sup>[11]</sup> Teachers should promote mutual inquiry by encouraging cooperative activities among learners, without competitiveness. <sup>[11]</sup>	1) a. Magnet team used unit consultations to role model and coach MIM members on how to orient new Magnet champions. b. MIM members distributed and evaluated the results of an annual Magnet champion needs assessment; also evaluated the results of an assessment addressing shared governance structures and processes and partnered with the Magnet team and Organizational Development to develop a yearly educational plan to address identified needs; c. Evaluated the results of an 18 item test to assess the Magnet knowledge of 66 Magnet champions who completed the test; identified educational needs, researched and developed content and made presentations at monthly Magnet champion meetings; 2) a. Agreed to orient new Magnet champions and serve as a Magnet unit liaison and visit six units each quarter to help with their Magnet unit storyboard, education on the Professional Practice Model and shared governance; and b. Applied acquired knowledge through best practices presentations to 120 Magnet champions during monthly meetings.	1) a. Five MIM members accompanied the Magnet team during unit consultations. b. MIM members facilitated 18 educational programs between January 2014 and July 2015, which addressed annual Magnet champion needs assessments. Examples included: Magnet Recognition Program standards; Role of Magnet Champion; HC/AHPS benchmarks; Interpretation of RN satisfaction survey results; Staff empowerment; Evidence-based practice; DiSC instruction and group exercises; Magnet 101 workshops; Mock shared governance council role playing; Inter-professional shared governance; Transformational leadership; Best practices presentations; Magnet Jeopardy Game Professional Practice Model; Taught three PCA career ladder classes since 2014; MIM members collaborated with IT to create a Magnet champion best practice repository in the Nursing Intranet; c. Sixty four percent (64%) of the Magnet champions reported that they were confident in their role as a Magnet champion; 2) a. MIM members oriented 40 new Magnet champions and prepared quarterly reports on their liaison visits to their six units; their findings and opportunities were discussed during biweekly MIM meetings with the Magnet team; and b. MIM members presented 12 best practices at Magnet champion meetings during 2014-2015.
Motivation to Learn	As an adult matures, they become more self-directed and their motivation to learn is driven by an intrinsic psychological need to accomplish and achieve.	During this phase, place more responsibility for learning on the adult learner. Involve adults in planning and evaluating their learning activities and package educational programs that may be taught by those being educated.	1) MIM members: a. planned and continue to oversee the hospital's "Magnet on Your Mind" re-designation campaign, which includes an annual Magnet Interprofessional Fair and quarterly contests; b. authored the quarterly Magnet Champion Newsletters; c. developed content and taught Magnet and shared governance principles at the Patient Care Assistant (PCA) Career Ladder classes; d. participated on Magnet domain teams to perform Magnet unit readiness assessments; and e. volunteered to coach 13 units with a Magnet Unit Readiness Assessment score below 80% in developing a remedial action plan. 2) Magnet program team posts all monthly Magnet champion meeting proceedings and educational material on the Magnet champion intranet site.	1) MIM members: a. hosted three interactive Magnet fairs during 2013 and 2015. Fairs drew increasing interest and attendance: 2013-200 2014-324 2015-320 In addition, MIM members reviewed and selected Magnet quarterly contest entry winners; made surprise unit visits to present a certificate of recognition and prize to the winner; b. published eleven Magnet Champion newsletters between 2013 and 2015; c. taught three PCA classes during 2014 and 2015; d. five MIM members conducted three Magnet Unit Readiness assessments during 2014 and 2015; and e. twelve (92%) of these units improved their scores in follow-up assessments. 2) Eight monthly Magnet champion programs posted on the Magnet champion intranet site.

Note. Source: Chan S. (2010), Applications of Andragogy in Multi-Disciplined Teaching and Learning; Keese, G. (2011), Andragogy-Adult Learning Theory; Knowles, M. (1980), The Modern Practice of Adult Education: From Pedagogy to Andragogy; Knowles, M. (2005), The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development.

Learning takes place when a change in behavior occurs, new skills are acquired and retained.<sup>[16]</sup> According to Bruner (1966), learners demonstrate intellectual growth when they: increase their independence; internalize knowledge into a “storage system”; acknowledge their own ability to perform; respond to the educators instructions; and respond to change and multiple demands.<sup>[17]</sup>

Rogers (1965) identified factors associated with humanistic psychology as measures of successful teaching and summarized these as follows: personal involvement; self-initiation; pervasive; evaluation by learner; and essence in meaning.<sup>[18]</sup>

Throughout the years, Knowles theory has been debated, as educators have come to the realization that adult education is complex. According to several authors, despite this, Knowles adult learning theory has withstood the test of time and continues to be used by educators.<sup>[19–21]</sup>

### 3. METHODS

The culture at HMH exudes excellence. The hospital’s mission and strategic framework emphasizes people (education/career advancement/staff satisfaction), service enhancement, quality and safety, evidenced-based practice, research, innovation and superior outcomes for patients, families, staff and the community.<sup>[22]</sup> A strong culture promotes successful implementation of an organization’s strategic priorities. In 2000, the hospital embraced the Magnet Recognition Program, which served as a blueprint to transform the environment; however, in order to implement it, the tenants of the program had to be well understood by the executive team, managers, nurses and other inter-professional staff. This remains true as new employees are hired. HMH is a large organization with approximately 10,000 employees. Reaching and educating thousands of employees requires the resources to effectively plan and deliver education which advances professional development and promotes superior outcomes in accordance with the hospital’s mission and the Magnet program.

As previously described, both ANCC and Donabedian discuss the need to have resources available and facilities that are conducive to learning and class instruction. Acquiring sufficient resources to educate a large organization can be challenging in the current economic climate. The organizational structure at HMH responsible for administering the Magnet Recognition Program includes a Magnet Program Director and Program Coordinator. This department is a structure within the Center for Professional Excellence, which supports research, education and practice. The Magnet team partners with the nurse educators in this department to advance a culture of excellence.

As transformational leaders, the Magnet team developed a plan, the structure and processes, in this case educational strategies, that would be far-reaching throughout the hospital. The structure for implementing these strategies is graphically depicted in Figure 2. At the core of the model is the Magnet team, Center for Professional Excellence and Organizational Development. The next layer of personnel is a group at HMH referred to as the Magnet in Motion (MIM) Magnet Champion Leadership Group; this is followed by interprofessional Magnet champions representing various clinical settings and other house wide staff beyond this. This structure is designed to impact staff at all levels in order to impart knowledge about the Magnet Recognition Program, 14 Forces of Magnetism and the sources of evidence that comprise a culture of excellence.

#### 3.1 HMH’s application of Knowles’ Andragogical Assumptions

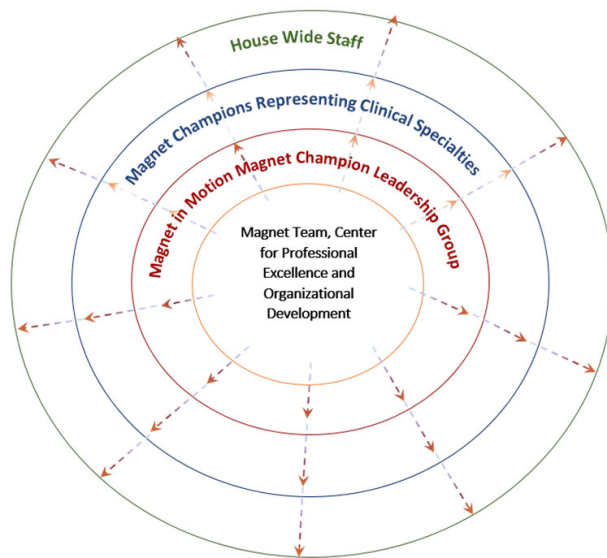
Developmental programs were largely based on Knowles six core principles. Implementation was staged and took into consideration the level of maturity of the MIM Magnet Champion Leadership Group, a group that would be instrumental in implementing the educational plan. The goals for learning and MIM’s individual learning needs and preferences were solicited during biweekly meetings. A key focus was placed on self-directed learning and practical application by the group. Table 3 summarizes Knowles andragogical assumptions, the application of these assumptions and related outcomes.

#### 3.2 Learners Need to Know (Relevance)

According to Knowles, mature adult learners need to know why, what and how they need to learn before undertaking the learning process.<sup>[11]</sup> Historically, the hospital has had approximately 120 Magnet champions representing 72 nursing units and inter-professional departments; however, many of these have served in this capacity for less than one year. The size of the hospital prompted the Magnet team to recruit, engage and educate sixteen high performing Magnet champions to partner with them and serve as “expert” bedside resources to help close the Magnet knowledge gap and promote a Magnet culture of excellence. This highly talented and skilled group of senior Magnet champions believe strongly in the organization’s mission and nursing’s pivotal role in advancing a culture of excellence and designated themselves as the MIM Magnet Champion Leadership Group.

A good leader develops the potential of their followers. The Magnet team developed a comprehensive educational plan to build the leadership skills of the MIM group to prepare them to serve as a resource for the Magnet program. Knowles

Andragogical Assumptions and drivers of nurse engagement identified by Strumwasser *et al.* (2015) guided the educational approach used by the Magnet team.<sup>[23]</sup> For example, Strumwasser *et al.* (2015) found that it is essential for nurses to feel that their input is valued, recognition is meaningful and they have opportunities to broaden their development beyond their traditional scope of work.<sup>[23]</sup> Having worked with managers and staff at all levels of the organization, the Magnet team has found that people in an academic, Magnet recognized hospital want to be developed, trained and their contributions acknowledged.



**Figure 2.** Houston Methodist Hospital structure for advancing a Magnet culture of excellence

### 3.3 Concept of the Learner

Knowles Concept of the Learner promotes several themes, for example, he suggests that the competencies of learners be identified and measured, a climate conducive to learning be established and trust built through the freedom of expression. In response to this, the Magnet team set the stage by scheduling meetings in one of the newer conference rooms at a time selected by the group. In order to build trust and group cohesiveness, the MIM group and Magnet team agreed to meet every two weeks. This forum was used to obtain input into their developmental needs and that of other Magnet champions.

The Magnet team identified the knowledge and skills [shared vision, systems thinker, personal mastery, interpersonal communication/emotional intelligence, self-knowledge (subject matter expert), self-directed and internalized knowledge] essential in closing the Magnet knowledge gap and advancing a culture of excellence. The selection and development of MIM members was guided by these behaviors. These individuals are highly motivated, accountable and have a proven

track record. Jointly the Magnet team and MIM group identified the competencies that demonstrated application of these skills and drafted a charter delineating MIM's roles, responsibilities and competencies, which are outlined in Table 4. This charter is a formal document, signed by each MIM member, aligning their values with the Magnet team and those of the organization and establishing a common ground and full consensus by all. These experienced Magnet champions had some knowledge of the Magnet program requirements; however, their competencies needed to be confirmed to establish a baseline and identify gaps. One of the strategies used to assess their competency included a formal, computerized test containing 16 questions pertaining to the Magnet Recognition Program.

### 3.4 Experience

The composition of the MIM group was intentionally constructed to include educators from the CPE, clinical nurses representing various service lines, a nurse manager, inter-professional technologists from Radiology, a combination of Dominance, Influence, Steadiness, Compliance (DiSC) communication styles<sup>[24]</sup> and the Magnet team. This assumption emphasizes the need to tap into the unique set of experiences acquired by adult learners through practical application. Biweekly meetings with the MIM group brought together various disciplines to collaborate, identify and plan educational programs that addressed the gaps in Magnet knowledge. This structure gave the group the ability to garner and use the unique experiences of each individual in interactive problem-solving and planning educational programs.

Because of the vital role of this resource group, the group agreed that education of MIM members on topics that are fundamental to good communication and effective working relationships should be prioritized. These topics included the Oz Accountability Principle, Crucial Conversations,<sup>[25]</sup> DiSC communication styles and Trust.<sup>[26]</sup> MIM members gained insight into their unique abilities and knowledge by completing several self-assessments, for example, the Oz Accountability Principles (See it, Own it, Solve it and Do it),<sup>[27]</sup> DiSC communication styles, knowledge of Magnet principles, annual competency-based self-evaluations and annual unit best practices summaries. The DiSC was eventually administered to all Magnet champions and DiCS communication styles were recorded on the monthly attendance record to facilitate stratification of work groups and communication among these groups, as well as, on their unit. To prepare the MIM group for their new role as a resource, they practiced making presentations to each other on content that they would eventually teach to other Magnet champions.

**Table 4.** Magnet in motion Magnet champion leadership group charter

<b>Houston Methodist Hospital Magnet in Motion Magnet Champion Leadership Group Charter</b>	
<b>Purpose</b>	
<ul style="list-style-type: none"> <li>Enrich Magnet culture by modeling exemplary professional practice, superior performance and outcomes.</li> </ul>	
<b>Competency</b> Behaviors that exemplify shared vision, system thinker, personal mastery, interpersonal communication/emotional intelligence, self-knowledge (subject matter expert), self-directed and internalized knowledge.	
<ul style="list-style-type: none"> <li>Advance Magnet culture/professional practice</li> <li>Model leadership at the bedside</li> <li>Promote inter-professional practice</li> <li>Support shared governance integration</li> <li>Advance Evidence-based practice/research/innovation</li> <li>Advocate Patient and Family Centered Care</li> <li>Promote financial stewardship</li> </ul>	<ul style="list-style-type: none"> <li>Provide ongoing constructive feedback</li> <li>Advance professional development/learning organization through education/presentations</li> <li>Drive continuous performance improvement</li> <li>Engage, empower and hold staff accountable</li> <li>Drive continuous performance improvement</li> <li>“Live it, Learn it, Share it”/best practices storytelling</li> </ul>
<b>Team Members</b>	
<p><b>Chair:</b> Mary Harris, Magnet Program Coordinator □ <b>Co-Chair:</b> Jared Pittsenbargar, Technologist, Radiology/Magnet Champion Chair.</p> <p><b>Members:</b></p> <ul style="list-style-type: none"> <li>Aguirre, Christie, RN, M3NW</li> <li>Caufal, Monique, RN, Dunn 7 East</li> <li>Delany, Angela, RN, M4NW</li> <li>Gaudet, Jo-Anne, RN, Educator, CPE</li> <li>Harris, Miranda, RN, F11</li> <li>Hawthorne, Nina, RN, Educator, CPE</li> <li>Howard, Peggy, RN, Manager Radiology</li> <li>Modi, Neema, Service Quality</li> <li>Patterson, Carlette, RN, Nurseries</li> <li>Perez, Jason, RN, Endo AOD/PACU</li> <li>Rofals, Citadel, RN, Jones 10</li> <li>Rosario, Alvarado, RN, Women’s Services</li> <li>Shepherd, Mary, RN, MPD</li> <li>Washington, Nakeisha, RN, OPC OR</li> <li>Washington, Robyn, RN, APEC</li> <li>Stewart, Toy, technologist, Radiology</li> </ul>	
<b>Meeting Schedule</b>	
<ul style="list-style-type: none"> <li>Every other Monday</li> </ul>	
<b>Ground Rules and Team Member Duties and Responsibilities</b>	
<b>Ground Rules:</b>	
<ul style="list-style-type: none"> <li>ICARE Values</li> <li>Attend meetings</li> <li>Decisions by group consensus</li> </ul>	<ul style="list-style-type: none"> <li>Be open-minded</li> <li>Respectfully disagree</li> </ul>
<b>Duties and Responsibilities:</b>	
<ul style="list-style-type: none"> <li>Schedule meetings</li> <li>Check/read e-mails</li> <li>Follow-through on assignments</li> <li>Support initiatives</li> <li>Serve resource, consultant, coach &amp; teacher</li> <li>Collaborate in evaluating outcomes and developing educational programs</li> </ul>	<ul style="list-style-type: none"> <li>Host Annual Magnet Inter-professional Fair</li> <li>Be visible/communicate initiatives/programs</li> <li>Conduct Magnet unit assessments and partner with units to improve</li> <li>Sustain success/measure and monitor outcomes</li> <li>Celebrate successes</li> </ul>
<p><i>I am committed to attending a minimum of 90% of the meetings, actively participating and fulfilling my responsibilities as a member.</i></p> <p><i>Signatures:</i></p>	



### 3.5 Readiness to Learn

This assumption focuses on the sequencing of education. Because of MIM's role as change agents, the Magnet team partnered with Organizational Development to educate them on the ADKAR (Awareness, Desire, Knowledge, Ability and Reinforcement) Model for Change.<sup>[28]</sup> The ADKAR model provides a structured step by step approach that can be used to transition from a current state to a desired state. MIM members were also educated on how to develop a lesson plan and host an educational Magnet 101 Workshop. In addition to the lessons on interpersonal communication, the MIM group was educated and involved in numerous discussions regarding the structure, processes and outcomes required by shared governance councils and role played with Magnet champions to enact a governance meeting. MIM members worked collaboratively with the Magnet team and also served as a sounding board for the revision of the hospital's professional practice model and standards of professional nursing practice.

### 3.6 Orientation to Learning

A central theme of this assumption is the prompt application of new learnings. The next developmental level for the MIM group was to develop the content and be self-directed in actually teaching these educational sessions. One of their self-directed activities was to present their unit best practices at monthly Magnet champion meetings and recruit other Magnet champions to make best practices presentations. They also identified transformational leaders within the organization and invited them to share their best practices at these monthly meetings.

The Magnet team identified opportunities for MIM members to shadow them when orientating new Magnet champions and during consultations with units with an identified educational need. This cooperative activity among these leaders helped the group gain experience and confidence in their expertise in their new leadership role. Once it was established that the MIM group was fully competent, education of other Magnet champions was shifted to this group. They accelerated their efforts to advance a learning organization and began teaching many of the topics at the monthly Magnet champion meetings. At this stage of their development, they were ready and eager to assume greater responsibility by serving as a Magnet champion liaison. They agreed to serve as a resource to a cluster of nursing units with an expectation that they visit these clinical areas quarterly and submit a written report to the Magnet team. The Magnet team drafted a checklist that delineated several deliverables that guided them as they worked with each unit. Feedback regarding Magnet unit readiness is discussed during biweekly MIM

meetings.

In addition to their role as educators, the MIM group administers an annual needs assessment to unit based Magnet champions. These results are tabulated and evaluated by the MIM group, in conjunction with the Magnet team. A senior consultant from Organizational Development partners with this leadership group to develop educational programs for the upcoming year based on the needs assessment. MIM members also reviewed the results of an 18 item test to assess the Magnet knowledge of the house wide Magnet champions and the results of an annual shared governance assessment.

### 3.7 Motivation to Learn

As adults mature, they develop an internal psychological need to be even more self-directed in their learning. After a year of mentoring and fostering leadership growth of the MIM group, the Magnet team challenged them to develop a proposal for a Magnet re-designation campaign, in accordance with Knowles adult learning principle to promote shared responsibilities. The MIM group sought input from other Magnet champions. They divided the Magnet champions into two groups and requested that each develop and present a proposal at a scheduled monthly Magnet champion meeting. Magnet champions were asked to vote on each proposal. Both proposals were so well done, that the Magnet champions voted to adopt both of them. They presented both proposals to the Chief Nurse Executive to seek funding and support for implementation and received unanimous approval. Implementation teams guided by the MIM group were formed to draft a plan. The MIM group and Magnet champions who led each proposal, sponsored a contest to identify a theme for the re-designation campaign. Magnet champions selected "Magnet on Your Mind" as the theme. The re-designation campaign includes a quarterly contest and annual inter-professional Magnet fair. MIM members drive all of these self-directed initiatives with vigor and enthusiasm and recruit other Magnet champions to participate in hosting these events. This is a prime example of the integration of the vision of the Magnet program to achieve excellence by this dedicated group of professionals.

In addition to the Magnet re-designation campaign, as knowledge experts, MIM members participate on Magnet Domain teams and facilitate Magnet unit readiness assessments. They review the results of these assessments during MIM meetings, as well as, discuss nurse satisfaction survey results and the status of unit shared governance structures, processes and outcomes, and assume responsibility for follow-up with units assigned to them. They volunteered to coach 13 units with a Magnet unit readiness assessment score of less than 3.2 on a four point Likert Scale. MIM members also partner

with the Magnet team to host leadership workshops, author a quarterly Magnet champion newsletter and develop content and teach the patient care assistant career ladder classes. The Magnet team posts monthly Magnet champion meeting proceedings and all educational materials on the Magnet Champion intranet site for easy access and reference by the MIM leadership group and others. MIM members are rewarded for these self-directed activities with I-PADs, conference attendance, annual team building lunches at a restaurant outside the hospital, gift cards, movie tickets, certificates of recognition and inspirational books.

### 3.8 Role of unit based Magnet champions

As illustrated in Figure 2, progressive dissemination of knowledge beyond the MIM group occurs through unit based Magnet champions, individuals who play a pivotal role in integrating a Magnet culture of excellence. Magnet champions serve as a liaison between the Magnet team, MIM group and their unit. As a role model, they become content experts and serve as a unit based resource and coach. They have defined roles and responsibilities and complete an annual competency-based self-evaluation, which is a component of their formal performance appraisal, and a unit best practices summary. The MIM group supports nursing's and the organization's strategic priorities and partner with shared governance chairs and the inter-professional team to improve outcomes.

With the increase in new Magnet champions over the past two years, there was a need to assess their Magnet knowledge. A computer based 18-item questionnaire was administered to them, in advance of participating in a formal basic Magnet principles workshop. An annual Magnet champion needs assessment guides the MIM members in developing the curriculum for the upcoming year. On a monthly basis, topics are presented based on their identified needs with the expectation that they will develop creative ways to transfer the knowledge acquired in monthly champion meetings to their unit.

### 3.9 House wide Magnet education

It's essential that employees, both in clinical and non-clinical settings, be educated on Magnet principles. The Magnet team promotes integration of Magnet principles at the house wide level by meeting with new employees during orientation and hosts individual and small group sessions with new executives, directors and managers to review Magnet and shared governance accountabilities. The Magnet team also sponsors leadership workshops using various innovative approaches to engage these leaders, for example, interactive games, skits,

reflective exercises, motivational speakers, panels, inspirational videos, small group exercises, role playing, crossword puzzles, jeopardy and best practices testimonials from leaders. Annually, the Magnet team also sponsors a shared governance conference, organized around the five Magnet domains (Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements and Empirical Outcomes). These conferences include national keynote speakers who address leadership topics pertinent to the clinical nurse, for example, appreciative inquiry, innovation on the frontline, bedside leadership engagement and other motivational topics. Other venues for house wide education and integration include the Nursing Leadership Council, which is composed of all the house wide council shared governance chairs and Nursing Leadership Assembly, a group of 75 nursing leaders. Additional resources and tool kits developed by the Magnet team are posted on the nursing Intranet for easy access.

## 4. CONCLUSION

In accordance with the ANCC's Commission on Accreditation (ANCC Commission on Accreditation, 2014), educators should determine the reason for a gap in knowledge and use this to define the educational strategy. The outcome should be assessed at each level of education. The Magnet team identified a gap in Magnet knowledge resulting from the employment of a significant number of nurses and managers. This gap in knowledge was addressed through leadership development of the Magnet in Motion Magnet Champion Leadership Group and broadly disseminated education. Education is costly, making it imperative that specific learning needs and outcomes be identified. The skills and desired competencies of MIM members that are essential in closing the Magnet knowledge gap were identified, for example, shared vision, system thinker, personal mastery, interpersonal communication/emotional intelligence, self-knowledge (subject matter expert), self-directed and internalized knowledge.<sup>[29]</sup> MIM's personal commitment, active involvement, self-initiation, change in practice and the resulting outcomes were a strong indication of the internalization of their new Magnet knowledge. In the absence of other resources, the strategy used by the Magnet team to educate and build the leadership skills of a cohort of inter-professional staff was found to be an effective strategy in closing the Magnet knowledge gap and preparing the organization for re-designation. Table 3 summarizes Knowles Andragogical Assumptions, the application of these assumptions and related organizational outcomes.

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