Magnet Status or Magnet Nurses?

The Pursuit of Achieving Nursing Excellence in Long-term and Post-acute Care

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Even as an entry level nurse, Licensed Practical Nurses (LPNs) tend to manage a substantial patient load, overseeing aspects of their daily care including medication administration, performing physical assessments, discharges and admissions, carrying out medical orders, and collaborating with other members of the healthcare team. Despite this extensive role and responsibility, the majority of LPN educational programs fail to provide supervisory and leadership training, leading to a "disconnect between scope of practice standards and the reality of practice and therein the lack of educational preparedness" (National League for Nursing, 2014, p. 3). Since significant evidence supports a strong correlation between leadership and improved patient and organizational outcomes, a great effort should be applied to providing leadership training for LPNs. Recent popular trends in nursing to advance leadership include organizational goals such as achieving Magnet status or encouraging the advancement of education for nurses. These concepts, including their benefits and disadvantages, are explored.

Introduction

The role of a nurse is dynamic and encompasses many responsibilities such as being an educator, patient advocate, patient care provider, communicator, and facilitator to multiple stakeholders including the patient, their family and the other members of the healthcare team. These attributes can be observed at any level of clinical nursing from a Licensed Practical Nurse (LPN) with a diploma certificate to a Registered Nurse (RN) with an associates or bachelor's degree to a doctorate prepared Advanced Practice Registered Nurse (APRN).

In recent years, much attention has been focused on developing and advancing the RN and APRN practice roles. Consequently, as the LPN role has been excluded from much of these discussions. According to the National League for Nursing:

"The LPN/LVN workforce has not been strategically addressed for the 21st century transformed healthcare system. This lack of focus not only affects the quality and safety of patient outcomes, it may lead to an unintended consequence; a significant void in the health care provider continuum, particularly among older adults and other population clusters that need long-term, community-based chronic care" (NLN, 2014, p. 3).

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This lack of imperative direction places LPNs at a great disadvantage as they tend to care for the increasingly complex aging population. The characteristics of the aging population are accelerated by the increased number of aging "Baby Boomers." This places an increasing demand on the U.S. health care system (Federal Interagency Forum on Aging Related Statistics, 2012). To accommodate this growing population, long-term care facilities are becoming a common option for care with approximately 70% of nursing care in long-term care facilities being provided by Licensed Practical Nurses (Corazzine, Anderson, Mueller, McConnell, Landerman, Thorpe, & Shorti, 2011). As a result, the expected rate of employment for LPNs is "projected to grow 25% from 2012 to 2020, faster than the average for all occupations" (Bureau of Labor Statistics, 2014).

Despite training at a diploma level, LPNs tend to manage a substantial patient load overseeing aspects of their daily care including medication administration, performing physical assessments, discharges, admissions, carrying out medical orders, and more. In addition, the LPNs collaborate with other health care disciplines including managing and delegating to the nursing assistants. According to the National Council of State Board of Nursing (2013), 43.4% of newly licensed Practical Nurses reported having administrative responsibilities within their current nursing position. The NLN describes LPNs as "licensed professionals who share with the entire quality, cost-effective care and whose practice behavior is grounded in those shared values" (2014). Despite this extensive role and responsibility, the majority of LPN educational programs fail to provide supervisory and leadership training. This lack of guidance can cause role confusion between what a nurse is trained to do and what a nurse may be expected to do in the workplace (NLN, 2014).

Recognizing the imperative role that LPNs have within the health care team and acknowledging their need for leadership training to improve outcomes, it is critical to first answer the following questions:

1) What are the attributes of leaders and can they be cultivated?
2) Is there a difference between a nurse manager and a nurse leader?
3) Does magnet hospital status mean magnet nurses?
4) Does an increase in education guarantee effective leadership?

QUICKS FACTS

- Long-term and post-acute care facilities have become a common healthcare option for the complex aging population with approximately 70% of nursing care being provided by Licensed Practical Nurses
- 62% of LPNs working in a long-term care setting report working as a charge nurse, taking on duties such as directing and supervising subordinates
- The majority of LPN educational programs fail to provide supervisory and leadership training
- There has been an increasing awareness on the benefits of nurse leaders within a healthcare organization as they tend to improve staff morale (organizational commitment), increase nurse retention (less turnover and absenteeism), and improve patient outcomes
- Leadership traits are primarily developed through learned behavior and life experiences
- With evidence connecting nurse performance to patient outcomes, it is critical that nurses become proactive leaders in their role

Background and Significance
LPNs in Management

The role of nurses in management has long been established with the development of job positions such as Charge Nurse, Nurse Manager, Director of Nursing, etc. Since LPNs primarily work in long-term care settings, many times without direct supervision of RNs, they often take on administrative duties in addition to performing clinical care. "Anecdotal evidence suggests that because of the difficulty recruiting RNs in the majority of states, it is not unusual for an LPN to be the only nursing presence in some nursing homes, other than the Director of Nursing" (Stone, Bowers, Harahan, & Burns-Johnson, 2008, p. 5). As a result, 62% of LPNs working in a long-term care setting report working as a charge nurse, taking on duties such as directing and supervising subordinates (National Council of State Boards of Nursing, 2008). Despite these responsibilities, very little attention has been focused on leadership training and development for LPNs. There is a need for leadership training. For optimal effectiveness, when developing training modules, special consideration should be placed on examining the difference in the roles and outcomes of nurse managers and nurse leaders.

Why Nurse Leaders?

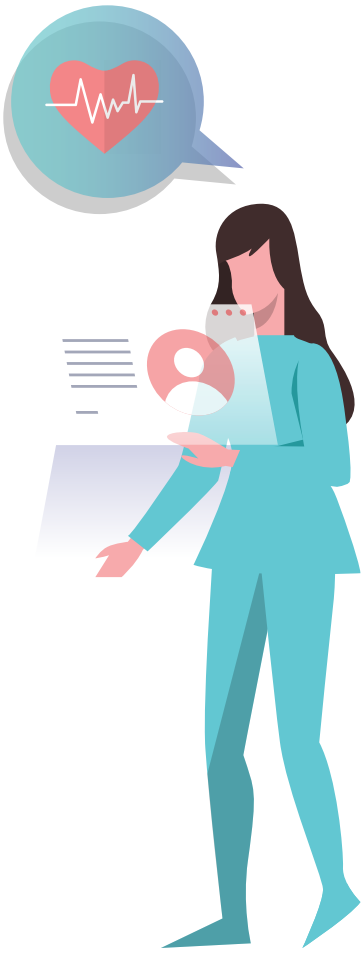
A nurse leader is someone who can inspire a team to work cohesively and effectively to improve patient outcomes while serving the mission of the institution (Wong & Laschinger, 2012). Nurse leaders differ from nurse managers in that they are not task specific but have a transformational approach, which facilitates motivating the team to grow to their highest potential personally and professionally (Lau, Cross, Moss, Campbell, De Castro, & Oxley, 2014). There has been an increasing awareness on the benefits of nurse leaders within a healthcare organization as they tend to improve staff morale (organizational commitment), increase nurse retention (less turnover and absenteeism), and improve patient outcomes (Cummings, MacGregor, Davey, Lee, Wong, Lo, . . . Stafford, 2010). Nurse leaders can contribute to the overall well-being of organizations.

Attributes of Leaders

A leader may use one or a combination of leadership styles to supervise and direct employees. Factors that may influence the leadership approach used can be dependent on the type of work required from the employee, company goals, and the individual employee's responsiveness. A leader must understand the significance of meeting the goals of an organization, the value of employees in achieving those goals, and motivating the employees to stay engaged to keep productivity and work morale at optimal levels (Khan and Katzenbach, 2010).

Not one single characteristic can be used to describe an effective worker; however, there are many several closely associated traits that can be attributed with improved patient outcomes. These include adding value to the experience of learning, caring and leading for patients and colleagues to enhance achievement.

Recognizing the significant role of leaders, many initiatives have been instituted to focus on cultivating leaders. Two significant movements include the promotion of Magnet status for hospitals and the increase of education requirements for nurses.



How are Leaders Made?

The first issue to address when developing a leadership program is to determine if there are specific traits that are common among leaders. According to previous research, leadership traits are primarily developed through learned behavior and life experiences (Keating, 2014). In a study surveying 361 C-level executives about leadership beliefs, Gentry, Deal, Stawiski and Ruderman (2012), found 19.1% believe leaders are more born (Born), 52.4% believe they are more made (Made) and 28.5% believe they are equally born and made. However, 82% of Borns also believe learning from experience is important for developing leaders. This is a significant finding as it changes the strategy on how leadership is approached. Reaching optimal potential is strongly dependent on the availability of education and training, cultural beliefs, organizational structure, opportunities for advancement and the support of the organization which can significantly affect the motivation, attitudes and behaviors of the nurse (Lau, Cross, Moss, Campbell, Castro & Oxley, 2013). "When you make sure that people have adequate access to developmental experiences, coaching, mentoring, training, and other leadership experiences, they have the opportunity to learn and become better leaders" (Gentry et al., 2012). A review of 26 published quantitative studies concluded that learning activities promoting leadership competencies were affective in promoting leadership behaviors in nurses, (Cummings et al., 2010).

According to Gentry et al. (2012), beliefs on how people become leaders dictate how we evaluate people's leadership potential. For example, believing that people are born leaders will result in selecting individuals with "leadership traits" versus providing leadership development training. Identifying this belief system is critical within an organization as it affects recruiting, development and promotion decisions.

Building Leaders: Magnet Hospitals or Magnet Nurses?

Developed by the American Nurses Credentialing Center (ANCC), the Magnet Recognition Program is the highest distinction a health care organization can receive regarding its nursing care. This accolade is the greatest measure of strength and quality of nursing care by evaluation of outcomes related to nursing practice and care delivered including: nurse related patient outcomes, advances in nursing practice and research, nurse satisfaction, and promotion of administrative nursing. Upon meeting all of the required standards, a "Magnet" hospital is said to promote nurse leadership by recognizing nurses' worth, enhancing nursing care, improving staff morale, promoting and reinforcing positive collaborative relationships and improving patient outcomes (Hawke, 2003). However, achieving this distinction requires considerable resources on the part of the organization including staff, time, money, and

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energy, limiting the potential of attainment for larger and more established facilities. According to the ANCC, since the inception of the Magnet Hospital
Recognition Program for Excellence in Nursing Services, less than 10% of hospitals nationwide have attained Magnet status (ANCC, 2014).

Other criticisms of the Magnet Recognition Program include hospitals utilizing Magnet status as a marketing tool and sign of prestige with only short-term staffing and nursing leadership changes and reverting back to old practices shortly after obtaining recognition. Many nurses have also criticized the process as being an illusion of nurse empowerment including a focus on hiring nurses with a minimal of Bachelors in Nursing Science. This exclusion criterion has overlooked many experienced nurses with new graduates of fast-track programs with no previous nursing experience.

With evidence connecting nurse performance to patient outcomes, it is critical that nurses become proactive leaders in their role. An organization that has been granted Magnet status does not guarantee maintaining Magnet status. In addition, obtaining Magnet status does not guarantee compliance of each nurse especially for part-time and casually staffed nurses. Magnet status does not guarantee each nurse in the facility is now engaged, motivated, confident and competent enough to deliver best care. Even more importantly, with the number of Magnet Hospitals being the exception, how can best practices and nursing leadership be promoted for the other 90% of facilities that have not and may not be able to obtain Magnet status? These challenges make Magnet status appear more of an organizational goal and not an individual goal for nurses.

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Individual nursing leadership certifications may be more specific, measurable and attainable goals in cultivating nurse leaders to help maintain nurse leadership attributes before, during and long after Magnet status. To accomplish this, each staff member must proactively apply Magnet principles to address and enhance nursing practices and improve patient outcomes. To achieve Magnet status is to arrive at a destination. Instead, a focus on the pursuit of nursing excellence should be instilled in each nurse. Therefore, a conscious transition must be made from nurses as case managers to Nurse Leaders.

Building Leaders: Does Increased Education Equal Effective Leaders?

Another suggestion in cultivating nurse leaders recommended by the Institute of Medicine (IOM) is to increase the education levels of all nurses. According to the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (2011), the advancement of education for nurses is "necessary to move the nursing workforce to an expanded set of competencies, especially in the domains of community and public health, leadership, systems improvement and change, research, and health policy." However, enhancing level of education does not necessarily equal being qualified or, more significantly, being effective. For instance, educational training encompasses obtaining degrees, diplomas, certificates and credentials.

Qualifications often mean meeting a minimal number of requirements including experience. Being effective however, requires utilizing one's educational background and experience to achieve and exceed expectations. Therefore, education may improve skills but does not necessarily improve employee and patient satisfaction, performance and morale. For optimal outcomes, attaining a greater level of education should not be viewed as an obligatory task to complete but an engaging, well delivered opportunity for growth and inspiration.

To sustain changes and continue growth amongst nurses in leadership, a focus on leadership training must be incorporated and emphasized. A general college degree in nursing with state licensure shows a nurse has completed state requirements to practice as a nurse. However, specialized certifications have a greater correlation with understanding and success for that subject area. In addition each nurse should make a commitment to life-long learning fulfilling an innate drive to grow and improve our craft.

> *The level of college education a nurse receives may improve their skills but does not necessarily improve employee and patient satisfaction, performance and morale.*

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