

Critical Care Nurses' Work Environments

Value of Excellence in Beacon Units and Magnet Organizations

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Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit.

—Aristotle

Intuitively one would expect nurses from units and hospitals nationally recognized for excellence to report healthier work environments and greater satisfaction with their work and their profession than

nurses from other units and hospitals do. Is intuition supported by evidence?

In the October 2006 issue of *Critical Care Nurse*, we reported how 4034 critical care nurses in the United States view their work environments and nursing as a career.¹ The results of a collaborative survey by the American Association of Critical-Care Nurses (AACN), Nursing Spectrum (now the Gannett Healthcare Group), and Bernard Hodes Group (a division of Omnicom) indicated that a majority (63%) of critical care nurses are very satisfied with being a nurse. However, verbal and physical abuse, sexual harassment, and leadership issues were important problems in their work environments.

Many nurses in the survey reported working in units that participate or seek to participate in the AACN Beacon Award for Critical Care Excellence and/or the American Nurses Credentialing Center Magnet Recognition Program. This information offered us a unique opportunity to examine how nurses view their work environments and nursing as a career when working in units and hospitals that are nationally recognized for excellence or are pursuing such recognition.

Beacon Award for Critical Care Excellence

Developed in 2003 by the AACN, the Beacon Award for Critical Care Excellence recognizes individual critical care units that meet high-quality standards, providing exceptional care of patients and patients' families while fostering and sustaining

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Table 1 Sample characteristics

Characteristic	Magnet status			Beacon status		
	Magnet	Magnet pursuit	No Magnet activity	Beacon	Beacon pursuit	No Beacon activity
Number	715	1178	1439	183	259	2455
Age, mean, y	44.2	43.8	45.3	42.4	44.5	45.5
Nursing experience, mean, y	17.5	16.9	18.1	16.4	18.6	18.6
Percent female	92	90	89	91	90	89

healthy work environments. To receive the Beacon Award, which may be applied for annually, a unit must meet 42 criteria in 6 categories. The categories are innovation/excellence in recruitment and retention; education, training, and mentoring; evidence-based practice and research; patients' outcomes; creating and promoting healing environments; and leadership and organizational ethics.²

Magnet Recognition Program

The Magnet Recognition Program was developed and is administered by the American Nurses Credentialing Center, the credentialing arm of the American Nurses Association. The program recognizes healthcare organizations that demonstrate excellence in nursing care and professional nursing practice. Magnet-designated organizations must demonstrate achievement of quality indicators and standards of nursing practice as defined by the American Nursing Association and must meet criteria in 14 different areas or "forces of magnetism."^{3,4} Along with providing consumers a benchmark of quality care, the Magnet Recognition Program also strives to facilitate sharing of excellent nursing practices and elevate the standing of nursing as a profession.

Study Design and Sample

The details of the study are described in an earlier article.¹ Briefly, an online questionnaire was used to elicit information. After a pilot survey was done, the request to complete the final survey was sent to AACN nurse constituents. As part of the survey, respondents were asked to indicate the Magnet and Beacon status of their work environment: whether Magnet and/or Beacon status had been achieved, whether achieving the status was in process (hereafter referred to as Magnet-pursuit organizations and Beacon-pursuit units), or whether neither was the case (no-Magnet-activity organizations and no-Beacon-activity units). Respondents could also indicate if they worked in a unit or organization that was ineligible for Magnet and/or Beacon status.

Of 4034 usable responses received, 3332 respondents indicated the Magnet status of their organizations and 2897 respondents indicated the Beacon status of their work unit (Table 1). The responses from the subset of nurses who indicated Magnet and/or Beacon status was used to answer the following question: Do nurses working in organizations that have achieved a standard of excellence (in this case, Magnet or Beacon designation), or are in the process of seeking to achieve such a standard, view

their work environment and the nursing profession differently than nurses in organizations/units that neither have achieved this standard nor are actively seeking it?

Magnet and Beacon responses in this survey should be viewed independently because respondents overlap. Of 183 nurses in Beacon units, 113 of those are in Magnet organizations and 47 in Magnet-pursuit organizations. Of 259 nurses in Beacon-pursuit units, 63 are in Magnet organizations and 153 are in Magnet-pursuit organizations. Conversely, 362 of the nurses in no-Beacon-activity units are in Magnet organizations and another 735 are in Magnet-pursuit organizations.

Results of the Analysis AACN Healthy Work Environment Standards

A total of 16 survey items were developed from the AACN Standards for Establishing and Sustaining Healthy Work Environment.⁵ Respondents were asked to indicate their level of agreement with each statement twice, once for their organization (macrosystem) and once for their work unit (microsystem). The agreement options were strongly agree, agree, disagree, and strongly disagree. The overall results are presented in Table 2.

Table 2 Percentage of respondents who strongly agreed/disagreed that their organization meets the standards for a healthy work environment, by Magnet and Beacon status*

Standard	Magnet status/organizations			Beacon status /work units		
	Magnet (a)	Magnet pursuit (b)	No Magnet activity (c)	Beacon (d)	Beacon pursuit (e)	No Beacon activity (f)
Communication						
Registered nurses (RNs) are as proficient in communication skills as they are in clinical skills	60 ^{b,c}	51 ^c	45	82 ^{e,f}	70 ^f	60
All team members are provided with support for and access to education programs that develop communication and collaboration skills	66 ^{b,c}	59	44	75 ^f	70 ^f	51
Collaboration						
RNs are relentless in pursuing and fostering true collaboration	60 ^{b,c}	50 ^c	36	83 ^{e,f}	74 ^f	58
A structured process is provided to resolve disputes among/between members of the healthcare team	61 ^{b,c}	56	45	75 ^{e,f}	63 ^f	48
A structured process is provided to resolve disputes among/between the healthcare team and patients and their families	74 ^{b,c}	69	62	87 ^{e,f}	73 ^f	62
Decision making						
RNs are valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations	75 ^{b,c}	65	47	89 ^f	84 ^f	64
Structured processes are in place to ensure that the perspectives of patients and their families are incorporated into decisions affecting patients' care	78 ^{b,c}	70	61	87 ^{e,f}	75 ^f	67
RNs are engaged in the selection, adaptation, and evaluation of technologies that increase the effectiveness of nursing care delivery	70 ^{b,c}	63	48	82 ^f	78 ^f	59
RNs have opportunities to influence decisions that affect the quality of patients' care	81 ^{b,c}	73 ^c	58	90 ^f	88 ^f	72
Staffing						
RN staffing ensures an effective match between patients' needs and nurses' competencies	63 ^{b,c}	51	43	83 ^{e,f}	74 ^f	62
Formal processes exist to evaluate the effect of staffing decisions on patients' and systems' outcomes	53 ^{b,c}	44	37	67 ^{e,f}	56	40
Recognition						
RNs are recognized for the value each RN brings to the organization	73 ^{b,c}	62	44	82 ^f	79 ^f	60
RNs recognize others for the value the others bring to the work of the organization	78 ^{b,c}	69 ^c	58	87 ^{e,f}	80 ^f	71
Leadership						
Nurse leaders (formal and informal) fully embrace the concept of a healthy work environment	70 ^{b,c}	61	46	87 ^f	81 ^f	61
Nurse leaders (formal and informal) engage others in achieving a healthy work environment	65 ^{b,c}	58 ^c	41	83 ^f	80 ^f	57
Nurse leaders (formal and informal) receive support for and have access to educational programs to ensure that they develop and enhance their skills and knowledge	83 ^{b,c}	75 ^c	58	87 ^f	81 ^f	65

*Superscript letters indicate relationships in which $P < .05$.

Table 3 Percentage of respondents who rated quality of communication and collaborations in organizations as excellent or good, by Magnet and Beacon status*

Characteristic	Magnet status			Beacon status		
	Magnet (a)	Magnet pursuit (b)	No Magnet activity (c)	Beacon (d)	Beacon pursuit (e)	No Beacon activity (f)
Communication						
Among registered nurses (RNs)	81 ^{b,c}	74 ^c	65	85 ^f	81 ^f	68
Between RNs and physicians	67 ^{b,c}	59	51	74 ^{e,f}	65 ^f	54
Between RN staff and frontline nurse managers	65 ^{b,c}	58 ^c	48	67 ^f	72 ^f	51
Between RNs and administrators	35 ^c	27	17	40	37	21
Collaboration						
Among RNs	83 ^{b,c}	77	69	86 ^f	85 ^f	71
Between RNs and physicians	64 ^{b,c}	58	49	70 ^f	67 ^f	52
Between RN staff and frontline nurse managers	63 ^{b,c}	55	43	71 ^f	67 ^f	47
Between RNs and administrators	36 ^c	28	17	41	38	20

*Superscript letters indicate relationships in which $P < .05$.

In every instance, nurses in Magnet-designated organizations indicated a significantly higher level of agreement ($P < .05$) with the statements than did nurses in Magnet-pursuit or no-Magnet-activity organizations. Respondents in Magnet-pursuit organizations indicated a higher level of agreement than did respondents in no-Magnet-activity organizations, although not all differences were statistically significant. When assessing their work units, nurses in Beacon units indicated a significantly higher level of agreement ($P < .05$) with every statement than did nurses in no-Beacon-activity units. Nurses in Beacon-pursuit units did the same with only a single exception.

Communication and Collaboration

Nurses were asked to assess the quality of communication and collaboration in their organizations among registered nurses (RNs), between RNs and physicians, between RNs and frontline managers, and between RNs and administrators. Response options were excellent, good, fair, and poor.

The results are shown in Table 3. Once again the responses of nurses in Magnet and Beacon status differed, often significantly, from those of the other respondents. For all groups, the highest levels of communication and collaboration were among RNs. Communication between RNs and physicians and between RNs and frontline managers were rated lower and about the same. Communication and collaboration between RNs and administrators was rated much lower.

Shared Governance

The presence of a formal shared governance program was assessed. A total of 65% of nurses in Magnet-designated organizations said that a formal shared governance program was in place, as did 70% of nurses in Beacon units. Such a program was in place in only 18% of no-Magnet-activity organizations and 32% of no-Beacon-activity units.

Respect

Respondents were asked to rate respect for RNs in their organizations shown by other RNs, physicians,

frontline managers, administrators, and other healthcare colleagues. The rating options were excellent, good, fair, and poor. Table 4 shows how significant differences were related to Magnet and Beacon status. RNs' respect of each other was rated highest by all groups; administrators' respect of RNs was rated the lowest.

Respondents were also asked to rate the degree to which abuse and disrespectful behavior toward RNs are tolerated in their organizations. Response options were not at all, rarely, occasionally, and frequently. The response not at all was given more frequently by nurses in Magnet organizations (29%), Magnet-pursuit organizations (24%), Beacon units (38%), and Beacon-pursuit units (35%). In comparison, nurses in no-Magnet-activity organizations responded not at all 19% of the time, and those in no-Beacon-activity units did so 20% of the time.

Recognition and Reasons for Staying

Regardless of Magnet or Beacon status, recognition was most meaningful when it came from patients;

Table 4 Percentage of respondents who rated respect for registered nurses in organizations as excellent or good, by Magnet and Beacon status*

Respect of	Magnet status			Beacon status		
	Magnet (a)	Magnet pursuit (b)	No Magnet activity (c)	Beacon (d)	Beacon pursuit (e)	No Beacon activity (f)
Other registered nurses	84 ^{b,c}	80 ^c	73	88 ^f	85 ^f	75
Physicians	66 ^{b,c}	59	49	70 ^f	71 ^f	52
Other healthcare colleagues	77 ^{b,c}	71 ^c	62	79 ^f	78 ^f	65
Frontline nurse managers	72 ^{b,c}	65	53	81 ^f	75 ^f	56
Administrators/executives	51 ^c	42	28	56	49	34

*Superscript letters indicate relationships in which $P < .05$.

next was recognition received from other RNs. In addition, and again regardless of Magnet or Beacon status, the No. 1 reason for continuing to work in their current organizations was “people I work with,” a response selected by more than half of the respondents in every group.

Skills of Frontline Managers and Chief Nurse Executives

Because of the influential role of nurse leaders in units and organizations, each respondent was asked to

rate the skills of his or her frontline manager and chief nurse executive. Skills rated included communication; collaboration; providing staff resources; providing supplies, equipment, and other nonhuman resources; effective decision making; recognition of others’ contributions; and leadership. The rating options were excellent, good, fair, and poor.

For every skill, frontline managers in Magnet organizations were rated significantly higher than were those in Magnet-pursuit or no-Magnet-

activity organizations ($P < .05$). The skills of frontline managers in Beacon units and in Beacon-pursuit units also were rated significantly higher than those of their counterparts in no-Beacon-activity units ($P < .05$). A similar pattern was found in the skill ratings of chief nurse executives (Table 5).

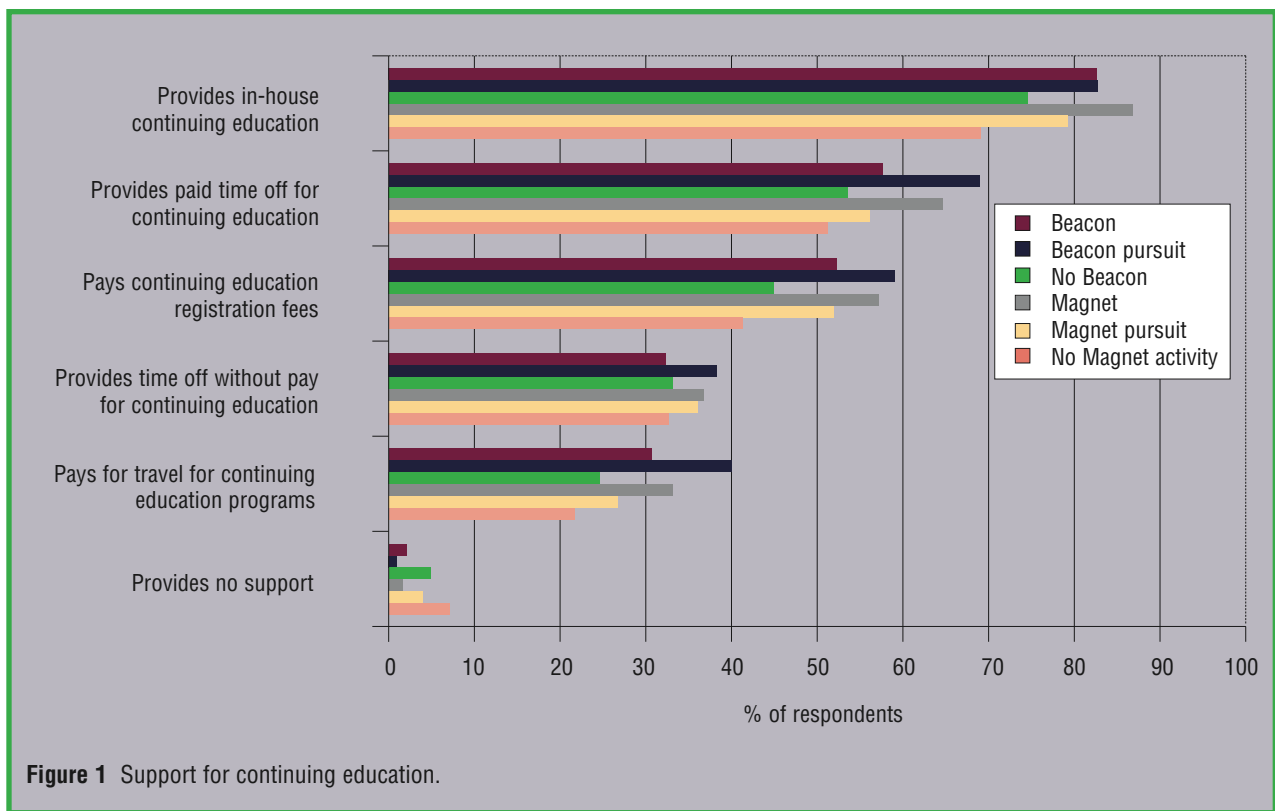
Support for Continuing Education and Certification

Respondents were asked to indicate the degree to which their

Table 5 Percentage of respondents who rated skills of frontline managers and chief nurse executives as excellent or good, by Magnet and Beacon status*

Skill	Magnet status			Beacon status		
	Magnet (a)	Magnet pursuit (b)	No Magnet activity (c)	Beacon (d)	Beacon pursuit (e)	No Beacon activity (f)
Frontline managers						
Communication	71 ^{b,c}	66 ^c	55	82 ^{e,f}	74 ^f	57
Collaboration	74 ^{b,c}	68	55	84 ^{e,f}	76 ^f	59
Providing staff resources	72 ^{b,c}	63	51	82 ^f	76 ^f	54
Providing supplies, equipment, and other nonhuman resources	77 ^{b,c}	70	60	84 ^f	80 ^f	63
Effective decision making	71 ^{b,c}	64	54	78 ^f	76 ^f	56
Recognition of others’ contributions	71 ^{b,c}	64	53	80 ^f	75 ^f	56
Leadership	70 ^{b,c}	62	52	79 ^f	74 ^f	54
Chief nurse executives						
Communication	60 ^{b,c}	52 ^c	38	68 ^f	62 ^f	42
Collaboration	59 ^{b,c}	49	35	63 ^f	59 ^f	40
Providing staff resources	55 ^c	45	33	58 ^f	55 ^f	37
Providing supplies, equipment, and other nonhuman resources	63 ^{b,c}	51	40	67 ^f	59 ^f	44
Effective decision making	64 ^{b,c}	53	40	66 ^f	64 ^f	45
Recognition of others’ contributions	58 ^{b,c}	51	35	68 ^f	64	40
Leadership	62 ^{b,c}	54	39	68 ^f	64 ^f	44

*Superscript letters indicate relationships in which $P < .05$.



organizations supported continuing education (CE) and certification. From a list of options, such as “provides paid time off for CE,” they indicated the options that applied to their organizations.

Regardless of Magnet or Beacon status, most organizations provided in-house CE and paid time off for CE, although differences were significant. In several instances, Magnet organizations were significantly more likely than Magnet-pursuit or no-Magnet-activity organizations to provide specific support for CE. The same difference occurred among Beacon units, Beacon-pursuit units, and no-Beacon-activity units (Figure 1).

Specialty certification was supported less than CE. Significant differences in level of support according to Magnet and Beacon status were observed. Details of certification support are shown in Figure 2.

Satisfaction

In 2 questions widely separated within the questionnaire, respondents indicated their level of satisfaction with being an RN (“Independent of your present job, how satisfied are you with being an RN?”) and with their current job (“On the whole, how satisfied are you with your current job?”). Each question had the same response options: very satisfied, somewhat satisfied, somewhat dissatisfied, and very dissatisfied. Like all other respondents in the survey sample, nurses in this subset indicated a higher level of satisfaction with nursing as a career than with their current jobs. However, nurses in Magnet and Magnet-pursuit organizations were significantly more likely to be satisfied than were nurses in no-Magnet-activity organizations ($P < .05$). Similarly, nurses in Beacon and Beacon-pursuit units were signif-

icantly more likely to be satisfied than were nurses in no-Beacon-activity units ($P < .05$; Figure 3).

Quality of Care

Perceptions of quality of care were solicited about the current quality of care in the respondents’ organizations and whether or not the quality of care had changed in the past year in the organization and work unit. Nurses were asked to rate current quality of care as either excellent, good, fair, or poor. In both the organizations and the work units, current quality of care was rated significantly higher, and the quality was more often rated as improved by nurses in Magnet organizations and in Beacon Units when compared with ratings from nurses in no-Magnet-activity organizations and no-Beacon-activity units ($P < .05$).

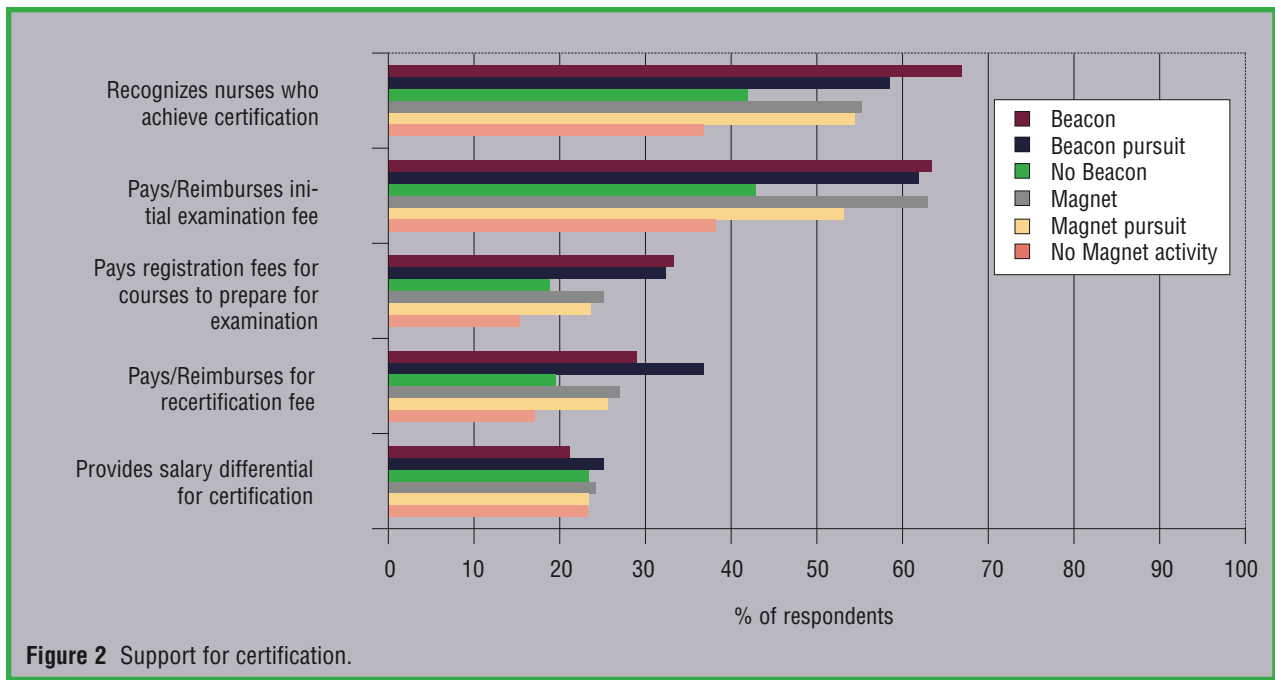


Figure 2 Support for certification.

Discussion

Does excellence make a difference? Indeed, it does. Nurses in this study who work in organizations and units that have met a national excellence standard—in this case, Magnet or Beacon designation—consistently reported healthier work environments and expressed higher satisfaction with their current jobs. They also gave higher ratings to the skills of their formal nurse leaders. In addition, they rated the quality of patient care as higher and more often reported that care had improved from the previous year. In many instances, nurses in organizations and units pursuing achievement of a standard of excellence (Magnet or Beacon designation) reported similar positive findings. These results support earlier findings⁶ on the views of nurses who work in Magnet organizations and organizations pursuing Magnet status.

These results also support those of previous research^{4,7-14} comparing the positive outcomes of Magnet

and non-Magnet organizations. In every area of a healthy work environment, the results of our survey indicate that excellence and the pursuit of excellence make a difference.

Communication and Collaboration

Nurse respondents in Magnet organizations and Beacon units consistently rated communication and collaboration higher than did respondents in other units. Communication issues continue to be the No. 1 cause of sentinel events reported to the Joint Commission.¹⁵ Collaboration has long been reported to be related to both patients' outcomes and to higher satisfaction with the career of nursing. Further, extensive evidence¹⁶⁻²² indicates that poor collaboration has an effect on outcomes for patients and their families, satisfaction among staff members, retention of nurses, and costs.

Shared governance is one way in which communication and collaboration are enhanced. The Institute of Medicine has identified the involve-

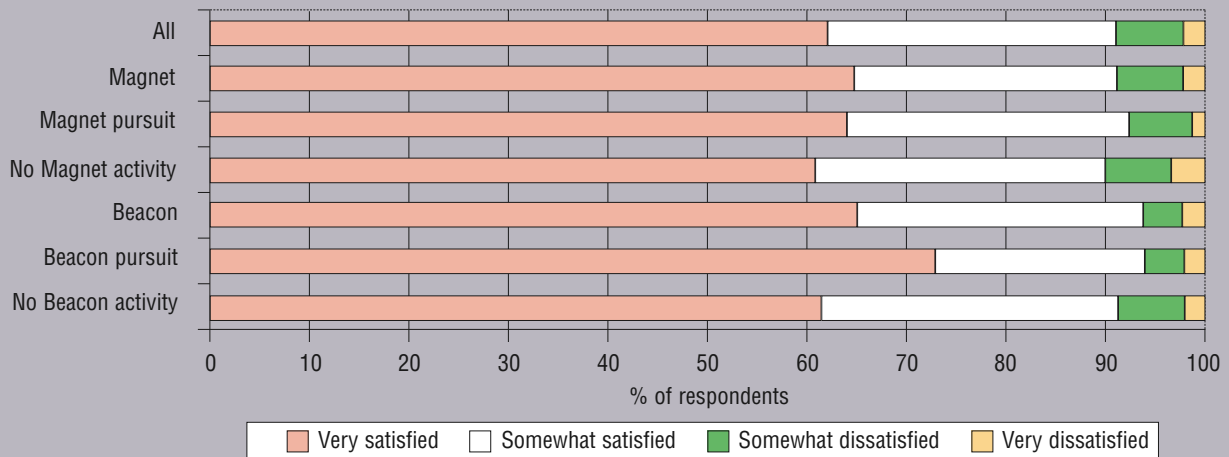
ment of RNs in decision-making processes as an important strategy for improving patients' safety.²³ Data from our survey indicate that most Magnet organizations and Beacon units have formal shared governance programs in place, but only a relative few no-Magnet-activity organizations and no-Beacon-activity units have such programs.

Respect also contributes to effective communication and collaboration. Respect for RNs from every professional group investigated in our survey was higher in Magnet organizations and Beacon units than in the other units.

Support for Professional Growth and Development

Both CE and specialty nursing certification improve outcomes for patients and satisfaction among nurses.^{24,25} Across the board, Magnet organizations and Beacon units as well as those pursuing these excellence designations were more supportive of CE and certification than

Satisfaction with being a registered nurse



Satisfaction with current position

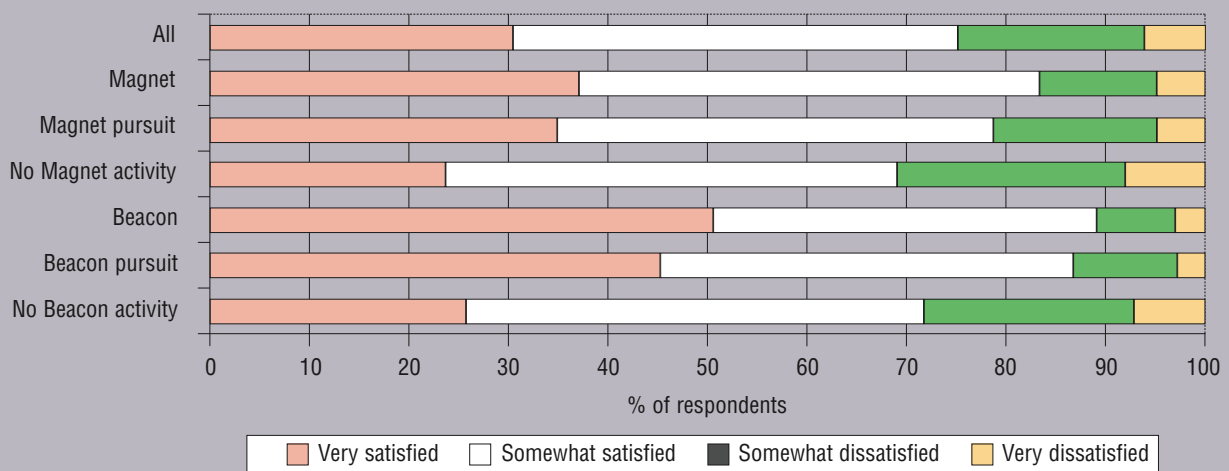


Figure 3 Satisfaction with being a registered nurse and with current position.

were no-Magnet-activity and no-Beacon-activity organizations. In many instances, organizations and units in pursuit of excellence were more supportive than those that have already obtained the designations. This difference indicates the need for sustainable efforts that continue after excellence designations are achieved.

Satisfaction

Our results support those of other researchers^{7,10,11} who found a positive relationship between working in a Magnet organization and satisfaction

with the career of nursing. Nurses in our survey who worked in Magnet organizations, Beacon units, or units pursuing such designations were more satisfied with nursing as a career and with their current nursing positions than were nurses in non-Magnet and non-Beacon units.

Leadership

Implementing the AACN standards for establishing and sustaining healthy work environments⁵ requires authentic leadership, a characteristic that has been described as the “glue that holds together a healthy work

environment.”^{26(p2)} Authentic leadership is critical at every level of nursing. Successful chief nurse executives work from a broad base to create a vision for nursing in their organizations and provide resources and inspiration to transform the vision into reality. Effective frontline managers are vital to the success of every organization because they understand both the organization’s vision and its social structure, enabling them to serve as interpreters across organizational levels and interdisciplinary groups.²⁷⁻²⁹ Frontline managers are influential in nurses’

decisions to remain in or leave an organization.^{30,31}

Our findings show higher perceived skill levels of frontline managers in organizations and units that have achieved or are pursuing Magnet or Beacon designation. Although we cannot determine if this finding represents excellence attracting excellence, excellence developing excellence, or something else entirely, logically excellence among frontline managers in organizations and units that have achieved or are pursuing Magnet or Beacon designation is not a random occurrence.

Patients' Outcomes

Evidence^{15,22,32-34} continues to mount that meeting healthy work environment standards (especially communication, collaboration, and staffing) is related to increased safety and improved outcomes for patients. At both the unit and organization level, nurses in our study rated the current quality of care as significantly lower in organizations and units that had not achieved and were not pursuing excellence designation.

Future Research

The increased number of Magnet-designated organizations allowed us to study the views of a national sample of nurses instead of a sample of nurses working in a selection of Magnet and non-Magnet organizations. As the number of Magnet organizations continues to grow, with more than 225 organizations so designated and more than 250 others reported to be in the pipeline,³ it will be increasingly possible to use Magnet status as a variable in large studies. The AACN Beacon Award for Critical Care Excellence is much

newer, so fewer nurses are working in Beacon units. As of March 2007, 78 Beacon units had been designated in the United States and more than 200 units were in the application process. As the Beacon designation becomes more well-known, those numbers will also increase, allowing Beacon status also be used more routinely as a variable.

Summary

This study offers compelling evidence to support what we have intuitively believed: the pursuit and achievement of excellence does make a difference in how nurses perceive the health of their work environments and nurses' satisfaction with their profession and work compared with other nurses. Nurses in units and organizations nationally designated or pursuing designation for excellence, whether through the AACN Beacon Award for Critical Care Excellence and/or the American Nurses Credentialing Center Magnet Recognition Program, report healthier work environments and higher job satisfaction, both of which have been previously reported as contributing to better outcomes for patients.

The pursuit and achievement of excellence can no longer be viewed as merely a value-added benefit to safe and effective care of patients and satisfaction among nurses. It now must become a core strategy.

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