

Marquette University

e-Publications@Marquette

College of Nursing Faculty Research and
Publications

Nursing, College of

8-2010

Structural Empowerment: The Magnet Model Applied to Perioperative Nursing

Kathryn Schroeter

Marquette University, kathryn.schroeter@marquette.edu

Follow this and additional works at: https://epublications.marquette.edu/nursing_fac



Part of the [Nursing Commons](#)

Recommended Citation

Schroeter, Kathryn, "Structural Empowerment: The Magnet Model Applied to Perioperative Nursing" (2010). *College of Nursing Faculty Research and Publications*. 685.

https://epublications.marquette.edu/nursing_fac/685

Marquette University

e-Publications@Marquette

Nursing Faculty Research and Publications/College of Nursing

This paper is NOT THE PUBLISHED VERSION; but the author's final, peer-reviewed manuscript. The published version may be accessed by following the link in the citation below.

AORN Journal : The Official Voice of Perioperative Nursing, Vol. 92, No. 2 (August 2010): 220-223. [DOI](#). This article is © Association of periOperative Registered Nurses and permission has been granted for this version to appear in [e-Publications@Marquette](#). Association of periOperative Registered Nurses does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Association of periOperative Registered Nurses.

Structural Empowerment: The Magnet Model Applied to Perioperative Nursing

Kathryn Schroeter

College of Nursing, Marquette University, Milwaukee, WI

Editor's note: Magnet is a trademark of the American Nurses Credentialing Center, Silver Spring, MD.

Nursing excellence, the primary focus of the Magnet™ program, flourishes in an environment in which nurses can freely practice to the best of their abilities. One component of the Magnet model is structural empowerment, which encompasses five of the 14 Forces of Magnetism¹ including

- organizational structure,
- personnel policies and procedures,
- community and the health care organization,
- the image of nursing, and
- professional development.

Included in the concept of structural empowerment are the specific components inherent to the empowerment of nurses in the organization. Empowered nurses are more apt to practice skills such as decision making, problem solving, care provision, and changing of care as needed.

The concept of empowerment is intrinsic to nursing practice because nurses are licensed to provide care; with licensure comes associated power, responsibility, and accountability. Kanter² identified four integral structural conditions to empowerment:

- opportunity for advancement or to be involved in activities beyond one's job description,
- access to information about all facets of the organization,
- access to support for one's job responsibilities and decision making, and
- access to resources as needed by the employee.

These conditions are evident in the Forces of Magnetism in the structural empowerment section of the Magnet model.

Organizational Structure

Kramer and Schmalenberg³ identified participative management, job enrichment, meaningful organizational goals, less bureaucracy, and staff member involvement in decision making as organizational strategies that are necessary before individuals can act in an empowered manner. There is evidence in the literature that structural empowerment contributes to higher levels of job satisfaction.^{4,5} There may be additional benefits for health care facilities that promote nursing power such as improved potential for recruitment and retention of nursing staff members; increased trust, respect, and collaboration among health care providers; and an overall healthier workplace.

Shared governance is one way that nurses can participate in management and decision making. Involvement in the organization can be demonstrated in the perioperative setting as nurses participate on governance councils or on other committees that address practice issues. At times, perioperative nurses may feel that they are separate from other areas of the hospital because they practice in a fairly restricted environment. The more that perioperative nurses become involved in the organization as a whole, however, the more informed they will be and the more they can increase the understanding of others in the organization about the role and function of perioperative nurses.

Role differences related to authority and empowerment can affect nursing practice in the perioperative environment. For example, the perioperative care manager may be able to act more assuredly to resolve ethical situations because the role has more intrinsic power associated with it. The power associated with various managerial roles is dependent on the hierarchy of those respective roles. Nurses in organizations where the structure is flat, flexible, and decentralized are more able to take appropriate action as needed in the care of their patients as well as able to support their decisions and actions.

Perioperative managers and leaders should contribute to staff member activities that promote empowerment, such as listening with respect to their concerns and suggestions, providing opportunities for staff nurses to work independently on departmental projects, and encouraging nurses to actively research current practice and make changes based on evidence. Nurses who feel empowered experience a higher level of comfort in dealing with conflicts related to values and ethics

in practice. In contrast, nurses who do not have that sense of empowerment may be unable to use their professional preparation, which focuses on autonomous practice and decision making, because they are powerless relative to the administrators and medical staff members of the organization. Organizational systems that are geared toward promoting nurses' power so that they can use their professional skills are exemplars of Magnet excellence.

Personnel Policies and Procedures

When personnel policies and procedures enhance the nurse's ability to practice professionally and competently, an environment is created in which positive outcomes can flourish.⁶ Some organizations have policies related to staff member accommodation that address the ability of the health care administrator to accommodate nurses' requests for assignments that do not conflict with religious or moral beliefs. At times, nurses may feel a level of conflict between their responsibility to support their patients, the organization, and themselves. A policy that supports accommodation supports the nurse's ability to perform ethically and autonomously.

Power is an attribute that nurses must cultivate to be able to practice more autonomously. It is through power that members of an occupation are able to raise their status, define their area of expertise, and achieve and maintain autonomy and influence. In this way, autonomy reflects the ability to act according to one's knowledge and judgment. The original Magnet hospital study also recognized that the power base of staff nurses emerged from nursing leadership, whose power came from staff members, hospital administrators, and boards of trustees.⁷

Empowering work environments can influence nurses' ability to practice in a professional manner, ensuring excellent patient care quality and positive organizational outcomes. Nurses' involvement in hospital affairs, such as writing or revising policies and procedures, is one of the hallmarks of a Magnet hospital environment. One way in which nurses can become involved is to participate in a hospital committee such as the policy and procedure committee or the nursing practice council. Being involved in nursing governance is a way to use empowerment to improve nursing practice.

Community and the Health Care Organization

Community involvement incorporates both affiliations with schools of nursing as well as a means to meet health care needs of the community. Having students in the perioperative environment is sometimes a challenge for staff members who are precepting them. For example, if nursing students are not familiar with the surgical environment, principles of asepsis, and the sterile field before entering the OR, they may require more time and observation from the surgical staff members. In addition, if a procedure is especially difficult or involved, or requires a new technique or equipment, having a student in the room can be perceived as an unnecessary distraction. In a Magnet environment, however, students are encouraged to participate in perioperative care at all levels. The student experiences might range from observation only to a semester-long clinical synthesis.

Preparing for students and being positive and available is key not only in providing an exemplary clinical experience, but also in developing the next generation of health care providers. Perioperative nurses must use teaching and mentoring skills when working with students from all areas.

Perioperative educators specifically can promote and enhance the mentor role in the staff nurses by functioning as role models and mentors to their practice colleagues.

Community outreach programs and volunteerism are other ways in which perioperative nurses can make a palpable difference in the professional milieu of hospitals seeking Magnet status, especially when nurses are proud of their workplace and radiate confidence and security in their roles.⁸ Participating in activities that are sponsored by their professional organizations or by their hospitals and clinics allows nurses to project a positive view of health care and especially perioperative care. One way to do this is to establish partnerships with various organizations such as those that provide surgical care for people in need locally, nationally, or internationally.

The Image of Nursing

By being involved in the community at large, perioperative nurses have the ability to enhance and project a positive image to colleagues, patients, and the public; however, there is more to the image of a perioperative nurse. Professionalism is integral to nursing, and perioperative nurses have the ability to demonstrate professionalism via membership and active participation in their professional organization.

Perioperative nurses can promote their image by speaking and presenting to other nurses, children, or audiences at public events. National Nurse Week activities serve as a good opportunity to increase the awareness of the image of nursing.

Nurses should be encouraged to become involved with their professional organizations, the state board of nursing, and government activities that can affect the current health care system. For example, nurses could write to their senators and representatives in Congress to share the image of a professional nurse.

The image of a nurse is important for several reasons. The image of nursing can affect recruitment and retention of nurses by affecting nurses' self-image, self-esteem, and job satisfaction. Image can promote quality, quantity, and diversity of nursing staff members. Image also can affect nursing outcomes and policy making. It can even affect nurses' ability to influence decisions about the health care system. It can be argued, however, that the general public lacks knowledge about the nursing profession and the many opportunities that exist in this career. Many people do not know about nurses in management, research, or advanced-level practice. In addition, many people see clinical tasks as very important compared with other activities (eg, patient care planning, making diagnoses, writing and revising policies). Some confusion also is present with regard to the differences between nurses, nursing aides, and technologists. This confused public image of nurses and nursing could manifest in health care organizations in the form of a lack of professional recognition toward nurses and an overall feeling of a lack of value or empowerment.

In the hospital environment, recognition for nurses is another way to promote the image of nursing. Many organizations use nurses in their advertisements or feature nurses prominently on their web sites. In addition, nurses are honored during structured organizational events in a variety of ways, such as in publications, with plaques, or with monetary supplements. The image of the nurse is of value to nursing as a discipline and should be of value to other professionals and society as a whole.

Professional Development

Nurses who have the ability to control their practice and environment work in an empowered organization. Competence, which is achieved through education and staff member development, is a precursor for both autonomy and power. It refers to confidence in one's abilities to effectively perform job functions and is also known as self-efficacy. Self-determination, similar to autonomy, refers to feelings of control that are exerted over one's work. Professional empowerment can be enhanced and maintained through knowledge development, which is acquired through education and expertise. Continuing education and certification are a means to achieve knowledge.

Expanding the knowledge base of nurses is critical to patient care and to the evolution of nursing as a profession. As the health needs of society continue to change, so too must the practice of nursing. The profession of nursing encompasses a vast complexity of human health problems. Equally complex is the knowledge base required to advance the science of nursing. Perioperative environments must promote educational opportunities for nurses to advance and serve the best interests of their patient populations.

Conclusion

An exemplary environment of structural empowerment allows nurses to meet Magnet standards in their practice and is an investment in the future of nursing as a profession. The return on that investment is a network of more educated and highly competent perioperative nurses who are more informed of the facts, who better understand the issues, and who are able to intelligently address whatever changes in health care lie ahead.

Biography

Kathryn Schroeter, RN, PhD, CNOR, is an assistant professor, College of Nursing, Marquette University, Milwaukee, WI, and an ANCC Magnet appraiser. *As an ANCC Magnet appraiser, Dr Schroeter has declared an affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*

References

- 1 Program overview. American Nurses Credentialing Center.
<http://www.nursecredentialing.org/Magnet/ProgramOverview.aspx>, Accessed May 27, 2010
- 2 R.M. Kanter. *Men and Women of the Corporation*. New York, NY: Basic Books. 1977.
- 3 M. Kramer, C. Schmalenberg. Confirmation of a healthy work environment. *Crit Care Nurse*. 2008; 28(2): 56– 63.
- 4 K.J. Armstrong, H. Laschinger. Structural empowerment, Magnet hospital characteristics, and patient safety culture: making the link. *J Nurs Care Qual*. 2006; 21(2): 124– 134.
- 5 B.T. Ulrich, D. Woods, K.A. Hart, R. Lavandero, J. Leggett, D. Taylor. Critical care nurses' work environments: value of excellence in Beacon units and Magnet organizations. *Crit Care Nurse*. 2007; 27(3): 68– 77.
- 6 D. Pastorius. The magnetic pull. *Nurs Manage*. 2008; 39(2): 44– 50.
- 7 M.L. McClure, M.A. Poulin, M.D. Sovie. *Magnet Hospitals: Attraction and Retention of Professional Nurses*. Kansas City, MO: American Nurses Association. 1983.

8 S. Trossman. Nursing Magnets: attracting talent and making it stick: Magnet hospitals help stem the nursing shortage with better recruitment and retention. *Am J Nurs.* 2002; 102(2): 87– 89.