Magnet Model: A Strategy to Overcome/Defeat Nursing Shortage

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Abstract-

Aims: Nurses are the primary health care providers to carry out an ample range of clinical and non-clinical functions vital for smooth running of health system.

Back Ground: Nursing shortage has deep impact on healthcare services, that could lead to reduced patient care, and workloads on remaining staff ensuing job dissatisfaction and increased intent to leave.

Conclusion: The very fact that, nurse's shortage is represented as an issue solitary on behalf of nurses. Nevertheless, it's not absolutely true. It's a health care system issue, that destabilizes health care system usefulness and entails health care system explanations at public private sector level.

Implications for Nursing Management: To retain nurses, hospitals can adapt characteristics of Magnet Model, with five Components, to reduce nurse's shortage and provide excellent patient care.

Key words: Nursing shortage, Nurses retention, Patient care, Health care system, Primary Health Care, Job satisfaction, Magnet model.

1 INTRODUCTION

Nursing is a significant component of healthcare system around the globe. They are the primary health care providers to carry out an ample range of clinical and non-clinical functions vital for smooth running of health system. A nurse is accountable for managing a safe treatment and swift regaining of sick persons, and community's' health elevation. Stressed, frustrated and demoralized nurses have become a major issue to deliver excellent health care to the customers as per global health care standards (Khawaja, Merchant, & Hirani, 2005).

Nurses are the key professional element in health care systems, and their involvement is recognized as vital to meet advance objectives and delivered active and reliable care (Khawaja & Nancy, 1999). Nursing shortage is the main fear in health care system, which may affect direct impact on patient health care. Globally health care organizations are dealing grave—issues to deliver excellent health care with existing nurse shortage (Buchan, & Aiken, 2008). According to the statistics of Health Care Advisory Board (2001), the USA has highest nursing ratio with more than 2.9 million registered nurses countrywide. However, U.S Bureau of Labor Statistics (2009) stated that more than one million new nurses will be needed by 2016 in order to meet the USA requirement.

In Pakistan present nurse-patient ratio is around 1:50 while Pakistan Nursing Council (PNC) suggested ratio is 1:10 in common units and 2:1 in specified units. However, according to WHO Executive Summary (2004), Pakistan has been considered on number 57, having health care personnel calamity. Nevertheless, nurse's deficiency is not only a health organizational issue or a financial scrutiny; it has a foremost undesirable effect on health care amenities (Nishtar, Boerma, Amjad, Alam, Khalid, ul Haq, & Mirza, 2013) that will lead to breakdown to sustain and improve health care system. Hence, it is emphasized as one of the main obstacle in attaining the effectiveness of health care system.

2 BACK GROUND

The nurse's shortage can proceed to reduce the excellence of customer's health care, excessive workload, and compulsory overtime on the remaining staff ensuing in decreased job happiness or enhance to leave the job. Today, the frequently asked question exists, "Is there a shortage of nurses in Pakistan?" and unfortunately, the answer is 'YES'. In

Pakistan all provinces have already been reporting difficulty in hiring, turnover and retaining experienced and specialized nurses (Abdullah, Mukhtar, Wazir, Gilani, Gorar, & Shaikh, 2014). As Pakistan government has fixed quantity to hire nurses in all four provinces, consequently hospitals hired nurses on their own budget without any benefits and increment for the novice nurses. Moreover, there is no job security and career ladder opportunity offered by the hospital management for these newly hired nurses. Therefore, whenever young talented nurses get chance to go abroad or some other hospitals with better job opportunities they accept those offers and leave behind others in stress including management, peers and patients. Consequently, departed nurses may start a series of leaving country, resulting in a nursing shortage in their homeland (Peterson, 2001).

The existing nurse's shortages in health care organizations, as per Health Care Advisory Board (2001), reported nurse's turnover rate globally is about 15% equally. Eventually, nurses' demand is rising in inclusive health care system to deliver advance and excellence health care to the customer. Therefore, hospitals are in trouble to offer advance health care quality with leftover nursing staff. In this regard, Peterson (2001) identified that various aspects are manipulating the nurse's shortage like global recruitment, possible for retirement or inadequate reimbursement. A study done by Khawaja and Nancy in 1999, at one of the Pakistan's Tertiary Care University Hospital, revealed that known nurses' turnover issues like migration, resignation of nurses is due to work stress, marriages, pregnancy or other domestic problems. Therefore, health care organizations must recognize push and pull reasons that are currently swaying the general nurses' shortage in Pakistan, need strongly to indorse policies to retain nurses and enhance their job fulfilment (Nishtar, et.al., 2013), by implementing Magnet Model strategies to overcome this shortage in hospitals.

3 DISCUSSION

Nurses' deficiency is not a novel issue, previously several countries have practiced recurring deficiencies, generally triggered by an improved request that increased a fixed or sluggishly rising nurses' supply (Buchen 2006). Continuing variability in nursing is nurturing the question at international level about the concern of nursing shortage. Nurses' Turnover affects health services in terms of price and excellency of health care delivered. Hence, nurses' turnover has been the matter of a huge number of inquiries that has an adverse impression on the effectiveness of the nurses' work (O'Brien-Pallas, Griffin, Shamian, Buchan, Duffield, Hughes, & Stone, 2006). Moreover, the extra load placed on the residual nurses through the changeover period unless a fresh trained hiring that may create a stressful climate nurturing further turnover. These aspects may deteriorate a health care organization's endurance in an extremely varying and vague atmosphere. In that case the workflow of the unit and the patient care is disturbed which can cause stress and burnout among those nurses.

Nursing literature identified the association among nursing job frustration and turnover. According to Health Care Advisory (2001), nurses job frustration is one of the major concern, in which nurses may be present physically at their job place, however, emotionally somewhere else or sometimes uninterested in their job responsibilities. Hence, increased nurse turnover can influence negative on an organization's repute to fulfill customer health care requirements (O'Brien-Pallas, et.al., 2006). In reducing the turnover rate, higher salaries are not enough to retain the nurses (Greipp, 2003). Even higher salaries or sometimes rewards are not sufficient to manage nurse's turnover rate. It is reasonable for health care organizations that they must condense overheads by limiting nurses' salaries or permitting vacant seats. Ones in that case nurses find their salaries slightly greater as compared to other health personals. Nurses' salary firmness is an everpresent issue for their benefit (Greipp, 2003).

4 SITUATIONAL ANALYSIS BY APPLICATION OF MAGNET MODEL

It is a fact that nursing profession will be incapable to strive further career opportunities unless health care organizations provide excellent and attractive working environment like adequate reimbursements, good clinical settings, offer higher education or continue education programs and accountabilities to improve nurse's theory and practice. To retain and attract nurses, health care system can adapt the characteristics of Magnet Model Program (Sullivan, & Decker, 2009). Encourage nurses to participate and share their knowledge and experience for the success of the organization and to alleviate the nursing shortage and enhance the standards of nursing profession.

Magnetism's fourteen forces of in five model modules organizes the magnet model, through emphasis on result dimension and rationalized credentials. These modules comprise: Transformational Leadership, Structure Empowerment, Exemplary Professional Practice, New Knowledge Innovations and Improvements, and Empirical Outcome (Sullivan, & Decker, 2009). By following these components, a health care organization can reduce the number of nurse's shortage and improve nurse's job satisfaction as well as the patient quality care.

The attitudes of the senior nurses sometime create conflicts and the end result is increase turnover rate of nurses. In this regard, nurse supervisor is accountable for the supervision of high quality nursing care within a well-defined customer care zone (Kelly & Joel, 1999). In the given responsibilities, the nurse supervisor has been known as significant to nurse retaining. The core responsibility of nurse manager is to cater to the needs of employees in order to retain the turnover rate and identify factors affecting the performance. Hence, to improve the nurse manager's skills and leadership competencies, transformational leadership component of Magnet Model by ANCC can play an essential role (Sullivan, & Decker, 2009).

4.1 TRANSFORMATIONAL LEADERSHIP

According to the Magnet Recognition Model nurses requires a good transformational leadership in current situation (Grant, Colello, Riehle, & Dende, 2010). As this component is based on magnetism quality of nursing leadership and management style, so it seems that Pakistan's nursing profession desperately needs a strong and qualified leadership in all provinces with positive approach and creative thinking. It is critical that nurse supervisor is able to expect which employee is in the highest need and to highlight those aspects in the working area, which create low satisfaction (Grant et.al., 2010). Now a day, senior nurses transfer/share their experience, organization's principles, philosophies, and performances with their followers to enhance nursing profession according to the global level and to reduce the turnover rate in Pakistan. Comparatively it's not informal to manage human resource as per their desire; therefore, transformational leader must know how to manage them as per requirement for the betterment of the patient and organization. This involves vision, power, nursing theory, nursing clinical awareness, and expertise involving high qualified nursing training. In addition, a nurse manager should provide a facilitation movement, realistic job preview, healthy work environment and establish open and effective communication with staff members (Kingma, 2007). There are some facts, such as decentralized approach of people task management, stretchy employment prospects, and right to use the continuing professional expansion that could develop the nursing retention and patient care simultaneously.

4.2 STRUCTURAL EMPOWERMENT

As mentioned above (Andrews, & Dziegielewski, 2005) because of high turnover rate the workload increases on the remaining staff, causes stress and burnout along with the less interest in patient care. The nurse manager, being the only person in authority imposes duties and the other staff has no autonomy or respect within or outside the profession. Moreover, higher management never involves nurses in patient's treatment decision or any organizational matter as well.

This situation creates stress among nurses which leads to less interest in patient care. Therefore, stress in the workplace affecting employees is very obvious in such working environment. Such situation may also lead to high nurse turnover rate. Besides, nursing image in society and in profession is also a contributing factor in increased turnover rate of nurses. (Kingma, 2007) identified that most of the physicians viewed nurses as their subordinates. Consequently, if an organization wants to retain their staff they should adopt Structural Empowerment of Magnet Model. According to Magnet Model compact arrangements and procedures established by significant guidance provides an inventive atmosphere where durable skilled exercise exist with mission, vision and standards arise to achieve the outcomes for the organization. As one size does not fit all retained nurses needs to be settled, focused, and authorized to acquire the best approach to attain the structural goals and achieve preferred results. Hence, organization can enrich and redesign the staff nurse job, link rewards with performance, give real managerial authority with positive approach, provide training and educational opportunities. Effective decision making involvement of nurses as partners in making policy and leading organization can improve the nurse's interest in patient care and in the organization (Closser, & Jooma, 2013). With these strategies the image of nurses will also improve that will be helpful in professional development as well. By empowerment nurses will get meaningful recognition for their value of work. Nurses are further expected to stopover on the job if they have access to empowerment structures, such as the capability to disturb decision making through serving on assignment, and group work. Literature point out that nurses are attracted to remain in work due to the possible chances to grow professionally, get self-sufficiency, having respect within or outside the profession equally, and fairly rewarded to share in decision making process.

4.3 EXEMPLARY PROFESSIONAL PRACTICE

Peterson (2001) stated, the main motive for nurses' turnover is massive health care market request at global level. Vigorous nurse employment happens on a huge scale, as health care organizations target globally from one state to another. Advanced countries could utilize drive aspects, that mark nurses in developing countries eager to go to those countries because of rather low salary package, unfortunate professional structure, less chances for additional professional education, or risk of ferocity in few countries. As a result, many nurses left job because of the high salary package offered from the foreign countries. As literature identified that nursing shortage is a global problem so as in Pakistan. Therefore every year many nurses leave Pakistan and accept the foreign offers in terms of high salary package and safe professional environment that leads them professional growth and a healthier life style (7).

The accurate spirit of a Magnet institute starts from ideal skilled training among nurses to involve their complete role; its appliance with customer, relatives, societies, interdisciplinary team; and use of the new information and implementation. The organization must follow the component in terms of utilize creative solutions to increase staff retention by offering clinical ladder programs like continue nursing higher education, placement of nurses according to their advance qualification and interest (Khurshid, 2010). In horizontal promotions rewarded the excellent clinical nurse with good interdisciplinary relationship, nurse's autonomy in decision making and encourage participatory management can enhance the staff moral or interest in their work. Acknowledgment and admiration is very essential meant for nurses as they have a direct interaction with patient's care, like other health care professionals. Compassionate Management style, appreciation from seniors on good performance is essential to elevate nurses' job contentment, confidence and to reduce the shortage of nurses within the organization (O'Brien-Pallas et.al., 2006).

4.4 NEW KNOWLEDGE, INNOVATION & IMPROVEMENT

Higher Education is another factor which can cause nurses' shortage in the health care system. Unlike prior shortages, this massive increase in demand for register nurses in all delivery settings calls for both short and long term solutions in demand to confirm an ample provision of high qualified nurses for patient care. Unfortunately, in Pakistan especially in the government sector the service structure is still not recognizing the post graduate degrees in nursing. However most of the private health care institutions and organizations have already started teaching post graduate degrees' in nursing, and nurses have already graduates and get PRN BSc Nursing degrees and even MSc Nursing degrees as well. But the situation is still same. Once a nurse gets the higher degrees they preferred to go abroad to earn money in dollars. In view of advance theory, novelties, enhancements and besides solid governance, empowered professionals, and excellent practices; Magnet-recognized institutions, take moral and skilled liability towards good customer care, ideal association, and the excellent profession. Only Aga Khan University is providing the opportunities of higher education in nursing to all nurses in Pakistan without any discrimination of gender, religion and race. As this prestigious university providing higher education for nurses from undergraduate to post graduate level.

Internationally, current health care systems need to be reformed if we really want to have a successful health care system in upcoming years. Public, private sectors and nursing leaders should think about the future of nursing profession positively with advance creation in terms of global demand. These modules comprise advance care models, implementation of prevailing and fresh evidence, observable assistances to nursing profession. All these applications are now very crucial in nursing to accomplish the international standards of health care and to give healthier care to patients.

4.5 **EMPIRICAL OUTCOMES**

Magnet appreciation practice mainly emphases on organization and developments, through hypothesis that noble consequences will follow (Sullivan, & Decker, 2009). In prospect, taking a solid organization and procedures are the initial phases. Magnet oriented administrations exist in an exceptional situation to take initiative for the upcoming to expose resolutions of various complications present in today's health care systems. Magnet oriented administrations can do these resolutions in diversity through new configuration or numerous procedures such as nursing skills results; employees; patient; and administrative results. Whilst feasible, organizational results statistics should be utilized along with established quantitative benchmarks (Sullivan, & Decker, 2009). These results will symbolize repute and prestige of a Magnet-oriented organization with excellent demonstration in a modest way. To hold the existing employees and fascinate new nurses, health care groups can get from the magnet model features to advance working situations for nurses. Inspiring nurses to be full contributors and to allocate a profound interest in the achievement of the organization can help to improve the nursing deficiency.

5 **CONCLUSION**

Nursing shortage is usually a sign of broader health care system. The strategies outlined in this paper can be effective in reducing nursing shortage, nevertheless, still not applicable in all situations. Situational factors determine what is appropriate, therefore, drawback of the above mentioned resolution is the emphasis on shortage of nurses as a grave issue. For justifiable resolutions additional interferences will also be required. These resolutions must be constructed over the acknowledgement that health care system is challenging and the existing nursing statistics must be used efficiently. Deficiency is not only talk about figures but it talks about in what way the health care system meanings to empower nurses to utilize their abilities successfully (Buchan, & Aiken, 2008). Pakistan must enhance, re-designed, and incorporate their human resource development capability to recognize the services required to come across the well-known facility

needs. Suppleness must be about spending working outlines that are well-organized, and provide nurses in preserving a stability among their professional and private life. A broader perception is required to realize the roles' clarity and an improved steadiness of nurses, doctors, and further health care professionals (Pizzoli, & Ugolini, 2013). The very fact that, nurse's shortage is represented as an issue solitary on behalf of nurses. Nevertheless, it's not absolutely true. It's a health care system issue, that destabilizes health care system usefulness and entails health care system explanations at public private sector level.



REFERENCES

Abdullah, M. A., Mukhtar, F., Wazir, S., Gilani, I., Gorar, Z., & Shaikh, B. T. (2014). The health workforce crisis in Pakistan: a critical review and the way forward. World Health Popul, 15(3), 4-12.

Andrews, D. R., & Dziegielewski, S. F. (2005). The nurse manager: job satisfaction, the nursing shortage and retention. Journal of Nursing Management, 13(4), 286-295.

Buchan, J., & Aiken, L. (2008). Solving nursing shortages: a common priority. Journal of Clinical Nursing, 17(24), 3262-3268.

Closser, S., & Jooma, R. (2013). Why we must provide better support for Pakistan's female frontline health workers. PLoS medicine, 10(10), e1001528.

Grant, B., Colello, S., Riehle, M., & Dende, D. (2010). An evaluation of the nursing practice environment and successful change management using the new generation Magnet Model. Journal of Nursing Management, 18(3), 326-331.

Greipp,M.E. (2003). Salary compression: Its effect on nurse recruitment and retention. Journal of Nursing Administration,33(6), 321-323.

Health Care Advisory Board (2001). The Nurse Perspective: Drivers of Nurse Satisfaction and Turnover. The Health Care Advisory Board, Washington DC, USA.

Khawaja, K., & Nancy, R. (1999). Retention and turnover in AKUH. The Nurse International, 1(11-12), 12-15.

Khawaja, K., Merchant, R. J., & Hirani, D. (2005). Registered nurses' perception of work satisfaction at a Tertiary Care University Hospital. Journal of Nursing Management, 13(1), 32-39.

Khurshid, A. (2010). Health Care Management Training Needs in Pakistan. Journal of Health Management, 12(3), 211-229.

ingma, M. (2007). Nurses on the move: a global overview. Health Services Research, 42(3p2),1281-1298.

O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., & Stone, P. W. (2006). The impact of nurse turnover on patient, nurse, and system outcomes: a pilot study and focus for a multicenter international study. Politics, & Nursing Practice, 7(3), 169-179.

Peterson, C. A. (2001). Nursing shortage: not a simple problem—no easy answers. Online Journal of Issues in Nursing, 6(1), 1-14.

Pizzoli, L., & Ugolini, R. C. R. (2013). Consequences of Organizational Communication for the Quality of Life at Work for Nurses. The International Journal of Communication and Health, 1, 38-46.

Sullivan, E. J., & Decker, P. J. (2009). Effective leadership and management in nursing. (7th ed., pp. 266-272). New Jersey: Pearson Prentice Hall.

WHO. (2004). Joint learning initiative 2004; executive summary. In (p. 3).