



# TRANSFORMING ENGAGING TRANSFORMATION:

## Constructing a New Model for Nursing Education and Practice

**A** rapidly changing health care environment is forcing nursing leadership to examine the efficacy of nursing education and the relevance of current practice models. Competencies once thought essential to good nursing practice are less valued today. As a result, veteran nurses experience bewilderment and frustration regarding their job expectations, knowledge base, and work role. Remediating this situation calls for creating new models of nursing education and strong linkages between education and professional practice. One Dayton, Ohio, hospital has taken bold steps toward these goals by establishing an onsite university based on innovative partnerships with area nursing schools. The continuous learning opportunities offered by the university have not only bolstered nursing job satisfaction but also have helped the hospital make a strong impression in its highly competitive service area.

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**Table 1. Traditional vs. Contemporary Workplace Values**

<b>Traditional</b>	<b>Contemporary</b>
<ul style="list-style-type: none"><li>• Long-term employment</li><li>• Faithfulness to the workplace</li><li>• Compliance to superior/subordinate direction</li><li>• Passive involvement in organizational decision making</li><li>• Long-term clinical experience</li></ul>	<ul style="list-style-type: none"><li>• Portability of work</li><li>• Strong sense of personal ownership</li><li>• Low consideration of organizational control</li><li>• Clear commitment to finding balance between personal and professional activities</li><li>• Low tolerance for history and tradition</li></ul>

An array of issues currently confronts nursing, demanding creative and innovative solutions. These challenges include:

- Nursing and nursing faculty shortages
- Increasing technological innovation in the medical sciences
- A growing digital infrastructure for health care services
- Increasing complexity of clinical practice

Meeting these challenges has impelled nursing leaders to take significant steps toward transforming the underlying organizational and practice elements of the profession.<sup>1</sup> As this transformation occurs over time, the same issues also must be addressed on the go while meeting today's health care demands.

Health care organizations have had limited success with established approaches to addressing these issues as they affect nursing practice and patient care. The traditional values of the professional worker no longer define the health care organization. As cultural and social conditions and circumstances shift, the patterns of behavior and values professional workers are bringing to the workplace are coalescing to create a new milieu for nursing practice.<sup>2</sup> This conflict between the "bed-based," long-term length of stay foundations of nursing function and practice and the contemporary high mobility, portability-based, mostly outpatient focus of current and future practice dynamics creates serious organizational "noise" in an already challenging clinical environment (Table 1).

The ability to succeed in the today's health care milieu depends on knowledge and perspectives not historically found in nursing education or practice, including:

- Growing emergence and dependence on the electronic medical record
- Increasing portability and fluidity of technology management
- Accelerating mobility of clinical services
- Reduction in the length of stay and the increased clinical intensity necessary to justify inpatient care
- Emphasis on value, evidence, and outcomes
- Increasing consumer control over choice

These forces—the results of a transforming health care system—are converging to challenge the very foundation of nursing practice.<sup>3</sup> As a result, competencies once

thought essential to good nursing practice are less valued, leaving some nurses bewildered and frustrated regarding their job expectations, knowledge base, and role.

In fact, most nurses (those who have been members of the profession for 15 years or longer) share a body of clinical experience that is becoming less applicable in today's practice environment. Much of the tension these veteran nurses experience in the contemporary clinical environment arises from a disconnect between what they have historically known and done in their practice and the notably different skill set required by today's framework, including:<sup>4</sup>

- The ability to move patients quickly through the system
- A growing demand for technological competence
- Fast-paced changes in clinical technology
- Increasing interdisciplinary complexity and interdependence
- The demand for fast-paced service

The context of contemporary nursing practice has created a clear demand for more innovative approaches to education.<sup>5</sup> Constraints currently limiting the viability of nursing education include:

- Traditional programs of learning
- Long-term and aging faculty (average age 55)<sup>6</sup>
- Residency-based approaches to nursing education
- The recent clear delineation between education and practice experience

The need to move from traditional nursing curricula based on process to contemporary learning designs based on highly mobile and portable clinical environments is the engine driving educational innovation. Current and future demands for up-to-date competencies and the continued viability of nursing practice demand experimentation with creative designs and models that reflect the conditions and circumstances of a health care delivery system in flux.<sup>7</sup> As consumers assume more control of health care decision-making, nursing practice models must include and engage the user. Evidence-based practice realities now call for nurses to focus less on the process of work (nursing process) and more on the value of that work (nursing synthesis).

The question in today's health care world is not how much work was done well by the clinician but what difference that work made in the lives and conditions of those

served. This values-based approach now drives the foundations of nursing practice. In addition, nurses must become more competent in predictive and adaptive clinical strategies that allow them to embrace change as a work constant rather than a periodic exception.<sup>8</sup>

To address contemporary nursing issues and the need for innovation in education and practice, Good Samaritan Hospital (Dayton, Ohio) is experimenting with a creative new framework and process that links nursing education and practice. The result is a partnership focused on producing competent and relevant practitioners for the new world of nursing practice.

Good Samaritan is an urban teaching hospital with an average daily census of 300. While the hospital is located in the northwest quadrant of Dayton, population growth is to the south and east of the city. Health care consumers and employees from the more populated suburban areas drive past four adult hospitals before reaching Good Samaritan, thus placing the hospital at a competitive disadvantage.

### The Situation

In 2003, the hospital's nursing division had a 14% RN vacancy rate, 14% turnover rate (predominantly within the first 2 years of employment), and an average age of 42. Nurse-to-patient ratios were as high as 1:9. Thirteen percent of licensed nurses were LPNs, and only 23% of RNs had a BSN degree or higher.

That same year, a change in nursing leadership presented the opportunity, vision, and will to explore the nursing division's ability not only to meet the education and practice challenges facing the profession but also to transform nursing at Good Samaritan into a competitive advantage for the hospital.

As the vacancy and turnover rates cited above demonstrate, Good Samaritan nurses were feeling unappreciated and defeated. Many longed to return to an era when they had the time to provide "real" nursing care. Tenured nurses questioned the values and work ethics of recent graduates, and collegial relationships were sometimes strained. Although Good Samaritan has a proud history of a strong diploma nursing school, operating from 1932 to 1972, few nurses expressed interest in pursuing additional education, citing reasons such as the cost of tuition, the need to balance work/family/school, and the distance from home and hospital to local college campuses. Meanwhile, physicians were expressing concern about the nursing division's vacancy and turnover rates, adequacy of nursing knowledge, and nurses' perceived lack of critical thinking skills. As a result, nurse-physician relationships were at times negative and confrontational.

### Strategic Planning

As the hospital's nursing leadership pursued creation of a shared vision and a strategic plan, it became clear that, to achieve success in its self-proclaimed "journey toward excellence," indeed reinforced by the rest of the executive team, the nursing division would have to develop opportunities for nurses to acquire the necessary competencies, including:

- Clinical judgment based on critical thinking and nursing skills
- Systems thinking

- Financial fluency linking care quality with resource consumption
- Digital fluency
- Appreciation for cultural and generational diversity
- A spirit of collaboration
- Willingness to embrace change

In response to these needs, the nursing division's strategic plan included:

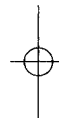
- Developing a Center for Nursing Excellence to provide a centralized infrastructure in support of nursing at the point of service
- Implementing a shared leadership model
- Developing structures and processes for management development
- Fostering a culture of accountability
- Increasing the number and role of advanced practice nurses
- Improving nurse to patient ratios consistent with national benchmarks
- Encouraging educational advancement
- Preparing for Magnet hospital designation

### Education as a Linchpin

As the elements of this long-term strategy were initiated, it was imperative to send an immediate, high-profile signal that nursing at Good Samaritan was changing for the better. Encouraging and facilitating educational advancement seemed to offer the strongest leverage for that purpose.

Recent evidence had shown improved outcomes in organizations with a higher proportion of baccalaureate-prepared nurses. Aiken et al<sup>9</sup> demonstrated that every 10% increase in the proportion of a hospital's nurses holding a bachelor's degree or higher is associated with a 5% decline in mortality and failure to rescue following common surgical procedures. In addition, Magnet hospitals were showing a higher proportion of nursing staff prepared at the BSN level (average, 50% vs 34% for all hospitals).<sup>10</sup>

Despite these findings, nursing remains one of the few professions for which an undergraduate degree is not a prerequisite. While professions such as social work, physical therapy, and pharmacy have raised the educational bar for professional practice, nursing has continued to respond to the supply-and-demand pressures of the market



by keeping educational requirements status quo.<sup>2</sup> The result of this approach had become clearly visible at Good Samaritan. Because of the hospital's high percentage of long-tenured diploma and associate-degree nurses, the nursing corps in general held clinical *experience*, not educational advancement, in high esteem.

Then, as now, the imbalance of education between nurses and other health care team members threatened the stature and influence of nursing as a discipline. Without a higher standard for entry to practice, nurses—whether novice or veteran—had become, and still remain, responsible for their own educational advancement. Good Samaritan believed that facilitating onsite nursing education would directly benefit nurses while also enlisting their support for the transformation of nursing practice in the hospital.

The hospital's initial dialogue with local schools of nursing was discouraging. Faced with faculty shortages and lack of classroom space, they were not in a position to alleviate the current 2- to 3-year wait list for beginning nursing courses, nor were they optimistic about increasing the number of graduates to meet current demand. Rather, they were concerned about building capacity for more graduates, only to discover that hospitals no longer needed nurses in the numbers that schools were producing. Further dialogue was needed to explore the cyclical nature of supply and demand and to look for solutions in a broad systemic way.

Other concerns also emerged. Nursing schools were having difficulty finding faculty to oversee clinical rotations. In addition, when faculty members were present for clinical rotations, there was no place within the hospital for them to use the phone, meet with students or prepare educational materials. With nurses, hospitals and schools of nursing struggling to meet the demands facing them, a synergy ripe for innovation and collaboration emerged.

Good Samaritan began to explore placing an educational site within the hospital to provide ease of access to hospital employees, to alleviate the space constraints of schools, and to provide a setting in which to develop an innovative and effective collaboration between practice and education. An onsite educational space could bridge the gap between the closure of Good Samaritan's school of nursing and a new model of hospital-based nursing education. And it could be the symbolic action needed to set Good Samaritan apart from other area hospitals in recruiting and retaining nurses.

Local nursing deans, faculty and hospital leaders became engaged in co-creating a new educational model. With site visits and literature reviews, a new vision for nursing education coalesced: The onsite facility would emphasize technology and appeal both to those considering nursing as a career and to experienced nurses wishing to advance their education. It would enable dialogue and team learning, and it would be a faculty-friendly space.

An architect was selected, and plans and a budget were prepared and championed through the hospital's capital

prioritization process. By the summer of 2003, Good Samaritan's Board of Trustees had approved a \$1.9 million capital budget for the construction of a virtual "nursing university" within the inpatient hospital. Elements of the nursing university included:

- 8500 square feet of high-profile space located between the new Center for Nursing Excellence and a newly renovated human resources department
- Two large classrooms, each with full electronic presentation capability, two hospital beds with active headwalls, and a computer-simulated patient
- A 24-hour computer lab with 16 workstations
- A cyber café including vending, computer access, tables, desks, and comfortable chairs
- A faculty preparation room, including desk alcoves with computer access, locked files, and other amenities
- Three conference rooms
- An interior design—colors, wall treatments, furniture, and so forth—that is both cost-effective and high on the "wow factor" scale

### **Selling the Idea**

Once the capital budget was approved, the hospital's leadership took every opportunity to promote the project as a strong statement about the importance of nursing and the hospital's commitment to each nurse's professional growth. Bit by bit, nurses began to talk about change and hope for a brighter future. As nurse recruiters began to use the future university as a selling point, recruiting became easier. Throughout the planning process, the hospital's foundation took every opportunity to engage graduates of the school of nursing, current and retired nurses, current and retired physicians, and members of the community. As a result of a very generous donor, the facility was named Beachler Nursing University (BNU). Total giving to date has amounted to \$614,000.

The first cohort of RN to BSN students had already begun when the ribbon was cut for the January 2005 grand opening of BNU. Twenty students from that first cohort graduated from Wright State University (Dayton, Ohio) in June 2006. A second Wright State cohort began in fall of 2005, an Indiana Wesleyan (Marion) cohort in 2006, and Indiana University East (Richmond) has a cohort beginning in 2007. Good Samaritan is encouraging its LPNs to continue their education to become RNs, and plans are under way for an LPN to RN cohort to begin with Sinclair Community College (Dayton) in 2007. Forty-two of the hospital's 60 LPNs have begun the admission process. Future plans include on-site prelicensure ADN education and core coursework for an MSN degree.

Good Samaritan offers this education opportunity only to full- and part-time employees. Because the university is virtual, the hospital welcomes participation from multiple academic partners. Students apply directly to the partnering college or university and are granted

degrees from that school upon completion of requirements. Both didactic education and clinical rotations occur at Good Samaritan.

The hospital has committed to supplying its academic partners with cohorts of at least 20 students and to paying full tuition for those 20, even if students drop out. Cohorts are assembled based on student demand for a particular school and the day/time of proposed program. Classes are held 1 day each week for approximately 2 years. Nursing schools, relieved from the necessity of providing classroom space or permanently increasing their student population, are more than willing to assign a didactic faculty person to BNU.

A single position, career specialist, was added during the development of the university. Well versed on all available educational programs, the career specialist is a guidance counselor for adults re-entering the academic arena—those advancing their nursing education as well as those choosing nursing for the first time, often as a second career. She assists employees in the selection of an academic program—whether on site, at a regional campus, or online—and mentors students throughout the process of matriculation. She also assists with the application process, book purchases, and filing for tuition reimbursement from the hospital.

Good Samaritan staff nurses serve as adjunct faculty for clinical rotations. The hospital pays these nurses at their regular rate, and the partnering academic institutions pay the hospital's foundation at the faculty rate. These foundation funds are made available to the adjunct faculty nurses for attending continuing education conferences. This plan helps relieve the stress of faculty shortages, provides students with faculty currently practicing in an acute-care setting, and provides hospital-based nurses with opportunities for growth and development as well as the chance to explore teaching.

During the university's first year of operation, nursing leadership learned the importance of scheduling cohorts for both day and evening hours. After two daytime cohorts had begun, it seemed that interest had waned. When an evening option was offered, however, the response was overwhelming. It also became clear that the hospital needed to ensure a return on investment for full tuition by requiring that graduates remain employed by the hospital for 2 more years, working the same number of hours as they did while in school. (Some nurses working full-time or part-time for other hospitals had come to Good Samaritan as pool nurses to take advantage of the education and tuition reimbursement opportunities, only to return to their former hospital after graduation.)

Good Samaritan Hospital has found that at a maximum annual tuition reimbursement of \$7700, the cost of "growing our own" nurses is less than many of the alternatives, such as recruiting international nurses, buying

out agency contracts, and offering signing bonuses. Each new graduate brings the hospital a loyal, committed employee who is familiar with the hospital's culture and more likely to remain for the long term. As the two statements below demonstrate, nurse-students understand that the hospital is interested in them personally and in their professional development:

*I want to express my appreciation for the opportunity you provided for me in continuing my education. I had been looking for a program that provided me with the flexibility I needed. Wright State University and Good Samaritan Hospital provided that for me. The location allowed me to work before and after school and decrease travel time. The support provided by every layer of management within the hospital was encouraging. The support provided by my manager and director was overwhelming. Thanks for everything.*—Linda Miller, RN, BSN, 2006 graduate of the first Wright State University BSN cohort

*I want to write a small thank you to let you know how much I have enjoyed my first class at Indiana Wesleyan University. I was very worried that I would not have enough time for my daughter since I am a single mother, but with everything the school and the hospital does to help—not having to go the campus to register and delivering books to the hospital—I can focus on what's really important. I am already looking ahead to the master's program. I just want to say thank you again for making this a truly great place to work and now, to go to school. I am very proud to say I work for Good Samaritan.*—Susan Roberts, RN, member of the first Indiana Wesleyan University BSN cohort

As a result of establishing BNU, morale has improved, new hires have increased, RN turnover has decreased from 14% to 9%, and the RN vacancy rate has dropped from 15% to 9%. Currently, 289 Good Samaritan employees are enrolled in some level of nursing education, up from 96 in 2002. The percent of RNs with a BSN or higher has increased from 23% to 40% in 3 years. Plans are underway to develop a research method for measuring the relationship between the increase in BSN-prepared nurses and patient outcomes. With 76% of Good Samaritan nurses participating in the National Database for Nurse Quality Indicators (NDNQI) nurse satisfaction survey, our scores over 3 years indicate significant improvements in job satisfaction from 59.9 to 62.0, teamwork from 69.2 to 71.8, career development from 63.6 to 64.4, and physician appreciation of nurses from 50.8 to 55.3. The pursuit of excellence is a journey, and Good Samaritan nurses and leaders see significant progress toward that goal.

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