

Networking with Clinical Nurses: Fusing Magnet and Organizational Missions

Working with clinical nurses through a research-based needs assessment has provided an opportunity to examine the Magnet®, model and how it meshes with organizational mission statements.

by
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Magnet & Missions

First, my view of Magnet® is that it is not so much the prize (accreditation) as the process itself that is valuable from a patient safety perspective. I have witnessed transformation in my organization through the structural changes and the focus on patient safety outcomes mandated by Magnet certification. Magnet's program goals¹ summarize succinctly the American Nurses Credential Center mission in terms of its Magnet Recognition Program:

- Promoting quality in a setting that supports professional practice;
- Identifying excellence in the delivery of nursing services to patients/residents; and
- Disseminating "best practices" in nursing services.

These goals are a natural fit for librarians. We are the bridge that brings research to practice. We "promote quality" by supporting professional nurses in finding information related to specific patient care or general quality improvement. We "identify excellence" by helping nurses search the

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literature for what works in terms of overarching, hospital-wide patient safety: in things like nursing standards, fall prevention, ventilator-associated pneumonia, pressure ulcer prevention, rapid response teams, and new nurse orientations, among many others. We assist in "disseminating best practices" in both directions. We help our nurses publish their findings or make posters for conference presentations, and we support nurses' evidence-based practice projects that are disseminated within the organization.

The existence of research literature does not, in any profession, automatically guarantee use of it. Librarians are central to seeing that evidence reaches the healthcare professionals, who use their clinical expertise in examining research—with their local context or particular patient in mind—to then ultimately make the daily decisions that improve healthcare, protect patients, and save lives.

Mission statements are leadership's perspective. This is a very simple but fundamental point.

The leadership of your hospital and of your library will tell you what matters to them: it's in the mission statement. We are all parts of some larger organism—the institutions we work for. The more professionals who consciously work toward the mission, the more effective the organization will be. If you can't get behind the mission statement, you should find an organization whose mission is in alignment with your own purpose.

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I work under two missions: the library's and the hospital's. "The mission of the UCSD Libraries is to be leaders in providing and promoting information resources and services to the UCSD community *when, where, and how users want them*"² [italics added]. UC San Diego Medical Center's mission and vision statements are: "To take exceptional care of people: by providing excellent and compassionate patient care; by advancing medical discoveries; by educating the healthcare professionals of tomorrow. Our Vision [is]: Clinical Excellence...through *Service, Innovation and Education*"³ [italics added]. Other institutional mission and vision statements are probably similar in some aspects. I have both of these statements on my desk so that I see them everyday, which helps me measure whether what I am doing supports the organization.

Needs Assessment

My needs assessment question was generated by the people hiring me. Well actually, interviewing me—I had not yet been hired. They asked: What are the issues and challenges of providing information services to nurses and allied health? I began by creating a needs assessment survey. I sent it to many nursing association chapters in San Diego, but I also wanted to be certain that I reached at least some UCSD nurses. I found a web page for the Nursing Research & Education department and Dr. Caroline Brown was listed as the Director. So I e-mailed my survey to her explaining that I was applying for the position of nurses' librarian at her organization. She responded that she was working on research related to what are the barriers to nurses' readiness for evi-



dence-based practice, and she asked if I would like to collaborate? I said “yes.” This is another key element to my success. I say “yes,” something I learned from an improvisational comedy group that lived by the “improv rule” that you never say no, but instead build on whatever the person before you has said by saying “yes, and...” I am trained to be willing to be uncomfortable while focusing on the goal.

Our research on “Nursing practice, knowledge, attitudes and perceived barriers to evidence-based practice at an academic medical center” was published in the *Journal of Advanced Nursing* in February.⁴ Here I will focus on the practical implications of that research as they relate to library science.

Outcomes

Among the top ten knowledge needs associated with the library were: converting information needs into a question (#1); awareness of information types and sources (#4); and knowledge of how to retrieve evidence (#7). Among the top barriers (after time and autonomy) were that nurses were unaware of research (#5) and that relevant literature was not compiled in one place (#6). Factors that facilitate evidence-based practice were identified as learning opportunities, culture building, and availability and simplicity of resources.

As librarians we typically offer learning opportunities, but I folded this need into my mission statement and focused on providing learning when and where they want it. In terms of culture-building, I use the language of Magnet and evidence-based practice when I offer support of their structure and processes. I also focus on providing and promoting information resources on internal websites nurses are already using, instead of expecting them to find and learn to navigate our home page.

Implications

Many practical applications came out of this research. In collaboration with Nurse Educators from area hospitals, we offer an Evidence-Based Practice (EBP) Institute where we teach nurses how to do EBP. We offer a monthly contest that asks nurses to question practice. I am a member of the Research Council and offer regularly scheduled workshops in the library or on-site in the hospital units on “Searching the Nursing Literature Effectively.” The Research Council meets once a month,

and every month nurses are referred to me for consults and literature searches. The library offers presentation support in the form of a class on making posters in PowerPoint. Dr. Brown and I also co-facilitate a writing support group, which consists mostly of nurses who have completed graduate school and want to publish their thesis research.

I regularly attend the staff meetings of the Nursing Education, Development, & Research Department to find out what they’re working on. I push information to them very selectively—no broadcast emails, just articles specific to their projects. For example, this is where I learned that they were rewriting standards, and I volunteered to help link the cited footnotes to the individual record level in CINAHL or PubMed.

I make the library’s resources readily available. When I do on-site in-services, I ask if they’d like a link to the library on their home page. I also facilitated putting links to intravenous compatibility and adverse reaction reports on websites the nurses were already using in critical care. At orientations, I *invite* the nurses to the library. I acknowledge them as professionals and lifelong learners and I make it clear that they will be supported in their pursuit of higher education. I personally

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deliver the message of Clinical Excellence—through service, innovation, and education everywhere I work with nurses. To the best of my ability, I make our information resources and services available to nurses when, where, and how they want them.

The library can be a more intimidating place than we, as librarians, may realize. People have a feeling that they should already know how to use the library, but they often don’t. I believe the most important aspect of my networking with clinical nurses has been a willingness to go to them. I am their personal librarian, and I am warm, welcoming, and supportive.

References

- 1 American Nurses Credentialing Center. (2009). *Goals of the Magnet Program*. Retrieved January 10, 2009 from <http://www.nursecredentialing.org/Magnet/ProgramOverview/GoalsoftheMagnetProgram.aspx>
- 2 UC San Diego Libraries. (2009). *Mission Statement*. Retrieved June 11, 2009 from <http://libraries.ucsd.edu/collections/about/strategic-plan-20062009.html>
- 3 *Mission, Vision and Values at UCSD Medical Center in San Diego*. Retrieved June 11, 2009 from <http://health.ucsd.edu/about/mission.htm>
- 4 Brown CE, Wickline MA, Ecoff L, & Glaser D. (2009). Nursing practice, knowledge, attitudes and perceived barriers to evidence-based practice at an academic medical center. *Journal of Advanced Nursing*, 65(2), 371-381.

