EMPLOYMENT IN MAGNET-ORIENTED HOSPITALS & SOCIALIZATION OF STUDENTS IN CLINICAL NURSE SPECIALIST PROGRAMS

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Sigma Theta Tau International
43rd Biennial Convention
November 2015
Disclosure

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• California State University Dominguez Hills
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• Presentation sponsored by School of Nursing
• No conflicts of interest

Objectives:

• Identify two positive influences that employment in a Magnet-oriented hospital had on CNS socialization
• Describe at least two implications for professional development based on the study results
Study Purpose

To determine if clinical nurse specialist (CNS) students differed on measures of socialization based on their exposure to Magnet-oriented hospital employment prior to entering the graduate program.
Regional Transformation of Health Care . . .

• Possible with a more educated nursing workforce + advancement of agencies to support professional nursing excellence

• Magnet® recognition: credential awarded for nursing excellence, quality, and innovation in practice
Magnet + CNS

• CNS role in Magnet® recognition (Muller et al., 2010)
  – Clinical expertise, driver of innovation, leadership, and organizational influence

• 87% of Magnet® hospitals in 2004 employed CNSs (Walker, Urden, & Moody, 2009)

• CNS Pipeline
CNS Professional Socialization

Definition: The academically guided process of transitioning a registered nurse to assume the role and identity of a CNS.

In a study of CNS student socialization near the time of graduation, 47.1% had been employed in a Magnet-designated hospital or one on the Magnet journey prior to entering their graduate programs. (Ares, 2014)
Methods

• Secondary analysis of data
  – Convenience sample of students near graduation and new grads prior to CNS employment (N=225)
  – 73 CNS programs in the USA represented
  – Online survey in 2012-13

• Researcher designed items and the Nurses Self-Description Form (NSDF) subscales of Professionalism, Work Ethic, and Empathy were analyzed for this study

Socialization Phases I & II

Education Environment
(intended & unintended socializing)
- Scholarly resources & exposure to new ideas
- Program design & curriculum (type of program*, type of instruction*, peer cohort*, preparation for practice [academic]*)
- Course activities for skill development in the role
- Opportunity to practice role in clinical environment (preparation for practice [experiential]*)
- Student-faculty interaction* and student-peer interaction
- Role modeling by preceptors* & faculty
- CNS Mentorship*
- Interaction with co-workers in the profession

Pre-Socialization Phase

Inputs
- Individual factors/traits (demographic variables, nursing experience, clinical specialty experience*, nursing leadership experience*)
- Prior exposure to CNS role
- Preconceived impression of CNS role*

Workplace socialization

Initial socialization into the profession

Socialization Phase III

Outcomes
- CNS Professional Socialization:
  - Knowledge & skills for CNS practice
    - Program completion
  - Internalized CNS values & attitudes
    - Professional nursing values*
    - CNS self-concept (CNS professional self-concept* & perceived preparation for CNS practice*)
  - Professional behaviors
    - Specialty nursing certification*
    - Membership in a CNS professional organization*

Role competence
Role satisfaction
CNS stewardship/advocacy
CNS identity

Blue shapes: domains of study
Yellow shapes: domains not under study
*Variables included in this study

↑ Direction of relationships or process

A = student inputs are related to the educational environment
B = the educational environment affects the outcome variables
C = student inputs are related to the outcomes.
Variables

Pre-program or Educational Environment
- Exposure to the CNS role
- Years of leadership experience
- Preconceived impression of the CNS role
- Magnet employment
- Having a mentor-protégé relationship with a CNS

Outcome
- Professionalism, work ethic, & empathy - NSDF subscales (Dagenais & Meleis, 1982)
- Perceived preparedness for CNS practice
- Nursing specialty certification
Results
Exposure to the Role

Magnet group was significantly more likely to be exposed to the CNS role by working with or observing a CNS in the workplace ($\chi^2[1] = 14.59, p = .000$)
Preconceived Impression of the Role

• Exposure to the CNS role in the workplace was helpful to the development of an accurate preconceived impression of the role for students employed in non-Magnet environments at a level approaching significance (F [1, 218] = 3.582, p = 0.60)

• No effect for students employed in Magnet-oriented hospitals
Perceived Preparedness for CNS Practice

• Variance in perceived preparedness was not dependent on exposure to the CNS role in a Magnet-oriented hospital.

• No difference between groups when the following were considered:
  – Years of leadership experience
  – Rate of nursing specialty certification
  – Having a mentor-protégé relationship with a CNS
Professionalism Self-Concept

There was a significant difference in the interaction effects between Magnet employment and workplace exposure to the CNS role on the professionalism self-concept scores ($F[1, 221] = 5.035, p = .026$)

For those employed in:

– Non-Magnet hospitals, there was a negative effect of role exposure on professionalism self-concept
– Magnet hospitals, there was a positive effect of role exposure on professionalism self-concept
Work Ethic & Empathy

There was no significant difference between the groups
Summary

• Exposure to CNSs in the workplace contributes to an accurate impression of the role in nurses who have not worked in a Magnet hospital

• Positive influences of Magnet employment on CNS socialization:
  – Greater exposure to the CNS role
  – Exposure had a positive effect on professionalism self-concept
Conclusions

• To perpetuate the CNS role, consider how to expose nurses to it
  – Administrators
  – Educators
  – CNSs in practice

• Measures of socialization in CNS students were not dependent on Magnet employment
  – Graduate program is likely the primary socializing agent

• International implications are unknown
References


Thank You

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