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Best organizational practices that foster scholarly nursing practice in Magnet® hospitals

Judy A. Beal[a,*], Joan M. Riley[b]

[a] Simmons University, 300 The Fenway, Boston, MA 02115, United States of America
[b] Emmanuel College, 400 The Fenway, Boston, MA 02115, United States of America

A B S T R A C T

Background: For nurses to become leaders in the transformation of the future health care delivery system, they need organizational support to develop a scholarly nursing practice across a full career trajectory.
Purpose: The purpose of this qualitative study was to describe best organizational practices that support the development and growth of a scholarly nursing practice throughout a nurse's full career progression.
Method: Thirty-two senior nurse leaders from American Nurses Credentialing Corporation Magnet® hospitals were interviewed. Questions focused on strategies used in the workplace to support nurses' growth and development of a scholarly nursing practice. Content analysis was used to analyze data.
Results: The following themes emerged: *The Organization Creates and Sustains a Core Culture Supportive of Scholarly Nursing Practice*; *Expectations for Professional Development*; *Resources that Support Scholarly Nursing Practice*; and *Power of the Senior Nurse Leader*. Nursing culture in the institutions led by our participants had a significant and influential impact on the overall organizational culture.
Conclusions: A nursing culture that embraces a scholarly nursing practice environment is one that is tightly integrated with an overall institutional culture that supports nursing. Senior nurse leaders were the driving force behind the development of a culture that supports scholarly nursing practice.

Introduction

A workforce of nurses who develop and use a scholarly nursing practice is critical to the transformation of the health care delivery system. The 2016 American Association of Colleges of Nursing (AACN) Report, *Advancing Healthcare Transformation: A New Era for Academic Nursing* and the 2015 the National Academies of Sciences, Engineering and Medicine (NASEM) Report, *Assessing Progress on the Institute of Medicine (IOM) Report on the Future of Nursing* provide blueprints to transform health care and to build a highly educated nursing workforce.

The 2016 AACN Report, *Advancing Healthcare Transformation: A New Era for Academic Nursing*, undertook an in-depth appraisal of the potential for partnerships between academic nursing and health care delivery centers that would support the achievement of better health outcomes built on new sustainable models that integrate clinical care delivery, research and education. In 2015, NASEM issued an appraisal report of 2010 landmark IOM Report. They recognized the aggregated five-year work/progress of the campaign (Future of Nursing: Campaign for Action) and other stake holders, and addressed future directions to be undertaken (NASEM, 2015).

Recommendations from these reports (AACN and NASEM) included endorsement of increasing the formal educational preparation and leadership development for all nurses; the addition of inter-professional learning experiences; a change from the expectation of lifelong learning to a full accountability for continuous learning across the life cycle of a nursing career; and an investment in the preparation of nurse scientists to better integrate research into clinical practice. These recommendations speak directly to the definitive expectation that all nurses will be continuously well educated, well developed in practice and fully engaged in their career as innovative practice leaders. Among the many directions set forth, there is an implicit call to understand how nurses undergo the multi-stage transition from early career learner to skilled practitioner. There is also a need to develop collaborative workplace centered strategies involving academic partners to insure the development of a milieu that fosters scholarly nursing practice for each nurse across a full career.

Background

For nurses to become leaders in the transformation of the future

health care delivery system, they need ongoing support to develop a scholarly nursing practice (Beal, Riley, & Lancaster, 2008; Riley, Beal, and Lancaster (2008). "Nurses who have a scholarly nursing practice are knowledge workers who use a multidimensional way of thinking about practice that includes role attributes and role processes" (Beal & Riley, 2015, p. 380). Nurses, however, face challenges in developing a scholarly nursing practice. A key challenge is the institutional culture of the workplace which may or may not explicitly support the ongoing development of a scholarly nursing practice (Cooper, 2009). Research has addressed other challenges in clinical practice in the workplace. These include a series of organizational and individual variables that have an impact on nurse development including teamwork, passion for nursing, personal growth, a sense of well-being and a positive work environment (Feeney & Tiernan, 2009; Rivera, Fitzpatrick, & Boyle, 2011; Simpson, 2009). An analysis of findings about the elements of an optimal clinical practice environment indicated that a workplace that openly values and supports scholarly nursing practice as the expected model of caregiving must provide seamless support and professional development at every level of the organization (Beal et al., 2008). Nurses' full engagement in the ongoing development of a scholarly nursing practice is predictive of a workforce that will meet the AACN (2016) and NASEM (2015) reports with national recommendations for the future nursing workforce.

For more than a decade, our program of research has focused on the examination of what it means to be a nursing scholar in a practice discipline. Scholarly nursing practice with its set of congruent expectations as the everyday responsibility of all nurses regardless of level of expertise in practice and type of work setting was described (Riley, Beal, Levi, & McCausland, 2002; Riley & Omery, 1996). The empirical examinations of scholarly nursing practice as described by experienced nurses and early-career nurses were undertaken and The Scholar in Nursing Practice Model developed (Beal & Riley, 2015; Riley & Beal, 2013; Riley et al., 2008). "Findings from these studies indicate that nurses who have a scholarly nursing practice are knowledge workers who use a multidimensional way of thinking about practice that includes role attributes and role processes" (Beal & Riley, 2015, p. 379–380). The Scholar in Nursing Practice Model, derived from study findings, described role attributes of the nurse or 'Who I Am' (active learner, out-of-the box thinker, passionate about nursing, available and confident) and role processes or 'What I Do' (lead, give care, share knowledge, evolve and reflect. The study of best clinical learning practices in baccalaureate formative education reported the need for educational programs to shift greater emphasis away from skill acquisition to the development of professional identity (Beal & Riley, 2015). An analysis of findings about the elements an optimal clinical practice environment indicated that a workplace that openly values and supports scholarly nursing practice as the expected model of caregiving must provide seamless support and professional development at every level of the organization (Beal et al., 2008).

The next step in our program of research was to examine best organizational practices that support the ongoing development of scholarly nursing practice through full progression of a nurse's career. It is well recognized that nurse leaders' perception and practices significantly influence the professional practice environment in their workplace (Clavelle, Drenkard, Tullai-McGuiness, and Fitzpatrick (2012); Porter-O'Grady, 2009; Upenieks, 2003). The chief nursing officer, as the acknowledged senior leader of the health care system, was identified as the key informant to describe the current and best practices in their organizations that are needed to facilitate scholarly nursing as the professional practice model.

Magnet® hospitals were selected as the setting for the study because there is a body of research evidence that recognizes the practice environment in a Magnet® hospital as a healthy place for nurses to work (Kramer, Maguire, & Brewer, 2011; Stimpfel, Rosen, & McHugh, 2014); and offers meaningful career development (Duffield, Baldwin, Roche, & Wise, 2014). The purpose of this national Magnet® hospital study was to describe best organizational practices that support the development and continued growth of a scholarly nursing practice throughout a nurse's full career progression.

Methods

Research design

Similar to previous studies, we employed a qualitative descriptive research design (Beck & Polit, 2007). Kearny (2001) has recognized that this design is most appropriate when one is attempting to understand the unknown or under-described aspects of a phenomenon or experience.

Sample

Institutional review board approval was obtained from one of the co-principal investigator's university. The ANCC Magnet® Hospital membership list was accessed from their web-site. For the purpose of this study, representativeness was determined by geographic region. After this list was sorted by geographic region defined by the US Census Bureau (www.census.gov/geo.www/us_regdov.pdf), a stratified random sampling technique was employed to ensure equal representation from all five regions. From previous studies, it was anticipated that thematic saturation would be reached at approximately 30–35 participants. In order to achieve a response rate of 30%, 100 senior nurse leaders/20 from each region were identified. For this study, senior nurse leaders were defined as CNOs or VPs for nursing, or their designee. They were invited by email to participate in an audio-taped interview. All participants signed an informed consent.

Data collection

Consistent with methodology in prior studies, data collection occurred using the following approach. Interviews were conducted over the phone. These semi-structured audio-taped interviews were then transcribed verbatim. Specific questions included the following:

- How does your workplace support the development of clinical nurse scholars?
- What are your expectations for a nurse's engagement in his or her own development?
- What resources do you currently have to support the development of clinical nurse scholars during their career lifetime at your institution?
- What resources do you need to better support the development of clinical nurse scholars during their career lifetime at your institution?
- What do you believe has been the impact of Magnet designation of the development of clinical nurse scholars at your institution?

Data analysis

We used qualitative content analysis (Knafl & Webster, 1988; Krippendorff, 2004; Sandelowski, 2000) to analyze the data. Table 1 delineates the specific activities of our methodology. We conducted member checking with all participants to verify concurrence with the findings. Of the 32 participants, 23 (72%) responded and confirmed resonance (Lincoln & Guba, 1985).

Results

The final sample of 32 senior nurse leaders was evenly distributed across geographic regions throughout the United States. The sample was predominantly female and well educated, evenly split between master's (50%) and doctoral preparation (50%). Their careers spanned

Table 1

Process investigators used to conduct qualitative content analysis (Knafl & Webster, 1988; Krippendorff, 2004; Sandelowski, 2000).

Step 1:	Separately conducted in-depth reading of all interviews to understand participants' perspectives.
Step 2:	Separately read and coded a sub-set of interviews to identify major codes.
Step 3:	Read together the same set of interviews to further refine codes.
Step 4:	Developed a code book drawn from initial coding exercise. We compared each other's codes for consistency (Thyer, 2010).
Step 5:	Standardized code book by including for each code: definition, inclusion and exclusion criteria, and exemplars.
Step 6:	Reached full consensus on all codes and supporting narrative.
Step 7:	A second set of transcripts was read and discussed to further ensure reliability of coding.
Step 8:	Completed coding of interviews using NVIVO (www.qsrinternational.com) and finalized themes.
Step 9:	Reached consensus on identification of themes based on text cited by at least 75% of participants.
Step 10:	Conducted member checking with all participants to verify concurrence with the findings. Of the 32 participants, 23 responded (72%) and confirmed resonance with the findings (Lincoln & Guba, 1985).

Table 2

Participant demographic characteristics.

Characteristics	Responses (n/%)
Gender	
Female	31/97%
Male	1/3%
Years in nursing	
Mean	32.5
Range	18–45
Number of years as nurse leader	
Mean	7
Mode	1
Range	9 mos–22
Type of health care facility	
Academic medical center	13/41%
Community hospital	8/25%
Academic pediatric hospital	5/15%
Acute care tertiary/teaching	4/13%
Integrated health system	2/6%
Nursing education preparation	
Diploma	4/13%
AND	4/13%
BSN	21/65%
MSN	3/9%
Highest earned degree	
MSN	13/41%
MA/MS in related field	3/9%
Doctorate in nursing	14/44%
Doctorate in related field	2/6%

an average of 32.5 years in nursing with a mean of seven years in the senior nurse leadership role in a wide range of practice settings. Of the thirty senior nurse leader respondents, 31 (97%) were the CNOs of their institution. One respondent was an associate CNO designated by the CNO to respond. Table 2 describes the demographic characteristics of the sample.

An analysis of findings revealed an overarching theme, *The Organization Creates and Sustains a Core Culture Supportive of Scholarly Nursing Practice*. Multi-dimensional themes also emerged: *Expectations for Professional Development, Resources that Support Scholarly Nursing Practice*, and *Power of the Senior Nurse Leader*.

The Organization Creates and Sustains a Core Culture Supportive of Scholarly Nursing Practice

The overarching theme, *The Organization Creates and Sustains a Core Culture Supportive of Scholarly Nursing Practice* is multi-faceted and derived from statements made by all participants. This theme embodies two sub-themes: the impact of culture in a Magnet® designated institution and the active relationship between the nursing milieu and the larger institutional environment.

All senior nurse leaders in this study cited that Magnet® principles form the foundation for creating a culture that allows nurses to develop a scholarly nursing practice across a full career trajectory. Many participants reflected that the work of nurses is "better" when the Magnet®

foundation is the "model at the bottom" of their professional practice model, acting as the platform to support the dynamic shifting alignment of practice goals within system goals. Reflecting the voices of participants on the Magnet® foundation being the core to their culture, one senior nurse leader said, "It must be in place and it brings a heightened level of discipline and structure, the use of data, the use of evaluation in a way that makes our work better." Participants stated that the Magnet® infused practice environment steers nursing science into the overall organizational framework.

Senior nurse leaders added depth to the cultural dimension with the explanation that a well-developed nursing culture is a significant component in influencing the attributes of institutional culture. Their leadership experiences have shown them that the fusion of nursing culture into the overall organization culture supports the expectation of an entire organization workforce that places high value on standards that include accountability, respect and teamwork. A well-developed nursing culture enhances the institutional culture.

Participants indicated that a nursing culture that aligns well with the institutional culture holds out expectations that the nurse workforce will engage in scholarly activity and growth from the onset of their employment. One senior nurse leader reflected this perspective in the following way, "To move the whole culture of the organization forward, nurses, early on, must be fully engaged in the various projects and activities going on in the hospital". Senior nurse leaders viewed this perspective as a critical cultural shift that embraces moving away from a model that encourages participation to one that expects participation from all nurses in the organization.

Senior nurse leaders spoke to nursing having a better presence in their organizations and communities. They affirmed that the nursing culture in their workplace sets the expectations for an overall organization when the prevailing action model in their organizations is cross professional dialogue and collaboration rather than the more typical top down leadership. They connected this experience to the use of the Magnet® framework as the foundation for driving the direction for professionalism and filling the need for an efficient model of care to meet the current challenges in health care delivery.

All senior nurse leaders stated that there were consequential challenges in terms of time and money to sustaining Magnet® status but these challenges were significantly outweighed by benefits to the overall organization. As one participant stated, "I must tell you, it is a challenge every year. I justify the budget as I think any good organization requires their people to do and we do justify the budget. We are able to demonstrate the return on investment." The primary benefit of the Magnet® investment is the presence of an embedded nursing culture that is "satisfying" to nurses while creating a flexible patient-centered practice environment that can embrace changing institutional models of care.

Expectations for Professional Development

The theme, *Expectations for Professional Development*, had two sub-themes: the need for nurse engagement and the need for full career

models for professional development. Senior nurse leaders stated that professional development must be purposive and must be the explicit value and expectation of the entire organization with acknowledgement and support from the institutional CEO. They believed that the expectation for continuous growth across a career will translate into development if it is considered as a partnership between the employer and the nurse. As one participant explained, "We've got to work together to provide learning and growth opportunities. We need to incentivize and reward that kind of growth if we want to keep nurses moving and growing." Participants acknowledged their ongoing responsibility to remove barriers in the practice environment that would impede nurses from owning their scholarly nursing practice.

Expectations for full engagement begin in the hiring process and continue with explicit goals for professional growth at all levels of practice and stages of a career. Senior nurse leaders identified the key question for each nurse to answer centers on how to keep a practice vibrant throughout a one's career. As one senior nurse leader explained, "[Nurses] have to purpose themselves to do great things…believing that they need to be a scholar in their place of practice…whatever it might be." Senior nurse leaders set expectations that nurses need to "own" their practice and their career path.

For the most part, participants indicated that nurses in their workforce were incredibly motivated and are "willingly engaged participants" in their own development. However, they acknowledged that some nurses do not engage in their development. These nurses stand out especially in those practice sites where the nursing peer community views engagement as a personal and professional obligation. They believed that disengaged nurses are not a "fit" for a Magnet® designated organization. As one senior nurse leader said, "If they [nurses] remain disengaged, quickly there are conversations with their leader and some folks may not stay in the organization." There was common acknowledgement from all senior nurse leaders that continuous engagement in learning underpins the development of a scholarly nursing practice which equates with better quality of care outcomes in their organization.

All senior nurse leaders described a range of initiatives that have proven to be a successful investment of human and financial resources into a nurse's early career development. However, for the most part, they acknowledged that their workplaces, currently, do not have clearly described models that support professional development in the mid and senior phases of a nurse's career. They "struggle" with how to actively, meaningfully, and financially sustain support for the more advanced career nurses in their workplace. One participant's perspective, "I do struggle with how do we continually professionally develop our most expert mature clinicians…I'm not sure we're doing as well as we could" reflects the recognition of this need.

All senior nurse leaders elaborated on activities and opportunities for nurses in the more advanced phases of their career. But they also indicated that these were not linked or integrated into a full career professional practice model. Currently this need represents an organizational challenge with future practice implications. These senior nurse leaders stressed that a professional practice model, supported by a full career professional development model, has become a necessity if the nursing workforce is to be responsive to future health care challenges and responsible for necessary changes in the future.

Resources that Support Scholarly Nursing Practice

The theme, *Resources that Support Scholarly Nursing Practice,* had two sub-themes: the benefit of financial resources; and the merit of human resources. While distinct, they were also interwoven into the development of a culture of support for scholarly nursing practice. It was the senior nurse leader and the leadership team who identified the needed resources, worked to gain internal support, and broadened external stakeholders' involvement in the generation and use of resources to advance the mission of the organization and its nursing workforce.

Within the sub-theme of the benefit of financial resources, most participants acknowledged that they were well resourced and supported in their organizations. Financial resources were most often used to advance all aspects of patient care and professional development. The primary funding source was budget lines dedicated to the nursing workforce. All interviewees stressed that their engagement with and support by the CEO was critical to their success for obtaining essential resources in the budget line. As one participant stated: "We have a CEO who understands the value of nursing and is extremely appreciative of what we bring to the table and he's very happy to listen to my justifications for some of these projects." Even with strong support from institutional leadership, participants noted that they needed to be "financially savvy" with a strong knowledge of business and financial management. Participants agreed that strong justification of need provided crucial support for all budget requests. In thinking about how a budget is developed, one participant took it a step farther and said, "I think you have to get creative at times."

While feeling well supported, participants acknowledged that the financial demands of growing a culture that builds a scholarly nursing practice has limits. They believed that they have a need for additional financial support beyond budget lines and that they needed to look outside of the organization for external resources. For many of our participants, the active process of garnering community support through philanthropy was not a traditional or easy role but the benefits of doing so were extensive. Most importantly, high profile gifts from community philanthropists and civic leaders significantly enhanced the image of nursing within and outside of the institution. In turn, raising the presence of nursing often cycled into additional gifting. A few of our participants had well established nursing focused foundations with long term donors who provided ongoing support for professional and scholarly development, for example, a Center of Nursing Excellence. For those without this foundation support, they had to become more diverse in sourcing philanthropy and work hard to embrace the process. As one stated: "So I can't really do a foundation here. But I am trying to learn and explore some of those things that through some individual's generosities, we can use to support my vision and help nurses".

While acknowledging the link between human and financial resources, nurse leaders acknowledged the pivotal roles nurses play as mentors, coaches, and leaders in the organizational structures. Human resources, drawn from the leadership team of managers and directors, research and professional development centers, the practice environment, and from academic partners, were described by participants as the organizational "glue" for nurses. Participants spoke eloquently as to the importance of these individuals in engaging nurses at all levels and roles in their developmental progression toward a scholarly nursing practice.

Support from within and support from partners emerged as integrated dimensions. One leader shared, "I feel blessed that I am [human] resource rich for growing programs". Another stated that she had staff at every level that engage with new nurses and mentor them to grow in their scholarship. Participants believed that the shared governance and council structures facilitate the growth and development of scholarly activity when fully resource supported. As one responded, when asked if the council structure facilitated the growth and development of scholarly activity, "Yes, without a doubt and it is most evident in our practice council, but also in our evidence based research council."

Internal leadership support, coupled with a strong academic partner, was cited as the model most effective in augmenting resources. Strong relationships with academic practice partners are not only critical to the research engine of a culture of scholarly nursing practice but also to the formal educational advancement of the nursing staff. Participants cited numerous exemplars. One participant co-chairs the Academic-Service Partnership composed of the deans and nursing directors in the geographic area. She is the co-PI with a practice partner on two studies, one exploring outcomes associated with a higher

Table 3

Cross-walk of study findings with AACN (2016) and NASEM (2015) reports.

Key study findings	AACN report recommendations	NASEM report recommendations
The organization creates and sustains a core culture supportive of scholarly nursing practice.	#1[a] Embrace a new vision for academic nursing: Academic Nursing is a full partner in health care delivery, education and research that is integrated and funded across all professions and disciplines including system wide commitment to leadership development.	#5[a] Promote nurses' interprofessional and life-long learning.
A well-developed nursing culture enhances the organizational culture.	#1[a] Embrace a new vision for academic nursing…with nursing participation in health system governance. #4[a] Partner in the implementation of accountable care.	#6[a] Make diversity in the nursing workforce a priority. #7[a] Expand efforts and opportunities for inter-professional collaboration and leadership development. #8[a] Promote the involvement of nurses in the redesign of care delivery and payment systems.
Expectations for professional development include nurse engagement and full career models for professional development models.	#3[a] Partner in preparing the nurses of the future including building a pipeline of nurses at multiple levels and creating leadership development programs.	#2[a] Continue pathways toward increasing percentage of nurses with baccalaureate degree. #3[a] Create and fund transition to practice residencies. #4[a] Promote nurses' pursuit of doctoral degrees. #5[a] Promote nurses' interprofessional and life-long learning. #7[a] Expand efforts and opportunities for interprofessional collaboration and leadership development.
Resources (financial and human) are critical to developing and sustaining a culture that embraces scholarly nursing practice.	#1[a] Embrace a new vision for academic nursing…including collaborative workforce plans and training programs in partnership with the health system.	#5[a] Promote nurses' interprofessional and life-long learning. #8 Promote the involvement of nurses in the redesign of care delivery and payment systems.
Academic-service partnerships are critical to the research engine of a culture of a scholarly nursing practice and to formal educational advancement of nurses.	#1[a] Embrace a new vision for academic nursing…including expanded academic nursing leadership in clinical practice and care delivery; integration of academic nursing into population health initiatives; and growth and evolution of academic nursing research programs in partnership with service and other disciplines. #2[a] Enhance the clinical practice of academic nursing with initiatives that more fully bring nursing faculty into the clinical practice of the health system. #3 Partner in preparing the nurses of the future including building a pipeline of nurses at multiple levels. #5[a] Invest in nursing research programs and better integrate research into clinical practice.	#5[a] Promote nurses' interprofessional and life-long learning.
Senior nurse leaders are key to promoting professional development.	#1[a] Embrace a new vision for academic nursing where academic nursing is a full partner… in health care delivery, education and research that is integrated and funded across all professions and disciplines including system wide commitment to leadership development, nursing participation in health system governance. #6[a] Implement an advocacy agenda in support of the era for academic nursing.	#1[a] Build common ground around scope of practice and other issues in policy and practice. #8[a] Promote the involvement of nurses in the redesign of care delivery and payment systems. #5[a] Promote nurses' interprofessional and life-long learning.

[a] #s correspond with recommendation number in each report.

percentage of BSN prepared staff and another, examining contributing factors to enhanced new graduate retention. Another participant reported that the practice of utilizing nurse scientists from the university led to the permanent appointment of a director of research in her workplace. Regardless of the size of the institution, academic practice partnerships were central to a richness in human resources in these Magnet® settings.

Power of the Senior Nurse Leader

Within the theme *Power of the Senior Nurse Leader*, senior nurse leaders promote professional development as lifelong learning and professional accountability for themselves and their staff. Two sub-themes emerged from the narrative: attributes of the leader and actions of the leader.

In describing themselves, several participants used the words: strategic, visionary, transparent, adaptive, mindful, disruptively innovative, and intentional. One shared, "If I reflect on my own career, I had to be a willing engaged participant to be successful at every stage of my career and we have to expect that of our employees." All participants pointed out that they have high expectations for themselves, the organizational leadership and their nurses to develop a scholarly nursing practice. Expectations for themselves as leaders and for the organizational leaders included: excellence, advocacy, transparency, visibility, modeling, and adaptability. Expectations for their staff focused primarily on development of self that in turn benefits patients and the practice environment.

Reflection as leaders was key to their own development as well as to those they lead. One mused on how nurses tend to be "fixers" but that "we have to remember to be mindful." A core attribute of mindfulness for this participant was reflection. "It's being present…it's being accountable. It's where I come from and I think that that's helped me instill a foundation in my team and we build from there." Our participants spoke eloquently to the strong connection of their attributes as

leaders to their own personal values.

These leaders valued developing others. They exuded a passion for "stretching nurses" to grow and to develop a scholarly nursing practice. As one stated, "I learned a long time ago, that I needed to change my middle name and my middle name is stretch. I feel that part of my strength is taking an individual and putting them outside of their comfort zone and stretching them…tapping their ability… and I love it when they say, 'I can't do that', but I love it when they come back and say, guess what I just did.". They believed the essence of their leadership must be both inspirational and transformational. They knew and used their attributes to consistently guide their actions as leaders.

Many related their success as a leader to their diligence in making connections with their staff, getting to personally know them, and to being a highly visible leader. "I try to get to know the nurses, something personal about them that I can use to help promote them and build them." These leaders told us that they consciously modeled behaviors such as presence, consistency, communication, compassion and caring, and expect no less from their staff. "I would say that I focus much of my time as a leader around developing other leaders and serving locally as an inspirational leader myself." Dedicating time and actions to build relationships and trust with their staff was viewed as essential to their role as leader.

Most participants continue to round daily and some spend time in clinical practice as well. "I spend one shift a month in clinical practice and so I call that 'walk in my shoes'. I work alongside of the nurse. That allows me to see the world from their vantage point which has been such an empowering thing for me and for them because they get to see me in a different way." This same participant spoke of the challenges of working in a union environment and how important it was for her to have a strong personal relationship with the union president and a partnership with the union members around a transparent and unifying purpose. Consistent from all participants was the commitment and intent of the leader to build and promote professional accountability. They spoke of their ongoing activities to align professional development with quality of nursing care; to foster the integration of new and existing science into clinical practice; to lead the work of unifying core institutional purpose with strategic initiatives, promoting them every day.

Discussion and recommendations

The findings of this study are supported by several of the recommendations detailed in the 2016 AACN report *Advancing Healthcare Transformation—A New Era for Academic Nursing* and the 2015 NASEM report, *Assessing Progress on the Institute of Medicine Report on the Future of Nursing* Specifically, the AACN report recommends that "academic nursing is a full partner in healthcare delivery, education, and research that is integrated and funded across all professions and missions in the academic health system (p. 3)." The NAESM Report emphasizes the need for inter-professional collaboration which supports full partnership across the health care system. Table 3 crosswalks our study findings with the recommendations from each of these seminal reports.

Our participants consistently reported a culture that is committed to the professional and leadership development of all nurses across a career trajectory including preparing the nurses of the future. Furthermore, our practice leaders have invested significantly in nursing research and scholarly nursing practice. Their recognition of the importance of formal partnerships with academic nursing leaders and schools of nursing is critical to the advancement of not only a scholarly nursing practice but the transformation of healthcare.

Participants confirmed key organizational elements of a clinical practice environment that support a scholarly nursing practice. These included an organizational commitment to professional development that creates a culture and structure of opportunity (Duffield et al., 2014), a culture of success where employee engagement is high and the core values of the organization drives nurse empowerment (Moss,

Mitchell, & Casey, 2017; Zedreck Gonzales, Wolf, Dudjak, & Jordan, 2015), and a vision with dual expectations for high standards of patient care with equally high standards for professional development (Beal et al., 2008).

The senior nurse leaders in this study confirmed that nursing culture is both significant and consequential to the nursing milieu as well as the overall organization. Leaders of successful organizations understand the importance of developing and attending to an organization where culture evolves from frameworks and processes that develop and actively support the continuous improvement of their workforce (Halvorson, 2013; Lorsch & McTague, 2016; Moss et al., 2017; Warrick, 2017). Senior nurse leaders in this study recognized the pertinence of nursing culture. What they added to the body of literature was the influence and relevance of nursing culture to the organization, as a whole. They recognized the impact of one group (nursing) upon a whole health care delivery system, and described nursing culture as a significant influence within the organizational culture (NASEM, 2015; Warrick, 2017; Warrick, Milliman, & Ferguson, 2016). This finding responds to a call for new data perspectives focused on understanding the dimensions and influences of culture on an organization that "cannot be captured and understood by means of an instrument" (Scott-Findlay & Estabrooks, 2006, p. 511).

Professional development, as described by the senior nurse leaders, is a partnership between the nurse and the employer. It must be purposive, extend across the full career cycle and have explicit value to the fully engaged nurse and the workplace. The financial and programmatic investment into transition and early career professional development programs has yielded well documented results. Career stages of professional development beyond the early career period have not seen the same systematized investment. Senior nurse leaders acknowledged its importance and believed that it is a necessary next step to fully develop a nurse workforce to meet the evolving changing challenges in health care delivery. The 2015 NASEM Report explicitly calls for the expansion and funding of clinical residency programs without directly addressing the need for such programs at latter stages of career development. The 2016 AACN Report embraces a new vision for academic nursing that includes system wide commitment to professional development by building a pipeline of well-educated nurses at all levels.

Research on professional development has not directly addressed the need for professional development beyond transition into practice. Rather, some more recent studies have focused on meaningful career opportunities for nurses (Duffield et al., 2014); leadership development for clinical nurses (Fitzpatrick & Modic, 2016); the impact of Late Career Nurse Initiative on retention and job satisfaction in health facilities (Doran et al., 2014). This finding of the need for data driven models of mid and senior career development calls for exploration.

It is interesting to note that while our participants uniformly felt well resourced, they acknowledged how these monetary advantages were intrinsically linked to human resources and consistently prioritized the latter as most critical to the development and continued success of a scholarly nurse workforce. Strong organizational support of nursing, including financial and human resources help support the development of a scholarly nursing practice. In a study of 16 nurse leaders from both Magnet® and non-Magnet® institutions, Upenieks (2003) concluded that providing nurses with the appropriate resources and supports was critical to creating a work environment that is supportive to nursing satisfaction and development. Participants shared that their leadership team of expert nurses included faculty scholars from academic partners as well as internally funded clinical nurse specialists, researchers, managers/leaders, and educators who served as coaches, mentors and role models to staff. Participants confirmed what we had previously reported that support for the development of a scholarly nursing practice is needed from all levels of the organization from the CEO to the CNO to the nurse manager (Beal et al., 2008). Reliance on academic partners was increasingly seen as invaluable.

While participants reported that, in general, the institutional

support of nursing was strong, they acknowledged that funding was not adequate by itself to sustain the development of a culture supportive of institution-wide scholarly nursing practice. As supported by Fickley, Mishler, Black, and Deguzman (2016), institutions and senior nurse leaders must increasingly rely on philanthropy as a source of funding. While there is very little in the literature on the role of the senior nurse leader in guiding philanthropic efforts, there is agreement that nurse leaders are increasingly challenged to fund research and professional development initiatives. Kleinpell, Start, Mcintosh, Worobec, and Llewellyn (2014) and Bolton, Swanson, and Zamora (2014) promote this view and offer exemplars for investing in nursing initiatives.

Senior nurse leaders are familiar with funders such as the Robert Wood Johnson Foundation, the Kellogg Foundation, the Gordon and Betty Moore Foundation and other well-known national foundations that historically have been generous to nursing initiatives. They are now, more than ever, needing to seek community funders. Giving from grateful patients has historically been a key source of philanthropy and is driven as a response to the compassionate care given by nurses. According to Kleinpell et al. (2014), community funding initiatives have become a strategic priority. Senior nurse leaders need to work with development professionals to create a portfolio of funding opportunities with case statements, proposed outcomes, return on investment with targeted needs for the communities of interest. Our participants acknowledged the urgency for developing this new role, some with discomfort, but all with appreciation for its importance and significant outcomes. Securing funding for new initiatives is an emerging role and one that is critical in achieving the goals set forth in the 2016 AACN Report and the 2015 NASEM Report.

The power of the senior nurse leader in transforming a culture into one that supports a scholarly nursing practice is strongly supported by the literature. Warrick (2017) addressed the critical role that leaders have in shaping and sustaining the influence of organizational culture. Our participants shared that one of their key responsibilities was to serve as role models for others. Gehman, Trevino, and Garud (2012) and Whitehurst (2017) stress the importance of 'modeling' the way. Whitehurst made the point that "building an innovative culture begins with the behavior of leaders" and he suggested that the first step in building or changing a culture within an organization is self-reflection (https://hbr.org/2016/10/leaders-can-shape-company-culture-through-their-behaviors).

In a special article in the *Harvard Business Review*, Lorsch and McTague (2016) presented turn-around cases of 5 five current and former CEOs of major US corporations. They outlined their business challenges, levers pulled, and cultural changes made as a result. Several of the levers pulled by these successful business leaders are the same as those utilized by participants in our study and include: articulation of a clear vision, goals, and expectations; making and sustaining a connection with staff and stakeholders; building a more collaborative workforce and decision-making process; increasing transparency; and building relationships and trust.

In the nursing literature, Clavelle et al. (2012) reported on transformational leadership practices of 384 Magnet® CNOs. Using the 5 five practices of exemplary leadership as explicated by Kouzes and Posner (2012), they found that *enabling others to act* and *modeling the way* were top practices of Magnet® CNOs. The senior nurse leaders in this study shared common role attributes of a scholarly nursing practice with clinical scholars. They, too, were passionate about nursing, reflective and mindful, committed to the development of others, and present and available for others (Riley et al., 2008).

Our participants repeatedly shared that their openly expressed value for and support of the development of nurses effectively allowed them to create a culture that ensures a strong future for their scholarly nursing workforce. They in turn provided the necessary resources by enlisting support from experts both internally and externally to make this a reality. Upenieks (2003, p. 152) concluded, "A positive Magnet® culture does not naturally occur; it is created by a nurse leader who

supports nursing excellence and professionalism." That culture of excellence and professionalism is best exemplified by a workforce with a scholarly nursing practice.

This study was limited by a sample of predominately female senior nurse leaders drawn from Magnet® designated institutions. We recognize that our findings represent one perspective only and may not address the possibility of a lack of alignment with nurses' experiences in non-Magnet® designated institutions. We purposively chose a sample drawn from Magnet® designated institutions because the nursing literature has consistently reported these hospitals are healthy workplaces that provide meaningful career development for nurses.

Regardless, our findings have relevance and significant implications for senior nurse leaders in all health care delivery organizations. New senior leadership roles and expanded responsibilities in all settings must include implementation of formal professional development models across the full career trajectory of all nurses. Senior nurse leaders will need to undertake a full appraisal of the meaning of professional development and its relationship to the development of a scholarly nursing practice. A key component for the senior nurse leader to consider is the understanding of how nurses' professional development needs across their career interface with the emergent needs of the health care delivery system. Additionally, senior nurse leaders need to provide leadership in the full integration of the inter-professional collaboration in the care of patients, families, and communities. To fund and sustain such efforts, senior nurse leaders of the future need to become experts in securing many sources of internal and external support. These include philanthropy and academic and community partnerships. These are proven strategies to support development of the scholarly nursing workforce of the future.

These findings also have significant implications for chief academic officers and their faculties. Supporting an academic and professional culture that values scholarly nursing practice and lifelong learning is fundamental to the mission of every academic institution that prepares generalist and specialist practitioners. Faculty should embrace a paradigm shift that re-balances the development of professional identity with skill acquisition in formative education (Beal & Riley, 2015). "The formation of clinical scholars with strong professional identity holds the key for educational transformation" (p. 385). The curriculum of tomorrow must be rooted in best learning practices that prepares graduates for the reality of an ever changing practice environment.

As stewards of the profession, practice and academic leaders have more in common than most of us believe. This connection is clearly shown in Table 3 which addresses the relationship of the study findings to recommendations from both the AACN and NASEM reports. Both academic and practice leaders firmly believe that a scholarly nursing workforce is essential to providing quality patient care. As the profession's stewards, they share in the responsibility to ensure that nurses use a scholarly nursing practice in the delivery of patient care.

Leadership development for senior nurse leaders is a current key priority for AACN and the American Organization of Nurse Executives (AONE). There are a number of well-known competencies that each academic or practice nurse leader needs. Rarely does the list of competencies include forming and sustaining strategic partnerships among academic, practice, corporate, or philanthropic leaders. Academic institutions are well positioned to partner with practice institutions to develop curricular innovations that will prepare nurse leaders to be the stakeholders of the profession of the future.

Recommendations for future research include: 1) to replicate this study in non-Magnet® designated institutions to understand the challenges and needs of senior nurse leaders in developing their scholarly nursing workforce; 2) to explore the concept of nurse engagement in developing a scholarly nursing practice; 3) to explore with senior nurse leaders in academic and practice setting their developmental needs around establishing philanthropic and community initiatives as well as academic-service partnerships; and, 4) to explore the impact of active academic-practice partnerships.

Conclusions

It is important to note that the nursing culture in the institutions led by our participants had a significant and influential impact on the overall organizational culture. It can furthermore be concluded that the nursing culture that embraces a scholarly nursing practice environment is one that is tightly integrated with an overall institutional culture that supports nursing and its senior nursing leadership. The senior nurse leaders in this study were the driving force behind the development of a culture that supports scholarly nursing practice. The role of the chief academic nursing officer as a strong partner with the senior nursing practice leader holds great promise for the continuous growth of a scholarly nursing workforce.

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