

Creating a New Nursing Identity During a Merger:

Respecting the Past and Designing the Future

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The mergers of 2 similar health care systems presented a unique opportunity for nursing integration. By drawing on the strengths and respecting the work of the legacy organizations, the new system laid the foundation to create a new professional nursing identity.

Your health care system is merging. So how do you navigate a successful integration to create a new nursing identity that recognizes the contributions of both organizations? When the merger of Advocate Health Care and Aurora Health Care was announced, it presented a unique opportunity for the integration of nursing culture, structure, and processes, as well as the design of a new nursing identity. Creating a fresh nursing identity in a newly merged system, spanning 2 states, can be daunting and fraught with unintended consequences. Without a deliberate approach and a thoughtful integration process, the new organization risked losing its unique legacy nursing culture, the resiliency of staff, and nursing turnover at all levels.^{1,2}

Mergers and acquisitions are strategies frequently employed by health care systems to combat challenges in a volatile environment. However, there are considerable risks with this strategy. Merger discussions can collapse during negotiations or the merger itself fails to materialize the intended goals. Reasons for these failures include cultural fit, ineffective leadership, poor communication, and lack of vision and goals.³

The merger of Advocate and Aurora was 1 of 2 “true” equals in terms of size, scope, and revenue. Collectively, the system includes 27 hospitals, 70,000 team members, over 500 sites of care, and \$12 billion in net revenue. Each legacy system brought complementary strengths and opportunities that together created the tenth largest not-for-profit health care system in the United States. The organizational leadership consists of co-chief executive officers, each from the legacy organization. Specific to nursing, Advocate Aurora Health includes 22,000 nurses, 9 Magnet-designated hospitals, and the system chief nursing officer appointed from Aurora Health Care.

SYSTEM INTEGRATION PROCESS

The time from the initial announcement of the merger to the planned final approval was 6 months. During that

time, the process of integrating the 2 systems into the newly merged system began in earnest at both the system and nursing level. Though limited in what information could be shared, pending final approval, the system created an overall steering committee. The committee was supported by 23 different functional integration teams given the task to produce a roadmap with milestones for the integration journey. Examples of the functional teams consist of human resources, finance, legal, culture, research, and nursing. Critical to the integration was the identification of guiding principles, and some of these principles included:

- Always put our patients and communities first.
- Advance our purpose and abide by our values.
- Pursue the best ideas and talent regardless of origin.
- Communicate frequently. Be visible. Be transparent.
- Ensure diversity and inclusion is a key guidepost in decision-making.
- Assume good intent.
- Make decisions and act in our collective best interests.
- Be bold—challenge the status quo

NURSING INTEGRATION PROCESS

Nursing was one of the 23 functional teams included in the system integration planning process. A lead from each legacy organization, a nursing vice president and a nursing director (without line responsibility to drive objectivity), were identified by the chief nursing officers. Their goal was to lead the nursing and system integration work and to collaboratively identify potential areas of integration focus. Four priority objectives were identified as critical to the early success of nursing integration across the new system:

1. Create a standardized process for nursing practice to enhance quality, safety, engagement, and professional development.

Eligibility	Level A	Level B	Level C
Education	Minimum BSN	Minimum BSN -OR- National Board Certification*	Associates Degree, Diploma or Higher
Certification	National Board Certification*	National Board Certification*	NA
Tenure	>2 y	>2 y	Completion of New Grad Residency
New Graduate			Completion of Probationary Period
Experienced (>1 y)			10/yr
Contact Hours**	20/yr	15/yr	4
Activity Points	12	8	4
FTE	Minimum 0.5 FTE	Minimum 0.5 FTE	Minimum 0.5 FTE
Bonus	\$6,000	\$4,000	\$2,000

Figure 1. ExCEL Professional Development Model Eligibility
FTE, full-time employee. *Magnet Recognized Certification; **50% in specialty; Must meet all HR requirements.

2. Design a standardized approach for clinical education and transition to practice.
3. Implement a systematic approach to nursing finance and workforce operations.
4. Identify an integrated ambulatory nursing and advance practice clinician strategy.

Several work teams were created around each of these objectives. The charge given was to recognize and build on the best practices of both legacy organizations and to create and implement innovative new practices. With the mantra “assume good intent,” the nursing team members discovered very early in the integration process the many similarities between the 2 nursing organizations. Common findings included: the strength of one organization would often compliment the weakness of the other; mutual best practices with different supporting processes, and alignment of goals and outcomes. The professional development and shared governance models emerged as early, though not easy, opportunities for new system practices. These “quick wins” supported a new integrated nursing system.

AN INTEGRATED PROFESSIONAL DEVELOPMENT MODEL

Each legacy organization had a professional advancement model, both recently revised and implemented. The team working on the new advancement model included site chief nursing officers, nurse scientists, human resources, finance, and program coordinators from the legacy organizations. This team recognized that though the models were similar in many ways, including educational and certification requirements and expectations to participate in select activities, they differed on payment model (base pay increase versus annual bonus pay) and requirements (mandatory at some levels versus volunteer). This became the starting point for the new professional model.

Over the course of several meetings, a crosswalk comparing the 2 models was used as the foundation for the new model. Frank and thoughtful discussion based on the evaluation of each model, with consideration given to financial impact as well as ease of managing, were reviewed. The result was the new professional development model that focused on professional development and not advancement. It is a self-directed, voluntary program that allows for earlier engagement

in professional development. The model is aligned with Magnet model components, and all eligible nurses would be placed in 1 standard job description. The new model would be called ExCEL, or Excellence in Career Engagement and Learning.

With a focus on increasing the number of nurses completing their bachelor’s degrees and certifications, the new model incentivizes clinical nurses, based on eligibility and level, to complete professional development activities. Their activities would be aligned with the Magnet categories of structural empowerment, transformation leadership, exemplary professional practice, and new knowledge, innovation, and improvements. Eligible nurses would be required to be in the revised system standard registered nurse job description and complete a reflective practice exercise. The ExCEL program is intended to be completed over 12 to 15 months, allowing the eligible nurse to select their level and participate in the program annually as they choose. Eligibility for the program is outlined in [Figure 1](#).

The proposed ExCEL model was shared with nursing leadership and clinical nurses through various site and system shared governance structures. Their feedback was incorporated into the final model and was introduced to the Advocate Aurora Health System nurses in preparation for the sunseting of the legacy models over the course of the following year. The ExCEL model will begin in the summer of 2019 with oversight from the System Nursing Shared Governance Professional Development Council. Measures of success will include participation and completion rates, improvements in BSN and certifications, and staff feedback.

SYSTEM NURSING SHARED GOVERNANCE MODEL

Shared governance is a hallmark of strong professional nursing practice and was foundational to both legacy organizations. Legacy Aurora had both site and system nursing shared governance models, whereas legacy Advocate had strong site-based models. This merger provided an opportunity to implement a new system shared governance model based on the strengths of the current models. The work team assembled for this challenge included chairs and presidents (clinical nurses) from nursing shared governance councils, chief nursing officers, nursing directors, and Magnet program coordinators from the legacy organizations.

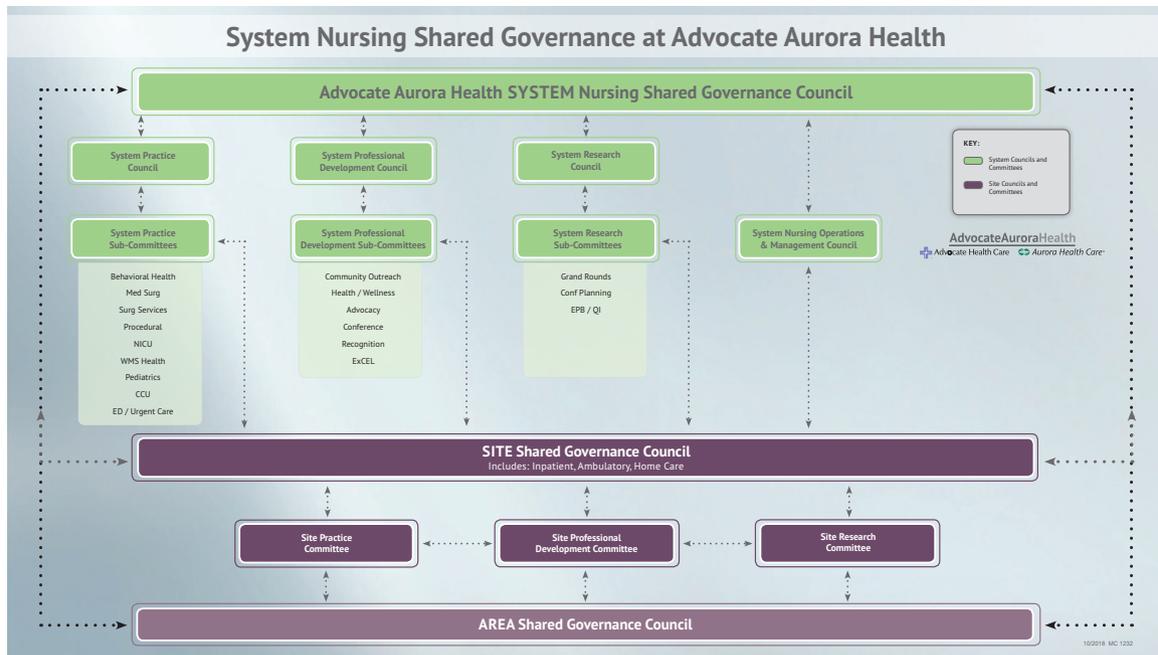


Figure 2. Advocate Aurora Health System Nursing Shared Governance Model

Using the system structure from Aurora, and after understanding the current state from each organization, the work team met many times over the course of several months to create a new system structure. This structure promotes a unified and integrated nursing shared governance process. The team challenged each other to generate a model that was easy to understand with emphasis on minimizing complexity, clarity on membership and responsibilities, and a strong communication and education plan. Drafts and proposals of the new process were shared at various forums, and the feedback was incorporated into the final model in [Figure 2](#).

The new model takes advantage of size, scope, and specialties across the system, thus giving decisional power at the area, site, and system level with bylaws, guidelines, and a standardized election process to support the new structure. Technology-enabled meetings promote participation with system-level work and are budgeted at the system level. The new Advocate Aurora Health System Nursing Shared Governance model was launched just 8 months after the official approval of the merger. Each system council and committee is responsible to create a charter and annual goals to track outcomes and measures of success.

NURSING IDENTITY AND CULTURE

The new professional advancement model, system shared governance, as well as many other nursing integration activities, such as policy development, practice standardization and practice transitions, were implemented post-merger. Creating a new nursing identity is one process that required a more thoughtful approach. Each legacy organization had strong nursing identities as seen

through their professional practice models, care delivery models, nurse theorists, and overall nursing philosophy. Changing this professional identity cannot occur without input from nurses at all levels and complemented by a new system nursing strategic plan. Research supports the importance and alignment of role identification of the nurse, how they see themselves, their role, and their context, as playing a part in developing professional identity, and this is a vital link in this process.⁴

Early in the integration process, the new chief nursing officer convened a large group of nurses from both organizations to learn about each legacy organization, review the proposed nursing shared governance model, and to start the discussion on a new nursing identity. More importantly, this meeting was an opportunity for all to meet their new peers and to come together as a new system. The attendees, from all sites, included the clinical nurse shared governance chairs, Magnet program directors, chief nursing officers, and system nursing leadership. The event established the foundation to create a new nursing identity for the new system while respecting the culture and values of the legacy organizations. Subsequently, a dedicated team, comprising nurses from all levels of the organization, formed with the goal to build a new professional practice and care delivery model that incorporates the nursing strengths of both organizations and the values of the system: excellence, compassion, and respect. This is the model that will drive the new nursing identity.

Cultural alignment, or lack of it, is a strong indicator in the success of a merger.³ The role of culture in the newly merged system played a significant role in the integration efforts at all levels of the organization, from the

leadership to the frontline. Baseline cultural assessments of each legacy organization were completed to measure existing culture and to define target culture. These results, strongly aligned on trust, teamwork, and pride, were used to drive the integration processes and to prioritize actions. Frequent pulse surveys on the integration efforts were completed and outcomes showed the cultural integration should focus on innovation, accountability, communication, and collaboration. The cultural alignment remains a priority as work continues to focus on areas such as employee engagement surveys, benefits, and evaluations utilizing a robust communication approach to all team members.

CONCLUSION

The nursing integration teams worked to create a new professional advancement and system shared governance model based on the positive attributes of both legacy systems and developed novel and innovative models that supported the new cultural target state within the first year of the merger. The early identification of a new system approach to the advancement and shared governance models, as well as the work of the dedicated teams, set the stage for successful nursing integration. This work will support the process of creating a new system nursing identity that will continue to drive the practice and professional development of the nurses in the newly merged organization. The nursing leadership will be closely monitoring established outcome measures to gauge success of this integration to include nursing turnover, nursing quality outcomes, and participation in the professional development and shared governance models.

References:

1. Russo C, Calo O, Mahoney K, Zavotsky KE. Resilience and coping after hospital mergers. *Clin Nurse Spec*. 2018;32:97-102.
2. Harrison GD, Zavotsky KE. Are critical care nurses more likely to leave after a merger? *Nurs Manage*. 2018;49(9):32-39.
3. Shukla R. Review of major companies merger failures in the first decade of the 21st century. *Int J Enhanc Res Manage Comput Appl*. 2014;3(3):1-5.
4. Rasmussen P, Henderson A, Andrew N, Conroy T. Factors influencing registered nurses' perceptions of their professional identity: an integrative literature review. *J Contin Educ Nurs*. 2018;49:225-232.

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