Commentary

Collaboration: What can health-care organizations learn about pharmacist retention from Magnet status hospitals?

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Introduction

The national shortage of pharmacists in the United States encompasses almost all pharmacy practice areas. In a report to Congress by the Department of Health & Human Services in 2000, the shortage of pharmacists is a result of an unprecedented demand for pharmacists despite an overall increase in the supply of pharmacists. The Bureau of Labor Statistics estimates 196,700 pharmacists were employed in 2001 and the projected need will be 417,000 by 2020. The total pool of available candidates for these positions is 260,000, leaving a shortage of 157,000 pharmacists. In a review of pharmacist availability from September 1999 through September 2003, the Aggregate Demand Index found the need for pharmacists continues to outpace the supply. The increased demand for pharmacists is the result of a variety of factors including increasing prescription volume, expanding retail pharmacies and institutional facilities, and the expanding professional roles of the pharmacist in health care. The severity of the shortage varies with the position and geographic location. Rural settings experience the greatest need in attracting, recruiting, and retaining qualified individuals. It has predicted that the need for pharmacist services will continue for at least some years to come.

Much like pharmacy, the nursing profession is experiencing a shortage of students entering the profession and high levels of attrition and workplace turnover among current practitioners. Turnover is estimated to be between 10% and 30% of filled positions. Population growth and aging are expected to increase the number of vacant nursing positions. One forecast model estimates the U.S. shortage of registered nurses will increase to 340,000 by the year 2020.

A program developed by the nursing profession to address their manpower needs could provide a blueprint for health-care organizations and pharmacy managers with pharmacist vacancies and turnover problems. The American Nurses Credentialing Center (ANCC) developed the concept of magnet status to address retention and recruitment pressures in the nursing profession. The Magnet Recognition Program (American Nurses Credentialing Center, a subsidiary of the...
American Nurses Association, Silver Spring, MD) recognizes health-care organizations that provide quality patient care, nursing excellence, and innovations in professional nursing practice. The purpose of the Magnet Hospital Recognition Program®, according to the ANCC, is, “to promote quality in a milieu that supports professional practice, identify excellence in the delivery of nursing services to patients/residents, and provide a mechanism for the dissemination of ‘best practices’ in nursing services.” The Magnet Recognition Program® is based on quality indicators and standards of nursing practice as defined in the American Nurses Association’s Scope and Standards for Nurse Administrators. Magnet initiatives create and maintain an organizational culture that empowers staff and is patient focused. Activities of the organization are supportive of professional practice and efforts that strive for excellence in patient care. Evidence to date demonstrates that infrastructure changes prescribed by magnet initiatives facilitate binding an employee to the organization and reduce turnover. Research into pharmacist turnover found that, like nurses, pharmacists identify job stress as a contributor to turnover. Organizational factors that create job stress in pharmacists correlate with increased job dissatisfaction, and turnover. An overview of elements of the Magnet Program and some recommendations for incorporating the Magnet philosophy into pharmacy practices may provide a mechanism to improve the ability to attract, recruit, and retain pharmacists.

Background

The Magnet Recognition Program® was developed in 1981 as the result of a research study that investigated the characteristics of hospitals unencumbered by nursing turnover. Forty-one of 163 surveyed hospitals were described as “magnet” hospitals because of their ability to attract and retain nurses. Subsequent studies found that a hospital’s magnet status reputation for excellence and nursing support influences the work environment and also nursing as a career choice. The features within these organizations form the basis of 14 quality indicators or forces of magnetism.

Creating a retention organization

The 14 characteristics of a Magnet Organization are called the Forces of Magnetism and are summarized in Table 1. Essential infrastructure changes of magnet forces include: leadership support for policy changes that create and sustain a patient-centered environment, employee control over practice, adequate staff to safely manage workload, clinically competent staff, positive interdisciplinary team member relationships, and support for education and professional development. Interpretation and implementation of these forces create flexible personnel policies that enhance autonomy in practice and focus on quality measures that are evidence-driven initiatives striving toward quality patient care.

Nursing success with magnet processes demonstrate that the infrastructure changes directed by the magnet process result in an increase in quality of patient care and a healthier work environment. A review of the history of nursing experience with magnet process demonstrates that the environment created by the magnet forces also benefits the organization with a reduction in absenteeism, an increase in productivity, lower employee health-care costs, and most importantly a decrease in unexpected, adverse health occurrences or sentinel events due to the need for immediate follow-up and response or patient sentinel events.

Efforts to retain pharmacists have been attempted with varying levels of success. Organizational factors such as inflexible scheduling, long working hours with inadequate staff, low salary, and limited opportunities for advancement have been related to pharmacists turnover. Pharmacy departments that choose to reorganize using magnet guidelines or forces could anticipate similar results experienced by nursing departments.

Force 1: Quality pharmacy leadership

Magnet literature identifies strong leadership as an important element in the creation of a management culture that is necessary to create and sustain an employee-proactive organization. Bumgarner and Beard identify a common stumbling block to creating magnet environments as a failure of leadership to identify the magnet forces as strategic goals and commit the necessary resources to the change process. Studer identifies the role of leadership in maintaining processes that reduce employee turnover. In consideration of the value each health-care worker to the successful operation of the system, satisfied employees are less apt to return calls to professional recruiters. Leadership that creates employee satisfaction is an organizational survival intervention. Pharmacy literature also reflects the impact leadership has on the success of pharmacist retention.
**Table 1**
Magnet organization attributes applied to pharmacy operations to enhance retention

<table>
<thead>
<tr>
<th>Force</th>
<th>Attributes</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>1</td>
<td>Quality pharmacy leadership</td>
<td>Evidence-based decision making, strong, risk takers who follow patient quality of care strategic plan, and incorporate a supportive vision</td>
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<td>2</td>
<td>Decentralized organizational structure</td>
<td>Dynamic, change-responsive hierarchy</td>
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<td>3</td>
<td>Participative management style</td>
<td>Encourages and values feedback which is incorporated at all levels by managers who communicate commitment to staff at all levels</td>
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<td>4</td>
<td>Competitive flexible personnel policies and programs</td>
<td>Competitive salaries and benefits with opportunities for personnel growth</td>
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<td>5</td>
<td>Professional models of patient care</td>
<td>Direct responsibility and authority for patient care activities for continuity</td>
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<td>6</td>
<td>Programs that measure quality of care</td>
<td>Managers structure an environment focused on improved outcomes</td>
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<tr>
<td>7</td>
<td>Programs that direct quality improvement</td>
<td>Structures and processes to measure and use the results to improve care and services</td>
</tr>
<tr>
<td>8</td>
<td>Utilization of experts for consultation</td>
<td>Adequate resources and support within the organization and opportunities among peers to enhance outcomes</td>
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<td>9</td>
<td>Autonomy in professional practice</td>
<td>Assessment and provision of services in accordance with the knowledge and skills of the practitioner</td>
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<tr>
<td>10</td>
<td>Community partnerships</td>
<td>Interdisciplinary relationships designed to improve both individual patient outcomes and health of the larger community</td>
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<tr>
<td>11</td>
<td>Collaboration with schools of pharmacy</td>
<td>Both college of pharmacy students and interdisciplinary health-care students with mentorship and preceptorship to a variety of disciplines</td>
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<tr>
<td>12</td>
<td>Positive image of pharmacy</td>
<td>Pharmacists as integral components of the health-care team</td>
</tr>
<tr>
<td>13</td>
<td>Support of interdisciplinary relationships</td>
<td>Each discipline represented in the health-care team participates in the contributions to enhancing clinical outcomes</td>
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<tr>
<td>14</td>
<td>Support for professional development</td>
<td>Personal and professional developments are both valued and supported through a variety of mechanisms by the organization</td>
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**Force 2: Organizational structure**

Force 2 calls for flattening the organizational structure. Decentralized decision making places operational responsibility with those directly involved in patient care. Internal departmental or organizational dynamics of magnet organizations include a decentralized organizational structure. Transferring this organizational structure or decentralized model to pharmacy policies and procedural decision making may enable a more rapid, effective, and efficient response to change. This shift from the traditional manager or director to a decentralized team model of management may include the use of self-directed work teams, which may increase the amount of time available for individual interests and activities.21

**Force 3: Participative management**

Participation in the governing body of the organization by staff pharmacists will help develop and facilitate flexible personnel policies and programs. One method of participative management style is surveying pharmacists to obtain employee feedback on the organization. One study found that pharmacy directors may focus on broad system initiatives while staff pharmacists participated in improvements.22

In Magnet health-care organizations, those in leadership positions are available. They are highly visible and promote communication. Discussions may start with concerns of the staff or frontline pharmacists and encompass employee job satisfaction, workflow processes, and pharmacy quality indicators.
Incorporating these concepts into operational definitions includes assessing both the intent to stay and job satisfaction, evaluating pay and benefits, developing performance assessment tools reflecting the practice setting, and providing meaningful feedback to individuals and committees. Desselle and Holmes suggest that supervisor support, as an example of participative management, mitigated the deleterious impact of future uncertainty on job satisfaction in pharmacy techs.23 Rondeau and Wagar found that in some environments empowerment alone may be insufficient to increase retention. Establishing a participatory decision-making style was also necessary.24 In 1 study, a change from traditional centralized management techniques to team empowerment led to enhanced team member autonomy.21 Empowerment in a Magnet facility includes staff participation in decision making about work-flow processes. Administrative actions include collaborative endeavors with staff input in program development21 and staff input to performance indicators, job design, peer-to-peer training, and incorporating periodic feedback into the organizational process. A positive relationship with administration at all levels was frequently identified with retention.25

Force 4: Personnel

Competitive, flexible personnel policies and programs are part of the magnet aggregate. Whenever possible, creative departmental staffing is encouraged. Initiatives include controlling work flow during periods where minimum staffing may be used, self-scheduling/job-sharing, and respect for time off or leave time requests are common in magnet organizations. Policies that respect work/life balance and support the delivery of quality patient care are shown to reduce turnover.26 Incorporating the magnet themes into the pharmacy department, personnel policies, and programs will include the unique needs of the pharmacists’ role in mind. Assessing employee attitudes on adequate staffing and workload assignments provides an accurate picture of market competition, because salary alone is not sufficient to attract and retain pharmacists.27 There is the potential for a negative impact on departmental moral if staffing is inadequate and the workload is considered disproportionate to staffing resources.14,20

Accomplishment recognition is another magnet theme that leads to enhance retention. Initiatives include staff recognition at departmental meeting and programs to highlight individual contributions (eg, specified employee recognition programs). It was found that celebrating individual and team successes was another technique that resulted in staff reporting increased job satisfaction.20

Because of the complexity and demands of integrated health care, the magnet process calls for liberal policies that support specialty certification and continuing education. Evidence supports master’s level training in health administration and education.28,29 The gap in the education of pharmacy to produce leaders must be addressed.28 Additional retention strategies include providing management training, incorporating adequate training periods, and providing promotional opportunities.20 Maintaining physical working conditions conducive to productivity is also important. Access to conference rooms, reference materials, and time to collaborate on interdisciplinary projects is also needed. Evidence- or outcomes-driven retention efforts will include an exit interview.20

Force 5: Evidence-based care models

Conducting research and using evidence to define practice is part of the framework of magnetism.30 Successful health-care environments are evidence based and patient centered. Pharmacists are in a unique position to direct quality initiatives based on data collected at many levels within the health-care system. Patient initiatives supported by pharmacy patient data that demonstrates areas of risk will describe interventions that create and support quality patient care. These are identified and created by proactive pharmacist-initiated interventions.22,31 A natural starting point for many institutions to begin evidence-based pharmacy procedures is derived from the quality initiatives and accreditation processes which in most organizations are already in place.

Force 6: Quality of care

A program that measures the impact and quality of pharmacy services and focuses on patient care is a driving force for pharmacists.22,31 Developing and managing medication distribution and control systems, evaluating the management of the pharmacy, and measuring the effects of pharmacy services that impact patient care are best managed by a person trained for these functions. Participation in accreditation processes and the integration of survey results and guidelines demonstrates success improving the health-care organization.32
Quality pharmacy services, not limited to medication error and adverse effects reporting, are important to the pharmacy manager. Magnet pharmacy programs for pharmacist retention will have the authority and resources to maintain pharmacy services by directing drug therapy monitoring, disseminating drug information, and monitoring clinical applications. Pharmacist involvement in improving patient outcomes may include evaluating all facets of medication therapy, including increased time spent in this practice and many hospitals are already developing practice guidelines that include evidence-based medication therapy.

The focus on improving medication usage involves a system-wide program. Components specific to pharmacy may include an increase in interdisciplinary teamwork, shifting the medication-use focus from cost to quality of life, and incorporation of more evidence-based protocols.

Access to up-to-date information, consultants, in-services, and written consultations for specific medication- or disease-stage management questions represents areas that may not be readily available in-house for all health-care organizations. Physical access to experts is a challenge for many rural communities. The use of technology may represent a cost-effective solution. The utilization of Internet sources and distance technology helps address the effects of regional differences in patient care.

Magnet processes identify the need for organizational commitment more encompassing than a single department or service. Elements that may require utilization of resources for elements outside the scope of the organization may be the use of experts for consultation, development of professional models of patient care, community partnerships, and collaboration with colleges of pharmacy. Academic partners may provide include medicine and nursing. Pharmacy services and pharmacy educators may also form collaborative alliances for assessment and identification of areas to augment, providing a different focus to the process.

Autonomy in pharmacy practice reflects the independent opinion of the pharmacist as an important force in the guidance of patient interventions. Aiken et al observed lower morbidity and mortality in magnet hospitals and attributed autonomy over practice as a primary factor. The pharmacist provides a resource for medication information and is expected to be an expert within the context of interdisciplinary and multidisciplinary approaches medication use. In a survey of pharmacy practices, pharmacists indicated a desire to spend more time providing consultations and medication management compared to distribution activities. This type of job satisfaction is positively correlated to retention. Collaborative practice agreements may also provide another venue for practice autonomy.

Pharmacists are in a key position to create and develop relationships with community partners for the provision of medication therapy monitoring, disease state management, or medication information. Models may be found in many locales. Bedlam Community Health Clinic represents a local example of a collaborative interdisciplinary health-care service for the medically indigent involving community partners and support. The Asheville Project is another successful pharmacist-driven community-based health-care initiative with multiple partners. In each setting, the pharmacist works in a collaborative practice agreement with other health-care providers. Tomorrow’s pharmacy leaders are today’s pharmacy students. Creating relationships with schools of pharmacy will go toward identifying and recruiting future employees. Mentoring programs benefits both the student and the organization.

A collaborative environment supports opportunities to mentor other pharmacists and health-care professionals. This organizational approach develops a core of professional resources that enhances retention. Mentoring has had positive effects. Collaboration with Colleges of Pharmacy to provide experiential rotation sites for pharmacy student education is an example of a magnet theme. Programs that reinforce and encourage mentors and/or preceptors convey the message pharmacists are valued by the health-care organization. Supporting individual pharmacists as preceptors for pharmacy students on advanced practice or experiential rotations is another method to create a positive image of pharmacists.
**Force 12: Image of the pharmacist**

Pharmacists who can serve as a role model, the expanded role of the pharmacists in community settings benefit both the institution they work for and the profession of pharmacy. Taking opportunities to act as ambassadors these pharmacists are seen as providers of pharmaceutical care to patients, promoters of public health, and managers of drug information and drug education. All of this increases the exposure of the role of the pharmacist and contribute to a positive image of the pharmacist. Organizations that support pharmacist participation in community outreach programs or projects add to the positive image of pharmacists. These activities may include mentoring or speaking to secondary education students interested in pharmacy as a profession. Fuller et al found that effective mentorship helped to engage both the pharmacist and the student.

**Force 13: Interdisciplinary relationships**

Opportunities for professional development for pharmacists through the provision of clinical and/or financial impact to an interdisciplinary team of colleagues address a magnet theme. The pharmacist may choose to enter into an individual professional practice agreement. In other cases, the pharmacist may choose to work within a health-care organization to establish interdisciplinary relationships. Participation on interdisciplinary panels and committees (eg, Pharmacy and Therapeutics Committee) and development of specialized clinical services (eg, anticoagulant monitoring or asthma management) demonstrates organizational commitment to magnet themes of quality and support from management. Improving the medication-use process by enhancing the role of the pharmacist may take the form of adding a pharmacist to the interdisciplinary team, developing evidence-based medication-use guidelines and practices, and leading interdisciplinary or patient medication-use education. Support of involvement in professional activities by healthcare management aids in the retention process. Reorganizing pharmacy to align with the magnet forces will require the attention of the entire organization.

**Force 14: Professional development**

Professional development for pharmacists can be directed to support for profession-related accomplishments through sponsorship of attendance at meetings or conferences. Continuous professional development for pharmacists emphasizes career and skill enhancement. Magnet facilities offer a menu of education offerings from traditional education and continuing educational support of quarterly education dinners and learning collaborative and evidence-based presentations. Environments supportive of these activities have become an accepted behavior. Upon graduation, many pharmacists rely on available education offerings, which may leave gaps in a pharmacist’s knowledge base and skill set.

**Workplace limitations/roadblocks**

System-wide changes such as recommended by the magnet initiatives require support from at all levels of the organization, particularly from the top. Leadership is a critical component of successful magnet programs. Smaller retail pharmacies may find changing the environment to meet employee needs is easier than finding the resources, whereas larger organizations may find that the resources may be available but a management philosophy of magnetism is not shared by the leadership of the organization. Glasser et al conducted a survey from the perspective of a chief executive officer (CEO) regarding rural recruitment and retention. Of the survey respondents, the pharmacist shortage was reported as a concern by 64%. Factors in the health-care workplace for health-care disciplines included professional collegiality in the community and working well together. In this pilot study, the importance of attracting, recruiting, and retaining health-care professionals was recognized by the CEO as was providing a more fully integrated workplace. Integrating the workplace was also included in the magnet forces.

Implementation of some of the forces may be more easily accomplished in some environments. Offering flexible work hours could be accomplished by structuring the work week with a selection of variable days and shift durations ensuring the needs of the organization are met. Variable work schedules could be offered in retail and hospital settings. The hours of operation would determine if this was possible for clinic settings.
Conclusion

Application of the themes of The Magnet Recognition Program® strategies by health-care organizations and pharmacy managers may enhance retention and increase job satisfaction. The profession of pharmacy faces problems attracting, recruiting, and retaining qualified candidates. Pharmacy staff turnover is costly and poor use of scarce manpower. The pharmacy manpower issue created by increased demand for pharmacists in a variety of settings is compounded by high turnover in existing pharmacist positions. The traditional interventions such as increasing salaries are not successful in retaining pharmacists. Health-care organizations that have attained Magnet status and organizations that use magnet initiatives report a decrease in nursing staff turnover. Pharmacy managers are encouraged to review the gains of health-care organization, which incorporated the Magnet Recognition Program® and consider implementation of these strategies to create practice environments to attract, recruit, and retain pharmacists.

References


