

The MAGNUS Experience: An Opportunity for Renewal, Respite, and Reflection



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The nursing literature is replete with accounts of disenfranchised nurses leaving their workplaces to embark on travel assignments, retire early, or seek alternative careers after living through a pandemic not experienced since 1918. Nurse leaders are employing a myriad of strategies to retain staff and recruit new nurses. Investing in professional development activities has been purported as an effective strategy to retain and engage staff. This article describes the evolution of a continuing education course from a clinical leadership development program to an empowerment experience. Responses from participants who completed MAGNUS “post pandemic” are included.

The October 2017 issue of *Nurse Leader* showcased a clinical leadership development program known as LEAD.¹ The intent of LEAD, initiated in 2014, was to provide a forum where clinical nurses could assemble and dialogue with nurses from different clinical environments, with varying levels of experience, and differing aspirations for their future in nursing. LEAD was created so that frontline nurses could collaboratively celebrate their contributions, validate their accomplishments, and expand their thinking. Empathy, appreciation, and relational proficiency were the hallmarks of LEAD. The article highlighted the 6 themed, 24-hour course detailing the curriculum components that made the course unique. After 3 years of introducing 336 individuals to the concepts contained in LEAD, the course was retitled as MAGNUS and continues to leave a significant impact on the professional lives of frontline nurses.

GENESIS OF MAGNUS

A chorus of participants suggested that the LEAD’s name be changed. The participants believed the curriculum extended far beyond the tenets of leadership, and it was not simply a class or a course, but an experience. As a result, the experience was renamed “MAGNUS,” originating from the Latin word meaning “important” to convey its impact on the participants’ nursing careers. Individual meetings are now referred to as gatherings to reflect the significance of meeting together in person as participants dialogue, debate, and bask in the stories of their MAGNUS companions.

The MAGNUS experience has evolved over the years with discussions extending beyond just the future aspirations of the participants. The MAGNUS facilitators are skilled in prompting participants to consider the practice of nursing outside of their clinical units or departments, beyond their hospitals and communities to the practice of nursing nationally and in the rest of the world. Participants are challenged to expand their world view and advocate for the nursing profession as it is important to the well-being of society and our planet.

The designer and facilitators of MAGNUS closely monitor the responses to the content, learning environment, and depth and breadth of dialogue amongst participants. After the completion of the seasonal cohorts, the facilitators meet to debrief and revise the curriculum. As a result of rich feedback from participants and observations during gatherings, the following changes were made to enrich the total experience:

KEY POINTS

- Nurses revel in the opportunities to reflect on their practice and engage in meaningful conversations with other nurses.
- Nurses post pandemic remain committed to the delivery of personalized, holistic, high quality and safe nursing care.
- Nurses do not need to hold a managerial position to be a leader.

- Reduced number of individuals admitted into MAGNUS, from 32 to 20 nurses per cohort

- Increased opportunities for small-group discussions during every gathering
- Expanded curriculum to include fostering a sense of belonging, professional citizenship generational differences, social determinants of health, and second victim phenomenon
- Distributed small-group discussion questions prior to the next gathering to allow for directed reflection while completing the preassigned readings
- Introduced a RECONNECT gathering 3 months after the conclusion of MAGNUS so that participants can reassemble with their MAGNUS companions and interact with members of the nurse executive team
- Created a TEAMS SharePoint site that participants can access to obtain the preassigned readings and discussion questions, review their professional biography with photo, and examine additional learning resources related to professional citizenship, leadership, and global health.

CURRICULUM REVISION

During the pandemic, MAGNUS was suspended. Discussions were held with members of the nurse executive team about the possibility of offering MAGNUS virtually so that frontline nurses would feel more supported and were offered a safe space to reflect on their experiences, seek respite, and discuss their concerns about their futures in nursing with other frontline nurses. After much deliberation, it was determined that a virtual platform did not lend itself to fostering the intimate learning atmosphere that is foundational to the spirit of MAGNUS. Offering MAGNUS in person resumed in the fall of 2021, with 99 nurses completing the experience. At time of this writing, 44 nurses are enrolled in the 2022 fall cohorts.

During the MAGNUS hiatus, the facilitators examined the feedback generously provided by the participants over the years. While changes have always been incorporated before the commencement of new cohorts, the break in facilitating afforded the facilitators an opportunity to examine the curriculum intensely and to reassign content to different gatherings, refine discussion questions, and incorporate new topics (Table 1). A recommitment to selecting content and activities that fostered a sense of community amongst the participants was embraced by the facilitators. Several curriculum enhancements are described in this article.

BELONGING

Belonging has proven to be integral to a healthy workplace post pandemic.² Dr. Vivek Murthy, the 19th and 21st US Surgeon General, in his book *Together*, introduced the concept of Inside Scoop.³ As he assumed the role of US Surgeon General, Dr. Murthy

believed that his tenure would be directed to addressing the COVID-19 pandemic, the opioid crisis, and chronic health conditions, but what he discovered was that loneliness is also a surging public health concern. To address the burgeoning staff within the Surgeon General's Office who had little opportunity to know each other well, Dr. Murthy and his staff created Inside Scoop. It is a 5-minute "in-service" in which a member of the staff shares personal pictures and stories about themselves. They present themselves in the way that they want to be known by their colleagues.

The practice of Inside Scoop was adapted for MAGNUS and is included in the first gathering.

The participants are sent a questionnaire and requested to bring the completed questionnaire to the first gathering of MAGNUS. The questionnaire contains queries about the names of their parents, siblings, city in which they grew up and educational history. It also includes questions about other loved ones in their life and their names. The participants are also asked to respond to questions about what brings joy in their lives, what they are most proud of besides their family, and a few additional whimsical questions. The participants are broken into dyads, and they share their personal history with a partner. Each partner introduces the other to the rest of the participants. During the partner conversations, the room is abuzz with laughter, and the energy is palpable.

The concept of Ubuntu is introduced into Gathering 2. Ubuntu promotes a sense of belonging.⁴ *Ubuntu* is a South African word that originates from the Zulu tribe. Ubuntu means "I am because you are." It offers a person a way of interacting with other human beings so that they can welcome the gifts that only others bring to relationships. Other individuals are not viewed as rivals or adversaries, but human beings who are worthy of respect and valued for their unique talents, experiences, and wisdom. Ubuntu was popularized by South African President Nelson Mandela and Archbishop Desmond Tutu in the 1990s to educate the world about the dangers of apartheid. Ubuntu personifies the importance of relationship in its purest form. MAGNUS participants report an increase in confidence in relational proficiency after examining this concept.

PROFESSIONAL CITIZENSHIP

The importance of professional citizenship and its benefits are introduced in Gathering 3 and is weaved throughout the rest of the MAGNUS. Fulton avers that membership in a nursing organization is a professional citizenship responsibility that permits nurses to participate in the creation of nursing's desired future.⁵ Fulton distinguishes inhabitants from citizens, intimating that when inhabitants become the majority, the future is not assured. In her writings, she encourages nurses to become engaged citizens of professional nursing

Table 1. Course Outline

	2016 Content	2022 Content
<p><i>Class #1</i> <i>Theme: sharing</i></p>	<p>Introductions—saying hello Completion of pre-assessment: LPI and PEP Sharing: personal journey into nursing Discussion: person influence on nursing Review of readings: Nightingale’s story of care and influence Small-group discussion: professional relationships Appreciative check-out</p>	<p>InSIDE scoop—fostering a sense of belonging The impact of MAGNUS Review of readings: Nightingale’s story of care and influence Small-group discussion: professional relationships The importance of innovation in nursing Appreciative check-out</p>
<p><i>Class #2</i> <i>Theme: influencing</i></p>	<p>Appreciative check-in Warm-ups Presentation: nursing the light in health care Discussion: IOM report nursing’s agenda for the future Review of readings Group discussion: professional introductions—patients, families, peers, and other caregivers Self-reflection and discussion: your life support plan for leadership in clinical practice Self-reflection: personal plan for change Appreciative check-out</p>	<p>Appreciative check-in Warm-ups 30-second elevator speech presented by participants Presentation: nursing, the light in health care Nurse leaders making a difference Small-group discussions on the following topics related to prereadings:</p> <ul style="list-style-type: none"> • Public’s image of nursing • The National Academy of Medicine (NAM) report “Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity” • Building an extraordinary career in nursing • Managing energy, not time <p>Appreciative check-out</p>
<p><i>Class #3</i> <i>Theme: connecting</i></p>	<p>Appreciative check-in Warm-ups Review of readings Discussion exploring the concept of sympathy Presentation: R.E.D.E model of communication Skills practice: using empathic statements and applying R.E.D.E principles to crucial conversations Discussion: relationship building Individual sharing personal theory of nursing Small-group sharing: individual professional bio reviews Individual sharing: 30-second “elevator speech” Appreciative check-out</p>	<p>Appreciative check-in Warm-ups Sharing of professional journal with colleagues Small-group discussions on the following topics related to prereadings:</p> <ul style="list-style-type: none"> • Ubuntu • Empathy • Professional citizenship • Person-centered strength-based language <p>Appreciative check-out</p>

(continued on next page)

Table 1. (continued)

	2016 Content	2022 Content
<p><i>Class #4</i> <i>Theme: nurturing</i></p>	<p>Appreciative check-in Individual sharing: favorite leadership quote Individual and group exercise: steppingstones Individual exercise: create personal board of directors Group discussion: models of clinical leadership Transformational leadership characteristics Group exercise: feedforward Group sharing: update on leadership journey—identify 1 practice change to date as a result of participating in this course Appreciative check-out</p>	<p>Appreciative check-in Warm-ups Sharing and critique of professional biography Professional head shot taken Group exercise: feedforward Small-group discussions on the following topics: related to prereadings:</p> <ul style="list-style-type: none"> • Influence versus impact • Role of practical wisdom • Leadership perceptions of clinical nurses <p>Appreciative check-out</p>
<p><i>Class #5</i> <i>Theme: appreciating</i></p>	<p>Appreciative check-in Celebrating nursing’s contributions Group viewing: <i>The American Nurse: Healing America</i>, a Carolyn Jones documentary Group discussion: post-movie—envisioning the preferred future Individual exercise: appreciative inquiry-application to practice Group discussion: nursing’s impact on outcomes Paired discussion: commitment to personal leadership plan Appreciative check-out</p>	<p>Appreciative check-in Small-group discussions on the following topics related to prereadings:</p> <ul style="list-style-type: none"> Appreciative inquiry Generational differences in health care delivery. Antidote to incivility Appreciative inquiry exercise—the RANT Poetry circle exercise—healing words <p>Paired discussion: commitment to personal leadership plan Appreciative check-out</p>
<p><i>Class #6</i> <i>Theme: transforming</i></p>	<p>Appreciative check-in Completion of LPI and PEP Group discussion—“Connecting with your CNO”</p>	<p>Appreciative check-in Emerge Stronger presentation Steppingstone exercise Small-group discussions on the following topics related to prereadings:</p> <ul style="list-style-type: none"> • Social determinants of health <ul style="list-style-type: none"> • Women in science Create professional advisory board (PAB) <p>Experience evaluation (continued on next page)</p>

Table 1. (continued)

2016 Content	2022 Content
<i>Reconnect</i>	Three months post MAGNUS, cohort participants are reunited. chief nursing officers and other members of the nurse executive leadership team are invited to listen to the 30-second elevator speech presented by each MAGNUS participant. Opportunity for conversation between participants and nurse executives are afforded by small-group discussions

Bolded content indicates a curriculum change.
IOM, Institute of Medicine; LPI, Leadership Profile Inventory; PEP, Personal Effectiveness Profile.

organizations so that they can have a voice in shaping the future.

The notion that clinical nurses should join a professional nursing organization was often met with reluctance from MAGNUS participants. They cited the cost of membership and lack of awareness in membership benefits as the primary reasons for nonmembership. This sentiment was expressed by novice nurses and those with decades of experiences behind them. Membership in nursing professional organizations is promoted by the facilitators when participants introduce their selected journal and the professional organization associated with the publication. At the conclusion of MAGNUS, approximately one-third of participants who had not been members announce proudly that they have become conversant with the value and the importance of supporting nursing organizations, and have joined their clinical organization.

Another benefit of professional citizenship that is shared with the MAGNUS participants is the ability to broaden one's professional network. As a member of a professional organization, frontline nurses can become acquainted with the work of contemporary nurse leaders who are spearheading transitions in care initiatives, lobbying for health care policy decisions, and conducting research. Author, leader, and activist Jalil Johnson purports that frontline nurses excel at the institutional leadership level because nurses are educated to advocate for patients, not themselves or the profession.⁶ In his book, *The Nation of Nurses*, Johnson challenges the reader to identify a nurse leader at the institutional, regional, state, federal, national, and global level. Johnson's query has been incorporated into MAGNUS. The participants are asked to generate the name of 1 nurse leader for every

level. Although many participants can identify several nurses at the institutional level they struggle with producing names beyond their clinical setting, most express dismay with their inability to list more than 1 nurse leader.

STRENGTH-BASED LANGUAGE

Strength-based language is introduced in Gathering 3. It focuses on the positive attributes of an individual.⁷ Nurses have been enculturated into a health care world that uses deficit-based language. When communicating with other caregivers, patients may be described by their inabilities, "patient is unable to stand, speak, or swallow." Moreover, we often use judgment-laden labels to describe behaviors: "difficult," "challenging," or "noncompliant." Shame, blame, and judgmental words are replaced with a strength-based language, which means focusing on what people are doing or doing well. Participants are afforded an opportunity to practice the skill of replacing shaming and blaming language with strength-based language. They are broken into groups and given words that are pejorative and asked to offer another word that is free of judgment. For example, the word *refused* is replaced with *declined*, *demanding* with *high expectations*, and *angry* with *intense emotion*.

EMERGE STRONGER

When caregivers are involved in or witness a stressful event, they may experience the second victim phenomenon.⁸ Emerge Stronger is the name of a peer support program at Cleveland Clinic in which any caregiver can access confidential, 1-on-1 support from a trained peer supporter in their field after a stressful event, such as an unanticipated clinical event, adverse event, health care error, or patient death. The team is

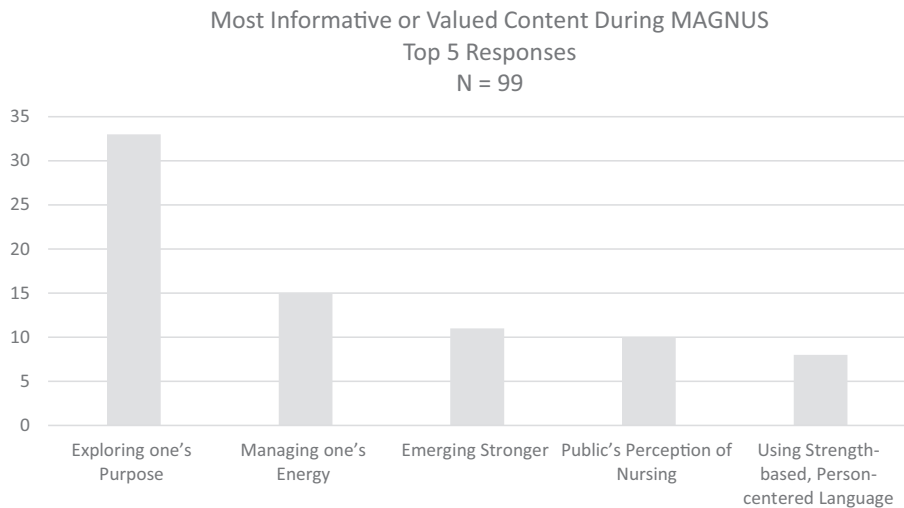


Figure 1. Most Informative or Valued Content During MAGNUS

committed to creating an environment in which caregivers can emerge stronger after distressing events. The goal of the program is to help caregivers understand that they are having a normal human response to a stressful event.

Peer supporters are trusted colleagues who are good listeners. They are educated to understand the need to maintain confidentiality and appropriate boundaries while providing 1-on-1 emotional support and connecting caregivers to other support resources as needed. This content was added to Gathering 6 to inform MAGNUS participants of this important resource. It is regarded as one of the most valuable content areas in the MAGNUS curriculum.

OUTCOMES

The resounding feedback from participants after completing MAGNUS is that they can lead from where

they are, a leadership title is not required. Since 2014, 747 nurses have completed LEAD/MAGNUS. Ninety-nine nurses are graduates of MAGNUS since the “end of the pandemic.” Although they expressed feelings of fatigue, sadness, and frustration with what they experienced while providing nursing care during the pandemic, each participant expressed hope for the future and a renewed sense of purpose. They were grateful to connect with other nurses, celebrate their contributions and learn new skills (*Figures 1 and 2*). Descriptions of the impact of MAGNUS from several participants and their years of experience are included below:

- “In MAGNUS, you learn not only new leadership skills and qualities. Most importantly you learn that you have been a leader all along.” 21 years’ experience.

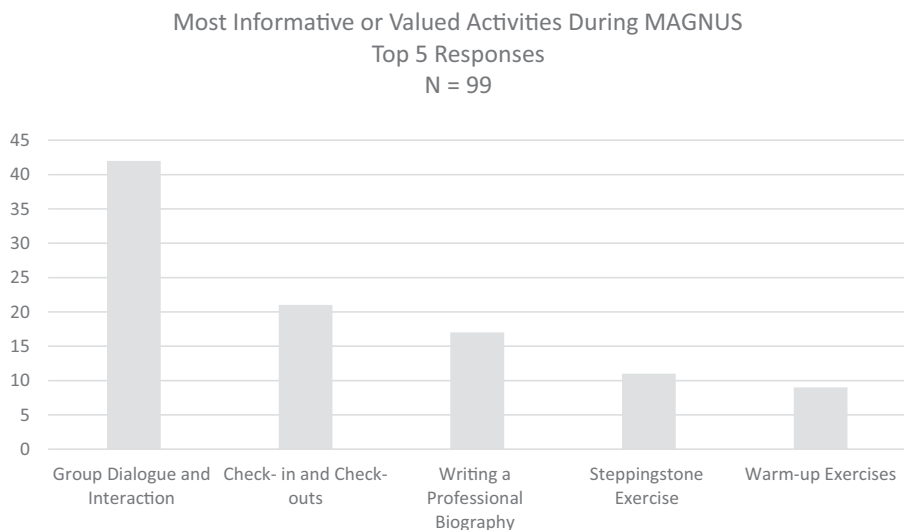


Figure 2. Most Informative or Valued Activities During MAGNUS

- “MAGNUS is an opportunity to celebrate, encourage, and empower yourself as a clinical nurse. It is a gift that will continue to promote growth, confidence, and courage in your nursing practice. This experience is a must to ignite the flame of renewal.” 6 years’ experience.
- “MAGNUS guides you to step into your power as a nurse.” 4 years’ experience.
- “MAGNUS was a challenging experience. It made you look inside yourself.” 11 years’ experience.
- “This experience was a professional lifeline for me.” 18 months’ experience.
- “I came to MAGNUS bored and lost. I feel refreshed and ready to take the next step in my career.” 9 years’ experience. a professional lifeline.” 18 months exp.
- “MAGNUS is not just an experience that is completed and forgotten, but one that is carried forward in enhancing one’s career.” 2 years’ experience.

IMPLICATIONS FOR NURSE LEADERS

Nurses revel in the opportunities to reflect on their practice and engage in meaningful conversations with other nurses. Nurse leaders who encourage participation in activities that allow for reflection and afford time for professional exploration will have nurses schooled in the practice of gratitude, appreciation, and curiosity ready to immerse themselves in creating the new models of care necessary to propel nursing forward. MAGNUS is an investment in the frontline

nurse whose voice will be integral in leading the next generation of nurses.

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