

Magnet Recognition Program Synopsis

- In the early 1980s, recognizing a critical national shortage of nurses, the American Academy of Nurses [AAN] embarked on a study to identify hospitals which attract and retain professional nurses in their employment, and to identify factors that seem to be associated with their success. These hospitals were called “magnet hospitals.”¹³
- A decade after the original magnet study was published; The Magnet Recognition Program was developed by the American Nurses Credentialing Center [ANCC]. This voluntary program recognizes environments that not only attract nurses, but also acknowledge nursing excellence and the role professional nurses play in the delivery of quality patient care.⁸
 - In 1998 the program was expanded to include long-term care facilities.
 - In 2002 the first health care facility outside of the U.S. was awarded magnet status.
- Research provides evidence that health care facilities achieving magnet status provide positive outcomes for nurses, patients, and health care organizations.^{11, 14}
- By recognizing the importance of nurses in patient outcomes, involving nurses in the decision-making process, and providing nurses with the resources necessary to care for patients, optimal patient outcomes including safe and competent nursing care are achieved.
 - For patients
 - Lower Medicare mortality rates⁷
 - Lower AIDS mortality⁶
 - Shorter length of stay^{3,6}
 - Increased patient satisfaction^{5,6}
 - For nurses
 - Increased satisfaction^{3,4}
 - Lower incidence of needlestick injury^{1,6,9}
 - Lower rates of nurse burnout⁶
 - For Health care facilities
 - Higher JCAHO scores¹⁰
 - Lower vacancy and turnover rates^{12, 13}
 - National recognition⁸
- In a 2001 study entitled, “Staff Nurses Identify Essentials of Magnetism,” 279 staff nurses working in 14 magnet hospitals selected factors essential to the productivity of quality care.¹² Nurses were given a list of 37 items and asked to select the ten most important items in giving quality care. From this study eight factors emerged and are listed below as well as the percentage of nurses responding to each factor.
 - Working with other nurses who are clinically competent 80.1%
 - Good RN-MD relationships and communication 79.2%
 - Nurse autonomy and accountability 73.5%
 - Supportive nurse manager, supervisor 69.8%
 - Control over practice and practice environment 68.9%
 - Support for education (inservice, continuing education) 66.2%
 - Adequate nurse staffing 62.5%
 - Concern for the patient is paramount in this organization 62.0%

- Magnet facilities emphasize the importance of education, teaching, and professional growth. In a comparison study of two groups of magnet hospitals over 50% of RNs were baccalaureate prepared.³ This is in contrast to the about 34% of RNs working in nonmagnet hospitals.¹⁵
- Across research studies nurse-to-patient ratios are higher at magnet health care facilities.³
- Many hospitals rely on nurses from staffing agencies. While temporary nurses are often well educated and experienced, there are risks involved in employing nurses who are unfamiliar with the hospital's policies and procedures. Magnet health care facilities seldom utilize nurses from temporary agencies.¹³

References

1. Adams, A., & Bond, S. (2000). Hospital nurses' job satisfaction, individual and organizational characteristics. *Journal of Advanced Nursing*, 32(3), 536-543.
2. Aiken L.H., Clarke, S.P. & Sloane, D.M. (2002). Hospital Staffing, Organizational support & quality of care: cross-national findings. *International Journal for Quality in Health Care*, 14(1), 5-13.
3. Aiken, L.H., Havens, D.S. & Sloane, D.M. (2000). The magnet nursing services recognition program: A comparison of two groups of magnet hospitals. *American Journal of Nursing*, 100(3), 26-36.
4. Aiken, L.H., Lake E.T., Sochalski, J., & Sloane, D.M. (1997). Design of an outcomes study of the organization of hospital AIDS care. *Research in Sociology of Health Care*, 14, 3-26.
5. Aiken, L.H., Sloane D.M. & Klocinski, J.L. (1997). Hospital nurses' occupational exposure to blood: Prosepctive, retrospective, and institutional reports. *American Journal of Public Health*, 87, 103-107.
6. Aiken, L.H., Sloane, D.M., Lake, E.T., Sochalski, J., & Weber, A.L. (1999). Organization and outcomes of inpatient AIDS care. *Medical Care*, 37(8), 760-772.
7. Aiken, L.H., Smith, H.L., & Lake, E.T. (1994). Lower Medicare mortality among a set of hospitals known for good nursing care. *Medical Care*, 32(8), 771-787.
8. American Nurses Credentialing Center. (2003, February 13). Magnet nursing services recognition program. Retrieved February 23, 2003, from <http://www.nursingworld.org/ancc/magnet.htm>
9. Clarke, S.P., Rockett, J.L., Sloane, D.M., & Aiken, L.H. (2002). Organizational climate, staffing, and needlestick injuries and near-misses in hospital nurses. *American Journal of Infection Control*, 30, 207-216.
10. Havens D.S., (2001). Comparing nursing infrastructure and outcomes: ANCC magnet and nonmagnet CNEs report. *Nursing Economic\$,* 19(6), 258-266.
11. Havens, L. H. & Aiken, L. H. (1999). Shaping systems to promote desired outcomes: The magnet hospital model. *JONA*, 29(2), 14-20.
12. Kramer & Schmalenberg, (2001). Staff nurses identify essentials of magnetism. In M.L. McClure & A.S. Hinshaw (Eds.), *Magnet hospitals revisited: Attraction and retention of professional nurses* (pp. 25-59).
13. McClure, M.L., Poulin, M.A., Sovie, M.D., & Wandelt, M.A. (1983). *Magnet Hospitals: Attraction and Retention of Professional Nurses*. Kansas City, MO: American Academy of Nursing.
14. McClure M.L., & Hinshaw, A.S. (Eds.). (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*.
15. Moses, E. (1997). The registered nurse population: findings from the national sample survey of registered nurses 1996. Rockville, MD: U.S. Department of Health and Human Services Administration.