

Arkansas Nurses Association Continuing Education Activity

Magnet Designation: What Does it Mean for Arkansas' Nurses?

Purpose: The purpose of this continuing nursing education (CNE) activity is to inform nurses in Arkansas about the American Nurses Credentialing Center's Magnet Recognition Program and the benefits for professional nursing practice.

Objectives: Upon completion of the CNE activity, the learner will:

1. Describe the purpose of the Magnet Recognition Program.
2. Identify the 14 Forces of Magnetism and their impact on nursing.
3. Identify the eight Essentials of a Magnet Environment.
4. Describe the benefits of a Magnet Environment.

Contact Hours: 1.0 contact hours will be awarded for successful completion of this CNE activity.

Registration Fee: ARNA Members: \$10.00; Non-members: \$15.00

Directions:

1. Please read the article "Magnet Designation: What Does it Mean for Arkansas' Nurses?"
2. Complete the Continuing Education Registration Form, which includes the post-test and evaluation.
3. When you have completed all of this information, return the form and the registration fee to the Arkansas Nurses Association; 1123 So. University, Suite 1015; Little Rock, AR 72204, (501)-244-2363.

Successful Completion: The post-test will be reviewed and, if a score of 70 percent or better is achieved, a certificate of successful completion will be issued. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent. It is recommended that the article be reviewed prior to taking the second post-test. If a score of 70 percent or above is achieved on the second post-test, a certificate will be issued.

This CNE activity has no commercial support, and the author(s) have declared no vested interest, conflict of interest or off-label use.

The Arkansas Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Magnet Designation

What Does it Mean for Arkansas' Nurses?

Tammy C. Jones, Ph.D.(c), RNC
Magnet Program Director
University of Arkansas for Medical Sciences
Medical Center

Jean K. Zehler, MSE, RN-BC, CNA-BC
Magnet Coordinator
Central Arkansas Veterans Healthcare System

The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program has evolved from being a way to recognize preferred places for nurses to work to now being identified as the "gold standard" for nursing excellence (Goode et al., 2005). The program is based on research conducted by the American Academy of Nursing (AAN) in the 1980s when the country was in a critical nursing shortage. The AAN wanted to determine why selected hospitals around the country were not experiencing the same difficulties in recruiting and retaining nurses as other hospitals. What made these hospitals different? The Director of Nursing and a staff nurse from the 41 selected facilities were interviewed and asked questions about their work environments. Even though their perspectives varied, data gathered from the participants had a high degree of congruence, and the generalities that emerged did so regardless of the facilities' demographics. Ultimately, the "ingredients of magnetism" (McClure, Poulin, Sovie & Wandelt, 2002, p. 8) were presented in three broad categories identified as 1) administration, 2) professional practice and 3) professional development. These categories became the foundation for the "Forces of Magnetism" (Table 1) and the basis for the Magnet program (McClure et al., 2002).

Table 1

14 Forces of Magnetism	
1. Quality of Nursing Leadership	8. Consultation & Resources
2. Organizational Structure	9. Autonomy
3. Management Style	10. Community & Healthcare Organization
4. Personnel Policies & Programs	11. Nurses as Teachers
5. Professional Models of Care	12. Image of Nursing
6. Quality of Care	13. Interdisciplinary Relationships
7. Quality Improvement	14. Professional Development

The purpose of the Magnet Recognition Program is to recognize healthcare organizations that promote quality in an environment that supports professional nursing practice and to identify excellence in nursing care services to patients. The program also provides a vehicle for dissemination of best practices in nursing. In 1994, the first health care organization received Magnet status. To date, there are 281 Magnet designated facilities in the United States (U.S.), New Zealand and Australia. Arkansas is one of only seven states in the U.S. without a Magnet facility (ANCC, 2008).

A Magnet Culture – What to Expect

The “Forces of Magnetism” are the guiding principles for creating a Magnet culture. These forces are based on values, norms, attitudes, and beliefs about professional nursing practice. A Magnet culture embraces these values and is deeply committed to excellence in patient care. This commitment is sustained by establishing structures and processes that support and empower nurses at all levels. An organization’s success at creating a Magnet culture is largely determined by the depth of this commitment (Upenicks & Abelew, 2002).

A Magnet Culture – What to Expect

The “Forces of Magnetism” are the guiding principles for creating a Magnet culture. These forces are based on values, norms, attitudes, and beliefs about professional nursing practice. A Magnet culture embraces these values and is deeply committed to excellence in patient care. This commitment is sustained by establishing structures and processes that support and empower nurses at all levels. An organization’s success at creating a Magnet culture is largely determined by the depth of this commitment (Upenicks & Abelew, 2002).

Nurses from Magnet hospitals have been instrumental in defining the attributes that are essential to a magnetic work environment and quality care. In the Kramer & Schmalenberg (2001) study, nurses identified what have come to be known as the “8 Essentials of Magnetism” (Table 2). These essentials are believed to be inherent to a Magnet culture.

Table 2

8 Essentials of Magnetism

1. Working With Clinically Competent Nurses
2. Positive Nurse/Physician Relationships
3. Nurse Autonomy and Accountability
4. Supportive Nurse Manager
5. Control Over Nursing Practice and Environment
6. Support for Education
7. Adequacy of Nurse Staffing
8. Concern for the Patient is Paramount

Working With Clinically Competent Nurses

In a Magnet culture, support for clinical competence can be found in an increased number of specialty certified nurses, more degree education, and both formal and informal peer review. Nursing competence is showcased, and specialty certification is not only strongly encouraged but is monetarily supported in a Magnet environment. Further, baccalaureate

preparation is the preferred entry level for nurses, and structures are in place to support degree completion for those with associate or diploma backgrounds. Formal and informal peer review is evident and inextricably linked to the performance appraisal process (Kramer & Schmalenberg, 2002).

Positive Nurse/Physician Relationships

Physicians and nurses who work in Magnet hospitals face many of the same challenges as those who do not. However, in a Magnet culture, positive MD/RN communication and collaboration is evident, and the common goal is an environment of collegial teamwork (Kramer & Schmalenberg, 2002). Explicit structures for communication, interdisciplinary committee structure, and nurse/physician teams who work together consistently foster this relationship (Hinshaw, 2002).

Nurse Autonomy and Accountability

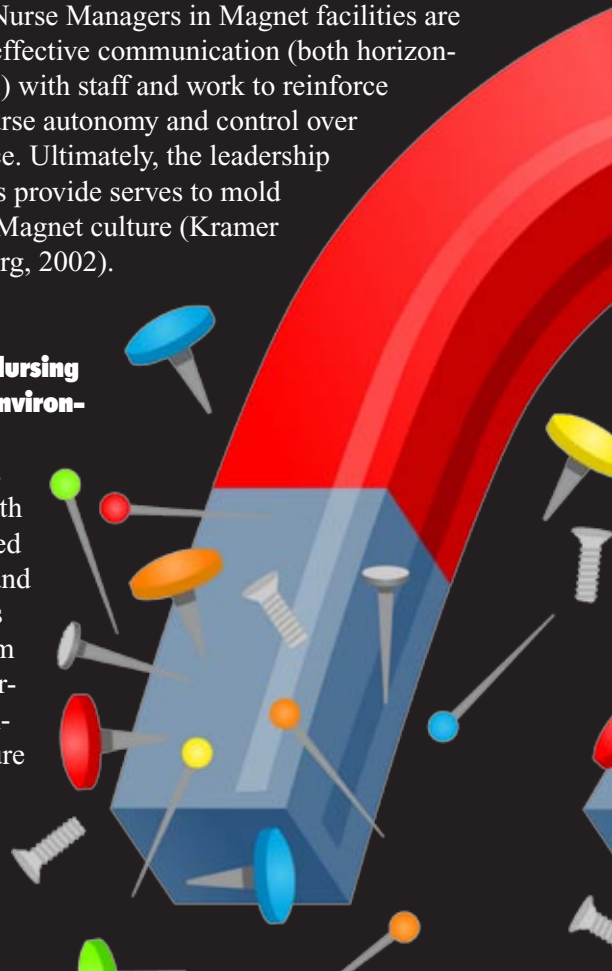
For many nurses, autonomy is an elusive concept. In Magnet cultures, clinical autonomy for nurses is evidenced by the high degree of freedom they have to act on what they know is in the best interest of the patient. Beyond the embedded support for autonomous action, is the presence of positive, constructive feedback if actions are unsuccessful. Nurses flourish in this environment and not only hold themselves accountable for their clinical decision-making, but also expect, and are not fearful of, others holding them accountable as well (Kramer and Schmalenberg, 2004).

Supportive Nurse Manager

Nurse Managers play a pivotal role in creating a Magnet culture. The commitment to employ a participative management style, incorporate feedback from staff, and ensure their accessibility to staff sets the tone for the professional work environment. Nurse Managers in Magnet facilities are committed to effective communication (both horizontal and vertical) with staff and work to reinforce and support nurse autonomy and control over nursing practice. Ultimately, the leadership these managers provide serves to mold and shape the Magnet culture (Kramer & Schmalenberg, 2002).

Control Over Nursing Practice and Environment

Most nurses are familiar with the term “shared governance”, and many hospitals have some form of shared governance/decision-making structure in place. What distinguishes Magnet



facilities from others is the level of commitment to have a visible, organized, viable structure that fosters strong nurse decision-making in patient care and broader issues such as hospital programs and policies. Nurses with control over their practice report a higher degree of respect and recognition, which empowers them to be productive members of the healthcare team (Kramer & Schmalenberg, 2004).

Support for Education

Support for education is embedded in the continuous learning environment of a Magnet culture. Nurses working in a Magnet facility can expect to have increased availability of in-service education, continuing education, formal education, and career development. Along with increased availability is the allocation of adequate financial resources to support this professional development (Kramer & Schmalenberg, 2004). Finally, with the structures in place to facilitate education, the nurse should anticipate increased accountability and involvement in educational and career advancement opportunities.

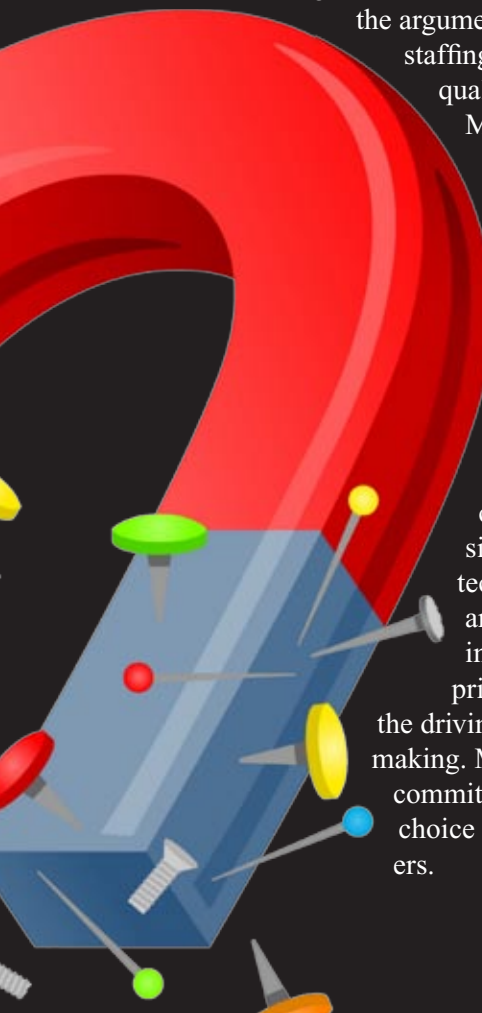
Adequacy of Nurse Staffing

Encouraging trend among Magnet facilities are vacancy and turnover rates below the national average. Kramer & Schmalenberg (2002) found that while vacancy, turnover, and nurse-patient ratios influence nurse perception of adequate staffing, they do not tell the whole story. Nurses report that working as a team with skilled nurses who have clinical autonomy and good relationships with physicians enable them to give good care when staffing is not optimal. It is no surprise that all of the attributes they cite are elements of a

Magnet culture. This perspective supports the argument that adequate nurse staffing has as much to do with quality as quantity, and Magnet facilities focus on both (Hinshaw, 2002).

Concern for the Patient is Paramount

McClure (2005) describes the Magnet culture as “palpable” and “almost a part of the brick and mortar” (p. 199). In a Magnet facility, shared core values that emphasize the patient go beyond technical job requirements and permeate the entire institution. Ultimately, the primacy of the patient is the driving force behind decision-making. Magnet facilities are committed to being the best choice for healthcare consumers.



A Magnet Culture: What Are The Outcomes?

Will having facilities that are aspiring for and attaining Magnet designation benefit Arkansas’ nurses? Studies over the past twenty years have validated the positive outcomes (Table 3) of Magnet designation. While many argue that this program is one of the most important efforts to recognize positive work environments in healthcare, the addition of Magnet designation to US News and World Report’s criteria for their selection of the 100 Best Hospitals in America lends even more credibility to the award (McClure, 2005). Further, in the 2007 Honor Roll list of the top 17 hospitals in rank order, nine of the hospitals were Magnet facilities, including the top four (ANCC, 2007).

Table 3

Outcome:	Source:	Evidence:
Increased Patient Satisfaction	Aiken, 1996; Bryan et al., 1998	Nurse control over practice setting (23% higher in Magnet facilities) found to be greatest influence on patient satisfaction
Decreased “failure to rescue”	Aiken, 2002	Higher nurse patient ratios contribute to lower medical and surgical complications
Reduced Patient Mortality	Aiken, 1994; Aiken, 2002	Higher nurse to patient ratio contributes to lower mortality. Magnet facilities have a 4.6% lower mortality rate
Lower nurse “burn-out” rates	Aiken, 2000; Aiken, 2002	Magnet facility RNs were significantly less likely to report feeling of burn-out
Significantly higher nurse satisfaction	Brady-Schwartz, 2005	Consistently higher nurse satisfaction at Magnet facilities
Higher skill mix - % of RNs	McClure & Hinshaw, 2002	80% RN Staffing
Decreased length of stay	Bryan et al., 1998; Needleman, 2002	Lower days of ICU use Lower average per-patient ancillary cost
Decreased cost of nursing replacement due to decrease in RN turnover and vacancy rates	Advisory Board Company, 2000; 11th Magnet Conference October, 2007	Cost of turnover for an RN is one and one-half times their salary

Conclusion

Undoubtedly, Arkansas' healthcare professionals and hospitals have many excellent characteristics already in place. However, with the dynamic nature of healthcare, continuous improvements are necessary to ensure the highest quality care for patients. Arkansas' healthcare environment can benefit if our hospitals embark on the Magnet journey or are willing to commit to making cultural shifts that embrace the Forces of Magnetism. While nursing has led the way by developing this recognition program, this journey involves every department and discipline. Everyone connected to the healthcare organization reap the benefits of the Magnet environment. Ultimately, striving for this level of excellence in Arkansas' healthcare environment is a journey worth taking.

The Magnet Recognition Program® and ANCC Magnet Recognition® names and logos are registered trademarks of the American Nurses Credentialing Center. Magnet™ and Journey to Nursing Excellence™ are trademarks of the American Nurses Credentialing Center. All rights reserved.

References

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), pp 771-787.

Aiken, L. H., Smith, H. L., Lake, E. T. (1996). Satisfaction with inpatient acquired immunodeficiency syndrome care: A national comparison of dedicated and scattered -bed units. *Medical Care*, 35(9), pp 948-962.

Aiken, L. H., Clarke, S. P., & Sloane, D.M. (2000). Hospital restructuring: Does it adversely affect care and outcomes? *Journal of Nursing Administration*, 30, pp 457-65.

Aiken, L. H., Clarke, S. P., et al. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), pp 1987-1993.

Advisory Board Company, Nursing Executive Center. (2000). *Reversing the flight of talent: Nursing retention in an era of gathering shortage*. Washington, D. C.

American Nurses Credentialing Center, (2008). *Magnet Facilities*. Retrieved January 5, 2008 from: <http://www.nursecredentialing.org/ancc/magnet/newfacilities.html>

American Nurses Credentialing Center, (2007). *What is the Magnet Recognition Program?* Retrieved October 29, 2007 from: <http://www.nursecredentialing.org/magnet/index.html>

Brady-Schwartz, D. (2005). Further Evidence on the magnet recognition program: Implications for nursing leaders. *Journal of Nursing Administration*, 35(9), pp 397-403.

Bryan, Y. E., et al., *Measuring and evaluating hospital restructuring*

efforts: Eighteen-month follow-up and extension to critical care, part 1. *Journal of Nursing Administration*, 28(9), pp 21-27.

Goode, C., Krugman, M., Smith, K., Diaz, J., Edmonds, S. & Mulder, J. (2005). The pull of magnetism: A look at the standards and the experience of a western academic medical center hospital in achieving and sustaining magnet status. *Nursing Administration Quarterly*, 29(3), p. 202-213.

Hinshaw, A. (2002). Building magnetism into health organizations. In M.L. McClure & A.S. Hinshaw, (Eds.), *Magnet hospitals revisited: Attraction and retention of professional nurses* (pp 83-101). ANA: Washington, D.C.

Kramer, M. & Schmalenberg, C. (2005). Revising the essentials of magnetism tool. *JONA*, 35(4), pp. 188-198.

Kramer, M. & Schmalenberg, C. (2004). Essentials of a magnetic work environment part I. *Nursing* 2004, 34(6), pp. 50-54.

Kramer, M. & Schmalenberg, C. (2004). Essentials of a magnetic work environment part 2. *Nursing* 2004, 34 (7), pp. 44-47.

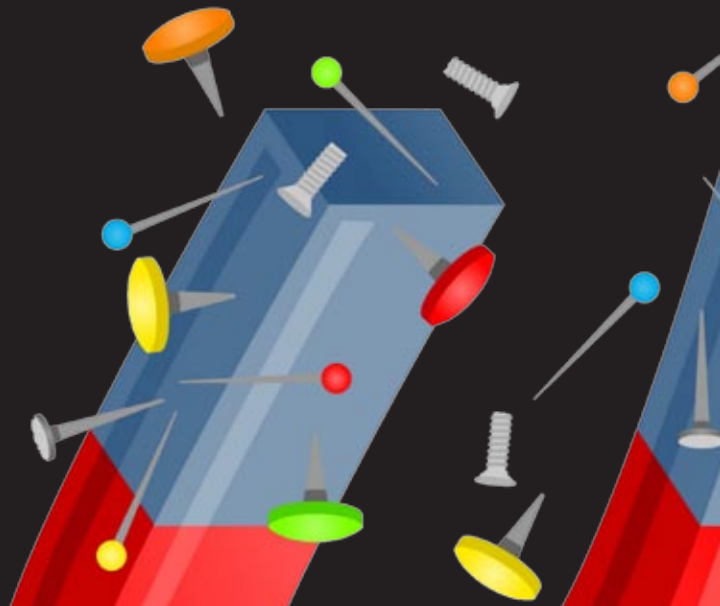
Kramer, M. & Schmalenberg, C. (2002). Staff nurses identify essentials of magnetism. In M.L. McClure & A.S. Hinshaw, (Eds.), *Magnet hospitals revisited: Attraction and retention of professional nurses* (pp 24-59). ANA: Washington, D.C.

McClure, M. (2005). Magnet hospitals: Insights and issues. *Nursing Administration Quarterly*, 29(3), pp. 198-201.

McClure, M., Poulin, M., Sovie, M. & Wandelt, M. (2002). Magnet hospitals: Attraction and retention of professional nurses (original study). In M.L. McClure & A.S. Hinshaw, (Eds.), *Magnet hospitals revisited: Attraction and retention of professional nurses* (pp 1-24). ANA: Washington, D.C.

Needleman, J., Buerhasu, P., et al. (2002). Nurse-Staffing levels and the quality of care in hospitals. *New England Journal of Medicine*. 346(17), pp 1715-1722.

Upenieks, V. & Abelew, S. (2006). The magnet designation process: A qualitative approach using Donabedian's conceptual framework. *The Health Care Manager*, 25(3), pp. 243-253.



Questions for Magnet Article

1) Magnet Recognition is conferred by the

- a. American Nurses Association
- b. American Nurses Credentialing Center
- c. American Medical Association
- d. American Academy of Nursing

2) The purpose of the Magnet Recognition Program is to

- a. recognize healthcare organizations that promote quality in an environment that supports professional nursing practice
- b. identify excellence in nursing care services to patients
- c. provide a vehicle for dissemination of best practices in nursing
- d. All of the Above

3) Magnet facilities support clinical competence by encouraging:

- a. Specialty certifications
- b. Degree education
- c. Informal/Formal peer review
- d. All of the above

4) Kramer & Schmalenberg (2002) found that all of the following influence nurses' perceptions of adequate staffing EXCEPT:

- a. Lower Nurse-patient ratios
- b. Lower nurse vacancy rates
- c. Less assistive personnel
- d. More skilled nurses with clinical autonomy

5) Aiken (1994, 2002) found that magnet facilities mortality rates were how much lower than comparison facilities?

- a. 6.5%
- b. 2%
- c. 7.7%
- d. 4.6%

6) The Magnet Program is based on the 14 Forces of

- a. Professionalism
- b. Magnetism
- c. Care
- d. RN Practice

7) All of the following statements are true about Magnet designated facilities EXCEPT:

- a. There are 275 Magnet Designated facilities
- b. Australia and New Zealand have Magnet Facilities
- c. There are six states that do not have a Magnet designated facility
- d. Arkansas has one Magnet designated facility

8) Kramer & Schmalenberg (2002) identified attributes essential to a Magnet work environment and quality of care. These have now become:

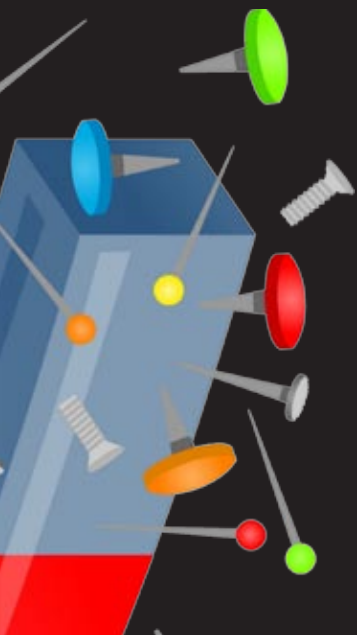
- a. The 8 Essentials of Magnetism
- b. The 10 Essentials of Professional Nursing Practice
- c. The 10 Essentials of Magnetism
- d. The 5 Essentials of a Quality Culture

9) Nurse Managers play a pivotal role in creating a Magnet culture by:

- a. Committing to a participative management style
- b. Incorporating feedback from staff
- c. Ensuring accessibility to staff
- d. All of the Above

10) Which of the following statements is not a Nurse benefit of Magnet Designation?

- a. Lower nurse turnover
- b. Lower nurse vacancy rates
- c. Increased needle stick injuries
- d. Higher nurse satisfaction



Arkansas Nurses Association

Continuing Nurses Education Registration Form

Program Title: Magnet Designation: What Does it Mean for Arkansas' Nurses?

Expiration Date: February 2010

Registration Fee: ARNA Member: \$10.00; Non-Member: \$15.00

Directions: To earn 1.0 contact hours, complete sections A, B, and C of this and return with the registration fee to:
Arkansas Nurses Association, 1123 S. University, Suite 1015, Little Rock, AR 72204

Phone: 501-244-2363

If paying by credit card, you may fax this form to: 501-244-9903

Visa/Master Card # _____

Expiration Date: _____

Signature: _____

Section A (please print and complete all information)

Name (first, mi, last) _____

Address _____

City/State/Zip _____

Phone: _____ E-mail _____

State of Licensure: _____ RN LPN Other _____

Section B: Mark your answers in the space provided. Each question has only one correct answer.

- | | A | B | C | D | | A | B | C | D |
|----|--------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section C: Learner evaluation

Please circle the appropriate answer.

- | | | |
|---|-------|---|
| 1. Were the objectives met? | Y | N |
| 2. Was the learning method effective? | Y | N |
| 3. Was the author(s) effective in presenting the material? | Y | N |
| 4. How long did it take to you to complete the activity & test? | _____ | |

The Arkansas Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credential Center's Commission on Accreditation.