Magnet Recognition Program® Overview

Teaching Tips
To accompany the power point presentation on the Magnet Recognition Program, this handout contains the power point presentation objectives, key concepts, suggested student activities, additional readings, background material related to the 14 Forces of Magnetism and the power point slides with notes.

Objectives:

• Explain what is meant by Magnet® recognition
• Explain the origin of the Magnet Recognition Program
• Identify examples of the 14 Forces of Magnetism
• Describe the five Magnet Model components
• State outcome indicators for patients and nurses in Magnet facilities

Key Concepts:

Magnet status is not an award; it is a credential of organizational recognition of nursing excellence.

The 14 characteristics in the original study findings known as the Forces of Magnetism were restructured into five components and form the foundation of the program.

Magnet hospitals are known to have supportive and collegial clinical practice environments with engaged, effective nurses that practice autonomously.

A strong body of evidence exists to support the achievement of quality outcomes for patients, nurses, the organization and the community in a rich and rewarding culture of excellence.

With increased demands on healthcare providers to demonstrate safe, efficient, effective, and timely patient centered care the new Magnet model offers a framework for organizing a nursing services division.

Magnet places a strong emphasis on leadership, personal and professional growth and development, evidence-based practice, new knowledge, innovation and outcomes.

Student Activities:

1. Visit the Magnet Web site and view the staff nurse opinion survey:
   http://www.nursecredentialing.org/magnetorg/snsurvey.cfm
2. Visit the Magnet Web site and find a Magnet Facility:  
   http://www.nursecredentialing.org/Magnet/FindaMagnetFacility.aspx
3. Visit the Magnet Web site and watch “Magnet: the power to attract and retain” a video to find out what it is like to work in a Magnet hospital: [scroll to the bottom of the page]  
   http://www.nursecredentialing.org/Magnet.aspx

Suggested Readings:


American Nurses Credentialing Center (2009). *The Magnet Model Components and Sources of Evidence*. Silver Spring, MD: American Nurses Credentialing Center


Fourteen Forces of Magnetism and Evidence Requirements:

- **Quality of Nursing Leadership**
  - Strong sense of advocacy and support for nursing staff and patient care by nursing leaders
  - Nurses from a variety of roles participate in decision-making with leadership
  - Nursing mission, vision, values, philosophy, strategic plans congruent with these organizational aspects

- **Organizational Structure**
  - Flat organizational structures
  - Decentralized, shared decision-making processes
  - Chief nursing officer (CNO) serves as influential member of the organization’s highest decision-making body

- **Management Style**
  - Nursing leaders:
    - CNO “visionary and transformational”
    - Visible and accessible
    - Effectively facilitate vertical and horizontal communication among all levels of nursing

- **Personnel Policies & Programs**
  - Performance appraisal in place for all level of nurses, including peer review, for nurses at all levels
  - Policies:
    - Support career development and advancement
    - Safeguard employee rights
    - Promote a safe and healthy work environment

- **Professional Models of Care**
  - Models give nurses the responsibility and authority for patient care
  - Nurses are accountable for their own practice and the coordination of care
Magnet Recognition Program® Overview

» Staffing systems incorporate patient needs, staff member skill sets, and staff mix

• Quality of Care
  » Quality infrastructure
  » Systems to promote, support, monitor, improve patient and staff safety
  » Integration of Codes of Ethics and Patients’ Bills of Rights into nursing practice
  » Integration of nursing research, evidence-based practice into practice
  » Nurses perceive they provide high quality care

• Quality Improvement
  » Structures and processes to measure quality
  » Clinical and operational indicators are benchmarked to improve care
  » Involvement of nurses (at all levels) in quality improvement planning and processes

• Consultation & Resources
  » Resources to support nursing practice
    • Positive impact on outcomes
  » Participation in professional nursing organizations
  » Participation in healthcare and community organizations

• Autonomy
  » Compliance with professional nursing standards
  » Structures and processes (policies and procedures) to guide practice
  » Access to literature for planning, providing, and evaluating care

• Community
  » Collaboration with other institutions and community organizations
    • Resources support these affiliations
  » Outcomes are demonstrated from the partnerships and collaboration

• Nurses as Teachers
Magnet Recognition Program® Overview

» Teaching incorporated in all aspects of practice
» Patient and family education meets diverse needs in a variety of settings
» Affiliations with academic and community educational programs
» Scholarly initiatives are pursued

• **Image of Nursing**
  » CNO exerts influence on strategic planning and decision-making at the highest levels of the organization
  » Examples of recognition of nursing throughout the organization

• **Interdisciplinary Relationships**
  » Nurses have collaborative working relationships with other disciplines
  » Nurses participate and lead a variety of interdisciplinary committees, work groups, and task forces
  » Conflict management strategies are in place and used effectively

• **Professional Development**
  » Support for orientation, in-service and continuing education
  » Evidence of completion of formal education and professional certification for all levels of nurses
  » Opportunities and resources for competency-based clinical advancement exist
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Magnet Recognition Program® Overview

Overview
- Magnet Recognition Program
- Program Structure
- Original Research
- Forces of Magnetism
- History
- New Magnet Model
- Considering the Magnet Journey
- Application Process
- Magnet Organization as Employer

Common Questions About Magnet
- What is Magnet Recognition?
- Who recognizes hospitals as Magnets?
- When and how did the Magnet Recognition Program begin?
- What is a Magnet hospital?
- How does a hospital achieve Magnet status?
- What is it like to work in a Magnet hospital?

What is Magnet Recognition?
Magnet Recognition is an organizational recognition credential. It is the highest and most prestigious distinction a healthcare organization can receive for nursing excellence and high-quality patient care.
Who Recognizes Hospitals as Magnet?

The American Nurses Credentialing Centers Commission on Magnet Recognition (COM)
- 14 members
- Represent various nursing administrative and clinical sectors
- Two international members:
  > Australia
  > Germany

Commission members are appointed by the American Nurses Credentialing Center’s Board of Directors. The Commission consists of 14 representatives from various sectors of the nursing community, including nursing executive leaders, staff nurses, advanced practice nurses, one member representing the public consumer, and two international members.

ANA, ANCC Organizational Structure

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC has five major divisions:

Accreditation: ANCC accreditation of a continuing nursing education program is the hallmark of quality. ANCC is the nation’s leader in accreditation of continuing nursing education programs.

Certification: ANCC is the world’s largest and most prestigious nurse credentialing organization. ANCC certification exams validate nurses’ skills, knowledge, and abilities. More than a quarter million nurses have been certified by ANCC since 1990. Nearly 150,000 nurses are currently certified by ANCC.

Pathway to Excellence: The Pathway to Excellence® Program and the Pathway to Excellence in Long Term Care™
Program recognize the essential elements of an optimal nursing practice environment. The designations are earned by healthcare organizations that create work environments where nurses can flourish. The credentials substantiate the professional satisfaction of nurses and identify best places to work.

Institute for Credentialing Innovation: ANCC’s Institute for Credentialing Innovation® produces a variety of educational services and products to support those seeking certification, Magnet recognition, Pathway designation, or Accreditation. Review and resource manuals, review seminars, and web-based learning all support individuals who are on the path to certification.

Though the national supply of nurses was larger than ever, there were large numbers of vacant positions, making it very difficult for hospitals to provide adequate staff on a day-to-day basis.

“Headquartered in Washington, DC, the American Academy of Nursing serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Every day across America, the Academy and its members create and execute knowledge-driven and policy-related initiatives to drive reform of America’s health care system.”

“AAN’s 1,500 members—known as Fellows—are nursing’s most accomplished leaders in education, management, practice, and research. They have been recognized for their extraordinary nursing careers and are among the nation’s most highly educated citizens; more than 80
percent hold doctoral degrees, and the rest have completed master’s programs. Sixty-four percent of the Fellowship work in academic settings, 30 percent work in service and practice settings, and about 3 percent work in state and federal government agencies.”

In 1980, the Academy was a relatively new organization, having its beginnings in 1973.²

The Academy appointed a “task force” charged to develop ideas to address the nursing shortage problem. The following Fellows were appointed as task force members, with Dr. Margaret McClure serving as the chair.

Margaret L. McClure, EdD, RN, FAAN
Muriel A. Poulin, EdD, RN, FAAN
Margaret D. Sovie, PhD, RN, FAAN
Mabel A. Wandelt, PhD, RN, FAAN

Selected Fellows across the country were asked to nominate hospitals with demonstrated results in recruiting and retaining staff.

165 hospitals were nominated; 155 hospitals consented to be considered for inclusion in the study. After review of extensive hospital data and independent ranking by the task force Fellows, 46 hospitals qualified for inclusion in the study, but only 41 hospitals were able to participate.

Once the hospitals were selected, data was collected through individual interviews of each chief nurse and a staff nurse assigned to direct patient
Separate group interviews were then conducted of the chief nursing officers and direct-care nurses.  

The findings from the study have been widely reported.

They were later summarized as 14 Forces of Magnetism (FOMs):

- Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Professional Policies & Programs
- Professional Models of Care
- Quality of Care
- Quality Improvement
- Consultation & Resources
- Autonomy
- Community
- Nurses as Teachers
- Image of Nurses
- Interdisciplinary Relationships
- Professional Development
Once again, with the country facing a nursing shortage, a national program designed to recognize healthcare organizations that excelled in creating work environments that imbedded the principles that lead to excellence in nursing practice, quality patient care, and the attraction and retention of registered nurses was approved by the American Nurses Association.

The program developed by ANCC was originally called the Magnet Hospital Recognition Program for Excellence in Nursing Services.

In 1997, the name was changed to the Magnet Nursing Services Recognition Program, and in 2002, the name was changed to the Magnet Recognition Program.

1994
After completing a pilot project that included five facilities, ANCC designated the University of Washington Medical Center in Seattle as the first Magnet organization in the United States.

1998
The program was expanded to recognize nursing excellence in long-term care facilities.

2000
In response to requests, the program was expanded to recognize healthcare organizations internationally.

2007–2008
ANCC commissioned a statistical analysis of Magnet appraisal team scores and created a new conceptual model and vision for Magnet hospitals to serve as the leaders in the transformation of professional nursing.
In 2007 the Commission on Magnet Recognition determined it was time to work on a new model for the FOMs that would bring greater clarity to how the forces worked in a systematic way to reinforce and synergize excellence in nursing practice.  

To support this effort, the ANCC commissioned a statistical analysis of final appraisal scores for applicants under the 2005 Magnet Recognition Program Application Manual (ANCC, 2008). The project goals were to examine the relationships among the FOMs by investigating alternative frameworks for structuring the Sources of Evidence (SOEs) and to inform development of the new Magnet Model. Organizations were evaluated using 164 SOEs.

Having over 200 Magnet-designated facilities allowed for a multivariate structural analysis of the SOEs used to measure the 14 FOMs. Data from 147 Magnet facilities that were rated by two to four appraisers on the 164 Sources of Evidence were subjected to factor analysis, cluster analysis, and multidimensional scaling.

A factor analysis is a statistical test or math tool used to look for patterns in variables or to examine a wide range of variables to see if they can be condensed. This method was used to look at the SOEs to see if patterns existed among them or if the existing SOEs could be condensed. Next a cluster analysis was conducted to

practice and the delivery of health care.
determine if factors could be clustered into subsets. These clusters were then studied through multidimensional scaling to determine how the clusters appeared or related to each other. The strength, location, and relationships among the clusters were analyzed.

• The analysis confirmed what was known experientially—that the Forces are not independent and isolated from each other. The analysis also revealed a fair amount of redundancy that could be collapsed into fewer dimensions. With input from a broad representation of stakeholders, the Commission on Magnet restructured the 14 FOMs into five components with 88 Sources of Evidence required to demonstrate that a Magnet environment had been achieved and embedded throughout the organization.
Forces of Magnetism: Quality of Nursing Leadership and Management Style

- The leadership style is a critical success factor in building a Magnet culture and must be practiced at all levels of the organization.

- Transformational leaders change the world. They are visionary and inspiring leaders who know how to encourage and engage others. They understand the need for proactive, strategic planning and how to use influence and advocacy within the organization to acquire resources to operationalize their goals. They genuinely engage and respect others with whom they work and cultivate a culture of trust.

- The chief nursing officer must be strategically positioned in the organization to effectively influence change and transform the culture. The CNO must be visible, accessible, and able to communicate and partner with others effectively in an environment of trust.

- Transformational leadership is purpose driven and has the capacity to move the organization from good to great.
Magnet Recognition Program® Overview

Slide 18

Structural Empowerment
- Professional Engagement
- Commitment to Professional Development
- Teaching and Role Development
- Commitment to Community Involvement
- Recognition of Nursing

Forces of Magnetism:
- Organizational Structure
- Personnel Policies and Programs
- Community and the Health Care Organization
- Image of Nursing
- Professional Development

- It is the role of leadership to create structures and processes that ensure that all nurses, at all levels, have access to the information, resources, and support needed to support exemplary professional practice, new knowledge, and outcomes.
- This model component emphasizes professional development, continuing education, certification, participation in professional organizations, and commitment to community involvement.

Slide 19

Exemplary Professional Practice
- Professional Practice Model
- Care Delivery System(s)
- Staffing, Scheduling, and Budgeting Processes
- Interdisciplinary Care
- Accountability, Competence, and Autonomy
- Ethics, Privacy, and Confidentiality
- Diversity and Workforce Advocacy
- Culture of Safety
- Quality Care Monitoring and Improvement

Forces of Magnetism:
- Professional Models of Care
- Consultation and Resources
- Autonomy
- Nurses as Teachers
- Interdisciplinary Relationships
- Quality of Care: Ethics, Patient Safety, and Quality Infrastructure
- Quality Improvement

- This model component examines the professional practice model, care delivery system, and interdisciplinary care. It requires a comprehensive understanding of the role of the professional nurse. The professional practice model depicts how nurses practice, collaborate, communicate, and develop professionally.

- To further describe the elements of exemplary professional practice, it is necessary to look at autonomy, accountability and peer review,
Magnet Recognition Program® Overview

supporting competence and ethical practice, ensuring workplace advocacy and diversity, building a culture of safety, interdisciplinary collaboration and nurse involvement in budgeting, staffing and scheduling.

- Finally, exemplary professional practice places emphasis on quality monitoring and outcomes related to patient satisfaction, nursing satisfaction, and key nursing-sensitive clinical indicators such as patient falls and pressure ulcers. Magnet hospitals must demonstrate performance that places them in the top half of the benchmarked data set used to measure performance.

Forces of Magnetism:
- Quality of Care (Research and Evidence-based practice)
- Quality Improvement

- To practice safely and achieve optimal outcomes in a challenging and increasingly diverse healthcare environment requires increased rigor in the art and science of nursing. Nursing is a practice discipline supported by standards, research, and the application of evidence.

- Magnet organizations are expected to innovate, redesign, transform, and expand knowledge to develop next-generation applications to ensure safe, effective, efficient, patient-centered care.

- Magnet organizations are in a key position to advance nursing science, learning, and discovery.
A major change in the program was a shift to more focus on outcomes.
Structure—“What do you do?”
Process—“How do you do it?”
Outcome—“What difference have you made?”

Examples:
• Patient Outcomes: risk-adjusted mortality index, healthcare-acquired infections, falls and injuries associated with falls, hospital-acquired pressure ulcers, patient satisfaction, patient perception of safety, and specialty population-specific outcomes
• Nurse Outcomes: level of nurse engagement, level of nurse satisfaction, nurse autonomy, turnover and vacancy rates, percentage of RNs with certification, educational preparation of staff, staff injury rates, staff perception of work environment, and effectiveness of educational programs
• Organizational Outcomes: efficiency/elimination of waste, chief nursing officer impact on system-level change
• Consumer Outcomes: impact of community outreach programs, community health and welfare
The outcome Sources of Evidence ask the organization to show results related to nurse sensitive indicators, nursing research, practice changes, professional development, work environment changes, and community involvement.

The nurse-sensitive indicators currently measured include nurse satisfaction, patient satisfaction, and select clinical indicators.

Research is important to show contributions to the science of nursing, application of new evidence to guide practice, and innovative approaches.

Practice changes must be based on input from staff nurses, from nurse involvement in professional organizations, and from nurse involvement in organizational decision-making.

Professional development includes formal education and certification.

Work environment changes include workplace safety programs and evidence of initiatives led by the chief nursing officer.
The nurse-sensitive indicators currently measured include select clinical indicators, patient satisfaction, and nurse satisfaction. The organization must provide 2 years of data benchmarked at the highest level available, i.e. regional or national.

The clinical indicators currently required include:
- Falls;
- pressure ulcer prevalence and/or incidence; and
- two nursing-sensitive indicators selected by the organization, such as bloodstream infections, urinary tract infections, ventilator associated pneumonia, pediatric infiltration, or other specialty-specific indicators.

Organizations must demonstrate they outperform the mean of the national database at the individual unit or clinical grouping level in areas such as critical care, medical-surgical, rehabilitation, etc.
Magnet Recognition Program® Overview

Slide 25

Slide 26

Slide 27

The chief nursing officer must consider the current state and the desired future state when making the decision to begin the Magnet journey.
Magnet Recognition Program® Overview

**Slide 28**

**Beginning the Magnet Journey**

Organizational Culture (continued)

- Nurses at all levels (direct care, management, and leadership) should be knowledgeable about and actively involved in the above processes, programs, and activities.
- The Sources of Evidence (measures of excellence) should be developed, disseminated, and enculturated throughout nursing services.

The entire organization is impacted by the journey. Single pockets of excellence are not sufficient. There must be widespread development, dissemination, and enculturation of the Magnet framework. There must be organization-wide commitment and involvement.

**Slide 29**

**Application Process**

Eligibility Requirements

- One Individual Serving as CNO
  - CNO:
    - (1) Master’s degree
    - (2) Nursing degree at baccalaureate level or higher
    - Effective January 1, 2011: 75% of nurse managers must have at least a baccalaureate degree in nursing
    - Use of ANA Scope and Standards for Nurse Administrators

There are specific eligibility requirements that must be met when the organization submits an application. The Commission on Magnet strongly believes that those leaders who supervise and evaluate nurses and patient care must be exposed to the theory base of the profession of nursing.

The CNO must possess a graduate degree (master’s or doctorate). If the graduate degree is not in nursing, the bachelor’s degree must be in nursing.

**Slide 30**

**Application Process**

Eligibility Requirements (continued)

- Compliance with all federal laws and regulations administered by the United States OSHRC, EEOC, HHS, DOL, and NLRB as they relate to registered nurses in the workplace.
- These include health and safety, anti-discrimination, and labor management laws.
- Nurse-sensitive quality indicators data at the unit level and benchmarked at the highest or broadest level possible.

OSHRC: U.S. Occupational Safety and Health Review Commission

EEOC: U.S. Equal Employment Opportunity Commission

HHS: U.S. Department of Health and Human Services

DOL: U.S. Department of Labor

NLRB: National Labor Relations Board
The steps of the appraisal process include:

- Application submission.
- Preparation of written documentation: The process of compiling all of the evidence and “stories” usually involves all levels of nurses. Once the document is completed, it is usually very enlightening and satisfying for nurses to share stories with each other and be informed about the practice of other nurses in the organization.
- Site visit: Different than any other—very motivating. The appraisers are there to verify, amplify, and clarify the written documentation. They will ask questions, may ask to look at additional documentation, and will listen to stories from all the nurses.
- COM decision: The appraisers do not make the final decision; the Commission on Magnet does that in the final phase.

**Note:** Appraisers are nursing leaders with expertise and experience in various organizational and specialty backgrounds relevant to the Magnet Recognition program. They evaluate applicant documents, conduct site visits, and prepare the final report to the Commission on Magnet.
Watch our video to learn why Magnet is the standard for quality patient care, at http://www.nursecredentialing.org/MagnetJourney.aspx
The program has grown exponentially beginning in 2001.

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Said another way, Magnet is a framework for great, transformational leaders working in partnership with their staff to create great structures, where great nurses work in a professional practice model with access to knowledge and create innovation to reach great patient outcomes.

Today (September 2011) there are over 387 healthcare organizations in 45 states and the District of Columbia, as well as five international entities: three healthcare organizations in Australia, one in Lebanon, and one in Singapore credentialed for excellence in nursing service.

- Princess Alexandra, Queensland, Australia
- Sir Charles Gairdner, Nedlands, Australia
- St Vincent’s Private Hospital, New South Wales, Australia
Magnet Recognition Program® Overview

Slide 37

Your Journey...
- Would you want to work in a Magnet hospital?
- What questions would you ask when seeking employment at a Magnet organization?
- How would the organization benefit if you joined the staff?

Direct to Magnet Web site for additional information.
http://www.nursecredentialing.org/magnet

Ask for questions.

Slide 38

References
1 American Nurses Credentialing Center Web site. About ANCC. Accessed April 15, 2010, from:
http://www.nursecredentialing.org/FunctionalCategory/AboutANCC.aspx
2 American Academy of Nursing Web site. About AAN. Accessed March 4, 2010, from:
http://www.aannet.org/i4a/pages/index.cfm?pageID=3284

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Magnet Recognition Program® Overview

