



# Models of good practice: The Magnet Recognition Program®

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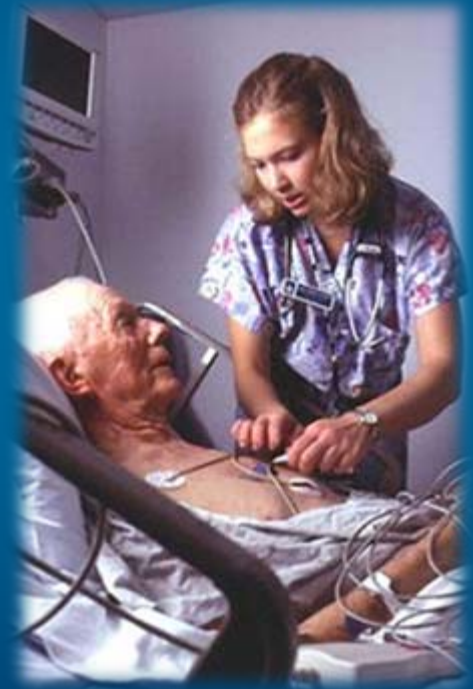
# The Johns Hopkins Hospital

# Objectives

- Review Magnet Program's goals.
- Identify the five components of the Magnet model.
- Discuss Magnet standards.

# Nurses Fill Two Roles in Hospitals

1. Provide direct care to patients and families.
2. Organize and manage the environment.





# Organizational Management Practices Affect:

- ✓ Nurses
- ✓ Quality of Care
- ✓ Level of Patient Safety



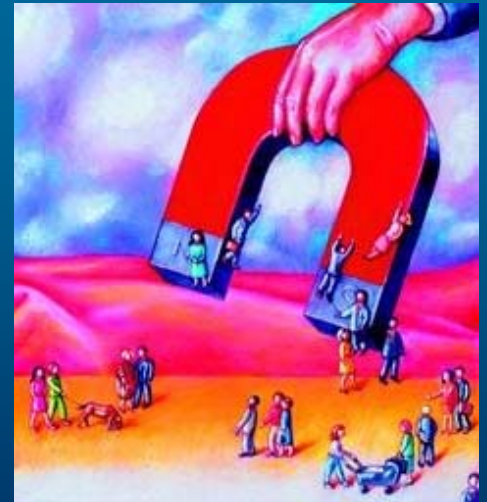


**The Magnet  
Recognition Program®  
offers a means to  
assess nursing's  
organizational management  
practices and clinical outcomes.**

# Origins of the Magnet Program

**1981** – American Nurses Association commissions a study of hospitals that maintained competent nursing workforces during a time of shortage.

**1983** – Researchers (McClure et al., 1983) publish characteristics of model hospitals and coin the term “Magnet hospitals.”



# Magnet Recognition Program Goals

1. Promote quality in a milieu that supports professional practice.
2. Identify excellence in the delivery of nursing services.
3. Provide for the dissemination of “best practices” in nursing.



# Hospitals can use the Magnet Program

- To assess and improve their processes for achieving quality outcomes.
- To acknowledge nursing staff for contributions to positive care outcomes.
- To achieve greater recognition within the community for nursing.

# Creation of Magnet Credential

- 1990** – Accreditation program begins through the ANCC.
- 1994** – University of Washington Medical Center, Seattle, awarded the first credential.
- 2000** – Rochdale Trust, U.K., becomes the first non-US healthcare organization to earn Magnet certification.

# “An Olympic Medal for Nursing”

Magnet designation is the highest level of recognition given to health care organizations that provide the services of professional registered nurses.



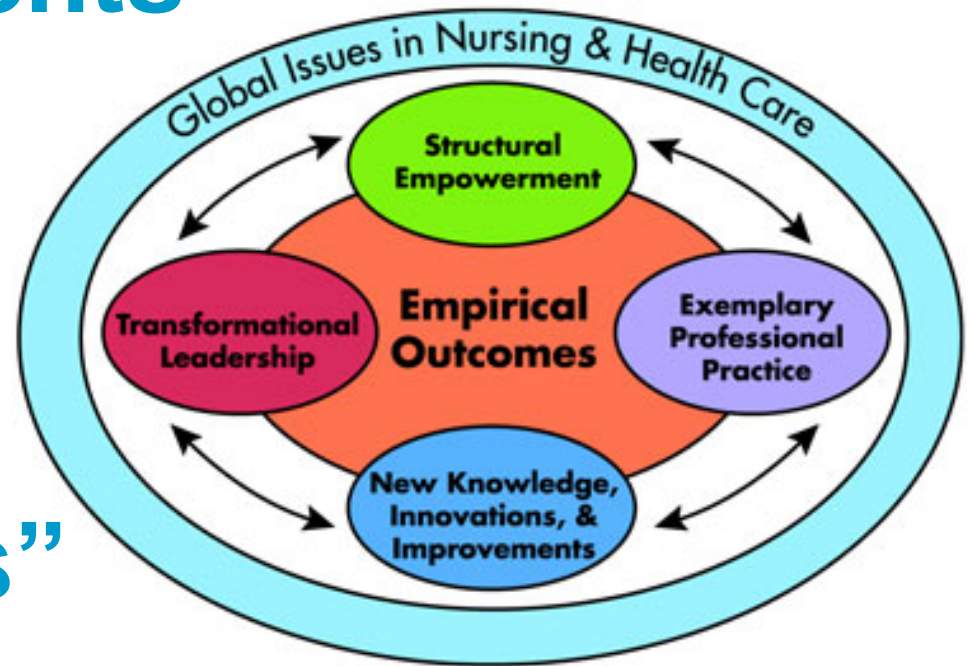
— American Nurses Credentialing Center (ANCC)

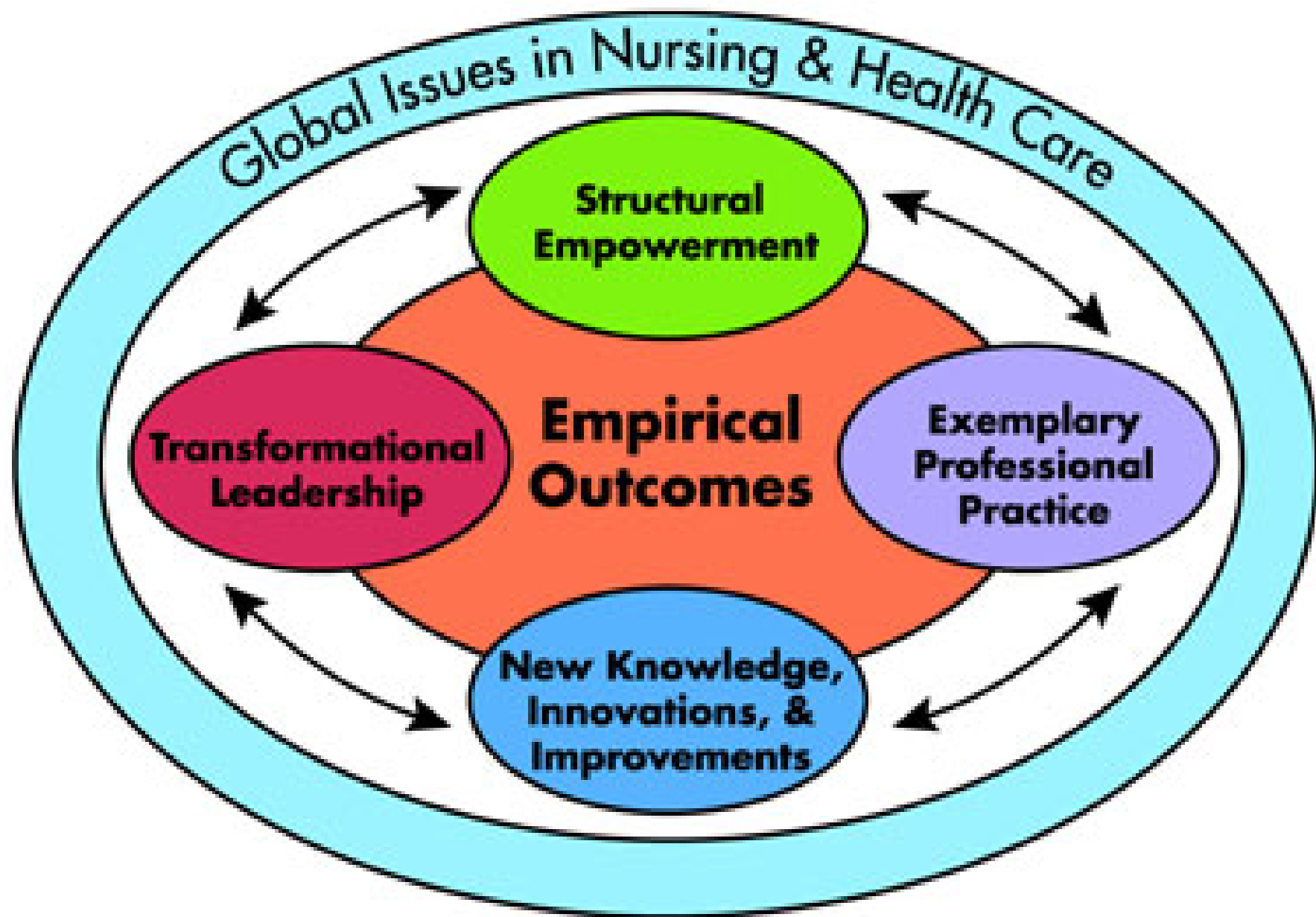


**Magnet hospitals must meet stringent qualitative and quantitative standards that define the highest level of nursing practice and patient care.**

# What are the standards?

- **Five components to the model**
- **Fourteen standards, called “forces”**







<b>Model Components</b>	<b>Forces</b>
<b>Transformational Leadership</b>	<ul style="list-style-type: none"> <li>• Quality of nursing leadership</li> <li>• Management style</li> </ul>
<b>Structural Empowerment</b>	<ul style="list-style-type: none"> <li>• Organizational structure</li> <li>• Personnel policies and programs</li> <li>• Community and the healthcare organization</li> <li>• Image of nursing</li> <li>• Professional development</li> </ul>
<b>Exemplary Professional Practice</b>	<ul style="list-style-type: none"> <li>• Professional models of care</li> <li>• Consultation and resources</li> <li>• Autonomy</li> <li>• Nurses as teachers</li> <li>• Interdisciplinary relationships</li> </ul>
<b>New Knowledge, Innovation, &amp; Improvements</b>	<ul style="list-style-type: none"> <li>• Quality improvement</li> </ul>
<b>Empirical Quality Outcomes</b>	<ul style="list-style-type: none"> <li>• Quality of care</li> </ul>

# Forces of Magnetism

1. **Quality of Nursing Leadership**  
(visionary, knowledgeable, staff advocacy)
2. **Management Style**  
(participatory, valuing staff nurse input)
3. **Organizational Structure**  
(flat, decentralized, unit-based decision-making)
4. **Personnel Policies and Programs**  
(employee-friendly)
5. **Community and the Hospital**  
(hospital as corporate citizen)

# Forces of Magnetism

## 6. Image of Nursing

(nurse is integral member of team)

## 7. Professional Development

(education, competency)



## 8. Professional Model of Care

(staff nurses given authority and accountability)

## 9. Consultation and Resources

(availability of expertise, adequate staffing)

## 10. Autonomy

(within legal scope)

# Forces of Magnetism

## 11. Nurses as Teachers

(of peers as well as patients and families)

## 12. Interdisciplinary Relationships

(mutual respect, collegial RNs–MDs)

## 13. Quality Improvement

(evidence-based practice, innovation)

## 14. Quality of Care

(an organizational priority)

# Magnet research shows ...

## Human Resources

- Increased retention
- Increased recruitment
- Decreased vacancy
- Greater control over practice

## Cost

- Fewer needlesticks
- Fewer staff injuries

## Service

- Higher patient satisfaction
- Increased nurse satisfaction
- Better relationships with physicians

## Quality and Safety

- Lower mortality rate
- Lower disease-specific mortality rates
- Decreased pressure ulcers
- Decreased falls

# Lower Mortality Among a Set of Magnet Hospitals Known for Good Nursing Care

- 4.6% lower mortality rate
- 0.9 to 9.4 fewer deaths per 1,000 (95% confidence interval)

(Aiken, Smith, & Lake, 1994)

(Aiken, Sloane, & Lake, 1999)

(Kendall-Gallagher et al., 2011)



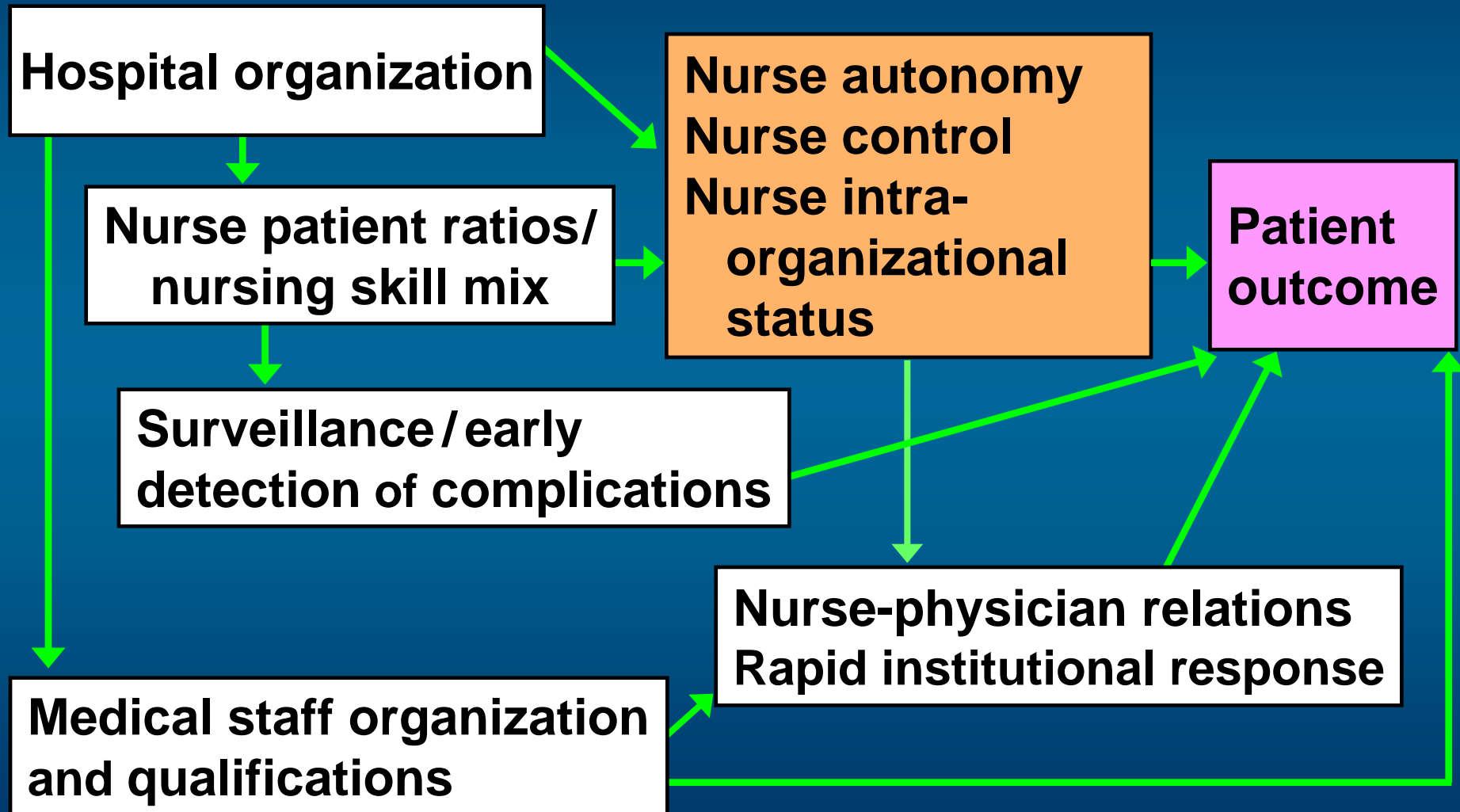
“—a greater proportion of nursing service personnel being registered nurses—is not the sole explanation for their lower mortality. This finding reinforces our belief that the mortality effect derives from the greater status, autonomy, and control afforded in the Magnet hospitals ...”

(Aiken, Smith, & Lake, 1994, p. 783)

“The practical importance of our findings is influenced by the extent to which the organizational characteristics of Magnet hospitals can be replicated elsewhere.”

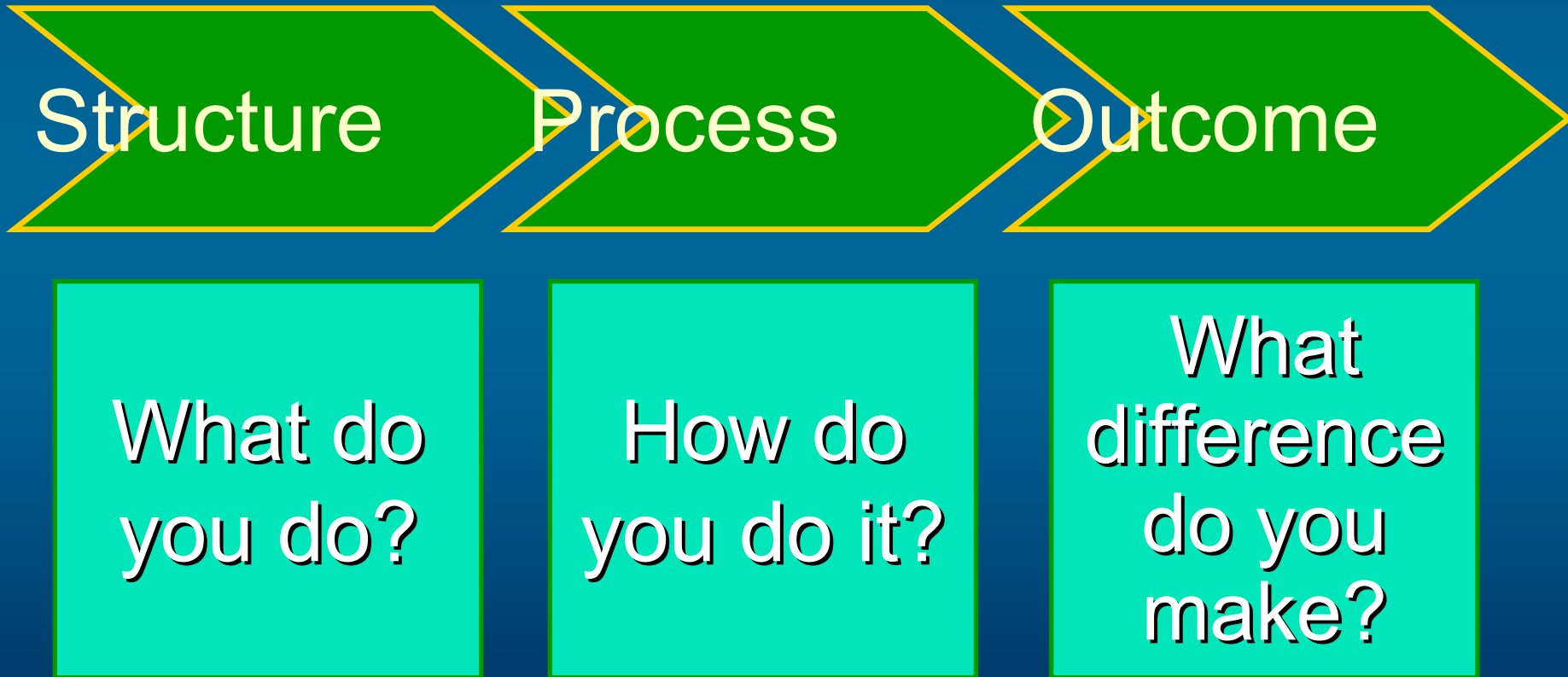
Aiken, Smith, & Lake, 1994, p. 783

# Hospital Organization, Nurse Staffing, and Patient Outcomes



(Aiken)

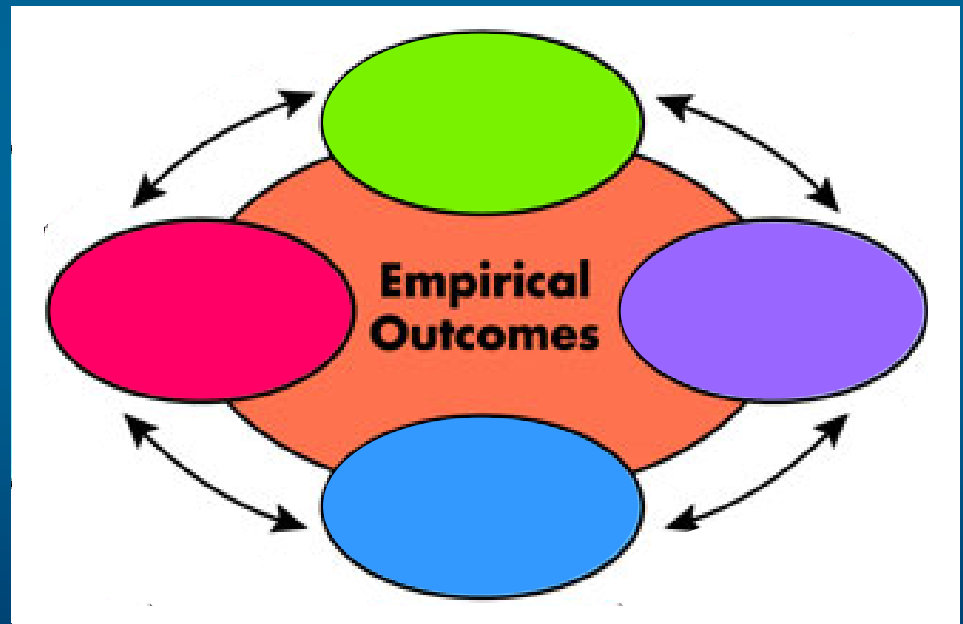
# Implementing the Magnet approach



# New Direction: Focus on Outcomes

Shift from structure and process to a greater focus on outcomes —

- Clinical (patient)
- Community
- Workforce
- Organizational



# Conclusion

- The Magnet Program provides a good framework for promoting high levels of nursing practice.

[http://www.nursingworld.org/  
ancc/magnet.html](http://www.nursingworld.org/ancc/magnet.html)



