Evidence Snapshot

Magnet Hospital Program

What Is a Magnet Hospital?

What You Need to Know About This Polarizing Healthcare Designation

See [http://www.rasmussen.edu/degrees/nursing/blog/what-is-magnet-hospital/](http://www.rasmussen.edu/degrees/nursing/blog/what-is-magnet-hospital/)

Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Magnet hospitals are supposed to have open communication between nurses and other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment.

8% of US hospitals have earned Magnet Designation

391 Hospitals Worldwide—Three in Australia:

Sir Charles Gairdner Hospital, Nedlands, Western Australia

St. Vincent’s Private Hospital, New South Wales

Princess Alexandra Hospital, Brisbane, Queensland

[Frequently Asked Questions About ANCC’s Magnet Recognition Program](https://www.nursingworld.org/organizational-programs/magnet/magnet-program-faq/)

Nursing unions, have been highly critical of the way the Magnet program has been implemented. Some critics, including the California Nurses Association and the Massachusetts Nurses Association, have argued that the Magnet program is primarily a hospital promotion tool that resembles the Joint Commission on Accreditation of Healthcare Organizations in its seemingly incestuous relations with hospital management. Such critics have also asserted that there is little evidence that nurses at Magnet hospitals are really much better off than nurses elsewhere. We are concerned about the Magnet program being a illusory program that gives the impression of nursing excellence without actually achieving it. Many nurses have written to us to say that once Magnet certification has been awarded at their hospitals, Magnet coordinators and teams are immediately fired and all the progress made through the Magnet application process is dismantled. We have heard many first-hand reports of some hospitals trumpeting their new Magnet status even as they proceed to betray some of the program’s key principles.

Taken from The Truth About Nursing [http://www.truthaboutnursing.org/about_us/mission_statement.html](http://www.truthaboutnursing.org/about_us/mission_statement.html)

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164 L Aiken, A Kelly, and D McHugh, “Nurse outcomes in Magnet and non-Magnet hospitals” Journal of Nursing Administration, October 2011


Three hospitals in Australia have achieved Magnet hospital status: the Princess Alexandra Hospital (Brisbane), Sir Charles Gairdner Hospital (Perth) and St Vincent’s Private Hospital (Sydney). The Princess Alexandra Hospital reduced nursing staff turnover from 25% in 1999 to just over 10% two years later.
Another nursing and midwifery leadership initiative that has significant traction in Australia is known as the Essentials of Care. New South Wales Health introduced this program in February 2008 and all Local Health Districts are now at various stages of implementation. The implementation of this initiative is enabling nurses and midwives to focus on the development of clinical environments that enhance patient care, teamwork and individual work satisfaction.

Given the importance of nursing and midwifery workforce retention, the Commonwealth should consider active involvement in the implementation of national nurse leadership programs, based on the successful Essentials of Care and Magnet Hospital initiatives, as there is evidence that these initiatives positively impact on workforce retention rates.

Taken from Review Australian Government Health Workforce Programs


Magnet status in Australian Context

The recruitment and retention of professional nursing staff is a global issue. Nursing shortages are being experienced worldwide due to a combination of factors including an ageing workforce, fewer individuals entering the profession and the inability of health systems to retain nursing staff.

Nursing shortages create a vicious cycle as staff become over-worked and dis-satisfied, and patient care can suffer accordingly.

Australia is certainly not immune from this problem and it is clearly a priority for health systems here, as elsewhere, to identify possible solutions to the issues of recruitment and retention if the current shortages are to be resolved. The Magnet Hospital concept which has been developed in the US over the past 20 years provides such a solution.

The US research shows that the secret to the Magnet Hospitals' success is straightforward. It is based around strong leadership, inclusive management style, autonomy for nurses, positive nurse-physician relationships, good resources, quality career development and further training, and good prospects for promotion.

Hospitals that exhibit these features are able to attract well-qualified and committed nursing staff despite shortages across the industry and are regarded as good places to work.

Two major studies have demonstrated that Magnet Hospitals also consistently produce better outcomes for staff and patients as demonstrated in job satisfaction and quality patient care.

During the 1990s the Magnet Hospitals research was used as the basis for a credentialing system for hospitals that acknowledges excellence in nursing. Developed by the American Nursing Credentialing Centre, a division of the American Nursing Association, it has awarded Magnet status to just over 100 of the more than 6000 hospitals in the US.

It is a valuable assessment tool for hospitals that can be developed in the Australian context, as we also grapple with the nursing shortages and the difficulties hospitals and other health service providers face in attracting and retaining good nursing staff.

Brisbane's Princess Alexandria Hospital is the first hospital in Australia to undertake the credentialing process to achieve Magnet Hospital status, with accreditation confirmed earlier this year.

Hopefully the Princess Alexandria experience will demonstrate to Australian hospitals and nurses that Magnet Hospital characteristics can play a major role in achieving excellent patient outcomes and the retention of nursing staff.

In Australia the nursing shortage is perhaps the biggest challenge our profession faces, yet up until now our hospitals have been slow to embrace the Magnet concept.

Magnet is the only program for attracting and retaining nurses that has a body of evidence to support it - 20 years of rigorous research that shows powerful outcomes. Research also provides clear evidence that they also deliver higher quality care and a significantly lower patient mortality rate.
It is hard to imagine any Australian nurse not positively desiring the Magnet attributes in his/her workplace, and many Australian hospitals and nurses will be watching the process at Princess Alexandria with great interest.

Having said that, it has been identified that importing an American concept to Australia has some limitations, and we are rightly asking how we can develop the Magnet concept in Australia.

Indeed, providing an Australian context for measuring Magnet features in our hospitals was one of the key motivating factors for my development of the Nurses Working Index-Revised (Australian) Tool

Taken from https://media.uow.edu.au/opinions/UOW025800.html

**Princess Alexandra Hospital Experience**

In 2004, the staff of Princess Alexandra Hospital were elated to be the first hospital in the Southern Hemisphere to receive the prestigious 'Magnet' designation for excellence in nursing care. In May 2009, the PAH became the first re-designated Magnet facility outside of America and in June 2014, PAH became the first health care organisation outside the United States to receive Magnet designation for the third time.

Achieving Magnet Recognition ultimately recognises our 2,200 valuable nurses, the highest quality of care they deliver, the support they receive, opportunities available, the team environment, commitment and spirit that we are extremely proud of.

Magnet is an international program which has three decades of evidence based research recognising the benefits of the program to both staff and patients. Magnet empowers nursing through creating a culture that values clinician participation in decision making, transparent review of work practices and support for personal and professional development with a focus on evidence based patient outcomes.

The international program is transferable within all healthcare settings but only an elite 398 healthcare facilities have met the stringent criteria.

Other designated Australian facilities include: Sir Charles Gairdner Hospital in Western Australia and St Vincent's Private Hospital in Sydney.

**Contact**

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**Health literature**

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<th>Reference</th>
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<td>Do Magnet®-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: a systematic review. JBI Database System Rev Implement Rep. 2015 Jul 17;13(6):168-219.</td>
<td>Background: The Magnet model proposes an accreditation for hospitals having demonstrated a healthy work environment and, as a result, positive staff and patient outcomes. Yet there are conflicting findings surrounding the actual impact of Magnet’s organizational model on these outcomes, as well as a wide range of designs influencing the quality of these results. Objectives: To conduct a systematic review that explores the effect of Magnet accreditation on objective nurse and patient outcomes. Results: From the 141 screened studies, ten met the inclusion criteria. Nine of these studies were retrospective analyses of data extracted from existing databases, one study collected original data. Of the seven studies examining patient outcomes, three found clear statistically significant improvements related to lower pressure ulcers, patient falls, failure to rescue and 30-day inpatient mortality in Magnet hospitals compared to non-Magnet hospitals. In the studies examining nurse outcomes,</td>
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three found statistically significant improvements related to higher job satisfaction and lower intent to leave and turnover rates in Magnet compared to non-Magnet hospitals.

Conclusions:
Based on the mixed results and poor quality in the research designs in the ten included studies, it was not possible to conclude that Magnet accreditation has effects on nurse and patient outcomes. There is a need for more robust designs that can confidently measure the impact of hospital accreditation on objective outcomes.

**Evidence-Based Practice and Job-Related Nurse Outcomes at Magnet®, Aspiring, Magnet-Conforming, and Non-Magnet University Hospitals in Finland: A Comparison Study**

*J Nurs Adm.* 2016 Oct;46(10):513-20

**Objective:**
The aim of this study was to compare nurses' evidence-based practice (EBP) beliefs, EBP knowledge, and nurse workforce outcomes between Magnet®-aspiring, Magnet-conforming, and non-Magnet university hospitals in Finland.

**Background:**
The effect of Magnet designation on EBP and nursing workforce outcomes is well studied where Magnet hospitals exist. Less is known about it in countries where hospitals are embarking upon the initial Magnet journey.

**Methods:**
A descriptive cross-sectional national survey was conducted at Finnish university hospitals with a convenience sample (n = 943) of practicing nurses. Data were analysed using descriptive and inferential statistics.

**Results:**
Although nurses' EBP beliefs were favourable and they were satisfied with their jobs, they reported low levels of EBP knowledge. Statistically significant differences were found between hospitals' Magnet journey status and nurses' levels of perceived EBP knowledge.

**Conclusions:**
Although nurses believed in the value of EBP and were satisfied with and likely to stay in their jobs and in nursing, they lacked the EBP knowledge required for integrating best evidence into clinical care.

**A longitudinal analysis of nursing specialty certification by Magnet® status and patient unit type.**


The objective of this study was to examine nursing specialty certification trends by Magnet® status and unit type. Research exploring organizational and unit attributes associated with higher specialty certification rates is timely given the beginning evidence that certification is associated with lower patient adverse events. The sample included 6047 units in 1249 National Database of Nursing Quality Indicators hospitals. Hierarchical linear modelling was used to predict growth in percentage of specialty-certified RNs within each unit type and Magnet status. Data (Bayesian Information Criteria = 224 583.30) demonstrated significant growth in specialty certification rates over time (P < .0001). Magnet-designated organizations had significantly different starting certification rates (P = .0002) and rates of change (P = .0002). Unit types also had significantly different starting certification rates (P < .0001).
and different rates of change (P < .0001). Magnet recognition is associated with increases in specialty certification rates. Certification rates have risen faster in unit types such as paediatric critical care than in unit types such as adult step-down and adult surgical.

| A comprehensive systematic review of evidence on determining the impact of Magnet designation on nursing and patient outcomes: is the investment worth it? | Objective: The overall objective is to examine the current evidence of the impact of Magnet designation on patient and nurse outcomes. Results: A total of 17 papers were included in the review. All were descriptive comparative studies with the majority using a cross sectional survey approach comparing outcomes across either two or three categories of Magnet designation. Comparison across studies using the same instrument was limited as survey instruments were not used in the same manner and studies had different Magnet designation comparison groups. Majority of studies investigated professional nurse practice environment, nurse burnout, nurse satisfaction, perception of quality care, and intent to leave. Limited studies found related to patient outcomes, and no studies met criteria for inclusion for economic review. Conclusion: The investment is worth it. There is evidence to support the positive effect of Magnet designation on the professional nurse practice environment (PNPE). Stronger PNPE and Magnet status are associated with lower levels of nurse burnout, higher levels of nursing satisfaction, higher perceptions of quality of care, and decreased intent to leave. There is a need to further investigate the linkage between PNPE and/or Magnet designation with patient outcomes. Understanding the economic implications of a PNPE requires further study. |
| The interrelationship of organizational characteristics of magnet hospitals, nursing leadership, and nursing job satisfaction. [http://europepmc.org/abstract/med/12785545](http://europepmc.org/abstract/med/12785545) | This study examined whether magnet hospitals continue to provide higher levels of job satisfaction and empowerment among nurses when compared with non-magnet hospitals. Also studied at both types of hospitals was whether job satisfaction discrepancy was interlinked with leadership effectiveness and support of professional nursing practice. Nurses employed at magnet hospitals experienced higher levels of empowerment and job satisfaction due to greater access to work empowerment structures. The elements accounting for differences in empowerment and job satisfaction scores included: (1) greater accessibility of magnet nurse leaders, (2) better support of clinical nurse autonomous decision making by magnet nurse leaders, and (3) greater access to work empowerment structures such as opportunity, information, and resources at magnet hospitals. |
| Lower Mortality in Magnet Hospitals | Medical Care: May 2013 - Volume 51 - Issue 5 - p 382–388 [https://journals.lww.com/lww-medicalcare/Abstract/2013/05000/Lower_Mortality_in_Magnet_Hospitals.382.aspx](https://journals.lww.com/lww-medicalcare/Abstract/2013/05000/Lower_Mortality_in_Magnet_Hospitals.382.aspx) | This study found that Magnet hospitals have 14% lower mortality risk and 12% lower failure to rescue rates. Abstract Background: Although there is evidence that hospitals recognized for nursing excellence—Magnet hospitals—are successful in attracting and retaining nurses, it is uncertain... |
whether Magnet recognition is associated with better patient outcomes than non-Magnets, and if so why.

Objectives: To determine whether Magnet hospitals have lower risk-adjusted mortality and failure-to-rescue compared with non-Magnet hospitals, and to determine the most likely explanations.

Method and Study Design: Analysis of linked patient, nurse, and hospital data on 56 Magnet and 508 non-Magnet hospitals. Logistic regression models were used to estimate differences in the odds of mortality and failure-to-rescue for surgical patients treated in Magnet versus non-Magnet hospitals, and to determine the extent to which differences in outcomes can be explained by nursing after accounting for patient and hospital differences.

Results: Magnet hospitals had significantly better work environments and higher proportions of nurses with bachelor’s degrees and specialty certification. These nursing factors explained much of the Magnet hospital effect on patient outcomes. However, patients treated in Magnet hospitals had 14% lower odds of mortality (odds ratio 0.86; 95% confidence interval, 0.76–0.98; P=0.02) and 12% lower odds of failure-to-rescue (odds ratio 0.88; 95% confidence interval, 0.77–1.01; P=0.07) while controlling for nursing factors as well as hospital and patient differences.

Conclusions: The lower mortality we find in Magnet hospitals is largely attributable to measured nursing characteristics but there is a mortality advantage above and beyond what we could measure. Magnet recognition identifies existing quality and stimulates further positive organizational behaviour that improves patient outcomes.

Comparison of Patient Outcomes in Magnet® and Non-Magnet Hospitals

A 2011 study found that Magnet hospitals provide better care for pressure ulcers, and had higher quality of care, innovations in practice and nursing excellence. But non-Magnet hospitals had better infection control and less post-operative sepsis. Non-Magnet hospitals had better staffing, with 30 RN hours per unit more per week.

Abstract

Objective: This study compared patient outcomes and staffing in Magnet® and non-Magnet hospitals.

Background: The pursuit of Magnet designation is a highly regarded program for improving staff and patient outcomes. Research has confirmed that Magnet hospitals provide positive work environments for nurses. Research related to patient outcomes in Magnet hospitals is scarce, and results vary.

Methods: The University Health Systems Consortium provided the clinical and operational databases for the study. Using bivariate and multivariate analyses, a comparison of patient outcomes and nurse staffing in general units and ICUs of Magnet and non-Magnet hospitals was studied.

Outcomes: Non-Magnet hospitals had better patient outcomes than Magnet hospitals. Magnet hospitals had slightly better outcomes for pressure ulcers, but infections, postoperative
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<th>Study: Magnet Hospitals Don’t Have Better Working Conditions for Nurses</th>
<th>Magnet hospitals &quot;have better work environments, a more highly educated nursing workforce, superior nurse-to-patient staffing ratios, and higher nurse satisfaction than non-Magnet hospitals.&quot;</th>
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<td>This study found that magnet hospitals do not have any better working conditions than non-magnet hospitals.</td>
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<td>Advancing a Magnet culture in the midst of change</td>
<td>A key strategy for advancing a Magnet R recognized (American Nurses Credentialing Center, Silver Spring, MD) culture of excellence is ongoing staff development. The Magnet Recognition Program R requires that there should be evidence in recognized organizations of the development, dissemination and enculturation of the 14 Forces of Magnetism. Magnet Force 14, Professional Development sets an expectation that organization’s value personal and professional growth, including orientation, career development, formal education and continuing education. Magnet Force 11, Nurses as Teachers expects that nurses be involved in educational activities. Implementation of Magnet Force 8, Consultation and Resources requires that adequate human resources and knowledgeable experts be available to consult and serve as mentors. Houston Methodist Hospital (HMH) has been designated as a Magnet facility since 2002. As the hospital prepared for its fourth Magnet re-designation, a knowledge deficit and learning need was identified resulting not only from the influx of new employees, many of whom had not worked in a Magnet designated organization, but also from the routine preparation that occurs during re-designation. In addition to these learning needs, there was a concern that adding a significant number of new employees could potentially influence the organization’s culture. This article will address the resources and strategies used to engage adult learners in becoming knowledgeable and vested in the Magnet program and their role and responsibilities in this environment to advance a culture of excellence, as defined by the full expression of the 14 Forces of Magnetism.</td>
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