

Facts About the Magnet Recognition Program®

Magnet Overview

- The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that provide nursing excellence and to disseminate successful nursing practices and strategies.
- The Magnet® program is recognized as the gold standard of nursing excellence. Currently, only **378*** of the more than 6,000 U.S. healthcare organizations have received the credential.ⁱ

(Note: Please see <http://www.nursecredentialing.org/Magnet/FindaMagnetFacility.aspx> for the current number of Magnet-recognized organizations, as it changes frequently.)

- The Magnet program was initially formed in 1990 as the Magnet Hospital Recognition Program for Excellence in Nursing Services; its criteria were based on findings from a 1983 study conducted by the American Academy of Nursing's Task Force on Nursing Practice in Hospitals, which identified 14 characteristics that created an environment conducive to attracting and retaining well-qualified nurses who promoted quality care. These 14 characteristics became known as the "Forces of Magnetism." In 2002, the program was officially changed to the Magnet Recognition Program®.
- The Magnet Recognition Program® is a road map for nursing excellence. It is a program based on evidence and research. Research comparing Magnet organizations with non-Magnet organizations has found Magnet recognition to be associated with improved nurse-sensitive indicators, including lower rates of fallsⁱⁱ and improved skin integrity.

Additionally, in studies of Magnet environment characteristics, more positive practice environments have been associated with higher patient satisfaction with nurse communication, availability of help, and receipt of discharge information,ⁱⁱⁱ as well as lower risk of 30-day mortality and lower failure to rescue.^{iv}

- The Magnet application and review process is rigorous and lengthy and demands widespread participation from leadership and staff. The steps are as follows:
 - This process begins with the submission of an electronic application.
 - Next, the applicant submits written documentation demonstrating qualitative and quantitative evidence regarding patient care and outcomes.
 - If scores from the written documentation fall within a range of excellence, an on-site visit will occur to thoroughly assess the applicant.
 - After this rigorous on-site review process, the Commission on Magnet will review the completed appraisal report and vote to determine whether Magnet recognition will be granted.

- Magnet recognition is in effect for four years and can be renewed if an organization reapplies and continues to demonstrate performance according to quality benchmarks and reporting.

Principles of the Program

- The Magnet Recognition Program[®] focuses on advancing three goals within each Magnet organization:
 1. Promoting quality in a setting that supports professional practice
 2. Identifying excellence in the delivery of nursing services to patients
 3. Disseminating “best practices” in nursing services
- The Forces of Magnetism serve as the foundation of the current Magnet Model, which is composed of five key components that place greater focus on measuring quality, patient care, and performance outcomes. These principles are:
 1. Transformational Leadership
 2. Structural Empowerment
 3. Exemplary Professional Practice
 4. New Knowledge, Innovation, and Improvement
 5. Empirical Quality Results

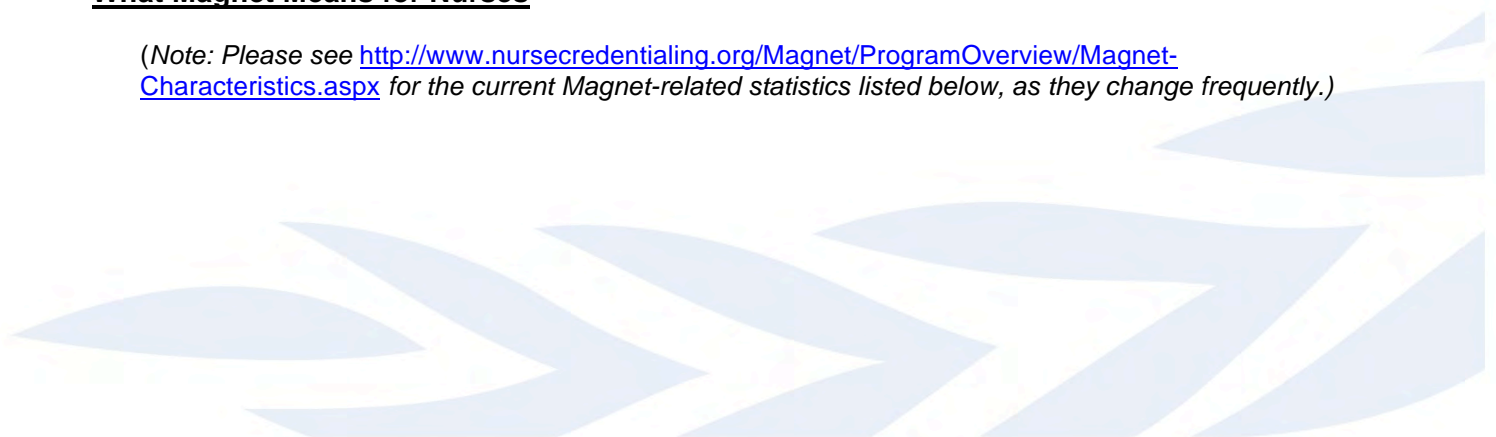
<graphic of Magnet Model>

What Magnet Means for Patients

- Patients are assured that their hospital holds the top credential for excellence in nursing.
- Research comparing Magnet organizations with non-Magnet organizations found Magnet recognition to be associated with lower rates of falls^v and improved skin integrity.
- In studies of Magnet environments, more positive practice environments have been associated with these characteristics:
 - Higher patient satisfaction with nurse communication, availability of help, and receipt of discharge information^{vi}
 - Lower risk of 30-day mortality and lower failure to rescue^{vii}

What Magnet Means for Nurses

(Note: Please see <http://www.nursecredentialing.org/Magnet/ProgramOverview/Magnet-Characteristics.aspx> for the current Magnet-related statistics listed below, as they change frequently.)



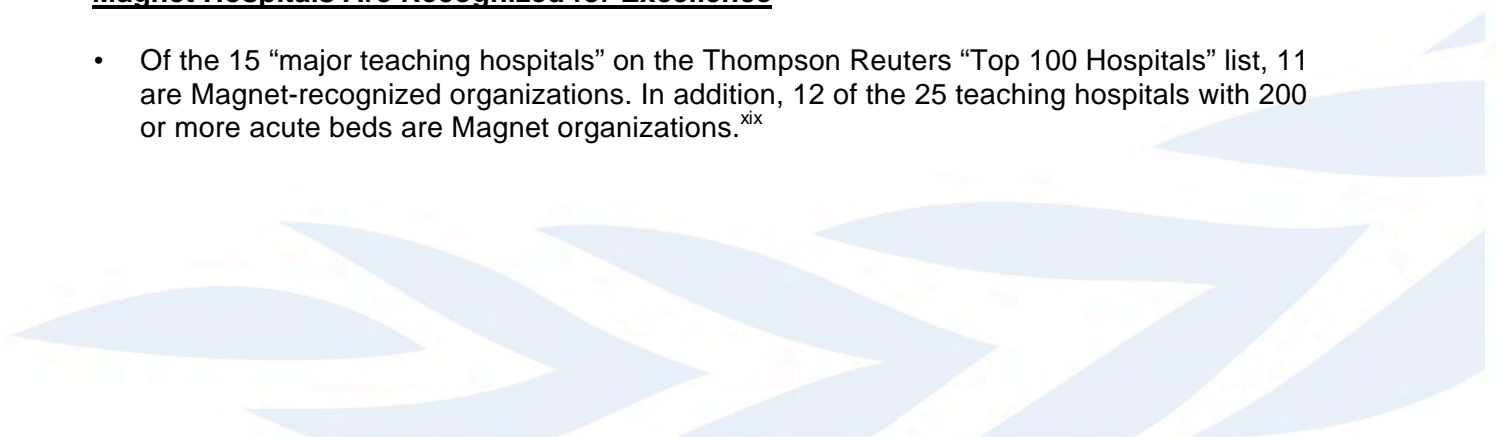
- Magnet-recognized organizations employ the best-trained and most qualified nurses.^{viii} Among organizations with Magnet recognition^{ix}
 - **51.4%** of RN decision makers hold graduate degrees,
 - **50.4%** of RN decision makers are certified by a nationally recognized organization, and
 - **28.1%** of RN decision makers are advanced practice nurses.
- Magnet facilities outperform other hospitals in both recruiting and retaining nursing professionals, resulting in higher employee satisfaction and lower staff turnover. At Magnet-recognized organizations
 - The average staff turnover rate is 9.9%,^x
 - The average length of employment of RNs is 9.8 years,^{xi} and
 - The average nurse vacancy rate* is 2.4%.
- In studies of Magnet environment characteristics, more positive practice environments have been associated with
 - Higher nurse-perceived quality of care^{xii} and
 - Higher nurse-perceived unit effectiveness.^{xiii}

What Magnet Means for Healthcare Organizations

- Low staff turnover rates lead directly to cost savings.
 - Recent studies have shown that the cost of nurse turnover ranges from \$22,000 to more than \$64,000 per nurse.^{xiv}
 - Facilities with turnover rates of less than 12% have a lower cost per discharge, compared with organizations with turnover rates that exceed 21%.^{xv}
 - Hospitals with a turnover rate of 20% or higher experience increased costs and lower return on assets, compared with hospitals with significantly lower turnover rates.^{xvi}
- Highly qualified and satisfied staffs have a positive impact on patient safety, and are more likely to prevent adverse events that can harm patients and increase hospital costs.
 - Research shows that failure to retain nurses contributes to avoidable patient deaths.^{xvii}
 - Hospitals with better-educated nurses have lower mortality rates.
 - A 10% increase in the proportion of baccalaureate-prepared nurses is associated with nine fewer deaths for every 1,000 discharged patients.^{xviii}

Magnet Hospitals Are Recognized for Excellence

- Of the 15 “major teaching hospitals” on the Thompson Reuters “Top 100 Hospitals” list, 11 are Magnet-recognized organizations. In addition, 12 of the 25 teaching hospitals with 200 or more acute beds are Magnet organizations.^{xix}



- According to *Becker's Hospital Review*, nine out of the 10 best hospitals in America in 2009 were Magnet-recognized. The publication describes their top 10 organizations as “leaders in all elements of quality care, drivers of innovation and trendsettersThey are model businesses and establish the bar for excellence.”^{xx}
- Magnet recognition is used as a criterion by *U.S. News & World Report* when it determines its annual showcase of “America’s Best Hospitals.” In 2010:
 - **Eight of the top 10** medical centers on the magazine’s Honor Roll were Magnet-recognized.^{xxi}
 - **Six of the eight** hospitals on the magazine’s Children’s Hospital Honor Roll achieved Magnet recognition.^{xxii}
- Job satisfaction and employee retention rates are higher at Magnet-recognized organizations.

For current statistics, please visit

<http://www.nursecredentialing.org/Magnet/ProgramOverview/Magnet-Characteristics.aspx>

**Defined as the average number of vacant full-time equivalent (FTE) positions divided by the average number of budgeted FTE positions*

ⁱ American Hospital Association. *Fast Facts on US Hospitals*. Retrieved from <http://www.aha.org/aha/resource-center/Statistics-and-Studies/fast-facts.html>

ⁱⁱ Dunton, N., Gajewski, B., Klaus, S., Pierson, B. (2007). The relationship of nursing workforce characteristics to patient outcomes. *Online Journal of Issues in Nursing* 12(3): Manuscript 4. Retrieved from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingWorkforceCharacteristics.aspx

ⁱⁱⁱ Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., Aiken, L. H. (2009). Nursing: A key to patient satisfaction. *Health Affairs* 28(4): 669-77.

^{iv} Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration* 38(5): 223-229; Friese, C. R., Lake, E. T., Aiken, L. H., Silber, J. H., Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research* 43(4): 1145-1163.

^v Dunton, N., Gajewski, B., Klaus, S., Pierson, B. (2007). The relationship of nursing workforce characteristics to patient outcomes. *Online Journal of Issues in Nursing* 12(3): Manuscript 4. Retrieved from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingWorkforceCharacteristics.aspx

^{vi} Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., Aiken, L. H. (2009). Nursing: A key to patient satisfaction. *Health Affairs* 28(4): 669-77.

-
- ^{vii} Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration* 38(5): 223-229; Friese, C. R., Lake, E. T., Aiken, L. H., Silber, J. H., Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research* 43(4): 1145-1163.
- ^{viii} *Nursing Management Salary Survey 2005*. Lippincott Williams & Wilkins, Inc. Vol 36(7), July 2005, 18-27.
- ^{ix} <http://nursecredentialing.org/Magnet/ProgramOverview/Magnet-Characteristics.aspx>
- ^x <http://nursecredentialing.org/Magnet/ProgramOverview/Magnet-Characteristics.aspx>
- ^{xi} <http://nursecredentialing.org/Magnet/ProgramOverview/Magnet-Characteristics.aspx>
- ^{xii} Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration* 38(5): 223-229; Laschinger, H. K. S. (2008). Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: Further testing the Nursing Worklife Model. *Journal of Nursing Care Quality* 23(4): 322-330.
- ^{xiii} Siu, H., Laschinger, H. K. S., Finegan, J. (2008). Nursing professional practice environments: Setting the stage for constructive conflict resolution and work effectiveness. *Journal of Nursing Administration* 38(5): 250-257.
- ^{xiv} Jones, C., Gates, M. (2007). The costs and benefits of nurse turnover: A business case for nurse retention. *Online Journal of Issues in Nursing* 12(3): Manuscript 4. Retrieved from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NurseRetention.aspx
- ^{xv} VHA Inc. (2002). *The business case for workforce stability*. Retrieved July 2, 2007, from www.healthleadersmedia.com/pdf/white_papers/wp_vha_120103.pdf.
- ^{xvi} VHA Inc. (2002). *The business case for workforce stability*. Retrieved July 2, 2007, from www.healthleadersmedia.com/pdf/white_papers/wp_vha_120103.pdf.
- ^{xvii} Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993.
- ^{xviii} Tourangeau, A. E., Cranley, L. A. (2006). Understanding and strengthening determinants of nurse intention to remain employed. *Journal of Advanced Nursing*.
- ^{xix} <http://www.100tophospitals.com/>
- ^{xx} <http://www.hospitalreviewmagazine.com/news-and-analysis/current-statistics-and-lists/beckers-hospital-review-names-10-best-hospitals-for-2009.html>
- ^{xxi} <http://health.usnews.com/health/best-hospitals>
- ^{xxii} <http://health.usnews.com/health/best-hospitals>
- 