

Nursing Health Services Research Unit

a collaborative project of
the University of Toronto
Faculty of Nursing and
McMaster University
School of Nursing

Our mission is to develop,
conduct and disseminate
research that focuses on:

- design
- management
- utilization
- outcomes
- provision
...of nursing.

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STRATEGIES AND OUTCOMES ASSOCIATED WITH MAGNET HOSPITALS FACT SHEET II OF II

Magnet¹ hospitals have been associated with positive outcomes for hospitals, patients, and nurses. This fact sheet reviews the magnet hospital literature with a focus on strategies that can be implemented to promote magnet characteristics within hospitals, and therefore facilitate positive outcomes for nurses, patients, and hospitals. It presents selected content from a report entitled *Nurse-Physician Relationships – Solutions and Recommendations for Change*. The full report is available on line at www.nhsru.com.

In a 2001 study Kramer and Schmalenberg identified the “Essentials of Magnetism” and along with Hinshaw (2002), provided a comprehensive discussion of the strategies that foster magnetism within a healthcare organization. The strategies discussed focused on developing the 8 essential magnet characteristics which were identified by Kramer and Schmalenberg following a study of nurses within magnet facilities (For a list of these “Essentials of Magnetism” please see “Magnet Hospitals Fact Sheet I of II” available on line at www.nhsru.com).

STRATEGIES THAT PROMOTE MAGNET HOSPITAL CHARACTERISTICS

- Create work environments that foster professional accountability by eliminating stringent rules and allowing nurses the flexibility to act on their expert judgment to solve patient care issues; this encourages an autonomous practice climate (Upenieks, 2003a)
- Encourage the participation of nurses in reviewing, updating, and initiating policies and procedures founded on evidence-based practice and research (Batson, 2004; Gleason-Scott, Sochalski, & Aiken 1999; Robinson, 2001)
- Implement a decision making structure for nurses such as shared governance (Kramer & Schmalenberg, 2002)
- Ensure strong, visible nursing leadership at both the organizational and unit levels (Hinshaw, 2002)
- Implement clinical ladders, a framework for promoting and recognizing excellence in nursing practice (Batson, 2004; Gleason-Scott, Sochalski, & Aiken 1999)²
- Nurture clinical competence (Kramer & Schmalenberg, 2002)
- Improve access to opportunity structures, such as information and resources (Upenieks 2003a; Gleason-Scott, Sochalski, & Aiken 1999)
- Provide educational and career support: allocate time and financial support for educational advancement (Robinson, 2001; Hinshaw, 2002), research, special projects and publications (Kramer & Schmalenberg, 1988)
- Support a “bias toward action” (Kramer & Schmalenberg, 1988a; Hinshaw 2002)
- Enhance nurse-staffing ratios (Hinshaw, 2002)³
- Encourage collaboration among nurses and physicians (Robinson, 2001; Hinshaw, 2002)

¹ The concept of magnet has evolved to include various healthcare organizations, however we have used the term magnet hospital to remain true to the original literature.

² Kramer and Schmalenberg (2002) argue that nurses do not really value the clinical ladder system, rather they suggest that instead nurses simply prefer recognition and reward for clinical competence.

³ For a complete discussion of strategies to implement improved nurse-staffing ratios see: Hinshaw, A.S. (2002). *Building magnetism into health organizations*. In M.L. McClure & A.S. Hinshaw (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*. (pp.83-103). Washington, D.C.: American Nurses Publishing.

OUTCOMES OF MAGNET HOSPITALS

Research continues to validate important outcomes associated with magnet hospitals ***Nurse Outcomes***

- Lower nurse turnover and vacancy rates (Kramer & Schmalenberg 1988; 1991; Kramer, 1990 cited in Buchan 1999)
- Higher levels of nurse job satisfaction (Jones-Schenk, 2001; Kramer & Schmalenberg, 1991a; 1991b)
- Lower levels of nurse burn-out, emotional strain, frustration and dissatisfaction (Havens & Aiken, 1999)
- Enhanced welfare and workplace safety for nurses (Havens & Aiken, 1999)
- Lower rates of nurse-reported needlestick injuries (Aiken, Sloane, & Klocinski, 1997)

Patient Outcomes

- Increased patient satisfaction with care (Force, 2004; Aiken, Sloane, & Lake, 1996; Aiken, Smith, & Lake, 1994)
- Lower patient mortality rates (Jones-Schenk, 2001; Aiken, Havens et al., 2000; Aiken, Smith, & Lake, 1994)
- Fewer overall patient complications (Kovner & Mezey, 1999)

System/Organizational Outcomes

Cost/Benefit

Magnet hospitals have the ability to attract and retain nurses, and hence reduce turnover, which may significantly impact on overall organizational costs (Jones-Schenk, 2001; Upenieks, 2003a). One estimate suggests that turnover of a general staff nurse costs \$48,000 US and a critical-care or specialty nurse costs around \$64,000 US (Advisory Board Company, 2000 cited in Hinshaw, 2002). The savings to a 500-bed hospital of moving from a 13% annual RN turnover rate to a 10% rate would be around \$800,000 US a year (Advisory Board Company, 2000 cited in Aiken, 2002).

Additionally, preliminary cost benefit analysis suggests that the cost of maintaining magnet hospital designation, and the additional costs associated with the program, will outweigh traditional recruitment efforts (Upenieks, 2003). Even with the implementation of all the retention and recruitment strategies, cost effectiveness is achieved through the substantial decline in agency utilization and nursing turnover (Upenieks, 2003; Aiken, 2002).

Fiscal benefits to Magnet Hospital Status

- Upgrades the bond rating for institutions (McClure & Hinshaw, 2002)
- Creates publicity for the institutions by way of media coverage, including newspaper announcements, billboards, radio and television commercials
- High levels of retention and recruitment decrease insurance and legal costs related to malpractice claims

There are currently over 180 healthcare organizations which are recognised for their excellence in nursing service and as a result hold magnet status. However the only healthcare organization outside of America which holds magnet status is in Australia.