7.2: Magnet Hospital

Emergence of Magnet Hospitals

Hospitals are a vital health care resource for our communities. Community members usually spend the first and last days of their lives in these buildings, and they regard the hospital as an important health resource that will support them should they be injured or become critically ill. Thus, when hospitals are forced to shut down beds and deny admission to sick people, it becomes a community crisis. Such a crisis occurred in the United States during the 1980s and 1990s when many hospital beds were closed due to a shortage of nurses. However, not all hospitals faced calamity. Some hospitals were fully staffed and remained untouched by the nursing shortages. In 1982, a research team from the American Academy of Nursing identified 41 such hospitals that were not experiencing nurse employment or retention issues. These hospitals became known as Magnet hospitals.

A review of the Magnet hospitals (McClure, Poulin, Sovie, & Wandelt, 1983) revealed 14 attributes or “forces of magnetism” (Goode, Blegen, Park, Vaughn, & Spetz, 2011) that were unique to Magnet hospitals. These “forces” or environmental influences were associated with higher levels of nurse job satisfaction and reduced nurse burnout (McHugh et al., 2013). Magnet hospitals also displayed improved patient outcomes, such as lower patient fall rates, overall reduced mortality rates, and lower mortality rates for very low birth weight infants (McHugh et al., 2013).

The Magnet Recognition Program, formalized in the 1990s, required hospitals desiring Magnet status to demonstrate evidence of organizational reform of nurses’ work environment that would facilitate the achievement of desired patient outcomes. The 14 forces of magnetism described by McClure et al. (1983) had evolved into five goals: (1) transformational leadership; (2) structural empowerment; (3) exemplary professional practice; (4) new knowledge and improvements; and (5) empirical outcomes that are embedded in each of the four previous domains (McHugh et al., 2013). There are presently 389 hospitals in the United States that have demonstrated reform of nurses’ work
Essential Learning Activity 7.1.1

Watch this video titled “Magnet Recognition Program Overview” (5:55) by Mouayad Mohtar, to find out more about the five requirements of Magnet hospitals, then answer the following questions:

1. What are the five components of the Magnet model?
2. What are the main characteristics of each of the five components?

Patient Outcomes and Magnet Hospitals

The Magnet hospital model was originally developed to improve RN recruitment and retention. As researchers studied Magnet hospitals, they soon came to the realization that improved patient outcomes were a direct positive outcome of the organizational reform of the nurses’ work environment. A meta-analysis of the literature from 2006 to 2012 by Krueger, Funk, Green, and Kuznar (2013) indicated that there are eight categories of nurse-related variables (nurse hospital work environment, Magnet status, nurse–physician communication, job demands, staffing, education, years of experience, and certification) that have an impact on patient outcomes. Sixteen studies retained in the review revealed that there are significant relationships between these nurse-related variables and three patient outcomes: patient adverse advents (infections, pressure ulcers, prolonged length of stay, mortality rates, failure to rescue, medication errors, patient falls, post-operative hemorrhage, acute myocardial infarction, congestive heart failure, stroke, and craniotomy); cost of patient care; and expected patient outcomes (self-care and readiness for discharge) (Krueger et al., 2013). Review of the Magnet hospital research indicated that staffing was the most stable nurse variable predictor of patient outcomes (Krueger et al., 2013). Magnet hospital research from 2006 to 2015 successfully demonstrated the association between improved nurse variables and successful nurse and patient outcomes. Additionally, a comparison of Magnet hospitals and non-Magnet hospitals demonstrated significantly greater improvements in work environment and nurse and patient outcomes for Magnet hospitals (Kutney-Lee et al., 2015).

Research Note


Purpose

To identify how organizational nursing factors at different structural levels (i.e., unit-level work environment and hospital Magnet status) are associated with hospital-acquired pressure ulcers (HAPUs) in US acute care hospitals (Ma & Park, 2015, p. 565).

Discussion

Cross-sectional observational study used responses from 33,485 RNs to measure work environments.
The unit of analysis was the nursing unit, and the study included 1,381 units in 373 hospitals in the US. Both hospital and unit environments were significantly associated with HAPUs, and the unit-level work environment can be more influential in reducing HAPUs (Ma & Park, 2015, p. 565).

Application to practice

Investment in the nurse work environments at both the hospital level and unit level has the potential to reduce HAPUs, and in addition to hospital-level initiatives (e.g., Magnet recognition program), efforts targeting on-unit work environments deserve more attention (Ma & Park, 2015, p. 565).