

Nurses' Perspective Of Magnet Features In Selected Hospitals At Mansoura

By

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Abstract

Background: There is a considerable evidence to show the success of magnet hospitals in attracting and retaining nursing staff. **Aim:** The aim of this study is to investigate the magnet features in selected hospitals from the perspective of nurses. **Design:** Descriptive comparative design was utilized in this study. **Methods:** Study was conducted in two hospitals namely: Mansoura General Hospital as ministry of health sector and Gastroenterology center as University sector. A purposive convenient sample of 177 staff nurses working in the previous mentioned hospitals were constituted the study sample. Data for the present study was collected through utilizing Nursing Work Index developed by Joyce&Crookes (2007) based on The original NWI that was developed by Kramer and Hafner (1989) from the research on magnet hospitals for the purpose of capturing a clear measure of the organizational attributes of a professional practice environment. **Results:** findings of the present study revealed that nurses working in university hospital have positive perception of magnet features which contributes to better working conditions than those nurses working in ministry of health sector. Statistical significant differences in nurses' perception regarding educational opportunity, control over nursing practice and shared governance subscales of magnet features in the selected hospitals. **Recommendations :** Nursing leaders' efforts to create empowering work environments can influence nurses' ability to practice in a professional manner, ensuring excellent patient care quality and positive organizational outcomes. Efforts must be made to improve nurses' working conditions in governmental and ministry of health sectors in order to retain nurses in the system and encourage new recruits to the profession.

keywords : Magnet hospitals , Magnet features, Nurses' perspective

Introduction:

In today's highly complex, fast-paced healthcare environment, and with a growing nursing shortage, ensuring a healthy work environment and creating a safer healthcare system have become issues of high visibility nationwide. Pressures from healthcare providers, clients and stakeholders to improving the nurses work

environment and the patient safety culture are increasing daily (Al-Ateeq 2008).

The practice environment experienced by nurses has received increasing attention in the international arena because of the restructuring and reorganization of health care services in many countries during the last decade. These actions have highlighted two

central issues in every country's health care system: nursing shortages and patient safety (van **Bogaert et al 2010**, **Gormely 2011**, **Schalk et al. 2010**, **Sermeus et al. 2011**,&**Hinno 2012**).

The work environment constitutes an important factor in the recruitment and retention of health professionals, and the characteristics of the work environment affect the quality of care both directly and indirectly. Addressing the work environment, therefore, plays a critical role in ensuring both the supply of a health workforce and the enhancement, effectiveness and motivation of that workforce. The purpose of providing attractive and supportive work environment is to create incentives for entering – and remaining in – the health professions, and to provide conditions that enable health workers to achieve high-quality health services (**Wiskow et al 2010**).

A professional practice environment can be described as the system that supports nurses' control over the delivery of nursing care, the environment in which care is delivered and the characteristics of an organization that facilitate or constrain professional nursing practice (**Aiken & Patrician 2000**, **Lake 2002**). Numerous studies have found relationships between the

professional practice environment and registered nurses' job satisfaction and retention (**Gardulf et al. 2008**,and **Hinno 2012**).

The hospital nursing shortage poses a serious threat to the health and welfare of this nation. Since sufficient numbers of professional nurses are essential if hospitalized patients and their families are to receive quality care, and since nurses provide 95% of the care that patients receive while hospitalized, these essential care needs will not continue to be met unless hospitals can solve the “nursing shortage problem” – that is, their inability to attract and retain competent, experienced professional nurses (**Poulin and McClure 2011**).

Research shows that various factors contribute to nursing vacancies and turnover, including unsupportive practice environments, long work hours, and excessive physical and psychological demands. In the early 1980s, as a response to problems with nursing retention and turnover, a task force was developed to identify organizational attributes of hospitals that were successful in recruiting and retaining nurses despite a major national nursing shortage (**Gsurses et al 2010**).

Nurses are leaving the nursing profession in large numbers and new graduates often stay for a

limited period of time. It is a matter of priority for health systems to identify possible solutions to the issues of recruitment and retention if the current nursing shortages are to be resolved. There is considerable evidence to show the success of magnet hospitals in attracting and retaining nursing staff (**Kramer 1990**).

In particular magnet hospitals have also been shown to have consistently produced better outcomes for staff and patients, as demonstrated in job satisfaction and quality patient care, than non-magnet hospitals (**Aiken et al 1997**, (**Joyce&Crookes 2007**)).

Hospitals across the country that have achieved magnet recognition form an elite faction of facilities noted for their excellence in nursing. Studies show that nurses at magnet facilities stay twice as long as those in conventional hospitals. Magnet hospitals try to attract and retain nurses dedicated to providing the highest quality patient care and service excellence(**Opus Communication A Division of hcpro 2002**).

Joyce & Crookes (2007) asserted that Participatory management, effective leadership, professional practice environments (illustrated by the existence of quality care, positive staffing relationships and autonomy of practice amongst nursing staff) and clearly defined

career development pathways, are key issues in the recruitment and retention of nursing staff. Essentially, these are the features of magnetic hospitals. More over **AL –Ateeq (2008)** reported in her research study the attributes of magnetism in a work environment as : support for education; working with other nurses who are clinically competent; positive nurse/physician relationships; autonomous nursing practice; a culture that values concern for the patient; control of and over nursing practice; perceived adequacy of staffing; and nurse-manager support .

Magnet hospitals demonstrate a lower level of nurse turnover and higher levels of job satisfaction for

the nursing staff. Furthermore, a review by **Aiken and Havens (2000)** demonstrated that magnetic features have a significant impact on nursing staff satisfaction and competency and in turn patient outcomes. Thus, the practices that create a positive working environment for nursing staff are essential in improving the quality of patient care(**Needleman et al 2001**). More over related literature on recruitment and retention of nurses in contemporary society, leads one to conclude that when the elements of magnet hospitals are present in the structure and culture of an organization, recruitment and

retention of nurses improve, as do patient outcomes.

Understanding what nurses perceive as important aspects of the work environment, and targeting strategies to improve these characteristics are essential in the retention of nurses, and in determining quality of care delivery (Hinno 2012). So the purpose of this study is to investigate the magnet features in selected hospitals from the perspective of nurses.

Subjects and Methods

Study Design:

Descriptive comparative design was utilized in this study. This study follows cross sectional design.

Study questions:

- 1- What perception do nurses have about magnet features in the selected hospitals?
- 2-Is there a difference in the nurses perception about magnet features by the selected sectors?
- 3-Is there relationship among selected demographic variables and nurses' perceptions of magnet features?

Study setting:

Study was conducted in two hospitals namely: Mansoura General Hospitalas affiliated to ministry of health

sector and Gastro-enterology center as Mansoura University Hospitals sector.

Sample:

A purposive convenient sample of 177 staff nurses working in the previous mentioned hospitals and who were willing to be participated in the study constituted the study sample. They were divided into 120 nurses in Mansoura General hospital and 57 nurses in Gastro-enterology center. The criteria for inclusion in the sample included being a staff nurse practicing clinical nursing .Nurse managers and those in senior nursing administration were excluded from the sample .

Tools:

Data for the present study was collected through utilizing the following tool:

Dimensions of magnetism scale:

The scale developed by **Upenieks(2002)**, consisted of two sections, The first section was developed by the researchers to collect demographic information about respondents .It includes: age, educational preparation, marital status and years of experiences. The second section includes 56 items to assess the extent of presence magnetism dimensions in the hospitals from nurses perspective .

It divided into the following six subscales: Control over practice(14 items)

Autonomy (10 items), Nurse physician relationship (3 items), Organization support (19 items), Shared governance (7 items) and, Educational opportunity (3 items).

The scoring system was 4 point Likert scale regarding how the staff nurses perceive magnet features in their hospitals . The Likert scale contains the following response possibilities: Strongly agree (1)Somewhat agree (2) (Somewhat disagree (3) Strongly disagree (4)

Reliability of the tool was done by using Cronbach's alpha which consider the most commonly used test of internal consistency of tools having likert scale format. Cronbach,s alpha 0,9735).

Tool validity: The tool contents were previously tested for its content validity through five expertise from nursing administration department in five different universities .Based on their recommendations the necessary modifications were made. Double translation English-Arabic-English was done to ensure validity of translation.

The Pilot Study:

A pilot study was carried out on a sample of 10%before starting the actual data collection to ascertain

the clarity, and applicability of the study tools. It also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, modifications, clarifications, omissions,and rearrangement of some questions were done.

Ethical consideration:

An official permissions were obtained from hospital's director and nursing director of the previous selected hospitals to conduct the study at the selected units. They were assured that the data is confidential and used only for research purposes

Procedure:

Once permission was granted from the nursing administrator of the selected hospitals to proceed with the prepared research, the purpose of the study was explained to staff nurses who accept to participate in the study. The respondents were assured for complete confidentiality. An explanation of the instrument was done before it handed to the studied sample on their work places .Sheets was filled out at range of Minutes. Data collection activities consumed

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 16. For

quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between means of two groups student t-test was used. For comparison between more than two means, the F value of analysis of variance (ANOVA) was calculated. Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance

Results:

Table (1) describes the demographic data of the studied nurses at the selected hospitals. It is clear that there is a statistical significant differences among nurses in the selected hospitals regarding their age (χ^2 , $p = 13.112$, 0.004^*). Regarding to years of experiences, data in the same table show that there is a statistical significant differences among the studied nurses in the selected hospitals (χ^2 , $p = 9.8452$, 0.020^*). Also it is clear from table (1) and figure (1) that there is a statistical significant differences among the studied nurses in the selected hospitals regarding their educational status (χ^2 , $p = 37.022$, 0.0001^*), as that the highest percentage of the study respondents from Mansoura general hospital (72.5 %) have nursing diploma compared to only 36.8% from

Gastro-enterology Center, as well as 35.1% of nurses working in Gastro-enterology Center working as nursing technicians compared to only 3.3 % in Mansoura general hospital. While data in the same table revealed no statistical significant differences in marital status among the studied nurses in the selected hospitals.

Table (2) and figure (2) show statistical significant differences in total mean scores of nurse's perception regarding magnet features in selected hospitals (t test 2.092, $p = 0.038^*$), as nurses working in gastro-enterology center have highest mean scores compared to nurses from Mansoura general hospital. The higher the score, the more magnet the workplace. It is obvious from the same table that there were statistical significant differences in nurse's perception regarding the following magnet features subscales: control over practice (t: 2.132, p value: 0.034^*), shared governance (t: 2.931, p value: 0.004^*), and educational opportunity (t: 2.286, p value: 0.038^*).

Data in table (3) show no statistical significant relationship between age of the studied nurses and their perception of magnet features in the selected hospitals. It is clear from table (4) that there was no statistical significant relationship between educational

status of the studied nurses and their perception of magnet features in the selected hospitals. Data in table (5) show no statistical significant relationship between

years of experiences of the studied nurses and their perception of magnet features in the selected hospitals.

Table (1): Demographic data of the studied nurses at the selected hospitals.

Personal data	Nurses from Mansoura General Hospital (n=120)		Nurses from Gastro-enterology Center (n=57)		χ^2 test	P
	n	%	n	%		
•Age (Years):						
16-<30	75	62.5	22	38.6	13.112	0.004*
30-<40	34	28.3	30	52.6		
40-58	11	9.2	5	8.8		
Range	20-58		16-54			
Mean±SD	28.03±6.52		30.05±7.62			
t-test	1.821					
P	0.070					
•Experience years:						
< 1	7	5.8	7	12.3	9.845	0.020*
1-<10	73	60.8	22	38.6		
10-<20	31	25.8	25	43.9		
20-36	9	7.5	3	5.3		
Range	0.25-24		0.50-36			
Mean±SD	7.91±5.65		10.59±8.04			
t-test	2.550					
P	0.012*					
•Educational status:						
Nursing diploma	87	72.5	21	36.8	37.022	0.0001*
Nursing technician	4	3.3	20	35.1		
Baccalaureate of nursing	29	24.2	16	28.1		
•Marital status:						
Married	104	86.7	47	82.5	0.679	0.712
Single	15	12.5	9	15.8		
Widow	1	0.8	1	1.8		

*Significant (P<0.05)

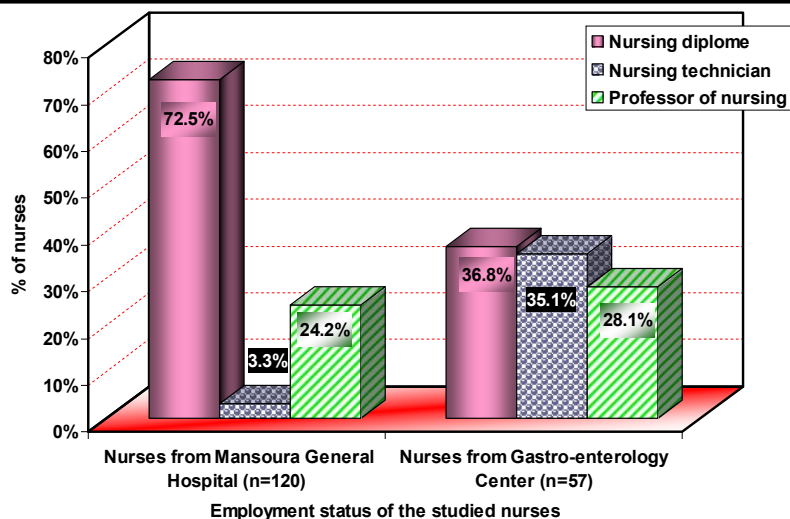


Figure (1): Educational status of the studied nurses.

Table (2): Mean score of the studied nurse's perception regarding magnet features in selected hospitals

Magnet features Subscales	Nurses from Mansoura General Hospital (n=120) Range Mean±SD	Nurses from Gastro-enterology Center (n=57) Range Mean±SD	t-test	P
Control over practice	17-56 42.88±6.75	17-56 45.75±11.06	2.132	0.034*
Autonomy	10-40 31.89±6.33	9-40 33.47±8.19	1.409	0.161
Nurse physician relationship	3-12 10.68±2.17	3-12 9.95±3.14	1.814	0.071
Organization support	23-52 39.55±7.08	4-52 41.93±13.24	1.558	0.121
Shared governance	5-28 20.85±4.72	7-28 23.19±5.46	2.931	0.004*
Educational opportunity	8-32 24.69±5.89	12-32 26.88±6.06	2.286	0.023*
Range	93-220	76-220	2.092	0.038*
Mean±SD	170.55±25.91	181.17±41.09		
Median	171.50	195.00		

*Significant (P<0.05)

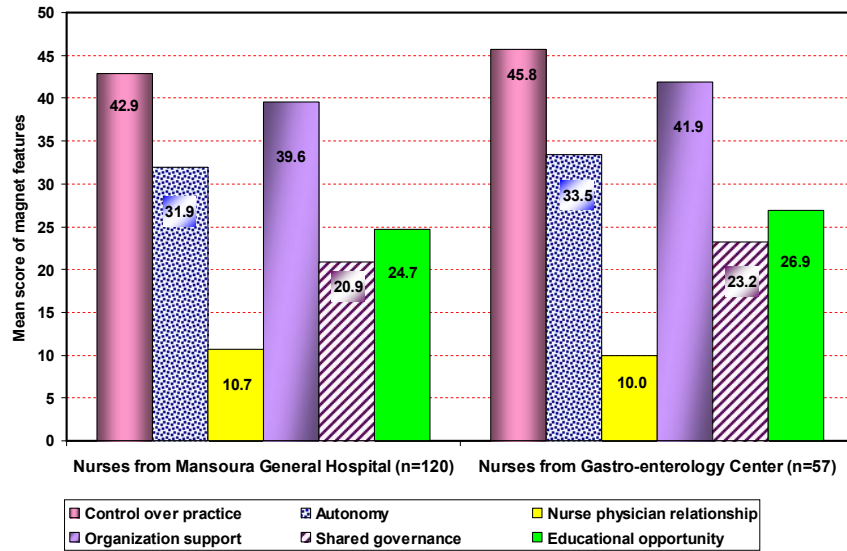


Figure (2): Mean score of the studied nurse's perception regarding magnet features in selected hospitals

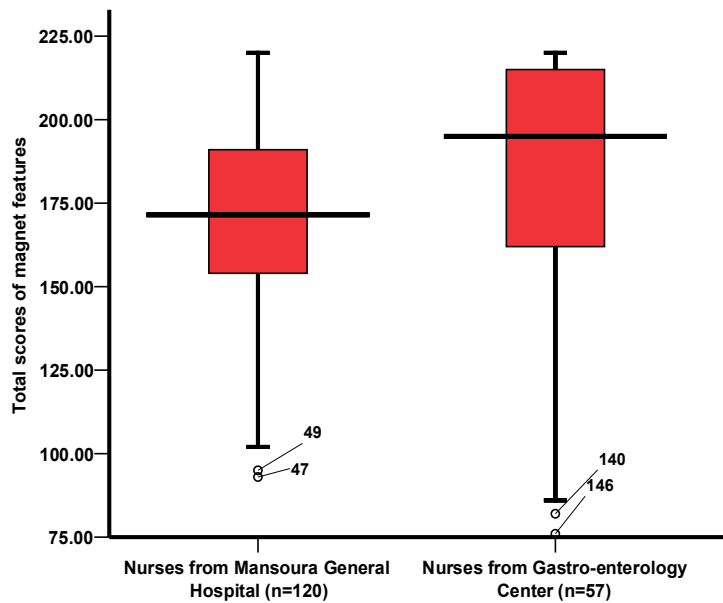


Figure (3): Box plot description of total score of the studied nurses' perception regarding magnet features in selected hospitals.

Table (3): Relationship between age of the studied nurses and their perception of magnet features in the selected hospitals

Magnet features	Mean scores of magnet features and age groups in years of the studied nurses							F value P	F value P
	Nurses from Mansoura General Hospital (n=120)			Nurses from Gastro-enterology Center (n=57)					
	16-<30 (n=75)	30-<40 (n=34)	40-58 (n=11)	16-<30 (n=22)	30-<40 (n=30)	40-58 (n=5)			
-Control over practice	42.17± 6.74	44.23± 5.91	43.54± 8.94	1.153 0.319	44.73± 11.42	46.60± 10.92	45.20± 12.30	0.183 0.833	
-Autonomy	31.55± 6.65	32.70± 5.17	31.73± 7.62	0.392 0.676	33.64± 7.78	33.13± 9.06	34.80± 4.76	0.093 0.912	
-Nurse physician relationship	10.60± 2.35	10.91± 1.56	10.54± 2.66	0.262 0.770	10.00± 3.46	9.73± 3.13	11.00± 1.41	0.346 0.709	
-Organization support	39.28± 7.49	40.68± 5.87	37.91± 7.71	0.777 0.462	42.14± 13.84	41.43± 13.66	44.00± 9.41	0.082 0.921	
-Shared governance	20.93± 4.90	20.91± 4.56	20.09± 4.25	0.155 0.857	23.04± 6.24	23.43± 5.12	22.40± 4.67	0.087 0.917	
-Educational opportunity	24.49± 6.28	25.32± 5.01	24.09± 5.94	0.292 0.747	27.23± 5.90	26.47± 6.38	27.80± 5.76	0.158 0.854	
Total scores of magnet features	169.03± 26.82	174.76 ± 22.14	167.91 ± 31.05	0.633 0.533	180.77 ± 40.90	180.80± 43.54	185.20± 32.93	0.025 0.975	

Data are presented as Mean±SD

Table (4): Relationship between educational status of the studied nurses and their perception of magnet features in the selected hospitals

Magnet features	Mean scores of magnet features and employment status of the studied nurses							F value P	F value P
	Nurses from Mansoura General Hospital (n=120)			Nurses from Gastro-enterology Center (n=57)					
	Nursing diploma (n=87)	Nursing technician (n=4)	Professor or of nursing (n=29)	Nursing diploma (n=21)	Nursing technician (n=20)	Professor of nursing (n=16)			
-Control over practice	42.68± 7.12	45.50± 1.73	43.14± 6.02	0.358 0.700	45.57± 13.69	43.70± 11.69	48.56± 4.40	0.859 0.429	
-Autonomy	31.53± 6.97	30.50± 4.43	33.17± 4.08	0.831 0.438	34.14± 8.29	31.70± 9.87	34.81± 5.36	0.746 0.749	
-Nurse physician relationship	10.48± 2.40	10.50± 1.73	11.31± 1.2	1.608 0.205	9.86± 3.17	9.25± 3.88	10.94± 1.61	1.315 0.277	
-Organization support	39.72± 7.41	34.50± 7.77	39.72± 5.84	1.053 0.352	44.95± 10.47	36.55± 15.18	44.69± 12.52	2.700 0.076	
-Shared governance	21.29± 4.54	19.00± 3.91	19.79± 5.25	1.418 0.246	23.33± 6.19	22.35± 5.84	24.06± 3.89	0.439 0.647	
-Educational opportunity	24.99± 5.90	20.25± 5.91	24.41± 2.78	1.287 0.280	26.48± 5.58	26.00± 6.77	28.50± 4.16	0.823 0.444	
Total scores of magnet features	170.69± 27.31	160.25± 11.73	171.15± 23.04	0.335 0.716	184.33± 44.79	169.55± 46.00	191.56± 25.29	1.393 0.257	

Data are presented as Mean±SD

Table (5): Relationship between years of experience of the studied nurses and their perception of magnet features in selected hospitals

Magnet features	Mean scores of magnet features and experience years of the studied nurses									
	Nurses from Mansoura General Hospital (n=120)				F value P	Nurses from Gastro-enterology Center (n=57)				F value P
	< 1 (n=7)	1-<10 (n=73)	10-<20 (n=31)	20-36 (n=9)		< 1 (n=7)	1-<10 (n=22)	10-<20 (n=25)	20-36 (n=3)	
-Control over practice	45.00 ±9.49	42.20± 6.54	44.19± 5.46	42.22 ±9.88	0.891 0.448	49.86 ±2.85	42.09±1 5.58	48.20±9.8 5	42.67± 16.65	1.669 0.185
-Autonomy	35.86 ±3.44	31.42± 6.25	32.29± 6.54	31.22 ±7.63	1.126 0.342	33.43 ±5.38	32.27±1 0.17	34.48±7.2 6	34.00± 6.56	0.277 0.842
-Nurse physician relationship	11.71 ±0.49	10.70± 2.31	10.45± 1.84	10.55 ±2.88	0.648 0.585	11.57 ±1.13	8.68±4. 12	10.48±2.2 0	11.00± 1.73	2.327 0.085
- Organization support	40.43 ±6.63	39.15± 7.10	41.39± 6.51	35.78 ±8.29	1.689 0.173	47.86 ±2.61	37.68±1 5.98	43.48±12. 10	46.33± 8.14	1.485 0.229
-Shared governance	22.28 ±4.11	20.59± 5.05	21.48± 4.34	19.67 ±3.53	0.659 0.579	24.00 ±2.45	22.18±7 .11	24.00±4.4 2	22.00± 5.20	0.519 0.671
-Educational opportunity	26.43 ±5.53	24.30± 6.03	25.61± 5.64	23.33 ±6.08	0.717 0.544	28.86 ±2.41	25.18±7 .53	27.64±5.1 6	28.33± 6.35	1.013 0.394
Total scores of magnet features	181.71 ±22.0 8	168.37 ±25.94	175.42 ±23.91	162.7 8±33. 25	1.248 0.296	195.5 7±12. 34	168.09± 50.67	188.28±35 .09	184.33 ±42.71	1.306 0.282

Data are presented as Mean±SD

Discussion:

The magnet hospital concept could be used as a conceptual basis for developing health care environment that are responsive to the increased workforce trends of poor attraction and retention of staff. There is a considerable evidence spanning two decades to show the success of magnet hospitals in attracting and retaining nursing staff. These hospitals have been shown to have consistently produced better outcomes for staff and patients as demonstrated in higher job satisfaction and quality of patient care than non-magnet hospitals (McCoach 2007).

Results of the present study revealed a statistical significant differences in total mean scores of nurse's perception regarding magnet features in selected hospitals as nurses working in a University hospital have highest mean scores regarding perception of magnet features compared to those from Ministry of health sector. This indicate that University hospital is more magnet workplace than ministry of health sector. This result is consistent with **Laschinger et al (2003)** who study the perception of nurses in a large teaching hospital, and he reports a positive perception of nurses' regarding magnet features in terms

of perceived access to empowerment structures, autonomy, participative management, nurse physician relationship as well as opportunity for growth and development. In another study, **Aiken et al (2000)** compared data among different hospitals sectors and he reports that nurses working in private sector had significantly higher levels of autonomy and nurse control over the practice than those of other hospital setting. Moreover he added that Nurses in magnet hospitals were significantly less likely than nurses in the non-magnet hospitals to report feeling burned out, emotionally drained or frustrated by their work. Nurses in magnet hospitals were significantly more likely than nurses in the non-magnet hospitals to report that their units had adequate support systems and enough RNs to provide high-quality care. A greater proportion of magnet hospital nurses also reported that they controlled their own practice, participated in policy decisions, and had a powerful chief nursing executive and that the contributions they made were greatly appreciated.

When the magnet features subscales were analyzed, Results of the present study revealed a statistical significant differences in nurses perception regarding educational opportunity subscale as nurses working in the University

hospital have highest mean scores compared to those from ministry of health hospital. In the same issue **Laschinger et al (2003)** argues that social structures within the work environment that provide employees with access to information, and opportunities to learn and grow are empowering and allow employees to accomplish their work in meaningful ways.

When comparing between mean scores of nurses perception regarding shared governance, and control over practice subscales as features of magnet hospitals, results of the present study revealed a statistical significant differences in their perception as nurses working in the University hospital have highest mean scores compared to those from ministry of health hospital. In this respect **Greco, et al(2006)** found significant relationships between nurses' perceptions of the extent of their decisional involvement in matters affecting policy and the practice environment on their work units. More over clinical nurses participation in decision making at the patient, unit and administrative levels recognizes their abilities and skills as professionals; (**Brooks, 2004; Greco, et al 2006; Nedd, 2006; Tourangeau, et. al , 2005**).It is evident in the literature that control over nursing practice is important to the nurses' professional practice environment

ultimately affecting job satisfaction, recruitment/retention, and patient outcomes. (Nedd, 2006; Tourangeau et al., 2005)

Results of the present study revealed no statistical significant differences in nurse's perception of the other magnet features subscales, nurses physician relationship, autonomy as well as organizational support in the selected hospitals. In this respect **Laschinger (2002)** reported that collaboration with managers, physicians, and peers is critical for effective patient care. And he founds a significant positive relationship between perceptions of workplace empowerment and collaboration with physicians. Nurse-physician collaboration was most strongly related to nurse practitioners' perceptions of informal power and support. The combination of empowerment and positive collaborative relationships with physicians explained 50% of the variance in nurse practitioners' perceptions of job strain. In the same issue **Baggs et al, (28)** found that nurse-physician collaboration was an important predictor of nurses' satisfaction with decision making in critical care settings and is a key factor of magnet hospital setting. Regarding to autonomy subscale, **McCoach(2007)** indicated that the work environment that is most conducive to retaining nurses is

one that empower nurses through opportunities for their control over the work environment, and he confirms that a positive nursing work environment enabling nurses autonomy and involvement in professional practice decision making is important.

Lachniger et al (2000) reported that access to support was also important. When nurses work with others who are supportive, practicing in a truly autonomous manner is more feasible, increasing opportunities to be creative, productive, and effective. Research has shown that nurses who perceive their managers to be collaborative and supportive are more satisfied and more likely to stay with an organization.

When comparing between nurses demographic data and their perception of magnet features, results of the present study revealed no statistical significant relationship between age of the studied nurses, educational status as well as year of experiences and their perception of magnet features in the selected hospitals. In this respect, Larrabee et.al (2003) stated that younger nurses and those with fewer years of experiences were more likely to be dissatisfied with their work with limited ability to autonomous decision making than older nurses and they perceived their work

environment as non magnet work place. As for educational preparation, Larrabee et.al (2003) indicated that technical degree nurses perceived their work environment as non magnet work place than any other educational preparation nurses and they reported an intent to leave the hospital as they were dissatisfied with their work environment.

Conclusions: findings of the present study conclude the following:

Nurses working in university hospital have positive perception of magnet features which contributes to better working conditions than those nurses working in ministry of health sector. Statistical significant differences in nurses' perception regarding educational opportunity control over nursing practice and shared governance subscales of magnet features in the selected hospitals.

Implications for nursing administration:

- These findings suggest that nursing leaders' efforts to create empowering work environments can influence nurses' ability to practice in a professional manner, ensuring excellent patient care quality and positive organizational outcomes.
- Efforts must be made to improve nurses' working conditions in

governmental and ministry of health sectors in order to retain nurses in the system and encourage new recruits to the profession.

- Nurses must have input into the design of their work environments thorough management support of participative management practices, shared governance systems, decentralization, and the creation of autonomous work units.
- Visibility of nurse managers at all levels in the clinical setting is an important indicator of support and gives clinical nurses the opportunity to demonstrate their clinical expertise and to be recognized for their skills.
- Access to opportunities to learn and grow is an important component of a hospital's magnetism. Professional development programs, including inservice and continuing education programs are important mechanisms for continuously improving staff knowledge and expertise.

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