

## Using Magnet Components in Nursing Practice

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**Abstract:** Magnet hospitals demonstrate organizational attributes that provide nurses with the organizational support needed to fully realize and provide high-quality patient care when compared to non-Magnet hospitals. **Purpose:** The present study was conducted for the purpose of clarifying and defining the concept of Magnet hospital, its components, forces of magnetism and magnet designation. **Methods:** In this study, the steps of concept analysis were as follows: Select a concept, determine the aims of the analysis, identify various definitions of the concept, determine components of magnet hospital, forces of magnetism, magnet designation and impact on the organization. All studies between the years 2017 and 2021 were reviewed for the purposes of this concept analysis, PubMed, Google search engines, Ovid, and Pro Quest, were scanned and searched using the keywords. **Conclusion:** magnet hospital improves patient safety and increase nurses' retention. **Recommendation:** hospitals managers should apply magnet forces to improve patient safety and increase nurses retention.

**Keywords:** Magnet Hospital, Forces, Magnetism, Designation.

### Introduction

Magnet hospitals demonstrate organizational attributes that provide nurses with the organizational support needed to fully realize and provide high-quality patient care when compared to non-Magnet hospitals. Magnet hospital status serves as an example of excellence, quality patient outcomes, and best practices so diligently sought in today's competitive healthcare environment. Hence, hospital type can be used as one way of understanding how nurse manager leadership traits and nurse clinical autonomy function (Bartos, 2020).

A magnet hospital is a medical facility considered the gold standard for nursing practices. Magnet hospitals are certified by the American Nurses' Credentialing Center (ANCC) as institutions where nurses are empowered to not only take the lead on patient care, but to be the drivers of institutional healthcare change and innovation. The magnet status important in hospital to helping the admitted patients and their families, hospitals with magnet status have lower mortality and morbidity rates, better patient outcomes, and a shorter length of stay. Evidence based practice produces better patient care models.

These patient care models help hospital foster a superior patient care environment. Magnet status attracts higher quality professionals, ensuring the Pediatric Hospital staff are among the best (Mancini & Benton, 2018).

### **Purpose**

The present study was conducted for the purpose of clarifying and defining the concept of Magnet hospital, its components, forces of magnetism, magnet designation and impact on the organization.

### **Methods**

The purpose of concept analysis is to clarify and define the basic elements of a concept. The process allows researchers to distinguish between similarities and differences between concepts. The concept analysis method helps to clarify concepts used in nursing practice that have a broad scope. In this study, the steps of concept analysis were as follows: Select a concept, determine the aims of the analysis, identify various definitions of the concept, and determine components of magnet hospital, forces of magnetism and impact on the organization.

### **Data Collection**

For purposes of this concept analysis, PubMed, Google search engines, Ovid, and ProQuest, were scanned. These databases were searched for the keywords "Magnet Hospital, Forces, Magnetism, and Designation. All studies between the years 2017 and 2021 were reviewed. Inclusion criteria were: written in English, and described or studied work environment in any setting with any population.

### **Concept of magnet hospitals**

Magnet hospitals have found proven solutions to address nursing recruitment and retention and to foster

nursing leadership. Recognized as magnet hospitals by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association, these institutions consistently attract and successfully retain nurses. Magnet hospitals have low turnover and some even have waiting lists of nurses wanting to join their ranks. Studies illustrate that these institutions are safer workplaces as well, with fewer accidents such as needle stick injuries (Stone et al., 2019a).

Magnet program criteria are based on the American Nurses Association (ANA) Scope and Standards for Nurse Administrators. For hospitals to earn magnet recognition, they must demonstrate excellence in nursing leadership, organization and management structure, evidence of professional practice and nurse autonomy, quality of interdisciplinary relationships, and other metrics. Magnet hospital certification has a reputation for being one solution to nurse recruitment and retention. It is a matter of priority for hospitals to identify and enhance the basic organizational social structures which promote the development and maintenance of magnetism. Health-care institutions need to be committed to creating an environment that promotes communication and team collaboration. This needs to come from the top down and the bottom up to create an organizational culture that promotes patient safety. Nurses are in a unique position to act as change agents within their organizations by practicing safe, effective patient care, promoting collegial communications, and committing themselves to inter-professional collaboration (Tubbs-Cooley et al., 2017).

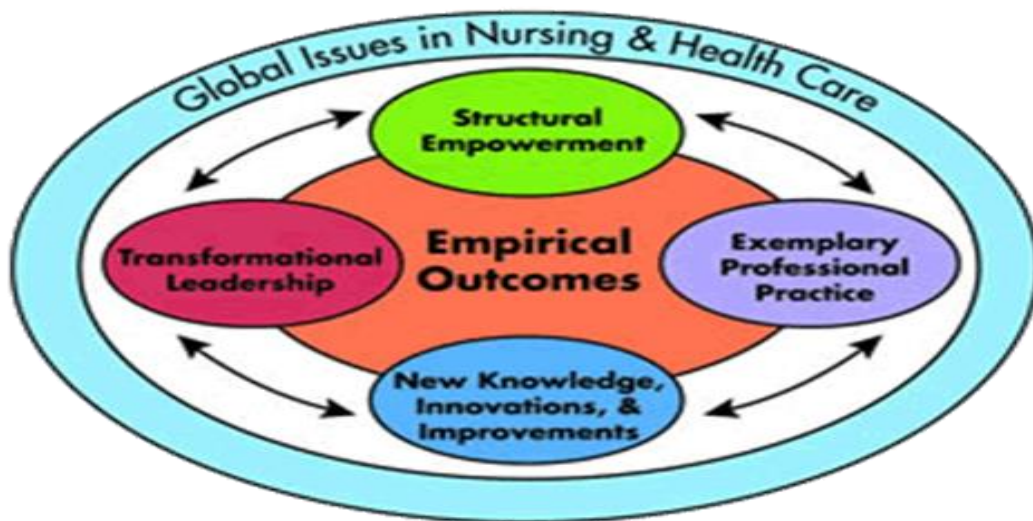
The role of nurses has expanded and the demands on nurses have increased, so setting priorities has become a

major challenge faced worldwide by health plan decision-makers with limited resources. The magnet hospital concept presents itself as a possible solution to the challenge of nursing shortages; however, previous research has focused primarily on provider and patient correlations with magnet hospital characteristics, and less on the identification of an organizational social structure that would promote its development and maintenance (Boyle, 2017).

It was indicated that social structures in the work-place influenced employee attitudes and behaviors to a greater extent than did natural personality predispositions; therefore, strengthening the social structures in the hospital work environment was a

**Five components of a Magnet hospital: -**

precursor to magnetism. The American Hospital Association recommended that hospitals needed to redesign work processes, develop new modes of working, and increase work efficiency and effectiveness and employee satisfaction in order to make hospitals the employers of choice. Magnet hospitals can create a magnetic working environment that encourages professional nursing and provides excellent nursing practices which serve as the hallmark of high performance institutions. It is also critical to identify the gaps in factors that promote hospital magnetism while considering the allocation of resources and effectively creating a positive work environment that enhances these factors (Shahzad & Mati, 2020).



**Five components of a Magnet hospital (Askari, Pishehvaran, & Arabi, 2020)**

**1. Transformational Leadership**

Today's health care environment is experiencing unprecedented, intense reformation. Unlike yesterday's leadership requirement for stabilization and growth, today's leaders are required to transform their organization's values, beliefs, and behaviors. It is relatively easy to lead people where they want to go; the

transformational leader must lead people to where they need to be in order to meet the demands of the future. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice. It also acknowledges that transformation may create turbulence and involve atypical approaches to solutions (Rodríguez-

García, Márquez-Hernández, Granados-Gámez, Aguilera-Manrique, & Gutiérrez-Puertas, 2021).

The organization's senior leadership team creates the vision for the future, and the systems and environment necessary to achieve that vision. They must enlighten the organization as to why change is necessary, and communicate each department's part in achieving that change. They must listen, challenge, influence, and affirm as the organization makes its way into the future. Gradually, this transformational way of thinking should take root in the organization and become even stronger as other leaders adapt to this way of thinking (Rodríguez-García et al., 2021).

## **2. Structural Empowerment**

Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization. Further strengthening practice are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of the communities they serve. This is accomplished through the organization's strategic plan, structure, systems, policies, and programs. Staffs need to be developed, directed, and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes. This may be accomplished through a variety of structures and programs; one size does not fit all (Choi & Kim, 2019).

## **3. Exemplary Professional Practice**

The true essence of a Magnet organization stems from exemplary professional practice within nursing.

This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence. The goal of this Component is more than the establishment of strong professional practice; it is what that professional practice can achieve (Lal, 2020).

## **4. New Knowledge, Innovation, & Improvements**

Strong leadership, empowered professionals, and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements. Our current systems and practices need to be redesigned and redefined if we are to be successful in the future. This Component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing (Abou Hashish & Fargally, 2018).

## **5. Empirical Quality Results**

Magnet recognition process primarily focuses on structure and processes, with an assumption that good outcomes will follow. Currently, outcomes are not specified, and are minimally weighted. There are no quantitative outcome requirements for ANCC Magnet Recognition. Recently lacking were benchmark data that would allow comparisons with best practices. Outcomes need to be categorized in terms of clinical outcomes related to nursing; workforce outcomes; patient and consumer outcomes; and organizational

outcomes. When possible, outcomes data that the organization already collects should be utilized. Quantitative benchmarks should be established. These outcomes will represent the "report card" of a Magnet-recognized organization, and a simple way of demonstrating excellence (Geethanath & Vaughan Jr, 2019).

**Forces of magnetism:-**

**1. Quality of Leadership**

Excellent nursing leaders were perceived to be knowledgeable risk takers, guided by an articulated philosophy in doing the daily operations. Nursing leaders can be strong advocates for staff by being risk takers in the development of healthy work environments. There is a link between the health of the workplace and the well-being of the personnel, and healthy workplaces are correlated with healthier patients. Organizations with unhealthy work forces may have a cost burden from absenteeism, inadequate work performance, loss of productivity, work-related accidents, stress, and high incidence of health-related litigation (Fransen et al., 2020).

**2- Organizational Structure**

Excellent organizational structures were perceived to be flat, with decentralized nursing departments that had strong nursing representation in the organizational structure. The nursing leader served at the executive level of the organization and reported to the chief executive officer. Many hospital leaders are faced with building new facilities or renovating existing ones to accommodate new technology. Leaders need to widen the sphere of influence and involvement by interfacing with boards of directors and community leaders to get acceptance and funding for designs, as well as

network with nurse leaders to learn about projects that demonstrated positive outcomes (Anderson, Johnston, Massey, & Bamford-Wade, 2018).

**3. Management Style**

Excellent management styles perceived to be participative encouraged and valued feedback from staff at all levels in the organization. Nursing leaders were visible, accessible and committed to communicating effectively. Patients in teaching hospitals reported higher perceptions of quality, health benefits and level of independence than patients in community hospitals. Patients reported higher perceptions of health benefits on units, with a higher percentage of casual nurses suggesting that satisfaction with work arrangements may influence patient care (El-Demerdash et al., 2018).

**4. Personnel Policies and Programs**

Personnel policies were created with staff involvement and were perceived as competitive. Nurses wanted competitive salaries and benefits, participation in recruitment activities, and social and recognition programs (Oshodi et al., 2019).

**5. Professional Models of Care**

A professional practice model describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organizations (patients, families, and community). Nurses create models for the provision of care that delineate the nurses' authority and accountability for clinical decision-making and outcomes. Nurses had the responsibility and authority for the provision of patient care, were accountable for their own practice, and were the coordinators of care. In the original Magnet hospital study, nurses

found primary nursing to be satisfying. They felt in control of nursing practice and facilitated interdisciplinary planning and coordination of care to the home and other settings. They also developed and conducted health education programs (El-Demerdash et al., 2018).

## **6. Quality of Care**

Providing quality care was perceived as an organizational priority. Nursing leaders were seen as responsible for developing an environment that fostered quality-of-care delivery while staff nurses thought they were providing high-quality care. It has been analyzed whether nurse outcomes and adverse events differed in hospitals with varying proportion of non-permanent nurses. Although temporary nurses had qualifications similar to the permanent staff nurses, deficits in patient care environments in hospitals employing more temporary nurses may explain the association between poorer quality and temporary nurses, thus giving the unwarranted negative perceptions about temporary nurses (El-Demerdash et al., 2018).

## **7. Quality Improvement**

In the original Magnet study, nurses valued quality assurance and the accountability associated with the review and evaluation of nursing care. Nurses participated in quality improvement that was perceived to be educational and was done to improve the quality of care delivered in the organization. The development and implementation of a nursing research team in a large healthcare system has been researched, identifying that nurses are able to generate and use nursing knowledge to improve practice when there is a clear direction from leadership, access to nurse researchers that coach and mentor, infrastructure resources and leadership support. The

need for developing a questioning culture has been identified; training managers in evidence-informed decision-making, establishing relationships with individual researchers, universities, research centers, consulting firms and other knowledge brokers. Nursing leaders can improve attitudes about and participation in research utilization by internally marketing the support available for research-related activities (Mahfouz, Ebraheem, & Mahdy, 2019).

## **8. Consultation and Resources**

The healthcare organization provides adequate resources, support, and opportunities for the utilization of experts, particularly advanced practice nurses. In addition, the organization promotes involvement of nurses in professional organizations and among peers in the community (Pezzani et al., 2020).

## **9. Autonomy**

Autonomy in nursing is the ability of the nurse to assess and perform nursing actions for patient care based on competence, professional expertise, and knowledge. The nurse is expected to practice autonomously, exercising independent judgment within the context of interdisciplinary and multidisciplinary approaches to patient care. Autonomous independent judgment was expected to be used within multidisciplinary approaches to patient care. Autonomy is related to power and empowerment. A nurse's power can come from a workplace structure that promotes empowerment, from a psychological belief that one has the ability to be empowered, and from understanding that there is power in the relationships and caring that nurses provide (Liu et al., 2018).

## **10. Community and the Hospital**

Hospitals that maintained a community presence were better able to recruit and retain nurses. Institutions with a variety of ongoing, long-term outreach programs were perceived as strong, positive and productive corporate citizens. In the original Magnet study, nurses viewed professional practice as extending into the community such as discharge planning and visiting patients in nursing homes and their homes. They believed that inpatient care and programs could be used to promote health in the community. Health organizations can develop a democratic and empowering partnership with the community that allows the community to identify and address priority health concerns. Community programs are likely to include screening and teaching (Hellyar et al., 2019).

### **11. Nurse as Teacher**

Nurses were expected to incorporate teaching into all aspects of their practice and reported getting considerable professional satisfaction from the teaching. Nurses realized they could make a large contribution to teaching patients and their families, had a professional obligation to teach students, nurses and other health professionals and that teaching advanced their own learning. Nurses did patient and family teaching and peer-focused activities such as developing learning modules, leading grand rounds and providing in-service education to colleagues. Nurses also do health teaching in the community (Patton et al., 2020).

### **12. Image of Nursing**

The services provided by nurses are characterized as essential by other members of the healthcare team. Nurses effectively influence system-wide processes and are viewed as integral to the healthcare organization's

ability to provide care. In the original magnet study, nurses were aware of the importance of their image. The general image of nurses was good. Nurses had a positive feeling about themselves. Patients acknowledged that the nurses provided good care. Nurses were viewed as integral to providing patient care services and were viewed as essential by other members of the health care team. Nurses were viewed as competent, credible, valued, respected and necessary for the survival of the hospital. The single exception to the overall positive image of nurses was the physicians' perceptions of nursing (Anthony, Turner, & Novell, 2019).

### **13. Interdisciplinary Relationships**

There was mutual respect among disciplines, and the interdisciplinary relationships were viewed as positive. Massachusetts General Hospital staff has developed a multidisciplinary clinical recognition program that offers direct care practitioners a defined pathway for clinical development that recognizes and celebrates all levels of practice from the beginning practitioner to the experts from six different disciplines. An important variable in nurses' satisfaction was the nature of the nurse-physician relationships. Expert cultures such as physicians are motivated by accomplishment and power instead of affiliation. Teamwork, consensus building and interdependency are not part of the expert culture. The trend is towards interdisciplinary education of professionals with some focus on teamwork. Nurses particularly appreciated understanding, open and accurate communication from attending-level physicians (Suharno, Ketut, Setyadi, & Farida, 2017).

### **14. Professional Development**

The healthcare organization values and supports the personal and professional growth and development of staff; a continuous learning environment is evident. Programs that promote formal education, professional certification, and career development are evident. Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided (Kandiel & Gharib, 2017).

Most successful hospitals placed a significant emphasis on orientation, education and career development. Many in-service programs were provided at the work site, but in hospital systems, some nurses attended programs offered in other institutions. Magnet hospitals nurses were encouraged to gain Bachelor of Science degrees and there were accommodations made to pursue degrees. Career ladders were used to foster career development and development of nurses was emphasized to improve quality of nursing care (Roberts & Cronin, 2017).

#### **Magnet designation:-**

Earning a magnet designation is not easy. To achieve designation as an organization, first, the organization must create and promote a comprehensive professional practice culture. Then, it must apply to ANCC, submit comprehensive documentation that demonstrates its compliance with standards in the ANA Scope and Standards for Nurse Administrators, and undergo a multiday onsite evaluation to verify the information in the documentation submitted and to assess the presence of the 14 “forces of magnetism” within the organization (McCaughy, McGhan, Rathert, Williams, & Hearld, 2020).

To achieve designation as a system, the system must not only retain the 14

forces of magnetism required for individual organizations, they must also demonstrate empirical modeling of five key components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge innovation and improvements; and empirical quality results. In addition, all parts of the system are judged as one when seeking system designation, so if one entity within the system fails, the entire system application will be denied (El-Demerdash et al., 2018)

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