



Developing a Magnet Health Organisation

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Purpose

The purpose of this document is to provide a resource for those health organisations keen to work towards integrating Magnet principles into their organisation and achieving Magnet recognition.

The processes and tools included are aimed at providing, in the first instance, a framework and guidance to the most senior health professionals (including medical, nursing and allied health) and managers within a health organisation to support them in their journey towards implementing Magnet principles.

The Magnet Recognition Program, outlined further in this document, originated within, and was applied to, the nursing profession. However, the resulting changes in Magnet organisations influenced and impacted on all professional groups. Therefore, the Magnet principles outlined in this document are applicable across all health professional disciplines. In New Zealand, Magnet NZ envisages a multidisciplinary approach to the implementation of Magnet principles within New Zealand's health and disability sector.

Process Outline

The process outlined in this document is considered to be a typically generic process, which might be applied within a New Zealand health organisation. However, no two health organisations are the same, and the process and tools included in this document will need to be adapted to suit the unique circumstances, environment and needs of each organisation.

The process follows the following steps.

- Stage One – Familiarisation with the Magnet concepts and programme
- Stage Two – Establishing a case for Magnet in your organisation
- Stage Three – Establishing commitment
- Stage Four – Completion of the Gap Analysis against the Magnet standards and ongoing planning
- Stage Five – Implementation and maintaining ongoing commitment
- Stage Six – Achieving Magnet recognition.

It is important to remember that the *process* of becoming a Magnet organisation is as important as the *achievement* of Magnet status. The Magnet journey may take a number of years and needs to be seen as a long-term commitment to ongoing excellence in the provision of care to patients with the aim of improving patient outcomes. To fully integrate the Magnet principles into everyday practice and the culture of the organisation, full commitment at all levels within the organisation is required.

Note: Magnet principles are consistent with 'best practice' human resource, organisational development, quality improvement and management and leadership principles. Those organisations that have adopted the Magnet principles have found that resulting organisational changes have had a positive impact and improved quality across all disciplines and throughout the organisation. Magnet NZ prefers to recommend a more broad and inclusive approach to progressing the Magnet principles, applying them to all clinical disciplines.



Stage One – Familiarisation with the Magnet Concepts and Programme

In order for an organisation to make an informed decision about the value of becoming a Magnet organisation and committing the necessary support and resources to do so, it is essential that there is a sound understanding of what the Magnet Recognition Program is all about. This includes the principles, benefits, costs, recognition process and so on. Key senior health professionals and managers need to become totally familiar with the Magnet literature.

Below is a brief introductory overview of the history of Magnet, Magnet principles and Magnet in New Zealand. Further reading is essential. A summary of key essential readings can be found at the end of this section, with a reference list included at the end of the document.

The history of Magnet hospitals

In the 1980s, the American Academy of Nursing (AAN) conducted a study of hospitals in the United States to identify the organisational attributes of hospitals that were successful in recruiting and retaining nurses during a national nursing shortage. A total of 155 hospitals agreed to take part. Each hospital provided information on a range of nursing-related issues, including nurse vacancy, turnover and absentee rates; the ratio of inexperienced to experienced nurses; use of supplementary staffing agencies; nurse staffing policies; educational preparation of nurses in leadership positions and the predominant mode of nurse organisation on the units (primary, team, functional or other). Hospitals were then ranked, and staff nurses and directors of the top 41 hospitals were interviewed. These hospitals were awarded Magnet hospital designation.

Key principles of Magnet hospitals

The Magnet hospitals shared certain organisational features that served to promote and sustain professional nursing practice (McClure et al 2002). These features included:

Administration

- participatory and supportive management style
- well prepared and qualified nurse executives
- decentralised 'flat' organisational structure
- adequate nursing staff
- deployment of clinical specialists
- flexible working schedules
- clinical career options.

Professional practice

- professional practice models of delivery of care
- professional autonomy and responsibility
- availability of specialist advice
- emphasis on teaching responsibilities of staff.

Professional development

- planned orientation of staff
- emphasis on in-service/continuing education
- competency-based clinical ladders
- management development.

Outcomes from Magnet hospitals

The organisational characteristics that attract nurses to Magnet hospitals have also been found to be consistently and significantly associated with better patient outcomes than those of matched non-Magnet hospitals (Aiken et al 2000). Research into Magnet hospital patient and nurse outcomes has been ongoing and has identified that these hospitals have:

- lower Medicare mortality rates (Aiken et al 1994)
- lower AIDS mortality rates
- shorter lengths of stay
- higher patient satisfaction
- lower rates of nurse burnout
- lower rates of needle-stick injuries among nursing staff
- higher rates of nurse job satisfaction
- higher nurse ratings of quality of care
- shorter lengths of stay and lower utilisation of ICU bed days.

The Magnet Recognition Program

Currently the American Nurses Credentialing Center (ANCC) designates Magnet status by way of the Magnet Recognition Program process, which includes a rigorous self-assessment, documentation, site visit and review. Magnet status is awarded for a 4-year term, and the Magnet Award is the highest award a hospital can receive for outstanding achievement in nursing services that highlights a commitment to excellence. Measurement criteria are based on outstanding performance on the Forces of Magnetism (*Magnet Recognition Program 2003–2004*).



These forces are fundamental to achieving recognition and providing excellent care and improved outcomes. They were identified as part of the original and ongoing research (Urden and Monarch 2002). While these forces are inherent in the standards and other requirements of the programme, they require special mention and focus. In summary, the Forces of Magnetism, which are consistently apparent in Magnet hospitals (ibid.), are as follows.

1. Quality of nursing leadership – Nursing leaders were knowledgeable professionals who followed an articulated philosophy in the day-to-day operations of the nursing department. There was strong advocacy and support on behalf of the staff.
2. Organisational structure – Hospitals had flat structures with unit-based decision-making. The nursing leader served at the executive level reporting to the Chief Executive Officer (CEO) and had budget holding responsibilities.
3. Management style – Hospital and nursing managers used a participative style of management, incorporating feedback from staff at all levels of the organisation. Nurses in leadership positions were visible, accessible and committed to communicating effectively with staff.
4. Interdisciplinary relationships – Interdisciplinary relationships were characterised as positive. There was a sense of mutual respect between all disciplines.
5. Personnel policies and programmes – Salaries and benefits were characterised as fair and equitable. Rotating shifts were minimised and creative flexible staffing models were used.
6. Professional models of care – Models of care were used that gave nurses the responsibility and authority for providing patient care. Nurses were accountable for their own practice and were the co-ordinators of care.
7. Quality of care – Nurses perceived that they were providing high-quality care to their patients. Providing high-quality care was seen as an organisational priority.
8. Quality improvement – Quality improvement activities were viewed as educational. Staff nurses participated in quality improvement processes.
9. Consultation and resources – Knowledgeable experts, particularly advanced practice nurses, were available and used. Peer support was available.
10. Autonomy – Nurses were able and expected to practice autonomously, consistent with professional standards.
11. Community and the hospital – There was a strong community presence maintained, for example, through outreach programmes. The hospital was perceived by the community to be strong and positive.
12. Nurses as teachers – Nurses were able and expected to incorporate teaching in all aspects of practice.

13. Image of nursing – Nurses were viewed as integral to the hospital’s ability to provide patient care services.
14. Professional development – Significant emphasis was placed on orientation, in-service education, continuing education, formal education and career development. Opportunities for competency-based clinical advancement existed, along with resources to maintain competency.

To date there is only one hospital outside the United States that has been awarded Magnet status by the ANCC: Rochdale in the United Kingdom. In 2003, a group of New Zealand nurses visited Rochdale Infirmary to attend an open day, which was aimed at sharing the Rochdale experience of the journey to Magnet recognition. The programme began with a welcome. This was followed by a series of presentations by the Chair of Trust, Executive Director and two Associate Directors of Nursing, in which the challenges, the tears and the celebrations of the Magnet recognition journey were described and discussed. Clinical team members (Magnet champions) from across the infirmary also enthusiastically shared their experiences of the Magnet recognition journey through a panel presentation and discussion. The day ended with an impromptu tour of the hospital with the opportunity to discuss with all members of the Rochdale team, including clinicians and support staff, the impact and benefits of Magnet recognition.

The Forces of Magnetism were reported to be extremely evident to the New Zealand nurses during their visit to Rochdale, particularly in the enthusiasm and commitment of the employees encountered and the importance placed upon person-centred care. Person-centred care was seen to be evident in many of the innovative care initiatives in action in Rochdale.

Historically, Magnet principles have been implemented in general hospital settings. However, increasingly Magnet principles are being successfully implemented in other settings. For example, in August 2003, Acadia Hospital in Maine, USA was the first psychiatric institution to be awarded Magnet status.

There are 16 other countries developing processes in their health services that embrace Magnet principles.

In New Zealand, an opportunity exists to explore the application of Magnet principles to all clinical disciplines within an organisation and to the primary health care setting.

Magnet NZ

The New Zealand Magnet Advisory Network was established in February 2002 to offer national support and co-ordination for the introduction of the Magnet Recognition Program in New Zealand. It initially comprised a group of professional nursing leaders and the Ministry of Health’s then Chief Advisor Nursing, Dr Frances Hughes. In 2003, the group reformed to become the more inclusive Magnet NZ.



Magnet NZ comprises representatives of nursing and other health professional groups, District Health Boards (DHBs) and other health provider organisations. The group meets every three months by teleconference and twice a year face to face.

The purpose of Magnet NZ is to:

‘...work collaboratively to support and shape the introduction of the Magnet Recognition Program in New Zealand, ensuring national consistency and contextualising the standards and processes to meet our unique culture.’ (Magnet NZ, Terms of Reference, 2003)

For the full Magnet NZ Terms of Reference refer to the Magnet NZ website:

www.moh.govt.nz/magnet

The following are considered minimum reading for any senior health professional(s) or manager(s) prior to commencing down the Magnet pathway.

Magnet Recognition Program: Recognizing excellence in nursing service. Health care organisation instructions and application process manual. 2004–2005. This document is an essential resource to have on-site and can be purchased through the ANCC. Within the document is a comprehensive Magnet bibliography list.

Magnet Hospitals Revisited: Attraction and retention of professional nurses (McClure and Hinshaw 2002). This book is essential reading and can be purchased across the Internet through Amazon.com.

There is also a wide range of other material available on the Internet. For example:

www.moh.govt.nz/nursing

The website for the Magnet Recognition Program, which has been developed by the ANCC, is: **www.nursingworld.org/ancc/magnet.html**

This website has all the necessary information and contacts in relation to the recognition programme.

Magnet NZ also has a website with useful information about the New Zealand Magnet project. Refer to: **www.moh.govt.nz/magnet**

Other useful websites are:

www.nursing.upenn.edu/doctoral/research/center_for_health_outcomes_and_p.htm

www.hospitalhub.com/resources/career/magnete101/

Check list for stage one	
Tasks	Date achieved
Health professionals have a comprehensive understanding of the Magnet history, principles, benefits and programme.	

Stage Two – Establishing a Case for Magnet in Your Organisation

To be successful in convincing the decision-makers in your organisation of the benefits of participating in the Magnet programme, a strong business case needs to be established. Time spent doing this groundwork will be time well spent in the long run. This work will provide the basis for measuring the current status of the clinical service and plotting progress and achievements towards becoming a Magnet Health Organisation.

Every organisation will need to develop a 'case' that suits their unique situation. Some ideas and techniques in relation to establishing a case follow.

Setting up a project team and terms of reference

The project team should be made up of a range of stakeholders, including those who will champion the cause, those who will be key players in the implementation, those who might be considered 'blockers' and those who will be most affected by any changes. Involvement of union representation at this early point in the process should be considered. It will also be important to have a management perspective and a human resources perspective on the group.

At this point in the process, it is suggested that the most senior health professionals (medical, nursing and allied health) within the organisation should be the leaders of the team and act as the key drivers of the project.

A set of terms of reference will be a key tool in helping clarify the purpose, expected outcomes and expectations of all the parties. An example of a typical project's terms of reference is as follows (adapted from the Hawke's Bay DHB, Project Management, Terms of Reference template).



Example of a project's terms of reference

Project Name:

Overall situation/background:

Project goal:

Project objectives: (SMART- specific, measurable, achievable, realistic, time-bound)

Scope:

Expected outputs:

Stakeholders/key customers:

Approach:

Parameters:

Time, quality, cost:

Risk analysis:

Define what can happen that will jeopardise the success of the project (refer to Force Field Analysis below)

Project management structure:

Sponsor

Steering group

Project leader

Project team (if appropriate)

Reporting and communication:

Familiarising the project team with the Magnet literature and programme

Again it is essential that all those on the project team become familiar with the Magnet literature and are able to converse with others about the benefits and principles of the programme. A reading package could be developed and distributed to all members of the team.

SWOT analysis

As part of preparing a case, a useful exercise to work through is a SWOT analysis in relation to the introduction of Magnet principles and processes. A SWOT analysis includes formally identifying strengths, weaknesses, opportunities and threats (SWOT).

For example:

- What strengths are there both within the organisation and externally that might help the process of developing Magnet principles?
- What are the weaknesses both within the organisation and externally that need to be considered and addressed (if possible) that might hinder commitment and implementation?
- What opportunities might exist to make the most of, and assist with, gaining commitment and implementation?
- What are the threats that need to be considered and addressed (if possible) to help with the implementation?

Strengths	Weaknesses
Opportunities	Threats



Force Field Analysis

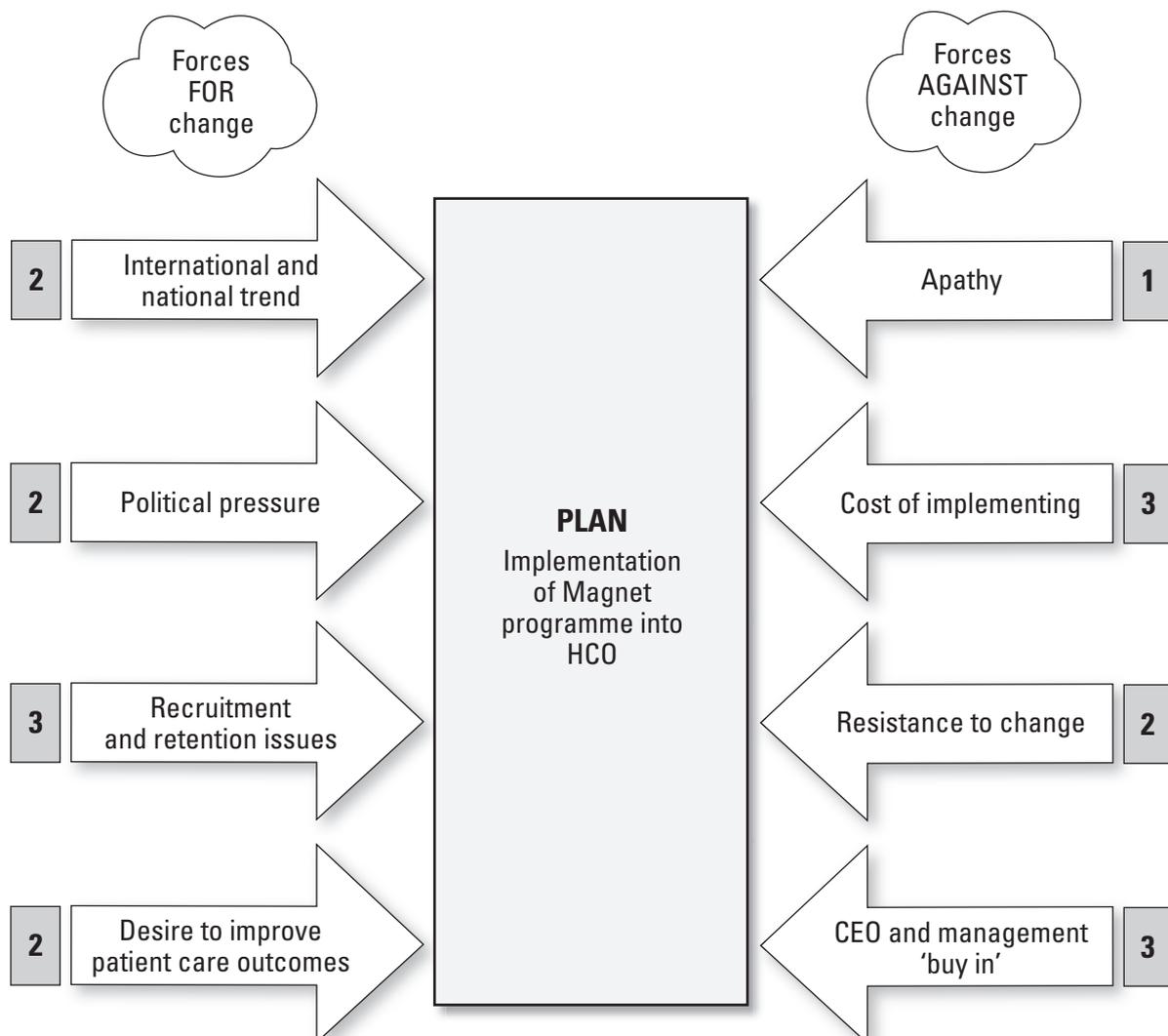
Another useful tool to more clearly identify the pros and cons of introducing Magnet is a Force Field Analysis. By carrying out the analysis, you can strengthen the forces supporting the changes/programme and reduce the impact of the restraining forces or opposition.

A Force Field Analysis is a management technique developed by Kurt Lewin. Lewin assumes that in any situation, and in particular when trying to bring about change, there are both driving and restraining forces that influence the change.

To carry out a Force Field Analysis, follow these steps.

- List all forces for change in one column and all forces against change in another column.
- Assign a score to each force, from 1 (weak) to 5 (strong).
- Draw a diagram showing the forces for and against change. Show the size of each force as a number next to it.

For example:



Once forces for and against change have been identified, strategies to increase the forces for change and decrease the forces against change can be introduced.

This exercise can be repeated at various intervals throughout the programme, particularly after a baseline analysis has been completed.

For more information on Force Field Analysis, visit the following websites.

www.mindtools.com/forcefld.html

www.accel-team.com/techniques/force_field_analysis.html

Collecting data and indicators around the current nursing service and organisation

In order to put forward a cogent case regarding the benefits to an organisation of implementing Magnet principles according to research, a clear understanding of the current 'state of the nation' of the nursing service and organisation as a whole is needed. What are the current issues that can be addressed by the introduction of Magnet principles? What data is there to support these issues? What are the strengths of the nursing service and organisation currently? What are the areas of weakness? How does the culture of the organisation support nurses and other clinicians in the provision of care?

This data will be crucial in providing a baseline measure to track progress throughout the project and is one of the most important areas of work to be covered throughout the process. It will form the basis of a range of reporting indicators that will measure progress and identify the key areas needing attention.

Data should be gathered on at least:

- nursing staff turnover rate
- number of nursing vacancies
- sick-leave rate
- part-time and full-time nursing numbers
- nursing specific/sensitive quality indicators
- nursing qualifications
- nursing education resources
- nursing workload measures (using acuity measurement tools)
- nursing satisfaction
- significant adverse clinical events/incidents.



The revised nursing work index (NWI-R)

The NWI-R is a revised form of the Nursing Work Index (NWI) developed by Kramer and Schmalenberg (2002) from the findings of their early Magnet research. Aiken and her colleagues at the Center for Health Outcomes and Policy Research, University of Pennsylvania, modified the NWI to measure the organisational attributes that characterise an environment's support for professional nursing practice. These include:

- autonomy
- control over work environment
- relationships with doctors
- organisational support
- staffing adequacy
- administrative support (Aiken and Patrician 2000).

In 2001, a number of DHBs within New Zealand were involved in a New Zealand NWI study carried out by Mary Finlayson and Suzanne Gower (2002). For these organisations, the data collected in this study will act as a useful measure. This study was repeated in all DHB secondary and tertiary hospitals in 2004, and data are in the process of being analysed. For further information on the NWI and the New Zealand research, contact Mary Finlayson at: m.finlayson@auckland.ac.nz

There is also a range of other workforce surveys that can be used to help measure organisational-wide cultural and other related areas that might require development (for example, The Best Practice Survey, which has been used by a number of New Zealand organisations). Contact: researchteam@bestprac.com.au

Nurse-sensitive quality indicators

A mandatory component of Magnet designation is the utilisation of national nurse-sensitive quality indicator data. Nurse-sensitive quality indicators enable quantitative data collection for both clinicians and the organisation in order to measure the safety and quality outcomes of patient care. This information is vital for developing policy, advancing the nursing profession and evaluating health care quality. The indicators are evidence based and closely aligned with the American National Database for Nursing Quality Indicators (NDQI). Magnet NZ is currently working towards establishing a national New Zealand database of the required indicators.

Currently the following data are required to be collected and submitted as part of Magnet documentation.

- Patient falls
- Pressure ulcers
- Patient satisfaction (nursing care, patient education, pain management)
- Nursing staff satisfaction
- Skill mix: registered nurses and enrolled nurses/health care assistants
- Nursing care hours per patient day.

Two of the following are also required.

- Length of patient stay
- Urinary tract infections
- Upper gastro-intestinal (GI) bleeding
- Pneumonia
- Shock
- Cardiac arrest
- Sepsis
- Deep vein thrombosis (DVT)
- Failure to rescue.

Some organisations have found it useful to hold various unit/service-specific focus groups to raise consciousness of the Magnet concept and identify what nurses believe are the main issues that need addressing. Qualitative data could be gathered around the Forces of Magnetism or other relevant Magnet principle areas.

Understanding the strategic direction and goals of the organisation

Obtaining commitment to introduce Magnet principles and work towards Magnet status will be greatly enhanced if commitment is aligned with the strategic direction and objectives of the organisation. Many organisations have strategic/business objectives around recruitment and retention, workforce planning and quality improvement.

The senior health professionals and the project team need to be familiar with the organisation's strategic direction and operational plans/goals and be clear about where Magnet fits within these, ensuring any case is not only well aligned but will assist in achieving the goals.

Check list for stage two	
Tasks	Date achieved
The project team has been set up.	
The terms of reference have been completed and signed off.	
The project team has a sound working understanding of the Magnet programme/principles based on the literature.	
A SWOT analysis has been completed.	
A range of data, information and indicators relevant to Magnet principles has been gathered and will act as a baseline measurement (for the Gap Analysis/starting point).	
A Force Field Analysis has been completed (for acceptance phase).	
Team members are clear about the strategic direction of the organisation and how Magnet can best support achievement of the goals.	



Stage Three – Establishing Commitment

Defining the key stakeholders and decision-makers

As part of the terms of reference, the project team needs to have clearly identified who are the key stakeholders and decision-makers. Any business case needs to be prepared with this in mind. What will they want to know so they can reach a decision? What are the benefits in terms of patient outcomes, quality outcomes and cost outcomes? What queries and reservations are they likely to have?

In addition, it is important to develop ongoing effective working relationships with these key people/groups. The team and anyone presenting the case will need to be clear about the perspective of each of the key stakeholders. What will be important for them? Again, time spent doing this relationship-building groundwork will save time further down the process.

Developing a business-case presentation

A professional and well-prepared presentation providing all the necessary information for each decision-making group needs to be developed. At this point in the process, the minimum aim is to reach agreement in principle to progress the introduction of Magnet principles and completion of the next step/stage. For those organisations with specific specialist communication/public-relations staff, their assistance in this area will be invaluable.

Presenting case and proceeding to the next stage

Present the case to the CEO, senior management team and the Board of Directors and agree in principle to proceed to the next stage. Present to all health professional staff within the organisation to introduce concepts, principles, the programme and benefits.

At this point, it is important to gain support for the Magnet work from all levels of the health professional workforce and from other clinical disciplines. It will be important to identify at least one health professional who will act as the Magnet 'champion' in each clinical area. The use of champions has proved to be very useful by those organisations that have already worked through the Magnet process/programme. Again this group of champions will need to be well versed in the Magnet literature. A set of readings for the group needs to be put together, along with appropriate education sessions. This communication/education stage is critical and cannot be rushed.

Check list for stage three	
Task	Date achieved
Key stakeholder groups and decision-making groups have been identified.	
A presentation suitable for each key decision-making group has been developed.	
A presentation has been completed and agreement in principle has been achieved from the Board of Directors and the CEO and senior management team to progress the Magnet programme to the next stage (the Gap Analysis).	
A presentation has been made to all health professional staff within the organisation to introduce concepts, principles, programme and benefits.	
Health professional champions from every clinical area have been identified and educated.	



Stage Four – Completion of the Gap Analysis against the Magnet Standards and Ongoing Planning

Gap Analysis

The Gap Analysis is a key piece of baseline measurement work that will clearly and specifically establish just where the organisation is at in relation to the specific Magnet principles and standards. It will determine where the strengths of the nursing service lie and confirm areas that will need further work to develop a Magnet organisation and Magnet recognition.

Suggestions for completing the Gap Analysis.

- Develop a Gap Analysis document based around the principles and Forces of Magnetism that can be used within each unit/service/clinical area.
- Work from a unit-by-unit basis, utilising the team leader/unit managers/charge nurses and other clinical disciplines to complete a Gap Analysis relevant to a unit's area.
- Provide training to all team leader/unit managers/charge nurses in order to ensure that they understand the Magnet principles and standards and how to apply the Gap Analysis tool.
- Use staff focus groups within each clinical unit to help complete the Gap Analysis.

Developing a project/work plan and unit-based action plans from the Gap Analysis

Following the Gap Analysis, findings from each of the clinical areas should be collated at a central point. An organisational overview of the nursing and health professional service that includes each unit's results and findings needs to be collated in a format that is meaningful to the various stakeholder groups. This is likely to be different for different groups.

From the Gap Analysis, an overview organisational project/work plan can be developed, including a communication plan. This overall work/project plan needs to be driven centrally by the Magnet project steering group. A GANTT chart, a project management tool, will be a key tool in progressing the various streams of work and ensuring the project progresses at a reasonable and realistic pace and according to agreed realistic time frames.

Some work/tasks/projects that will be identified by the Gap Analysis will best be completed at an organisational level, others at a unit level and yet others will require work at both levels. For example, the development of orientation programmes may require work at an organisational-wide level, nursing-service level and unit-based level. Developing a sound organisation-wide structure that reflects Magnet principles will require an organisational-wide approach initially, followed by a unit-based approach/implementation.

There is a wealth of information available in the literature in relation to the development of strategies and ideas for 'building magnetism' and addressing issues identified through the Gap Analysis (for example, refer to Hinshaw 2002 pages 53–6).

An example of a GANTT chart can be seen below.

Note: This GANTT chart is merely an example. The tasks and time frames are not necessarily realistic.

GANTT chart example

Developing a Magnet health organisation

Task	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Etc.
Stage One (Familiarisation)										
Familiarisation with Magnet concepts and programme										
Stage Two (Establishing a case)										
Developing a project team and terms of reference										
Familiarisation of team with Magnet literature										
SWOT analysis										
Force Field Analysis										
Gathering data and indicators										
Placing Magnet within the strategic direction of the organisation										
Stage Three (Establishing commitment)										
Defining stakeholders										
Developing presentation suitable for each group										
Presentation and commitment from key groups										
Communication and education with nurses										
Identifying unit-based nurse champions										
Stage Four (The Gap Analysis and planning)										
Gap Analysis against standards										
Collation of data										
Development of organisational plan										
Development of unit based action plans										
Etc, etc.										



Each unit needs to complete an action plan or simple project plan for the work that needs to occur at the unit level. This needs to be clearly documented and reported on to both the steering group and the service management team on a regular and agreed basis. It is suggested that each unit has a group of clinical staff and other key unit-based personnel to develop the action plan and monitor progress, and so on. For those organisations that already have a quality improvement framework, this group would be the ideal forum to progress this framework.

An example of a typical quality improvement action plan is shown below.

Quality improvement action plan example

Task	Process	Responsibility	By when	Completion date
Develop unit-based orientation programme	<ol style="list-style-type: none"> 1. Draft development of programme in consultation with staff nurses 2. Trial programme 3. Refine and finalise 	Nurse educator with staff input	June 2005	
Define training and educational needs of unit staff	<ol style="list-style-type: none"> 1. Complete performance appraisals for all staff 2. Identify training needs of each individual 3. Collate information to define training needs of unit 	Nurse educator and charge nurse/unit manager	August 2005	
Update policy and best practice guidelines	<ol style="list-style-type: none"> 1. Establish order of priority 2. Allocate 	Etc	Etc	
Etc, etc				

Check list for stage four	
Task	Date achieved
A Gap Analysis document has been developed for use within each unit/service/clinical area.	
All team leaders/unit managers/charge nurses have been trained with regard to Magnet principles and forces and how to apply the Gap Analysis tool.	
A Gap Analysis has been completed in every clinical area that has been using the tool.	
Results from all clinical areas have been collated.	
Literature in relation to strategies for 'building magnetism' has been analysed.	
Unit-based initiatives versus organisation-wide initiatives/work/projects have been defined.	
An overall organisation-wide project plan and GANTT chart have been completed, including a communication plan.	
Unit-based quality improvement/action plans have been completed based on the unit-specific Gap Analysis findings.	



Stage Five – Implementation and Maintaining Ongoing Commitment

Senior management and the Board of Directors

Once there is a clear picture about the amount of work needed to reach Magnet status, it will be essential to gain ongoing support to progress the work needed to bridge the gap and develop a culture of ongoing quality improvement.

The project plan should be presented to the CEO and senior management team. The Board of Directors needs to be communicated with regarding findings from the Gap Analysis and plans to progress the ongoing development of Magnet principles. Again a professional and pertinent presentation can be developed and presented to both groups with the aim of attaining ongoing support.

The communication plan (as part of the project plan) needs to be clearly defined and agreed on. It is essential that regular and ongoing communication and progress towards the goals be communicated to these key groups, and in fact the whole organisation.

Strategic and operational plans

The Magnet project and any sub projects need to be clearly articulated in the organisation strategic and operational plans, for example, a Human Resources Plan, and in any unit-based quality or business plans. Not only is this a key to formally integrating Magnet principles into the organisation, but also it will act as another means of tracking progress and maintaining both a profile and commitment.

Health professional groups

Keeping the momentum going among all health professionals requires constant education and communication. This is a key message coming through consistently from those who have already worked through the journey and achieved Magnet recognition (refer Tips from others who attained Magnet status, pages 28–29).

Communication and education are key roles of the health professional and unit-based Magnet champions, and these roles need to be well supported by the senior nurse(s) and managers in the organisation. Some organisations have specific communication roles. These people need to be fully briefed throughout the process and need to play a key role in assisting with the development of the communication strategy, plan and related material and presentations.

A number of organisations in the United States have developed Magnet co-ordinator roles. These roles take responsibility for constantly communicating progress with each clinical area, monitoring progress and generally keeping staff enthused.

As positive results are achieved in any area, they need to be both celebrated and shared with other areas. Again a well organised communications plan will support this.

Note: Staff visits to hospitals that have been through the Magnet process and achieved recognition is another way of finding the best way to implement Magnet principles into an organisation. A number of New Zealand organisations have already sent staff to a variety of hospitals in the United States and the United Kingdom. For those involved, this has proved a very useful exercise. It is suggested that a range of staff might visit different sites at different stages in the Magnet journey. For assistance and ideas on the most appropriate sites, contact Magnet NZ or the ANCC. The ANCC website lists all those hospitals that have achieved Magnet recognition, along with specific contact details. See: www.nursingworld.org/ancc/magnet.html

ANCC also holds an annual Magnet conference in the United States, which is highly recommended by people who have attended. This conference enables networking and sharing of valuable information about the process of Magnet recognition, as well as papers on various aspects of demonstrating and maintaining and growing Magnet recognition. This is advertised on the ANCC website also (see above).

Check List for Stage Five	
Task	Date achieved
A presentation has been made to the Board of Directors, the CEO and the senior management team to attain ongoing commitment to the project plan.	
Agreement has been reached on a communication plan.	
Strategic, business and operational plans have been included.	
Communication has been made with unit-based nursing staff and agreement has been reached on the best way to direct ongoing communication and education.	
Successes have been celebrated and feedback has been given on positive outcomes etc.	



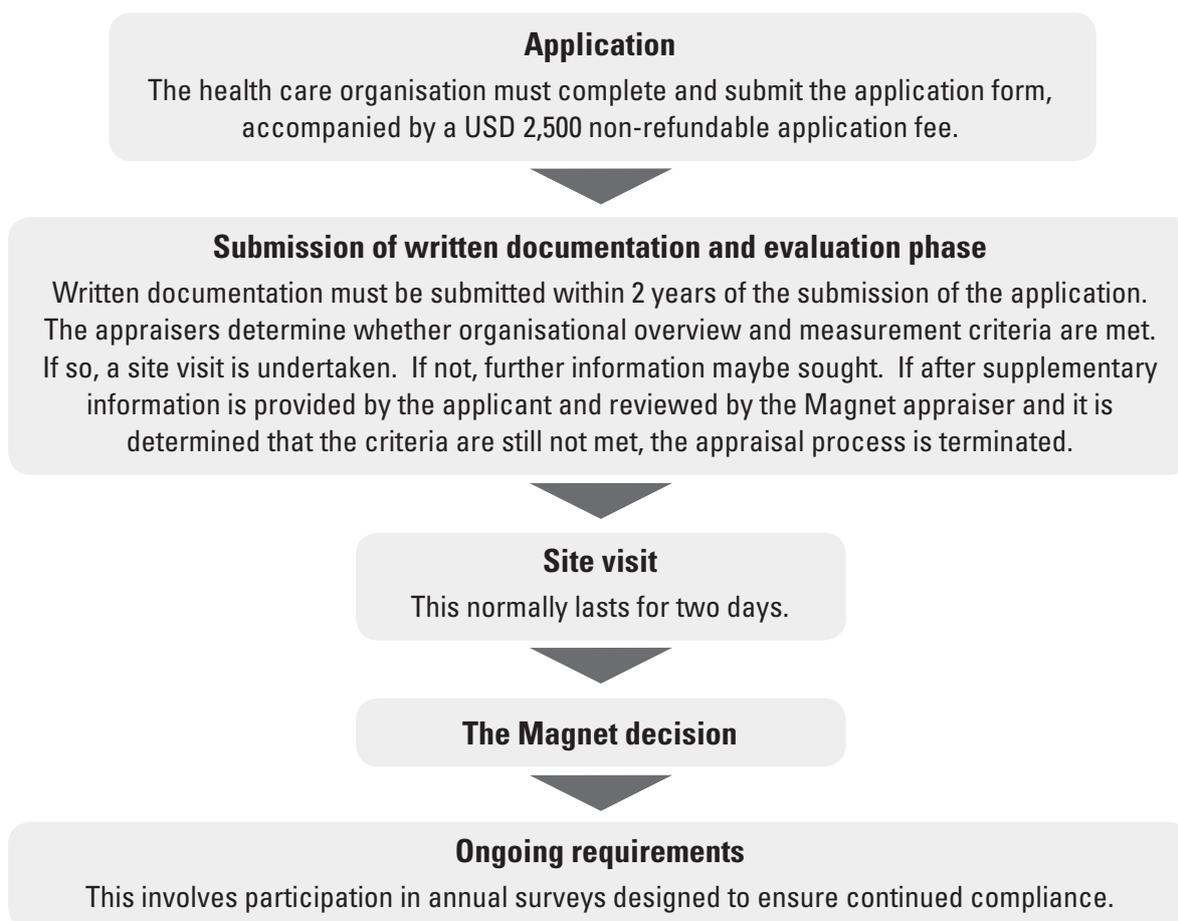
Stage Six – Achieving Magnet Recognition

Some organisations may choose to apply for recognition for the level of excellence they have achieved through the ANCC. For details of the recognition programme process refer to pages 31–45 of *Magnet Recognition Program: Recognizing excellence in nursing service* (this instruction and application process manual is available from the ANCC). The manual includes comprehensive instructions and information along with key contacts. Refer to: www.nursingworld.org/ancc.magnet.html

Magnet NZ is also working very closely with the ANCC to ensure that the standards, content and processes are appropriate for the New Zealand context and will act as a focal point and support to organisations embarking on the Magnet journey. For further information contact Magnet NZ on: www.moh.govt.nz/magnet

Magnet NZ will also assist with identifying and selecting New Zealand advisors to support ANCC assessors who might undertake New Zealand Magnet accreditation visits.

The recognition process is as follows



Magnet status is awarded for 4 years as long as the grounds for revocation are avoided (refer *Magnet Recognition Program: Recognizing excellence in nursing service*, page 27).

Questions and Answers

1. What are the benefits of introducing the Magnet principles/programme to our organisation?

The internationally acclaimed ANCC Magnet Recognition Program is based on research and designed to improve quality of care and patient safety and to enhance the work environment and professional satisfaction of nursing staff.

Magnet organisations have been linked with:

- lower mortality and morbidity rates
- lower complication rates
- lower overall costs
- increased patient satisfaction
- increased nurse job satisfaction
- shortened lengths of hospital stay and lower utilisation of ICU bed days
- lower rates of nurse burnout
- lower rates of needle-stick injuries among nursing staff.

While the Magnet programme has developed from nursing-specific research, it has also shown demonstrable benefits for other disciplines and the organisation as a whole. Many of the Magnet principles strongly encourage an interdisciplinary approach to care.

2. What are the costs?

The costs of preparing for the recognition programme are dependent on the amount of work required by each organisation to meet the Magnet standards. Once ready to apply for formal recognition, the costs of doing so are clearly outlined in the Magnet Recognition Program application manual. There is a USD 2,500 application fee. Other costs are dependent on the size of the organisation, how many appraisers are required for the site visit and for how long. Travel and accommodation costs for appraisers are also covered by the organisation aiming for recognition. Given that no New Zealand health organisation has been through the formal recognition process to date, specific costs may need to be individually negotiated with the ANCC.

Research to date indicates that overall costs in Magnet hospitals may in fact be less despite higher labour costs than comparable non-Magnet hospitals. This is because Magnet hospitals have a shorter length of patient stay, less use of ICU bed days, fewer adverse patient events and lower staff turnover. 'Thus, taking into account total per-patient costs of care, there is no evidence that Magnet hospitals cost more than conventional hospitals and they may even cost less while achieving better patient outcomes.' (Aiken 2002, page 74). In addition, the ability of Magnet hospitals to retain nursing staff is estimated to produce substantial savings for hospitals in relation to recruitment and related costs (ibid.).



3. How does the Magnet Recognition Program fit with the quality health accreditation programme that our organisation is currently part of?

Currently all health organisations in New Zealand are required to meet minimum standards through the Health and Disability Sector Standards, Infection Control Standards and Restraint Minimization Standards. These standards are considered to be a minimum set of standards that an organisation must have in order to hold a license to operate. Many organisations and DHBs have also either achieved or are working towards accreditation with Quality Health New Zealand (QHNZ). QHNZ standards are organisational-wide standards based on a continuous quality improvement framework and evaluated through a peer review process.

These two processes are considered to be complementary, and in the United States, JACHO (the equivalent of the QHNZ accreditation programme) accredited programmes are also receiving Magnet recognition.

4. Why should nurses be given special treatment? Aren't we meant to be encouraging an interdisciplinary approach to patient care?

Each clinical group needs to be well developed in its own right, with sound quality systems, educational preparation and development of its professionals and effective, discipline-specific indicators in place. Research data from hospitals in the United Kingdom involved in an international hospital outcomes study indicated that 'working well with members of an interdisciplinary team is strongly associated with nurses being able to act with professional autonomy' (Aiken 2002, page 76).

While the Magnet programme has developed from nursing-specific research, it has also shown demonstrable benefits for other disciplines and the organisation as a whole. Many of the Magnet principles strongly encourage an interdisciplinary approach to care. One of the key Magnet measures relates to effective nurse-physician relationships.

5. How widely is the Magnet programme supported?

The Minister of Health, Ministry of Health and national nursing organisations, including the New Zealand Nurses Organisation, support the introduction of Magnet principles into New Zealand hospitals. Magnet NZ has been formed to assist those organisations interested in participating in the Magnet Recognition Program.

6. Do the Magnet standards just apply to hospitals? What about primary health care organisations, such as PHOs?

While the initial research has been hospital based, there are a number of organisations that have achieved recognition that also have community based and home care services. The first non-American health organisation to achieve

Magnet recognition (Rochdale National Health Service Hospital Trust in the United Kingdom) included primary health services. The Magnet principles and Forces of Magnetism as outlined in this tool kit (Stage One) could be applied to all health settings with the aim of improving health outcomes and nursing satisfaction.

A number of DHBs have indicated a desire to eventually 'roll out' the implementation of the Magnet programme to all areas within the DHB. Hutt Valley DHB, for example, is actively implementing Magnet principles across the organisation.

7. The American health environment is very different from the New Zealand environment. How do we know that the same benefits will be gained in New Zealand hospitals and health services?

Although the original research was carried out in American health settings, which are indeed very different from the New Zealand context, the principles and standards are universal and in fact are already being applied in hospitals internationally. There are currently 16 other countries working towards Magnet recognition.

In addition, currently in progress, is the largest international nursing outcomes study ever undertaken based on the Magnet work. The study includes over 700 hospitals in five countries – the United States, Canada, England, Scotland and Germany – and is being replicated in New Zealand. Data indicates that in fact many of the issues for nurses in trying to achieve the best possible patient care are similar between all of these countries (Aiken 2002).

8. Our organisation does not have recruitment and retention issues so why would the Magnet Recognition Program be of any relevance to us?

The Magnet Recognition Program, while improving recruitment and retention issues, is also about improving patient outcomes. In addition, Magnet organisations experience:

- improved orientation and professional development opportunities, including regular feedback and appraisal
- manageable workloads
- a senior nurse being available to support staff with clinical decision-making where necessary
- clear practice guidelines
- multidisciplinary team colleagues who include staff in decision-making processes and seek their input.

There is strong research evidence indicating significant improvements in a wide range of patient outcomes (Aiken 2002).



9. Will the standards be adapted to fit the New Zealand health context?

Work is under way to adapt the standards to fit the New Zealand environment and ensure that they are culturally appropriate. This work is being led by Magnet NZ. For updates on progress refer to the Magnet NZ website: www.moh.govt.nz/magnet

10. As a health professional 'on the floor', what benefits might I see as a result of working towards Magnet recognition?

For those organisations that have become Magnet hospitals there is a clear improvement in the satisfaction level of nurses at all levels within the organisation. Organisations who have introduced Magnet principles have better nurse-physician relationships, improved staffing levels, improved control over nursing practice and the nursing and patient environment, increased nurse autonomy and accountability, more supportive nurse managers and other senior managers and increased support for nursing education and professional development. Magnet NZ, which recommends a multidisciplinary approach, expects these benefits to be universal.

Tips from Others Who Have Attained Magnet Status

'The key to getting buy-in into Magnet and getting everybody on board, is first of all to "educate, educate, educate" everybody on the benefits I used PowerPoint, games, contests, 24-hour fairs, etc and had 100 Magnet champion staff nurses to help me, and I made it fun I visited every one of our 100 inpatient and outpatient units, and I talked with every single physician faculty group to get everyone motivated.'

Barbara Hanon RN, MSN (University of Iowa Hospitals and Clinics)

'A team approach is essential for gathering evidence, communications and education. Education for the organisation is essential.

'My other suggestion would be that one person is considered the final writer so that your story of excellence flows smoothly. Others may write narratives for the document, but one final set of eyes needs to edit for tense, structure, etc. Many hospitals have a Magnet project manager/co-ordinator or facilitator to oversee the process.'

Linda McCall RNC, MSN (Wilmington, North Carolina and New Hanover Regional Medical Center)

'We had an educational session for our Magnet champions (staff nurses designated from each unit). During that educational session, we charged them with creating two posters; one with hospital-wide highlights, the other with their own unit highlights. They were to use the posters and their own creativity to educate and enthuse their peers on their unit. This process really worked well for us.'

Jody Ayres (Texas Children's Hospital)

'Ensure that staff registered nurses are involved from the "get go".'

Catherine Broom, MN (University of Washington Medical Centre)

'What I would suggest as a helpful initiative is to carefully examine each of the Forces of Magnetism relative to your clients. See how you demonstrate the forces at all levels ... chief nurse, middle management and at the staff nurse level. That will help you identify areas for further development. The forces were also useful educational tools for the staff, in terms of how they were able to answer questions of compliance with the Magnet standards.'

Patti Rackstein (Morton Plan Mease Health Care, Florida)



'The Magnet project co-ordinator was a member of multiple, interdisciplinary committees that focused on specific, organisational-wide topics, eg, environment, infection control, information management, performance improvement, human resources, etc. This proved to be extremely helpful, as she was aware of all information on a hospital-wide basis.

'In addition, the Nursing Leadership committee focused on the Magnet standards in their meetings, selected items for submission and participated in the writing of narratives and collection of data.

'We promoted Magnet throughout the organisation through fliers and our organisation newsletter. The Magnet co-ordinator and our CNO [Chief Nursing Officer] (who is also our CEO) attended every department meeting at least once or twice.

'As the co-ordinator, I must add that the use of secretarial support is key to managing the tasks of putting the materials together, etc.'

Karen Conlon (Acadia Hospital, Maine)

References

Aiken LH. 2002. Chapter 3 in: ML McClure, AS Hinshaw (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

Aiken LH, Havens DS, Sloane DM. 2000. The Magnet Services Recognition Program: A comparison of two groups of Magnet hospital. *American Journal of Nursing* 100(3): 26–36.

Aiken LH, Patrician P. 2000. Measuring Organisational Traits of Hospitals: The revised nursing work index. *Nursing Research* 49(3): 146–53.

Aiken LH, Smith HL, Lake ET. 1994. Lower Medicare Mortality among a Set of Hospitals Known for 6000 Nursing Care. *Medical Care* 32: 771–87.

Finlayson MP, Gower, SE. 2002. Hospital restructuring; identifying the impact on patients and nurses. *Praxis* 18(1): 27–35.

Hinshaw AS. 2002. Chapter 4 in: ML McClure, AS Hinshaw (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

Kramer M, Schmalenberg C. 2002. Chapter 2 in: ML McClure, AS Hinshaw (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

Magnet Recognition Program: Recognizing excellence in nursing service. Health care organisation instructions and application process manual. 2004–2005. Washington DC: American Nurses Credentialing Center.

McClure ML, Hinshaw AS (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

McClure ML, Poulin MA, Sovie MD, et al. 2002. Chapter 1 in: ML McClure, AS Hinshaw (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

Urden LD, Monarch K. 2002. Chapter 5 in: ML McClure, AS Hinshaw (eds). 2002. *Magnet Hospitals Revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

www.accel-team.com/techniques/force_field_analysis.html

www.moh.govt.nz/magnet

www.moh.govt.nz/nursing

www.nursingworld.org/ancc/magnet.html

www.mindtools.com/forcefld.html

