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The Magnet Recognition Programme:

**A discussion of its development, success
and challenges for adoption in the UK**

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Introduction to this discussion paper

UK interest in Magnet has grown significantly in recent years. This has been driven in part as a result of the Francis Inquiry and successive reports which have focused on reforming nursing education and investing in numbers, skills-mix and better retention.

The most significant of these reports - the Shape of Caring review - has recommended that Health Education England (HEE), the body responsible for directing education for nurses in England, should establish an expert group to examine the potential of developing and implementing Magnet principles to improve the education of the UK workforce and patient outcomes.¹

This paper provides a short overview of the Magnet Recognition Programme (as it has been formally known since 2002). This includes a description of what Magnet actually is, a brief history of its development, information on the application process and how it has affected nursing both in the United States and internationally.

This paper also considers some of the key successes and potential challenges of the Magnet model, without making any firm conclusions about Magnet's effectiveness. The principal focus is on providing information around 'what, when and how'.

What is the 'Magnet Recognition Programme'?

More commonly known just as the 'Magnet Award', this programme recognises excellence in nursing and was founded in 1990 by the American Nurses Credentialing Centre (ANCC). The ANCC is the accreditation wing of the American Nurses Association (ANA) - the principal professional association for registered nurses in the United States. According to ANA, Magnet accreditation "recognises health care organisations for their quality patient care, nursing excellence and innovations in professional nursing practice."²

¹ Health Education England, Raising the Bar, http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCEQFjAA&url=http%3A%2F%2Fwessex.hee.nhs.uk%2Ffiles%2F2015%2F04%2F2348_Shape_of_caring_review_summary.pdf&ei=D8U0VYKVI8LVasuZgJAP&usq=AFQjCNHQbA-NZo4n2-XLaXJ99OxlizGkww&sig2=3y81ctpcDMO-kpwZ2-1UvQ (April 2015)

² ANCC, Magnet overview, <http://www.nursecredentialing.org/Magnet/ProgramOverview> (February 2015)

The ANCC operates the Magnet award on behalf of ANA and any care setting which employs nursing staff can apply. Magnet was initially designed around the findings of a study conducted in the 1980s by the American Academy of Nursing which identified 14 characteristics of healthcare organisations that excelled in recruitment and retention of registered nurses. More information on these 14 characteristics can be found in the section 'What does Magnet measure?' on page five.

Alongside the Magnet Award, the ANCC also operates a partner programme called the 'Pathway to Excellence' (PTE).³ This is slightly different from Magnet insofar as it offers a go-between for those institutions which are unable to meet the rigorous standards and submission requirements for Magnet.

The focus of PTE is still on recognising health care organisations for positive practice environments where nurses excel - but is less expensive, with a slightly simpler application process compared to Magnet (there are only 12 qualifying PTE criteria as opposed to 14 for Magnet). As a result, PTE is often strategically chosen as a milestone for pursuing Magnet recognition at a later stage.

Development of Magnet – a timeline

- 1990: ANA's Board of Directors approves the creation of the Magnet Hospital Recognition Programme for Excellence in Nursing Services.
- 1994: First Magnet recognition given to the University of Washington Medical Centre in Seattle, WA.
- 1997: Award name changed to the 'Magnet Nursing Services Recognition Programme'.
- 1998: Magnet is expanded to include recognition of long term care facilities.
- 2000: Following numerous requests, Magnet recognition is expanded to recognise healthcare organisations overseas.
- 2002: The name of the award is changed again to its present form, the Magnet Recognition Programme.

³ ANCC, Pathway Programme Overview, <http://www.nursecredentialing.org/Pathway/AboutPathway> (March 2015)

What types of health settings does Magnet recognise?

Magnet covers public, private and charitably-funded care organisations. At the time of writing, 406 institutions hold Magnet recognition. However, despite being an international award since 2000, only eight of these (less than 2 per cent of the total) belong to overseas organisations.

Once awarded, Magnet status lasts for four years, after which the award must either be renewed or it will lapse. Of the eight “live” international awards, three are held by Australia, two by Saudi Arabia, one by Canada, one by Singapore and one by Lebanon. No care setting in Europe currently holds Magnet status.

It is notable that these awards have tended to favour institutions that bear a strong structural resemblance to the American health system. The current Lebanese award for instance belongs to the American University of Beirut Medical Centre.

The process for attaining Magnet recognition – application and appraisal

First time applications for Magnet status are more expensive than renewals (see table below). Appraisal fees, which comprise the most significant share of the application cost, are calculated according to the number of beds which each institution holds:

Licensed number of beds	Appraisal fee for first time applications	Appraisal fee for renewal of Magnet status
1-299	\$18,000.00	\$16,200.00
300-399	\$30,000.00	\$27,000.00
400-499	\$40,000.00	\$36,000.00
500-749	\$49,000.00	\$44,100.00
750-949	\$59,000.00	\$53,100.00
950+	\$65,000.00 + \$65 per bed over 950	\$58,500.00 + \$65 per bed over 950

On top of the appraisal fees listed above, each application is subject to an initial \$5,000.00 charge and further fees for documentation review and site visits can add a further \$6,000.00 to the application/renewal process.⁴

The application process is the same for both US and international healthcare organisations. A large amount of written documentation regarding the educational attainment of the applicant organisation's nursing staff, their compliance with any national regulations affecting workplace health and safety etc. is just some of the evidence required.

A full list of eligibility criteria can be accessed here:

<http://www.nursecredentialing.org/Magnet/International>. In addition, documentation must be provided in English before then being reviewed by ANCC staff. Site visits are then organised to audit these written submissions.⁵

Strict eligibility restrictions apply. To take one example, all applicant organisations must have a Chief Nursing Officer (CNO) who must hold at a minimum a master's degree at the time of application. If the master's degree is not in nursing then either a baccalaureate degree or doctoral degree must be in nursing. The requirement must be maintained throughout the application phase, review phase, and designation as a Magnet organisation. Appointees as interim CNOs must also comply with this requirement.

What does Magnet measure?

The programme is based on the 14 characteristics of 'Magnet' facilities. These characteristics are known as the '*Forces of Magnetism*' and are grouped under five 'Components' (see list below) that represent the framework that distinguishes Magnet organisations.⁶

Component One: Transformational Leadership, includes the forces of:

- Quality of Nursing Leadership, and

⁴ ANCC, Magnet Fees and Costs, <http://www.nursecredentialing.org/MagnetScheduleFees> (February 2015)

⁵ ANCC, Organisation Eligibility Requirements, <http://www.nursecredentialing.org/OrgEligibilityRequirements> (February 2015)

⁶ ANCC, Frequently Asked Questions, <http://www.nursecredentialing.org/Magnet/International/MagnetProgOverview/MagnetProgFAQ.html> (February 2015)

- Management Style.

Component Two: Structural Empowerment, includes the forces of:

- Organisational Structure
- Personnel Policies and Programmes
- Community and the Healthcare Organisation
- Image of Nursing, and
- Professional Development.

Component Three: Exemplary Professional Practice, includes the forces of:

- Forces of Professional Models of Care,
- Consultation and Resources,
- Autonomy,
- Nurses as Teachers, and
- Interdisciplinary Relationships.

Component Four: New Knowledge, Innovation, & Improvements, includes the forces of:

- Force of Quality Improvement.

Component Five: Empirical Quality Results, includes the forces of:

- Quality of Care.

How assessments are undertaken

The ANCC does not disclose in detail what the application process involves. What is known however is that all applicants must register onto a protected application portal after confirming their credentials as a healthcare organisation in order to proceed with their application.

The five components and associated magnetisms (see above) are built into a series of data collection tables and forms which try to gauge the presence of these principles within each workplace. In order to apply for a Magnet award, an organisation must log onto a secure portal where they can upload their application.

This process uses a Demographic Data Collection Tool (DDCT) to document each organisation's profile – including the number of total procedures it has carried out, the number of licensed beds it has, contact phone numbers it holds, home visits

scheduled etc. This information is then submitted to the Magnet Programme office alongside any initial written documentation.⁷

The DDCT also holds a section reserved for the profiling of an applicant's nursing workforce. This includes how many nurses it has across 18 categories (nurse leaders, specialist nurses, advanced practitioners, educators, researchers etc.) For each of these categories, the total number of nurses has to be provided along with their current level of education.

Two further tables then take the **data provided for the nurse leaders and nurse managers' categories in the main spreadsheet and then drills further**, requiring additional information on all individuals listed in these categories, including their full name, highest nursing degree and job titles.

If an organisation receives Magnet accreditation, it then moves into a monitoring and evaluation phase. This means that in order to keep their status, they must update their DDCT report, submit an Interim Monitoring Report (IMR), and undertake periodic phone conversations with the analysts in the Magnet Recognition Programme office. This must be done annually for each of the four years in which the award is valid.

Successes of the Magnet model

Magnet provides an evidence-based framework which recognises that nursing has evolved into a profession which, although distinct from doctors, boasts a skills-set which is just as valuable to patients. Nursing has come a very long way in recent decades and now boasts a refined skill-set covering clinical excellence with strong patient interface and relationship-centred care. Magnet's role has been to encourage care providers to recognise and embrace this vital contribution – supporting nurses as partners in the formulation and delivery of care.

As a consequence, many care settings in the US have committed greater resources to extending career progression routes for nursing staff and it is likely that the perceived benefits of securing Magnet recognition has driven much of this investment, with the total number of US care settings with an active Magnet award having risen almost consistently since its founding in 1990.

⁷ ANCC, <http://www.nursecredentialing.org/Magnet/Magnet-FormsTemplates/DemographicInfoForm> (February 2015)

The Magnet award requires both first-time applicants and those organisations looking to renew their status to invest in nursing leadership, as well as advanced nursing skills and competencies. The ANCC and other supporters of the Magnet programme have cited this requirement as helping to deliver better patient care.

Since 2003, Magnet requires that every care setting have a Chief Nursing Officer (CNO) who in turn must hold at a master's degree at the time of application. In addition to this, a Registered Nurse with 24/7 accountability for the overall supervision of all Registered Nurses and other healthcare providers in an inpatient or outpatient area must also be present.

Positive policy recommendations, such as the Institute of Medicine's (IOM's) assertion that 80 per cent of nurses in the US should have a bachelor's degree by 2020, have doubtless been driven in some part by the success of Magnet.⁸ As at the time of writing, approximately seven per cent of all hospitals in the US hold Magnet status.⁹

In addition, it is also encouraging that Magnet status is finding an international audience beyond other advanced health systems, with significant uptake in the Middle East and Asia.

Challenges of the Magnet model

In the United States:

In spite of its high profile, there have been criticisms of Magnet from some nursing unions over the way that the Magnet programme has been implemented. The California Nurses Association and the Massachusetts Nurses Association have both been referenced as suggesting that the Magnet award is primarily a hospital promotion tool and that ANCC officials risk developing overly cosy relationships with hospital managers whom they are supposed to be objectively evaluating.

⁸ The Lancet, Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study, 2014 (February 2015)

⁹ Sacramento Business Journal, UC Medical Centre wins back Magnet nursing designation, <http://www.bizjournals.com/sacramento/news/2014/01/16/uc-davis-medical-center-magnet-nursing.html?page=all> (February 2015)

Critics have also asserted that there is little evidence that nurses at Magnet hospitals are really much better off than nurses elsewhere. Suzanne Gordon, in *Nursing Against the Odds* (2005), has concluded that while Magnet as an important effort, it doesn't really work well and that many of its voluntary guidelines may offer only the illusion of nurse empowerment.

'The Truth About Nursing' - a not-for-profit nursing organisation in the United States also claims to have heard first-hand accounts of **some hospitals trumpeting their new Magnet status even as they proceed to undermine some of the programme's key principles.** This includes hospitals reverting to short-staffing and excluding nurses from decision-making processes soon after receiving magnet certifications.¹⁰

Other notable criticisms are that Magnet status should be reserved for non-profit institutions only, and that checks by ANCC staff on implementation of the award's guidelines should be on-the-spot, rather than planned in advance with the credentialed institution.

Outside the United States:

Internationally, Magnet recognition is limited and while health providers in countries such as New Zealand, the UK and others have achieved Magnet recognition in the past, these have not been followed up with renewal. This might be to do with budgetary constraints and other pressures, but it could also indicate that the high costs for attaining the award may outweigh any identifiable short term benefits.

In the UK specifically, Rochdale Infirmary in Lancashire was awarded Magnet status in 2002 but failed to renew it later that year following a merger with another Trust. In addition to this, South London and Maudsley NHS Foundation Trust has been actively seeking magnet accreditation since 2011 – the first UK mental health trust to do so. However, the Trust has highlighted that several of the accreditation standards require them to “compare our performance against UK-wide data that is not currently collected and we are in discussion with the ANCC about what they may be prepared to accept as national data.”¹¹

¹⁰ The Truth About Nursing, Magnet status: What it is, what it is not, and what it could be, <http://www.truthaboutnursing.org/faq/magnet.html> (February 2015)

¹¹ South London and Maudsley Trust, www.slam.nhs.uk/media/32296/2011%20spring%20slam%20news.pdf (April 2015)

The evolution of Magnet within the private American health system means that UK stakeholders need to understand clearly what the incentives to hospitals and other care settings would be for pursuing recognition. Notwithstanding its many successes in the US, UK audiences need to bear in mind that Magnet has been profoundly shaped by the dynamics of a private, market-orientated health system in which hospitals compete with one another for a competitive edge to attract patients - a process which ensures their income.

The UK context is different. The NHS provides services free at the point of delivery, based on clinical need not ability to pay and there are national systems for planning the workforce. While it is clearly desirable that all healthcare providers adopt policies and practices that value, engage and fairly reward their staff - Magnet is not intended to provide universal recognition but is deliberately selective and dependent on competition between organisations. As a consequence there will be winners and losers in terms of recruiting and retaining staff which would present challenges to the principles upon which the NHS is founded.

It is also noticeable that the application process for international care settings does not differ significantly for those in the US.¹² As a result, there is a risk that care settings with significantly different structures to the American model, but where good nursing standards, practice and competence exist, may find it more difficult (and no less expensive) to attain Magnet status.

It is also worth noting that while significant weight has been given to Magnet for bolstering work environments, staff retention and overall career satisfaction for nurses, **the RN4CAST research found that rates of burnout and job dissatisfaction among nurses in Europe (where there presently is no Magnet status) were comparable to the US.**¹³

This might change however if Magnet continues its upward trajectory of uptake across the US - possibly leading to more consistent (and hopefully better) patient outcomes across care settings. This could arguably then be linked to a positive “Magnet effect”. The RN4CAST is currently expanding its research remit into US hospitals and so more information on this point will likely come forward in the near future.

¹² ANCC, International Information about ANCC Recognition Programmes, <http://www.nursecredentialing.org/Magnet/International> (February 2015)

¹³ RN4CAST, Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States, <http://www.bmj.com/content/344/bmj.e1717> (March 2015)

As mentioned in the ‘successes’ section above, Magnet’s operators require very large amounts of organisational data be provided by applicants in order for them to be eligible for consideration. **However, it is possible that this requirement may be too heavy for many health settings in resource-poor circumstances.** This could restrict Magnet’s practical appeal and discourage uptake even where good nursing practice is in evidence.

Initial observations

What the present evidence on Magnet seems to reinforce is that the dynamic between patient outcomes and factors affecting the nursing workforce is a highly fluid mix beholden to unique national and local conditions.

The interaction of these is difficult to understand and so it seems reasonable to assume that while Magnet’s structure has certainly advanced these qualities within the US context and for some healthcare providers overseas, greater flexibility is needed if this is to be replicated more widely in non-US care settings.

Further research linking Magnet to consistent improvements across care settings and better working environments for nurses in the US would be especially valuable - and it is entirely possible that the RN4CAST’s current focus on the US will discover such a link.

This is important because as the NHS continues to struggle with financial pressures in the short term, the adoption of any Magnet approach will need to evidence viable, measurable outcomes in order to justify the significant financial cost for achieving and sustaining this type of award.

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