The Health Professions Education Center (HPEC) is made possible through voluntary support from American Association of Community Colleges (AACC) member colleges with the goal of advancing nursing and allied health advocacy efforts.

**September 2011: Special Edition on the Magnet Recognition Program**

Talk of the demand and desire for Magnet designation appears to be growing. Some hospitals seek the designation because it is viewed as a prestigious credential that helps with recruiting and retention efforts and suggests that Magnet facilities deliver high-quality patient care and a high-quality work environment. Marketing of the Magnet designation is not yet widespread among communities. However, as more marketing initiatives are released, it is likely that community awareness will follow. It is unlikely that Magnet designation will become the expected norm for all hospitals in the near future, but the impact of the marketing already is apparent in the nursing community. Absent transparency in a credentialing process or the lack of understanding of Magnet credentialing, decisions about the Magnet Recognition Program could be based more on myth than on fact.

To assist community colleges in becoming better informed about the Magnet Recognition Program, HPEC is devoting this special edition of the HPEC Newsletter to explaining the Magnet Recognition Program and addressing members’ concerns about it.

**What Is the Magnet Recognition Program?**

The Magnet Recognition Program is a credentialing program administered by the American Nurses Credentialing Center (ANCC), the largest credentialing organization for nurses and a subsidiary of the American Nurses Association. In its marketing materials, ANCC makes the following statements describing the credential:

- Magnet status is a "credential of organizational recognition of nursing excellence."
- "Magnet-recognized organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care; the discipline of nursing; and care of the patient, family, and community."
- The Magnet designation includes appraisal of qualitative factors, referred to as 'Forces of Magnetism' (FOM). The full expression of the FOM is a professional healthcare environment
Looking at the Facts

Non-Magnet and Magnet Hospitals

ANCC declares that the program is "the gold standard for nursing excellence," because out of the 5,795 hospitals registered with the U.S. American Hospital Association, only 386 (6.7%) are Magnet-recognized. Some have argued that Magnet designation is not something every hospital should be expected to achieve, since the ANCC standards are written to reflect excellence and excellence is rare. ANCC refers to "a growing body of research" indicating that Magnet hospitals have "higher percentages of satisfied RNs, lower RN turnover and vacancy, improved clinical outcomes, and improved patient satisfaction."

However, recent research comparing Magnet and non-Magnet facilities questions the presumption that working conditions for nurses are better at Magnet organizations. The comparative study found one demographic difference between the two groups: The proportion of nurses of color was significantly lower in Magnet hospitals (8.6%) than in non-Magnet facilities (16.1%). No significant differences emerged in any of the other measures of working conditions, including patient safety culture, nursing practice environment, and overall job satisfaction. Yet, the perceived prestige of Magnet recognition appears to be overshadowing, for although there are few Magnet-labeled workplaces, nursing students often are encouraged to apply to work at Magnet organizations when they graduate.

Educational Requirements for Nurses in Magnet Organizations

There are minimum educational requirements for nurses in leadership positions in Magnet organizations. Because the Magnet Recognition Program is silent on minimum requirements for direct care nurses (DCNs), which is the Magnet terminology for job titles often referred to as "staff nurses," there are no minimum education requirements for DCNs. The next section provides more specific information on various categories of nurses and the requirements for each. Note that a bachelor of arts in nursing counts as a bachelor's degree. A master's or doctoral degree in nursing also satisfies this criterion, even when the bachelor's degree is not in nursing.

Title: Chief Nursing Officer (CNO) (including interim CNOs)

Definition: A designated individual "who is ultimately responsible for sustaining the standards of nursing practice throughout the organization.....The CNO must be an active participant on the applicant organization's highest governing, decision-making, and strategic-planning body."

Educational Requirement: Minimum of a master's degree when the application is submitted. If the master's is not in nursing, then the CNO must have a baccalaureate or doctoral degree in nursing.

Title: Nurse Manager

Definition: "A registered nurse (RN) with 24 hour/7day accountability for the overall supervision of all RNs and other health care providers in an inpatient or outpatient area. The nurse manager is typically
responsible for recruitment and retention, performance review, and professional development; involved in the budget formulation and quality outcomes; and helps to plan for, organize and lead the delivery of nursing care for a designated patient care area."

**Educational Requirement:** At the time the application is submitted, 75% must have a bachelor’s or master’s degree in nursing. Effective January 1, 2013, 100% of nurse managers will be required to have a bachelor’s or master’s degree in nursing when the application is submitted. In the future, the requirements will move more toward graduate-level preparation.

**Title:** Nurse Leader

**Definition:** "Those nurse leaders with line authority over multiple units that have RNs working clinically and those nurse leaders who are positioned on the organizational chart between the nurse manager and the CNO."

**Educational Requirement:** Effective January 1, 2013, 100% of nurse leaders will be required to have a bachelor’s or master’s degree in nursing at the time of application.

**Title:** Direct Care Nurse (DCN)

**Educational Requirement:** There are no minimum Magnet requirements for the number or ratio of ADN- or BSN-prepared nurses or specialty-certified nurses. However, the applicant to the Magnet process is required to provide information about the educational preparation and certification status of current DCNs, and to address the Magnet structural empowerment criteria, the organization must list the goals it has set for formal and professional education (e.g., the applicant may decide to increase the number of nurses with a master’s of science in nursing, a specialty certification, or possibly a BSN). During redesignation, evidence that the goals have been met must be submitted.

**Interests Dominating Magnet Recognition**

Similar to many businesses that award accreditation to education institutions or that grant specialty certification to education programs, ANA’s and ANCC’s interests also are intertwined in the Magnet Recognition Program. For example, advertising materials state that the program appraises health-care workplaces based on "quality indicators and nursing practice standards outlined in the *ANA Nursing Administration: Scope and Standards of Practice* and other foundational documents." Also comparable to other credentialing business enterprises, a portion of the revenues generated via the Magnet Recognition Program result in expenditures for Magnet applicants.

Owing to the expense of the application process and maintaining the credential, large health-care organizations may be most likely to have the available resources for pursuing Magnet recognition. While the program’s online fee schedule does not include estimated costs of the manual, publications, conferences, and consultations, the schedule outlines the basic costs of the application, appraisal, document review, and site visit, which are substantial. Applicants budgeting for the "Journey to Magnet Excellence" also take into account costs for securing a benchmarking service, as well as staff time to collect data for clinical measures of nursing, patient satisfaction, and nurse satisfaction.

The preapplication activities alone include building 2 years of data, followed by undertaking a gap analysis determining where the hospital might not be meeting benchmarks in Magnet requirements,
identifying the costs associated with making changes in programs and organizational structure, and implementing plans that will close the gaps. According to a 2010 *Health Progress* article, investments in the Magnet-process activities are consequential, as are the labor costs—not only for salaries of the staff nurses who participate in the many activities that are expected, but also replacing staff nurses who are participating in any of the Magnet process activities while on duty. Depending on the size of the applicant facility, it would not be unusual for the Magnet expenditures to range from $40,000 to $600,000 for the application, and then perhaps $100,000 each year to maintain the work environment that earned the designation.

**Organizations on the "Magnet Journey" and Opportunities for Community Colleges**

There are several opportunities for community colleges to work with community partners that are undergoing the lengthy, rigorous process of achieving Magnet status. One strategy is to understand the *5 Model Components*:

1. Transformational Leadership (TL)
2. Structural Empowerment (SE)
3. Exemplary Professional Practice (EP)
4. New Knowledge, Innovations, and Improvements (NK)
5. Empirical Quality Outcomes (EO)

Such insight will aid community colleges in demonstrating how ADN education programs directly incorporate key Magnet concepts pertinent to the practice of DCNs in a Magnet organization. The following are some Magnet concepts that may be embedded in ADN education programs (information in parentheses indicates related Magnet criteria):

- Participation in quality improvement activities (SE1, SE2EO, EP15)
- Participation on nursing and interdisciplinary committees and councils (SE1, SE1EO)
- Participation in professional organizations (SE2)
- Communication and collaboration, including interdisciplinary collaboration (EP1EO, EP14)
- Standards of practice, standards of care (EP2)
- Patient / family centered care (EP4)
- Regulatory and professional standards (EP6)
- Self-appraisal and goal setting, peer review (EP20)
- Diverse patient populations (EP25, EP27)
- Identification and management of unsafe, incompetent, or unprofessional conduct (EP28)
- Workplace safety for nurses (EP30)
- Patient safety (EP32)
Community colleges typically are attuned to and expert in the needs of adult students, especially those who remain in the workforce while continuing their academic progression and career development. As a result, community colleges that find ways to creatively work with health-care employers are well-suited to assist nursing staff in Magnet organizations who are working toward attaining additional formal nursing education, as expected in Magnet criterion SE3.

There are many professional issues about which DCNs need to be knowledgeable. The following are some suggested strategies for community colleges that partner with or assist organizations striving for Magnet designation. Many of these strategies are particularly appropriate for smaller, nonacademic hospitals lacking vast internal resources for education.

**Transformational Leadership**

TL6—"How the organization supports leadership development."

- Offer continuing education for nursing leadership development (managers, charge nurses, etc.).

**Structural Empowerment**

SE4—"How the organization sets goals and supports professional development and professional certification."

- Partner with specialty nursing organizations or hospitals to provide certification review courses.
- Partner with specialty nursing organizations or hospitals to provide continuing education offerings.
- Partner with institutions to create a seamless pathway for ADNs to enroll in RN-to-MSN education programs.

SE8—"How nursing facilitates the effective transition of new graduate nurse into the work environment."

- Create consortium programs for new graduate or transition-to-specialty training where the didactic content is presented centrally at the college and the clinical orientation takes place at individual hospitals.

SE10—"How nurses support academic practicum experiences and serve as preceptors, instructors, adjunct faculty, or faculty."
• Arrange joint appointments with organizations so that nurses can participate in these roles while retaining their primary job.

**Exemplary Professional Practice**

EP19— "That nurses have ready access to, and routinely use, current literature, professional standards, and other data sources to support autonomous practice."

• Investigate arrangements for sharing access to library resources.

For more information, contact Roxanne Fulcher, director, Health Professions Policy, 202-728-0200, ext. 274.

*The American Association of Community Colleges is a national organization representing the nation's close to 1,200 community, junior and technical colleges and their more than 12 million students.*

American Association of Community Colleges
One Dupont Circle, NW Suite 410
Washington, DC 20036

[www.aacc.nche.edu](http://www.aacc.nche.edu)