Fact #3: Hospital Magnet Recognition Program® status does not equate to preference for the BSN.

**MYTH:**

× All hospitals are planning to be, and soon will be, designated as Magnet hospitals.

**REALITY:**

✓ The Magnet Recognition Program® is a credentialing program administered by and providing profit to the ANCC, a subsidiary of the ANA.

✓ As of 2010, fewer than 7% of U.S hospitals had Magnet designation. It is unlikely that the recognition will become the norm in the near future.

**MYTH:**

× Hospital Magnet status requires hospitals to hire a larger number of BSN- than ADN-prepared RNs, or to employ only BSN-prepared RNs.

**REALITY:**

✓ The Magnet program does not mandate educational credentials for RNs who care for patients at the bedside—direct care or staff nurses, which compose the majority of RNs employed in hospitals.

✓ Magnet status requires nurse managers and nurse leaders to hold a BSN.

✓ Federal data show that about the same percentage of ADN- and BSN-prepared RNs serve in leadership roles in management or administration, and employers are equally likely to hire both.

✓ In the Magnet application process, hospitals establish education objectives for nurses—a hospital may choose to set a goal of having the majority of its RNs hold a BSN.

**MYTH:**

× Hospitals need to become Magnet hospitals because RNs working in those hospitals are more satisfied with their jobs and provide safer patient care.

**REALITY:**

✓ Recent research reveals only one demographic difference between non-Magnet and Magnet hospitals: The proportion of nurses of color was significantly lower in Magnet hospitals than in non-Magnet facilities.

✓ Aside from diversity, there are no significant differences in any other measures of working conditions, including patient safety culture, nursing practice environment, and overall job satisfaction.
Fact #3: Hospital Magnet Recognition Program® status does not equate to preference for the BSN.

What is the Magnet Recognition Program?
The Magnet Recognition Program® is a credentialing program administered by and providing profit to the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). According to the ANCC web site, its Magnet designation is the “highest and most prestigious international distinction a health-care organization or hospital can receive for nursing excellence and outstanding patient care.”

Magnet status is widely perceived as an esteemed credential that helps hospitals with recruiting and retaining registered nurses (RNs) and improving the quality of nursing care. In reality, recent research has demonstrated no significant differences between Magnet and non-Magnet hospitals in measures of working conditions, including patient safety culture, nursing practice environment, and overall job satisfaction. Rather, the researchers found only 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%). These data are relevant to policy discussions because developing a health-care system that understands and addresses the needs of the nation’s rapidly diversifying population requires an increase in the proportion of minority RNs, the majority of whom are educated in ADN programs.

Magnet is misperceived as the hospital “norm.”
In 2010, fewer than 7% of all U.S. American Hospital Association–registered (AHA) hospitals had received a Magnet designation, making it unlikely that the recognition will become the norm for hospitals in the near future. Unfortunately, the perceived prestige of Magnet recognition appears to be overshadowing accurate counseling to nursing students: Although there are few Magnet-labeled workplaces, nursing students are being counseled to apply to work at Magnet organizations after graduation.

There is confusion about Magnet educational requirements for RNs.
The Magnet program does not mandate educational credentials for the majority of RNs that hospitals employ—RNs who care for patients at the bedside, often referred to as direct care or staff nurses. However, despite a lack of evidence to support any benefits in doing so, Magnet status requires nurse managers and nurse leaders to hold a BSN. This requirement may stem from the assertion of some that the extensive liberal arts content unique to BSN programs provides BSN graduates with critical thinking, leadership, and management skills. Federal data suggest that this assertion is not widely accepted because about the same percentages of RNs prepared with an associate degree in nursing (ADN) or a bachelor’s of science in nursing (BSN) serve in leadership roles in management or administration, and employers are equally likely to hire ADN- and BSN-prepared RNs.

Magnet status is sometimes misunderstood as requiring a ratio of ADN- to BSN-prepared RNs. While no study explains this confusion, it is possible that the misunderstanding is due to the Magnet application process, in which a hospital establishes objectives for educating its nurses. In setting those goals, hospitals may propose to increase the number of nurses with specialty certifications, graduate or baccalaureate degrees, and so on. Once set, a Magnet-designated hospital must demonstrate its objectives have been met.
Notes and Sources


