



Magnetic Direction

*St. Joseph Hospital,
Nashua, NH, Achieves
Distinction as a "Magnet"
Health Care Facility*

Recently, a nurse at St. Joseph Hospital, Nashua, NH, experienced a tragedy. Her 19-year-old son, who was preparing to return to college, died suddenly.

The family had no life insurance for the young man. Within an hour of learning of the disaster, a friend of the nurse placed a jar on the desk at the unit's nurses' station to begin to collect donations for the funeral expenses. Over the coming weeks, staff members throughout the organization delivered food and supplies to the nurse's home. They attended the wake and funeral and then were available to support her when she returned to work.

The response of her colleagues to the nurse's tragedy reflects the spirit of a "Magnet" hospital. St. Joseph, a 208-bed acute care facility, is one of 162 U.S. hospitals that have been honored with a Magnet Hospital designation from the American Nurses Credentialing Center (ANCC), Silver Spring, MD.

In truth, St. Joseph's nurses believed they were "magnetic" long before the award was bestowed. Founded in 1908 by the Grey Nuns of Montreal, St. Joseph is currently sponsored by Covenant Health Systems, Lexington, MA. According to Susan McCarthy, RN, who works in the facility's endoscopy department, "St. Joseph Hospital has always been a 'magnetized' facility. St. Joseph pursues its mission by providing excellence and high-quality health care to all it serves, thereby mirroring the Magnet message of excellence in nursing."

WHAT IS THE MAGNET PROGRAM?

According to Wikipedia, the term *magnet* means magnetic stone (or *magnitis lithos*) in Greek, referring to an area with significant deposits of magnetite.¹ Because magnetite exudes a force that draws other metals to it, the adjective "magnetic" is often used to describe an object to which others are attracted. A "magnet



**BY PAM DUCHENE, DNSc, RN;
& JOHN B. MUHM, EdD**

Dr. Duchene is vice president, patient care services, and chief nursing executive, St. Joseph Hospital and Trauma Center, Nashua, NH. Dr. Muhm is assistant professor, Saint Xavier University, Chicago.

school," for instance, is one designed to provide students with choices that match their interests and talents, thereby attracting them to the school's particular curriculum.² Studies indicate that students who attend magnet schools are more successful academically because the schools focus on those specialized areas of interest and provide incentives that appeal to students.

In a similar manner, the ANCC's Magnet Hospital Program for Excellence in Nursing Services focuses on those aspects of nursing that attract men and women to the profession. (The ANCC is a subsidiary of the American Nurses Association [ANA], which is also based in Silver Spring.)

The Magnet program originated during a serious nursing shortage that occurred in the early 1980s. In 1983 researchers at the ANA's American Academy of Nursing launched a study intended to discover why some hospitals did not seem affected by nursing workforce issues.³ The 41 hospitals involved in the study were alike in achieving low nursing vacancy and turnover rates, as well as reputations for high-quality patient care.⁴ The ANA coined the term Magnet Hospital to reflect the characteristics demonstrated by excellent standard hospitals.

In 1994, the ANCC formalized the Magnet designation process in an effort to recognize and promote the adoption of what it called "forces of magnetism" (see Box, p. 46). The organization's researchers identified this strategy as a way to ameliorate the nation's current nursing shortage.⁵

TOWARD THE MAGNET DESIGNATION

St. Joseph's president/CEO, Peter Davis, and his senior leadership team decided in late 2002 to try

to achieve Magnet status and authorized the necessary initial expenditures, including membership in the ANA's National Database for Nursing Quality Indicators and associated membership fees.

To achieve Magnet status, a hospital must match the ANCC's 14 "forces of magnetism" and their 24 characteristics. Accomplishing that goal involves the successful completion of two processes.

Telling the Hospital's Story First, the hospital conducts a kind of inventory of its many services, celebrating those that already match the "forces of magnetism" and improving those that do not yet match them. Following that, a special editorial team documents the process by writing a report about each service and sending the document to the ANCC.

Hosting an Appraiser Team Visit The hospital is visited by a Magnet appraiser team, which interviews randomly selected patients and their significant others, staff nurses, charge nurses, supervisors, other health care professionals, vendors, and the hospital's leadership team, as well as various community members (e.g., taxi drivers, hotel personnel) whom appraiser team members happen to encounter during their visit.

St. Joseph's leaders and staff obviously had much to do if it was to win recognition as a Magnet Hospital.

THE "JOURNEY TO MAGNET"

The hospital's leaders named the campaign "St. Joseph's Journey to Magnet." It began in January 2003 when four St. Joseph nurses (led by Pam Duchene, DNSc, RN, this article's senior author) traveled to Houston to attend the ANCC's annual Magnet Conference.

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SUMMARY

In April 2005, the American Nurses Association (ANA) awarded St. Joseph Hospital, Nashua, NH, its highest honor for excellence in nursing: "Magnet Recognition."

The Magnet Recognition Program was developed by the ANA's American Nurses Credentialing Center in the early 1980s to recognize health care organizations that provide the best in nursing care and uphold the tradition of excellence in professional nursing practice.

St. Joseph began pursuing Magnet status more than three years ago, starting with a number of enhancements to nursing practices. The hospital worked hard to improve

nurse-to-patient staffing and included many of its nurses on the nursing quality council, division advisory, and cultural diversity committees.

Magnet program appraisers visited the hospital this January to conduct an intensive, on-site three-day examination. They interviewed patients, staff nurses, physicians, hospital employees, administrators, board members, and nursing leadership to evaluate St. Joseph's nursing care, services, and delivery of care to patients and their families. Soon after, Magnet status was bestowed.

WORKPLACE ISSUES

The conference was a sobering experience because it showed the St. Joseph visitors that telling the hospital's story would require many hours of collecting information and turning it into the necessary documents. The four feared that, given nurses' regular duties—providing

patient care, preparing for accreditation visits, and keeping up with budget obligations and operational needs—completing the Magnet processes might be impossible.

Meanwhile, the collection of the material to be documented was being carried out by more than

THE "FORCES OF MAGNETISM" AND THEIR CHARACTERISTICS

Forces of Magnetism	Characteristics
Quality of nursing leadership	<ul style="list-style-type: none">■ The chief nurse is qualified and holds high-level credentials.■ The philosophy of nursing practice includes staff advocacy.
Organizational structure	<ul style="list-style-type: none">■ Decentralized, decision making regarding practice is done at the unit level.■ The chief nurse reports to the CEO and key member of the executive team.
Management style	<ul style="list-style-type: none">■ Nursing leaders are accessible, visible, and committed to communication.■ Participatory management is employed in nursing care areas.
Personnel policies and programs	<ul style="list-style-type: none">■ Salaries and benefits are competitive.■ Staff members assist in the development of personnel policies.■ Internal promotion is encouraged; shift rotation is minimized.
Professional models of care	<ul style="list-style-type: none">■ RNs coordinate patient care.■ RNs are responsible and accountable for nursing practice.
Quality of care	<ul style="list-style-type: none">■ Nurses believe that they provide high-quality care.■ The delivery of high-quality care is a priority in the organization.
Quality improvement	<ul style="list-style-type: none">■ Nurses participate in quality-improvement activities.■ Nurses participate in quality-improvement and educational activities.
Consultation and resources	<ul style="list-style-type: none">■ Advanced-practice nurses are available.■ Resources, including consultants, are available to nurses as needed.
Autonomy	<ul style="list-style-type: none">■ Nurses are supported in making standard-based, independent judgments.
Community and the hospital	<ul style="list-style-type: none">■ Nurses participate in community programs.
Nurses as teachers	<ul style="list-style-type: none">■ Patient education is a component of nursing practice.■ Nurses are involved in teaching other nurses.
Image of nursing	<ul style="list-style-type: none">■ Nursing care is perceived as essential to patient care.
Interdisciplinary relationships	<ul style="list-style-type: none">■ Interdisciplinary respect is evident among all disciplines.
Professional development	<ul style="list-style-type: none">■ Nurses have opportunities for orientation, education, and advancement.

Adapted from M. Kramer and C. Schmalenberg, "Best Quality Patient Care: A Historical Perspective on Magnet Hospitals," *Nursing Administration Quarterly*, vol. 29, no. 3, July-September 2005, p. 279.

50 nurse volunteers, each of whom was given a lab jacket with the words "Magnet Champion" embroidered on it. They began their work with a hospital-wide fair—the first of three such fairs—intended to secure staff buy-in for the Magnet "journey."

The ANCC had provided St. Joseph with a manual describing the standards to be met for a hospital to win Magnet designation. Each of the 50-plus champions accepted responsibility for one of these standards. Duchene, for example, became a champion for the quality-of-care standard. Her task was to determine whether each of the hospital's services met the standard. When a service did not meet the standard, she worked with other champions to change it so that the standard was met. The other champions did the same with the standards they had been assigned.

As each of the hospital services was brought into compliance with a Magnet standard, that fact was documented by the editorial committee. The nurses who had attended the 2003 Magnet Conference had been afraid that this work would be overwhelming. Fortunately, however, Lisa Sheldon, MSN, a nurse with extensive experience in publishing, volunteered to help with the writing. Because she planned to enroll in a spring 2004 doctoral program, her time was limited. But the expertise she provided was greatly appreciated.

The editorial team was led by Donna Roe, MSN, RN, St. Joseph's nursing education manager; Duchene and Roseann Barrett, PhD, RN, the hospital's research nurse, were the other members. Louise Clough, RN, of Covenant Health Systems, helped revise and edit the documents. Between August 2003 and July 2004, the team devoted one day a week to collating the collected information and summarizing it in what would turn out to be four fat binders.

HURDLES ALONG THE WAY

As noted, the Magnet "journey" entailed the use of some of St. Joseph's resources. The biggest expense was the time the 50-plus champions spent attending committee meetings, inventorying hospital services and matching them with the ANCC's "forces of magnetism," and then reporting the service's stories to the editorial committee. Although the participation of these nurses was vital to the campaign, covering participants' workloads was difficult and expensive.

Another hurdle was communication—it was

sometimes difficult to keep St. Joseph's staff informed about the campaign's progress. The champions provided updates through a variety of vehicles: unit meetings, newsletters, open forums, and hospital fairs. The three fairs were especially popular. The first fair introduced the Magnet concept to the staff; the second and third educated fair goers about the "forces of magnetism" and their characteristics.

One of the most significant hurdles was snow. Although snow is a common winter occurrence in New Hampshire, the winter of 2004-2005 brought more snow than usual. A major "nor'easter" threatened the Magnet appraiser team's site visit, and snow threatened transportation and made staffing and meeting attendance difficult throughout the team's survey of the hospital. Terry Jukniewicz, RN, St. Joseph's clinical nurse manager for maternal/child health, recently recalled those days, saying, "During the recent Magnet survey, I was honored to provide tours and answer questions for the appraisers. It was exciting to have been included in the process—not even mountains of snow could dampen our enthusiasm."

And, finally, when the ANCC requested still more information than was contained in the four binders submitted, the editorial team grew temporarily despondent. However, the team persevered and sent in a fifth binder, which proved to be the final hurdle. At that point, the team agreed that the effort had been well worth the time, energy, and frustration.

VICTORY AND BEYOND

There were, throughout the Magnet "journey," many points of celebration. The appraiser team's survey was clearly one such point. The hospital had arranged for its physicians to have breakfast with the team on the survey's second day. That morning, however, the storm was blowing with incredible force. Schools were closed, and everyone had difficulty traveling to the hospital. Nevertheless, every physician invited to the event was able to attend. And, in speaking to the appraiser team, each of them described St. Joseph's nurses as colleagues on whom they could, and did, depend.

Another victory was the strong, continuing support of the hospital's senior management team. Every senior manager arranged to meet with the appraiser team and let it know what was unique about nurses and nursing practice at St.

A major "nor'easter" threatened the Magnet team's visit.

Joseph Hospital.

Best of all, however, was the phone call on April 5, 2005, that St. Joseph received from the chairperson of the Magnet Commission. All nurses and staff members were invited to listen in on the call over the hospital's intercom system. Chilled sparkling cider and chocolate-dipped strawberries waited on the side of staff dining room. When it was announced that St. Joseph had won Magnet recognition, a cheer rose from the crowd. The nurses celebrated for many days.

CONTINUING CHALLENGES

Of course, the phone call was only one stop along the "journey." To maintain Magnet status, the hospital must continue to pursue excellence, meanwhile filing periodical reports to the ANCC on its efforts.

As Sue Barnard, RN, a trauma liaison nurse, has said, "The Magnet 'journey' is just beginning at St. Joseph. Open communication and collaborative practice must continue to be a major focus. Nursing and medicine must continue to work

hand-in-hand toward our common goal of improving patient care."

In the meantime, Magnet designation has brought the hospital many benefits, including recognition by nonnursing colleagues, increased respect for nursing's role in positive patient outcomes, and a wider dissemination of information concerning successful nursing practices.⁶ The ANCC created the Magnet designation as a way to empower nurses and increase their pride in their work, thereby encouraging them to remain in the nursing workforce instead of seeking careers in other fields.⁷

Applying the Magnet standards and using the ANCC's "forces of magnetism" as a yardstick seems to create a culture in which nurses *choose* to practice their vocation. Since the beginning of its Magnet campaign, St. Joseph has had a nursing vacancy rate of only 2 percent and a nursing turnover rate of only 8 percent. The nurses at St. Joseph believe that the Magnet "journey" is the answer to the current nursing shortage—and to any that may arise in the future. ■

NOTES

1. See <http://en.wikipedia.org/wiki/Magnet>.
2. See www.magnet.edu/about.htm for information about magnet schools.
3. L. H. Aiken, D. S. Havens, and D. M. Sloane, "The Magnet Nursing Services Recognition Program: A Comparison of Two Groups of Magnet Hospitals," *American Journal of Nursing*, vol. 100, no. 3, March 2000, pp. 26-35.
4. M. Kramer and C. Schmalenberg, "Best Quality Patient Care: A Historical Perspective on Magnet Hospitals," *Nursing Administration Quarterly*, vol. 29, no. 3, July-September 2005, pp. 275-287. See also J. Needleman, P. Buerhaus, S. Mattke, et al., "Nurse-Staffing Levels and the Quality of Care in Hospitals," *The New England Journal of Medicine*, vol. 346, no. 22, May 30, 2002, pp.1,715-1,722.
5. See www.nursingworld.org/ancc/magnet/index.html.
6. See P. Duchene, "Leadership's Guiding Light," *Nursing Management*, vol. 33, no. 9, September 2002, pp. 28-30; and "Deliver Empowered Care," *Nursing Management*, vol. 33, no. 11, November 2002, p. 11.
7. Kramer and Schmalenberg.

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