



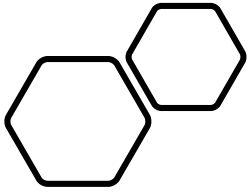
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Amélioration des conditions de
travail et rétention : l'hôpital
Magnétique une solution ?

Aucuns conflits d'intérêts à déclarer

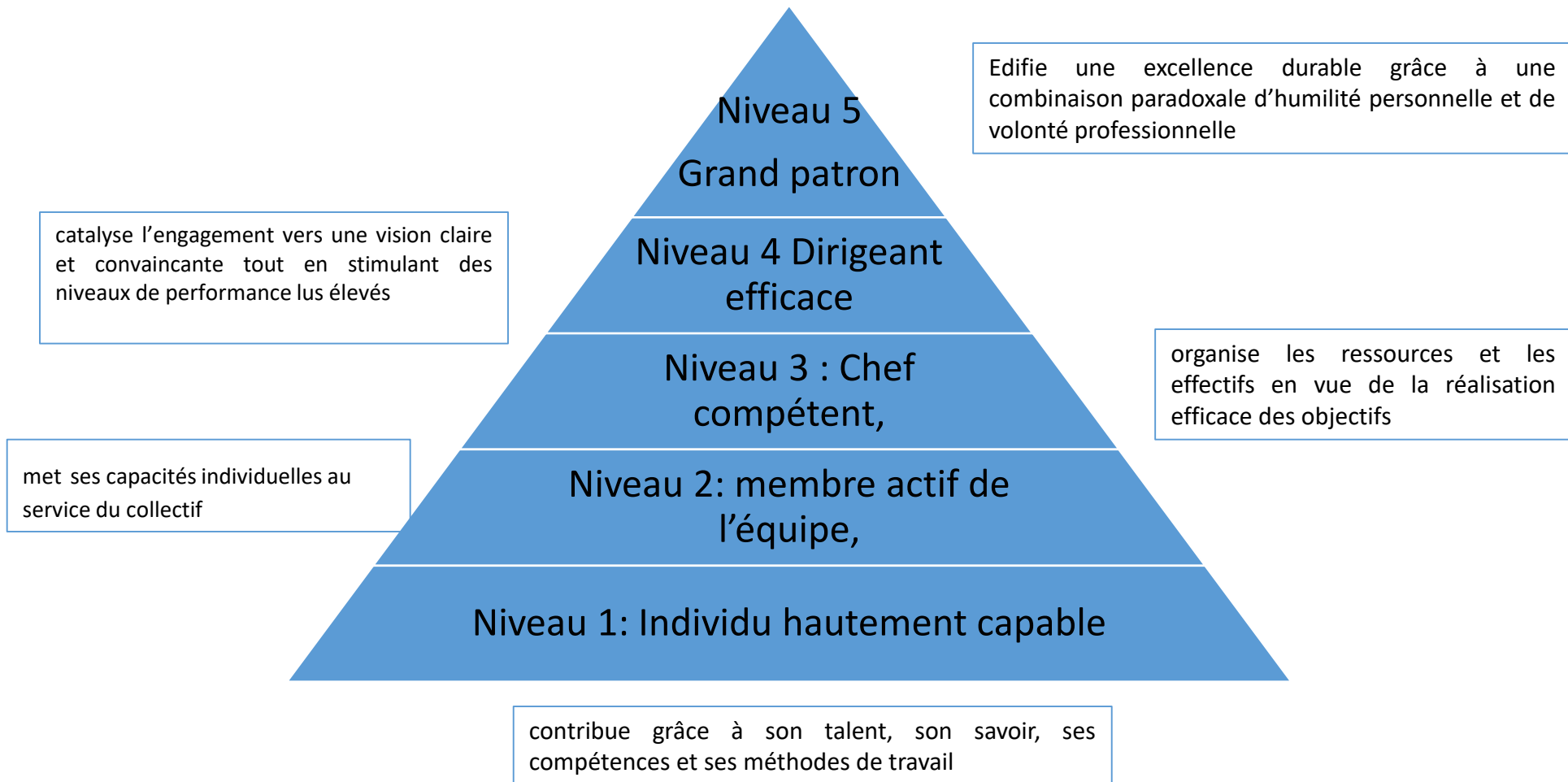




Pourquoi moi ?



LEADER LEVEL 5



Contexte

The background of the slide features a blue-to-teal gradient. It is filled with various numbers (0-9) in different sizes, colors (light blue, white, and semi-transparent blue), and orientations, creating a dense, abstract pattern of data or information.

Réalité de terrain

Hôpitaux financièrement
exsangues

Première ligne peine à
suivre

Pénurie de personnel
soignant

- Perte de sens
- Burn Out
- Rétention

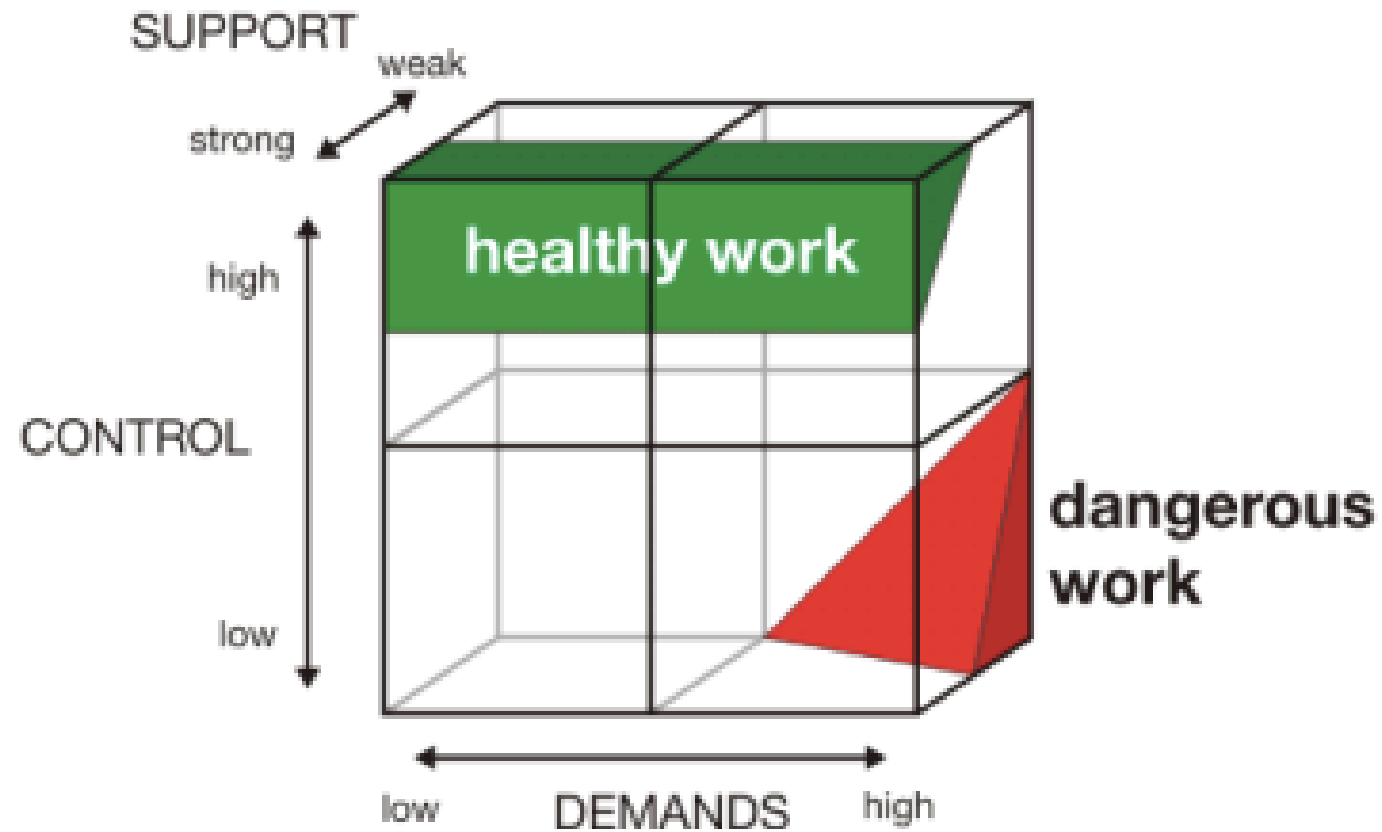
Patients multi-
pathologiques

Trajets de soins
complexes (chronique,
aigu, avancées
technologiques)

Modèle consumériste de
soins

Soins EVB, individualisé,
P4Q

Job demand control support model



Karasek R, Theorell T. Healthy work: stress, productivity and the reconstruction of working life. New York: Basic Books; 1992.

Questions en suspens

- Quel modèle de soins « soutenable » ?
- Comment mettre en adéquation les besoins et les moyens ?
- Comment soutenir l'innovation ?
- Comment tenir compte des caractéristiques à l'échelle de l'individu ?
- Comment tenir compte des spécificités hospitalières ?
- Comment rendre l'hôpital capable de s'adapter à son environnement socio-démographique ?



Le paradigme « Magnet
Hospital »

Timeline

dans un contexte de pénurie infirmière
l'American Academy of Nursing réalise
une étude avec pour objectif
l'identification des environnements
professionnels qui attirent et retiennent
les infirmier(e)s

1983

University of Washington Medical Center
devient le premier hôpital labelisé
« Magnet »

1994

le Magnet program devient un cadre
conceptuel EVB introduisant les notions
de 14 forces of Magnetism / 5
composants clefs

2008

1990

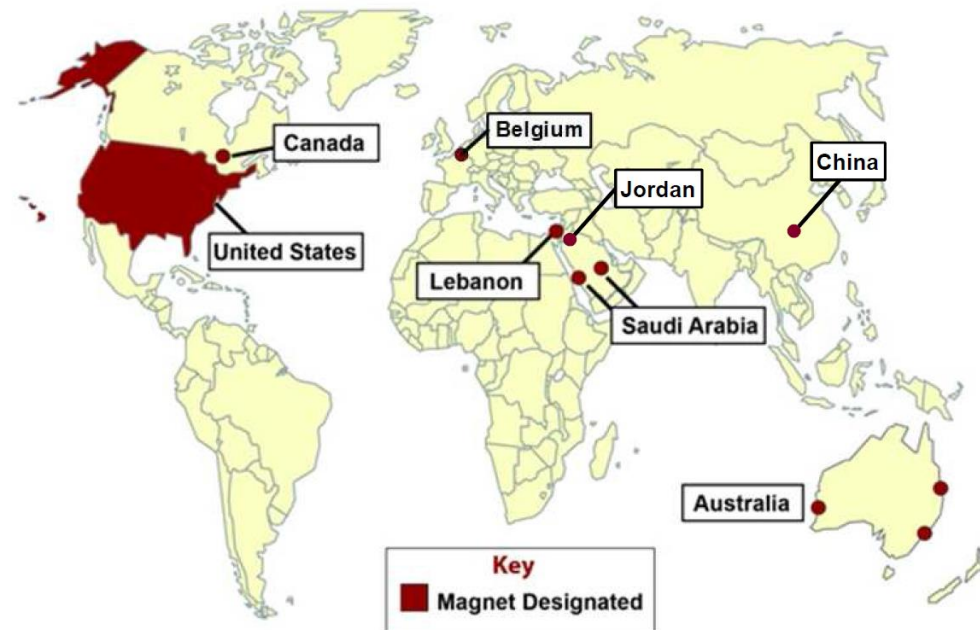
création de l'American Nurse Credential
Center / Magnet Recognition Program

2000

le programme « Magnet » s'exporte en
dehors des US

2020

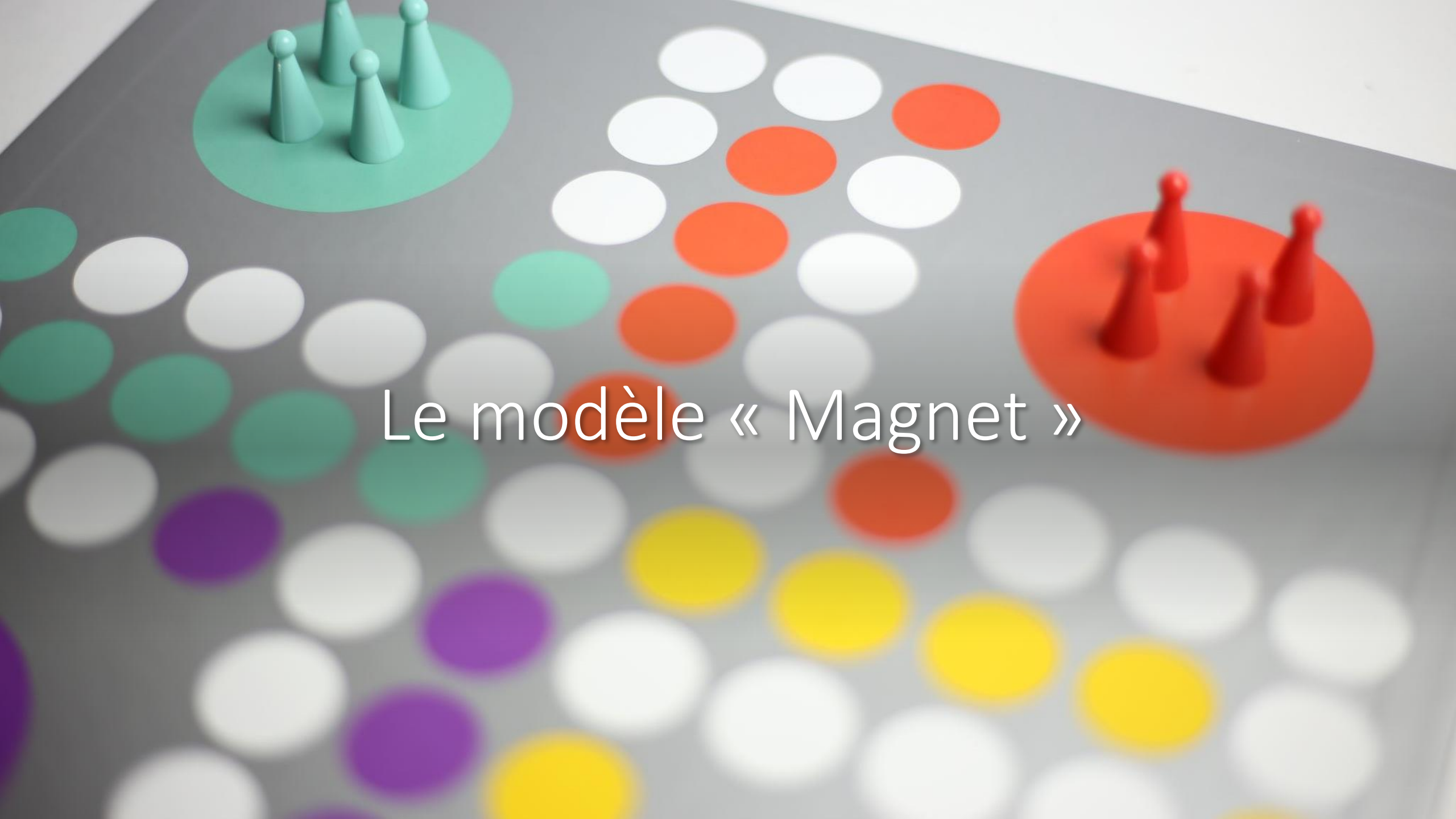
Countries with Designated Magnet Facilities



NEW 2020 Magnet Mission and Vision Statement

MISSION: The Magnet Recognition Program will continually elevate patient care around the world in an environment where nurses, in collaboration with the interprofessional team flourish by setting the standard for excellence through leadership, scientific discovery and dissemination and implementation of new knowledge.

VISION: The Magnet Recognition Program will transform healthcare globally by bringing knowledge, skill, innovation, leadership and compassion to every person, family, and community.

A grey board with a grid of colored circles. The circles are arranged in a grid pattern and are colored in various colors: white, green, red, purple, and yellow. There are four clusters of pins on the board, each on a circular base of the same color as the pins. The top-left cluster is green and has four pins. The top-right cluster is red and has four pins. The bottom-left cluster is purple and has four pins. The bottom-right cluster is yellow and has four pins. The text "Le modèle « Magnet »" is centered on the board.

Le modèle « Magnet »

« Magnet is not something you can start and stop, you have to live and breathe it everyday and if you don't get that concept, you have to step back and reevaluate your journey »

You don't do all of the great things you do, to be magnet ... You are magnet because of all the great things you do

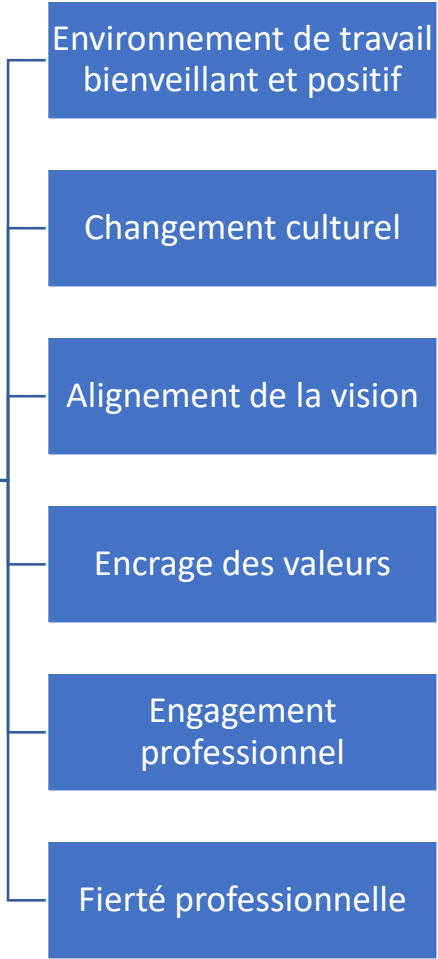
ANCC'S CREDENTIALING PROGRAMS



AMERICAN NURSES CREDENTIALING CENTER



LABEL MAGNETIQUE



1. Décision ↑↓
2. Leadership servant
3. Qualité & Sécurité
4. Bien être
5. Développement professionnel



Magnet Model - Creating a Magnet Culture



[Magnet Model - Creating a Magnet Culture | ANCC | ANA \(nursingworld.org\)](https://www.nursingworld.org)

1	Quality of Nursing Leadership	8	Consultation & Resources
2	Organizational Structure	9	Autonomy
3	Management Style	10	Community & Health Care Organization
4	Personnel Policies & Programs	11	Nurses as Teachers
5	Professional Models of Care	12	Image of Nursing
6	Quality of Care	13	Interdisciplinary Relationships
7	Quality Improvement	14	Professional Development



Revue critique : Que dit la science ?



Concept Magnet vs cadre de recherche

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Sorted by: Best match






MY NCBI FILTERS

1,205 results << < Page 1 of 121 > >>

RESULTS BY YEAR

Newly Licensed RN Retention: Hospital and Nurse Characteristics.
1 Blegen MA, Spector N, Lynn MR, Barnsteiner J, Ulrich BT.
Cite J Nurs Adm. 2017 Oct;47(10):508-514. doi: 10.1097/NNA.0000000000000523.
PMID: 28957869 [Free article.](#)
Share METHODS: A secondary analysis of data collected in a study of transition to practice was used to describe the retention of 1464 NLRNs employed by 97 **hospitals** in 3 states. **Hospitals** varied in size, location (urban and rural), **Magnet** designation, and universit ...

Leadership Styles and Nurses' Job Satisfaction. Results of a Systematic Review

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Citation: Specchia, M.L.; Cozzolino, M.R.; Carini, E.; Di Pilla, A.; Galletti, C.; Ricciardi, W.; Damiani, G. Leadership Styles and Nurses' Job Satisfaction. Results of a Systematic Review. *Int. J. Environ. Res. Public Health* **2021**, *18*, 1552. <https://doi.org/10.3390/ijerph18041552>

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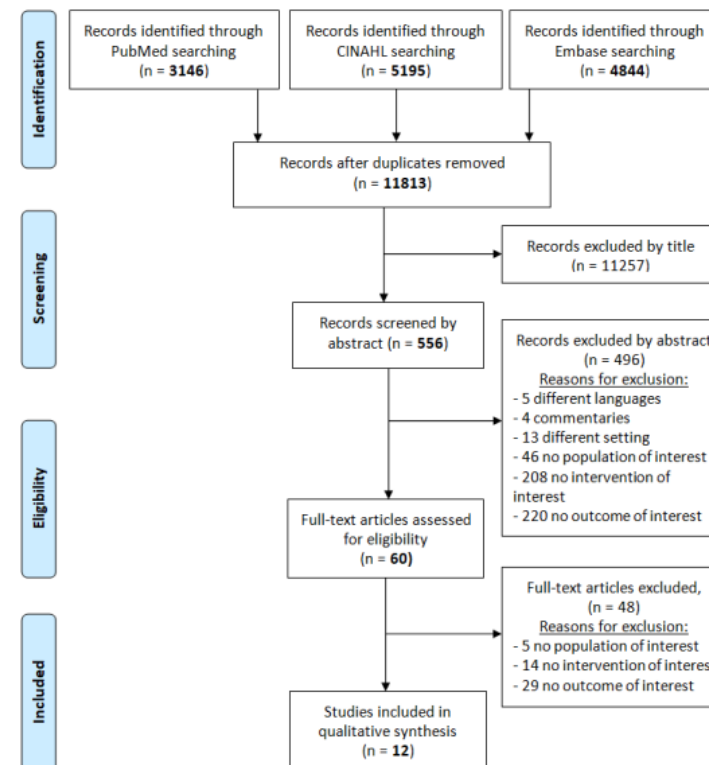


Figure 1. PRISMA Flowchart of articles selection.

In conclusion, looking at the relation found between leadership styles and job satisfaction, we can say that nursing leaders are indispensable in creating positive work environments that retain an empowered and motivated workforce. Positive and supportive leadership styles can improve nurses' job satisfaction, organisational commitment, and intent to stay in their position while simultaneously reducing emotional exhaustion [48].

The studies analysed in this review have revealed that transformational leadership has a significant positive correlation with levels of nursing job satisfaction. This means that transformational leaders, through their inspiring and motivating behaviour, can induce changes in the psychological states of members working within organisations.

Some of the studies analysed [27,34] have also shown that the adoption of resonant and authentic leadership styles might be decisive in improving job satisfaction through the development and strengthening of nurses' sense of empowerment. These results suggest that leaders who focus on transparency, self-awareness, and promotion of a "work ethic" are able to empathise with their subordinates by recognising and understanding their concerns, needs and desires. Nurses who experience this type of environment longitudinally develop more confidence in their abilities and perform more effectively [49].

Furthermore, this study confirmed that perceived respect plays a key role in influencing nurses' professional satisfaction.

Staff involvement during decision making gives them the opportunity to express personal points of view and increases a sense of mutual esteem and teamwork within the group. Institutions should promote the use of a two-way communication process and highlight the need to strengthen mutual trust between leaders and staff.

The results of this study offer a starting point for researchers, professionals, and leaders in the healthcare context to understand the benefits of adopting effective leadership styles.

The skills required for personnel management and coordination by leaders and their importance for creating successful organisations have been a literature topic for over 30 years. Despite this, much can still be investigated by future studies for the production of quantitative data generalisable to a wider range of contexts. Understanding the ideal, rather

Conclusions

Our results provide continued evidence demonstrating superior nurse work environments in Magnet hospitals compared with non-Magnet hospitals. Better work environments in Magnet hospitals are associated with lower nurse job dissatisfaction and burnout. Three decades of evidence showing superior outcomes for Magnet hospitals place this organizational innovation into a class all of its own as “best practice,” which deserves the attention of hospital leaders, nurses, and the public.

Our sample included 26,276 registered direct patient care nurses working in 567 hospitals (Table 1). Within that sample, 4,562 nurses were working in 46 Magnet hospitals and 21,714 nurses were working in non-Magnet hospitals. Magnet hospitals nurses were demographically similar to non-Magnet hospitals. On average, Magnet hospitals were larger in bed size and had a higher proportion of teaching facilities and amount of technology (Table 1).

Published in final edited form as:

J Nurs Adm. 2012 October ; 42(10 Suppl): S44–S49. doi:10.1097/01.NNA.0000420394.18284.4f.

Nurse Outcomes in Magnet® and Non-Magnet Hospitals

Dr Lesly A. Kelly, PhD, RN, Dr Matthew D. McHugh, PhD, JD, MPH, RN, CRNP, and Dr Linda H. Aiken, PhD, RN, FAAN

Postdoctoral Research Fellow (Dr Kelly), Assistant Professor (Dr McHugh), Claire M. Fagin Leadership Professor of Nursing and Director of the Center for Health Outcomes and Policy Research (Dr Aiken), University of Pennsylvania, Philadelphia



How Magnet Hospital Status Affects Nurses, Patients, and Organizations: A Systematic Review

ABSTRACT

Objective: As the number of Magnet hospitals continues to rise in the United States and abroad, the body of literature regarding various outcomes at Magnet hospitals is increasing also. A systematic review examining and compiling the most recent evidence would be invaluable to those seeking to pursue Magnet recognition for their facility. We conducted this systematic review to investigate how Magnet hospital status affects outcomes for nursing professionals, patients, and health care organizations.

Methods: In January 2018, the databases CINAHL, ProQuest, PubMed, and La Biblioteca Cochrane Plus were searched for relevant studies. The reference lists of selected articles were also examined to identify additional studies. The PRISMA statement was followed, and established methods for systematic review were used to produce a narrative summary. The quality of the reviewed studies was assessed according to the 22-item Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist for observational studies.

Results: Of the 163 studies identified, 21 met the eligibility criteria and are included in this review. On the whole, lower rates of nursing shortages, burnout, job dissatisfaction, and turnover were observed at Magnet hospitals compared with non-Magnet hospitals. The rates of patient mortality, falls, hospital-acquired infections, and pressure ulcers were also lower. Nursing work environments were found to be safer and were associated with a higher quality of care in Magnet hospitals than in non-Magnet hospitals, and Magnet hospitals were found to provide more cost-effective care.

Conclusion: This review provides nursing managers and administrators with the most recent evidence demonstrating that Magnet hospitals have better nursing work environments and are associated with better outcomes for nurses, patients, and organizations than non-Magnet hospitals. This evidence should inform future decision-making with regard to pursuing Magnet designation.

Keywords: Magnet hospital, nursing, patients, systematic review, work environment


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RESEARCH ARTICLE

Open Access



Staff empowerment and engagement in a magnet[®] recognized and joint commission international accredited academic centre in Belgium: a cross-sectional survey

Peter Van Bogaert^{1,2*} , Danny Van heusden^{1,2}, Stijn Sloopmans^{1,3}, Ingrid Roosen³, Paul Van Aken², Guy H. Hans⁴ and Erik Franck^{1,5}

A cross-sectional study was performed in a 600-bed academic acute care centre in the Dutch-speaking part of Belgium. Nursing staff, healthcare staff and medical staff ($N = 2359$) were invited to fill in voluntarily an online provided questionnaire during a period of 8 weeks (March 15th and April 28th 2017).

Table 1 Demographics and study variables

	Nursing staff $n = 864$		Healthcare staff $n = 131$		Medical staff $n = 241$	
	n	%	n	%	n	%
Generation Z	72	8.4	3	2.3	0	0.0
Generation Y	275	32.1	64	49.2	82	34.6
Generation X	290	33.8	42	32.3	99	41.8
Babyboomers	221	25.8	21	16.2	56	23.6
Gender (Female)	713	82.5	106	80.9	114	47.3
Satisfied - very satisfied	761	88.1	120	93.0	216	89.6
Very satisfied	226	26.2	43	32.8	74	30.7
Intention to leave hospital	49	5.7	9	6.9	28	11.6
Intention to leave occupation	78	9.0	13	9.9	6	2.5
Quality of care unit good excellent	728	84.3	104	79.4	213	88.4
Quality of care unit excellent	194	22.5	23	17.6	110	45.6
Quality hospital improved certainly improved	596	69.0	102	77.9	210	87.1
Quality hospital certainly improved	75	8.7	9	6.9	28	11.6
	mean	SD	mean	SD	mean	SD
Social capital	3.06	0.54	2.98	0.57	3.05	0.59
Decision latitude	3.10	0.35	3.12	0.35	3.20	0.37
Workload	2.97	0.53	2.75	0.44	2.91	0.52
Vigor	4.53	1.29	4.51	1.01	4.56	1.14
Dedication	5.02	1.10	4.96	0.98	5.03	1.05
Absorption	4.44	1.36	4.26	1.30	4.45	1.22
Emotional exhaustion	1.71	1.20	.83	.83	5.10	.79
Depersonalisation	1.70	1.06	.60	.55	5.07	.80
Personal accomplishment	1.98	1.26	1.13	.97	5.11	.74

Social capital, decision latitude, workload range 1–4; work engagement and burnout range 0–6

Abstract

Background: A substantial number of studies linked aspects of a balanced, healthy and supportive nurse practice environment with quality and patient safety. To what extent balanced work characteristics such as social capital, decision latitude and workload are relevant for all staff engaged in patient care including healthcare and medical staff in a Magnet Recognized and Joint Commission International accredited academic centre is unclear. The study aim is to investigate associations between work characteristics such as social capital, decision latitude and workload, work engagement and feelings of burnout as explanatory variables and job satisfaction, turnover intentions and perceived quality of care as dependent variables in a study population of nursing, healthcare and medical staff taken in account generation differences.

Methods: Hierarchical regression analysis estimated strength of associations with demographic characteristics (block-1), professional category (block-2), work characteristics (block-3) and work engagement or burnout dimensions (block-4) as explanatory variables of job satisfaction and turnover intention and quality of care as outcome variables.

Results: The study confirmed and extended previous study findings demonstrating positive impact on staff job outcomes and assessed quality of care by *balanced work characteristics* such as social capital, decision latitude and workload in nursing staff ($N = 864$), healthcare staff ($N = 131$) and medical staff ($N = 241$). Generational characteristics and professional category were associated with turnover intentions and less favorable assessed quality of care, respectively. Explained variances of studied models ranged from 14.4 to 45.7%.

Conclusion: Engaging and committing staff to promote excellent patient outcomes in daily interdisciplinary practice works through clear frameworks, methods and resources supported by governance and policy structure that makes outcomes visible and accountable.

Keywords: Empowerment, Engagement, Burnout, Magnet recognition, Accreditation, Quality and patient safety

Un des composants
fondateurs des programmes
MAGNET est le Professional
Practice Model

Qu'est ce qu'un PPM ?

- Donne les fondements pour des soins sécurés, de haute qualité, centrés sur le patients.
- Il s'agit d'un cadre contextuel qui permet à la profession infirmière d'envisager et de communiquer sur leur pratique
- Le PPM décrit les valeurs infirmières, décrit les structures et les processus qui permettent aux infirmières de contrôler leurs pratiques et leur environnement de Soins.

Selon Johanne R DUFFY,

« Les PPM offrent aux infirmières un moyen d'apprécier les attentes de leur rôle, faciliter un langage commun utile à la communication, permettre des liens avec les patients, les familles et les autres membres de l'équipe de soins de santé, accélérer la documentation, encadrer les interventions infirmières et améliorer leur pratique.

Essentiellement, les PPM s'occupent de la «voix de l'infirmière», permettant à l'infirmière de défendre les patients et les familles, de répondre aux attentes de la société, d'innover de manière créative et d'avancer”

«Pour les infirmières, un modèle de pratique professionnelle décrit les principales valeurs et croyances sur les soins infirmiers, identifie les paramètres de la pratique infirmière, y compris ses responsabilités et son autorité pour les soins aux patients, décrit explicitement les systèmes d'opérationnalisation du travail infirmier et reconnaît la pratique experte ».

Que contient un PPM ?

Selon Susan Slatyer (2016) qui a réalisé une méta analyse focalisée sur l'émergence des PPM :

- 1 Fondement théorique:
- 6 composantes communes:
 - Leadership;
 - Pratique indépendante et collaborative des infirmiers;
 - Environnement;
 - Développement des compétences et reconnaissance;
 - Recherche/innovation;
 - Résultats pour les patients.

Leadership Infirmier

- Infirmier(e)s = leader.
- En tant que leader authentique, tout(e)s les infirmier(e)s sont des coordinateurs/trices de soins ayant la capacité de se challenger en proposant des solutions collaboratives innovantes démontrant un apprentissage constant tout au long de leur carrière et la capacité de se renouveler.
- Le leadership infirmier se structure autour des thèmes suivants :
 - Au niveau organisationnel, bénéficier d'une voix égale aux autres disciplines dans la prise de décisions.
 - Disposer du pouvoir d'organiser la pratique infirmière selon ses convictions tant au niveau de l'unité que de l'institution.
 - Soutenir le leadership clinique. Un leader clinique est une personne qui utilise son expertise et ses compétences en communication pour exercer un rôle de modèle en motivant les autres à s'engager dans l'amélioration de la qualité des soins.

Conclusion

Name _____

Signature _____

Date _____



Constats liés au Paradigme Magnet

- Tout semble logique pourtant engagement du monde hospitalier belge n'est pas une réalité
- Aligner les objectifs et les valeurs avec la stratégie hospitalière
- Nurse Work Environnement / Practice Environnement
- Plus qu'une accréditation, une philosophie
- LEARN – ADAPT – IMPROVE
- Magnet n'est pas une checklist, c'est un développement de valeurs, un engagement sur un vision, des standards, une adaptation à la réalité de terrain, une fierté.

Par où commencer ?

Diffuser la philosophie tout azimut

Soutenir les hôpitaux qui souhaitent s'engager dans cette voie

Développer les plateformes de connaissances liées à la philosophie Magnet

Sortir des réponses simples et faciles,

Promouvoir les modèles de soins collaboratifs

Sortir du « driver » money

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