14eme Journée du Département de Médecine Critique du CHU BRUGMANN

25/05/2023

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Impact de la pénurie infirmière sur les soins critiques et apport du concept de l'hôpital magnétique

Réalité de terrain

Hôpitaux financièrement exsangues

Première ligne peine à suivre

Pénurie de personnel soignant

- Perte de sens
- Burn Out
- Rétention

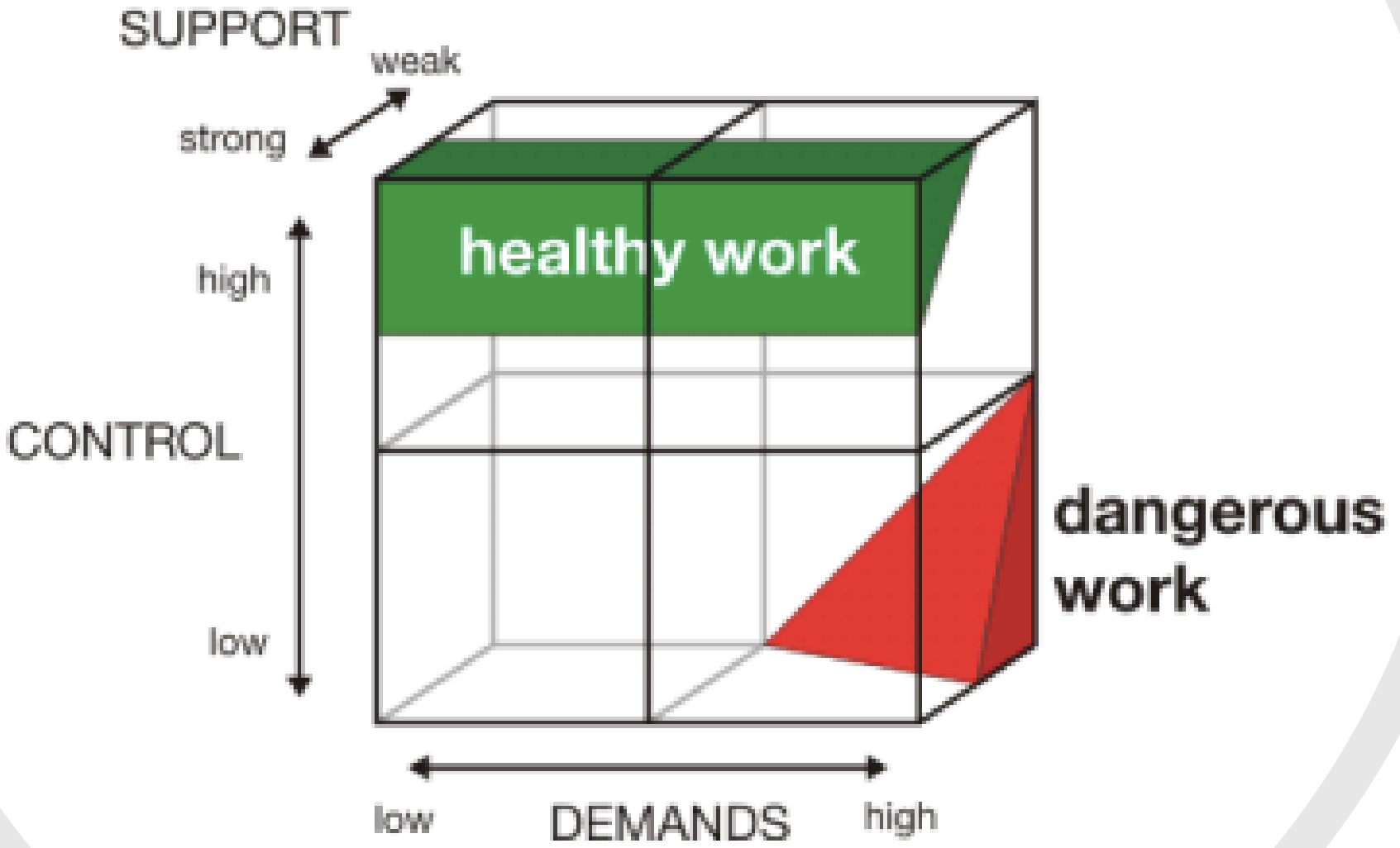
Patients multi-pathologiques

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

Modèle consumériste de soins

Soins EVB, individualisé, P4Q

demand control support model



Theorell T. Healthy work: stress, productivity and the reconstruction of working life. New York: P

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

1983

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

1990

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

1994

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

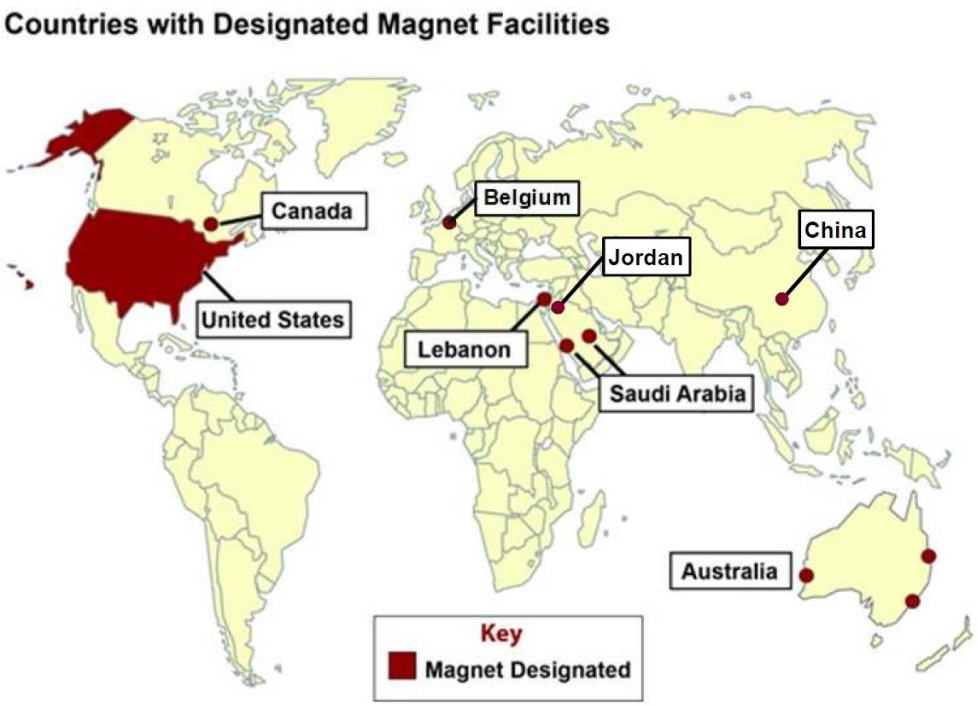
2000

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

2008

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

2020



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.

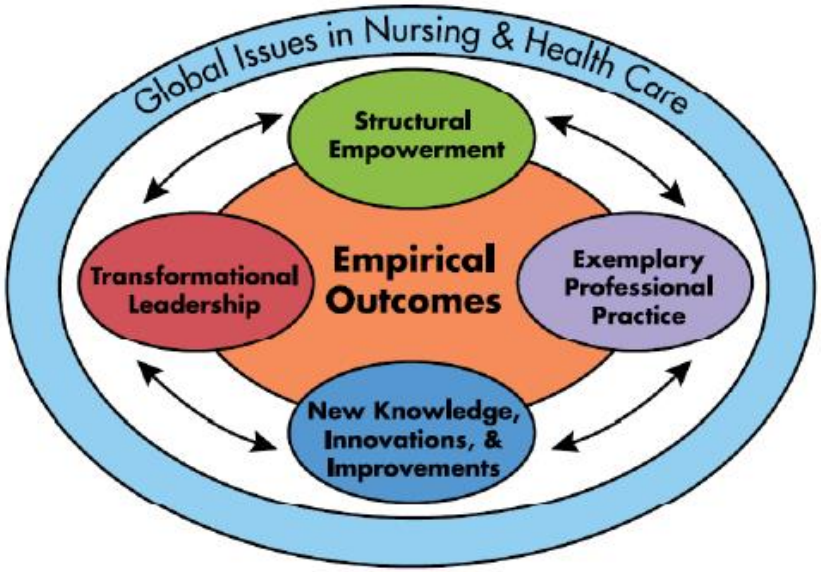
- **« Magnet is not something you can start and stop, you have to live and breathe it everyday and if you don’t get that concept, you have to step back and reevaluate your journey »**

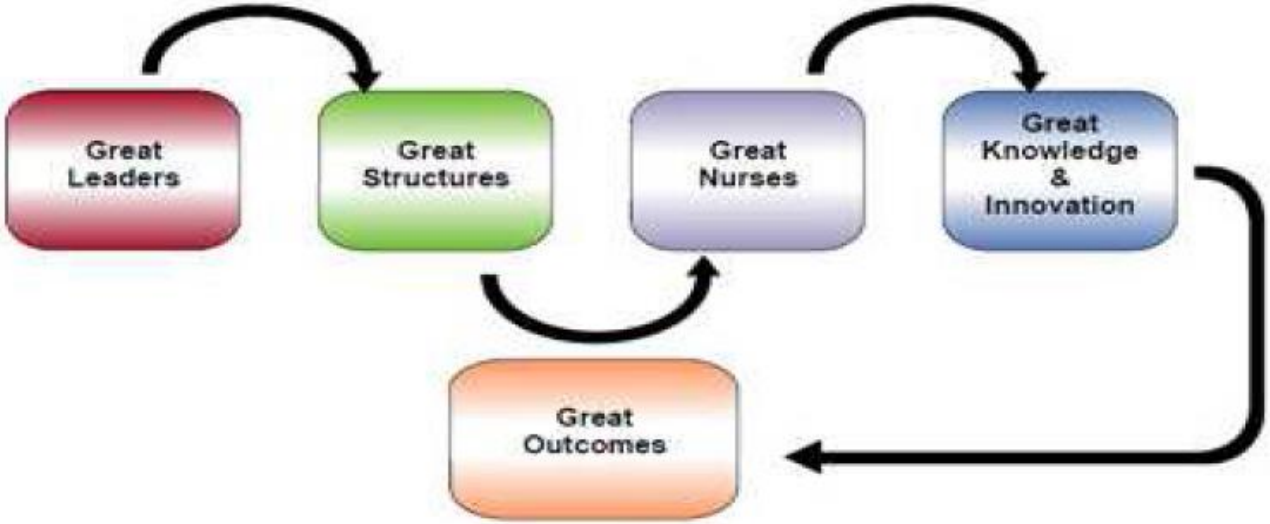
- **You don’t do all of the great things you do, to be magnet … You are magnet because of all the great things you do**

Qu'est ce que le concept d'Hôpital Magnétique ?

- Année 80:
  - Etude de l'ANA (Association des Infirmiers Américains) ./. facteurs d'attractivité et de fidélisation du personnel soignant (panel de 155 hôpitaux).
- 14 forces identifiées :

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


Global Issues in Nursing & Health Care
Structural Empowerment
Transformational Leadership
Empirical Outcomes
Exemplary Professional Practice
New Knowledge, Innovations, & Improvements


Great Leaders
Great Structures
Great Nurses
Great Knowledge & Innovation
Great Outcomes

Recherche originale Magnet vers Magnet Nursing:

- Année 90:
  - ANA (American Nurses Association) crée le Magnet Recognition Program.
  - BUT: améliorer l'environnement de travail des infirmiers.
- Depuis 1993:
  - Certification par l'ANCC (American Nurses Credentialling Center).

  Le programme de certification Magnet s'appuie sur 5 axes d'évaluation centrés sur le corps infirmier:

  1. Leadership transformationnel (vision : vers où on doit aller) :
     - qualité du leadership infirmier;
     - style de management.
  2. Reconnaissance structurelle (structures et processus pour atteindre les résultats) :
     - structure organisationnelle/autonomisation structurelle;
     - politiques RH;

Recherche original Magnet vers Magnet Nursing :

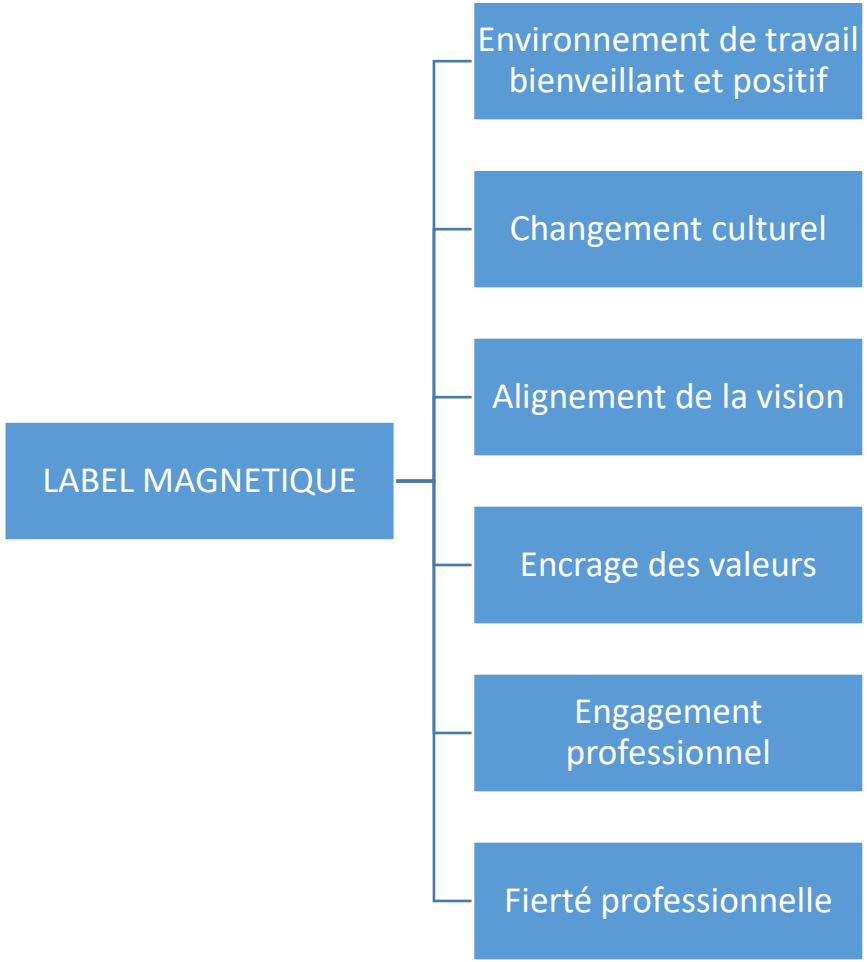
- liens avec la communauté;
- image des soins infirmiers;
- développement professionnel.

3. Pratique professionnelle exemplaire (cœur = pratiques infirmières d'excellence) :
    - modèle de soins infirmiers;
    - ressources disponibles;
    - autonomie;
    - formation;
    - relations interdisciplinaires.
4. Nouvelles connaissances, innovations et amélioration;
    - indicateur: politique d'amélioration de la qualité.
5. Résultats qualitatifs empiriques:
    - indicateur: qualité des Soins.

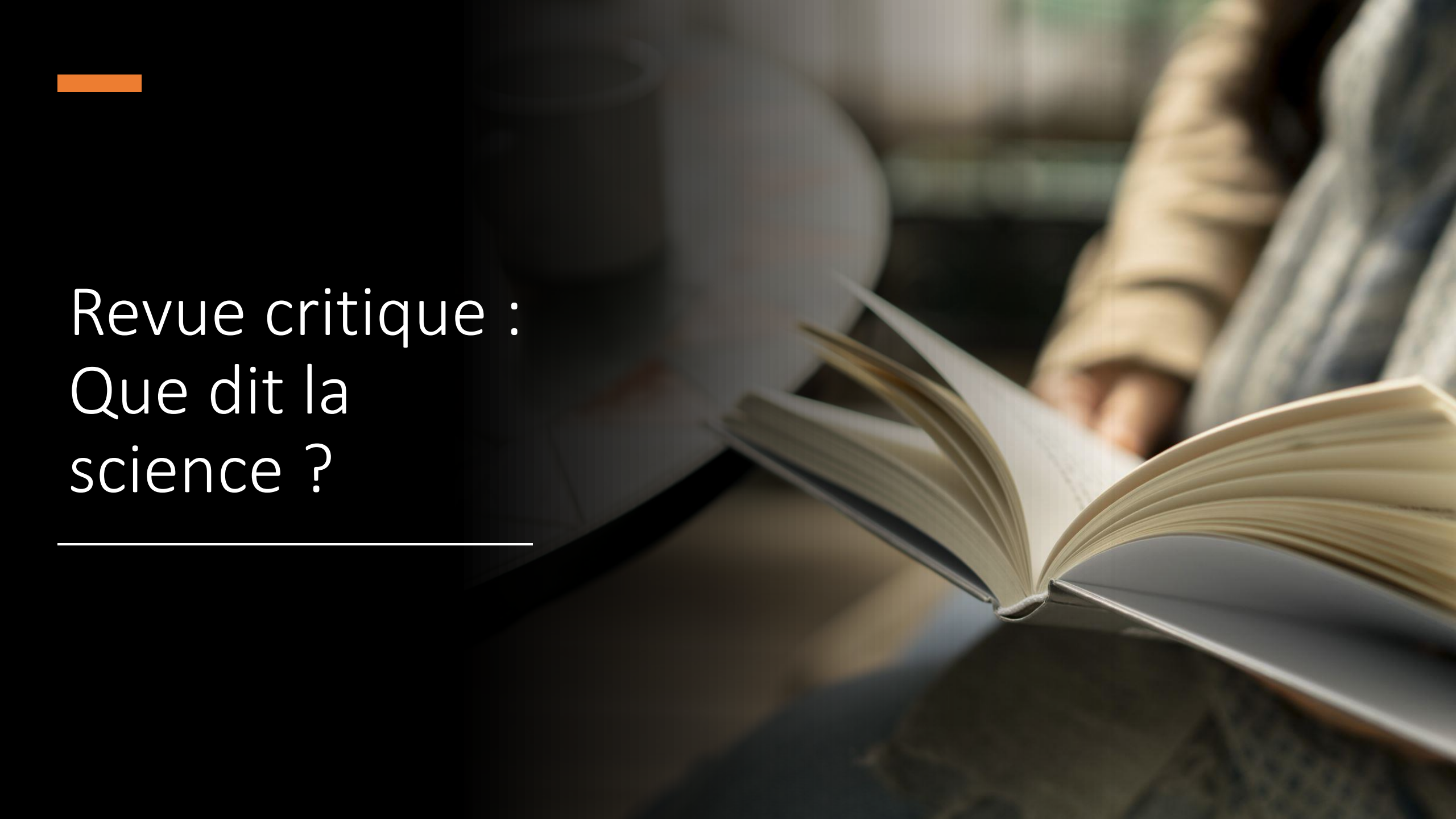
Bénéfices des hôpitaux magnétiques:

- Attirer et fidéliser le personnel infirmier qualifié (satisfaction au travail);
- Fournir des soins de qualité;
- Favoriser une culture collaborative;
- Promouvoir les bonnes pratiques infirmières;
- Amélioration des résultats financiers.

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



Revue critique : Que dit la science ?



Concept Magnet vs cadre de recherche

PubMed.gov

((Magnet) AND (Hospital)) AND (Nurse)

Search

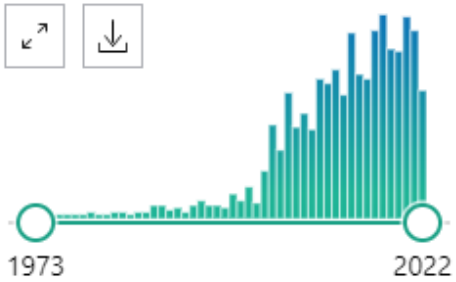
Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS

1,205 results Page 1 of 121

RESULTS BY YEAR



1 Newly Licensed RN Retention: **Hospital** and **Nurse** Characteristics.

Cite

Blegen MA, Spector N, Lynn MR, Barnsteiner J, Ulrich BT.

Share

J Nurs Adm. 2017 Oct;47(10):508-514. doi: 10.1097/NNA.0000000000000523.

PMID: 28957869 Free article.

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 ...

Review

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

Maria Lucia Specchia [1,2], Maria Rosaria Cozzolino [2,3,*], Elettra Carini [2], Andrea Di Pilla [2], Caterina Galletti [2], Walter Ricciardi [1,2] and Gianfranco Damiani [1,2]

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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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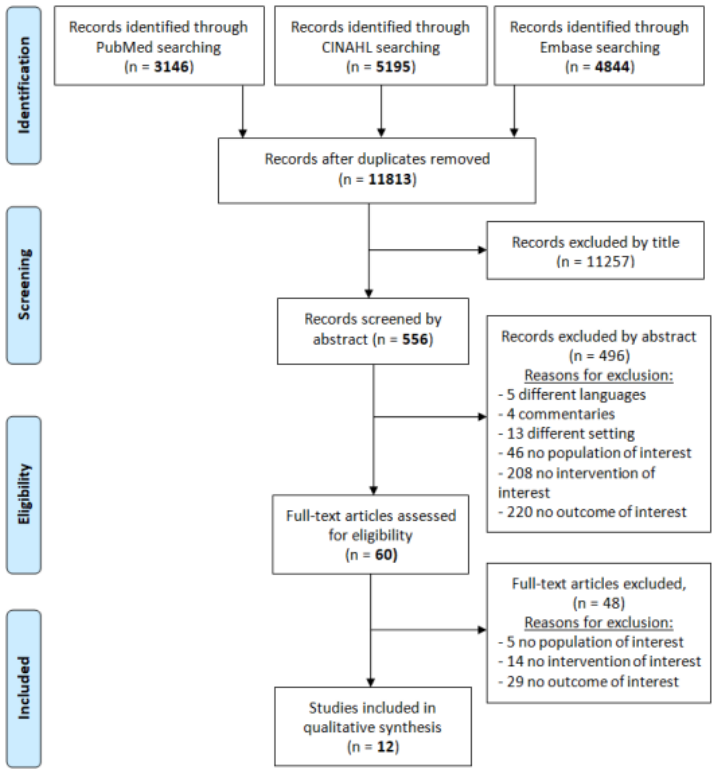


Figure 1. PRISMA Flowchart of articles selection.

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

Mª Carmen Rodríguez-García is a senior doctoral student and Verónica V. Márquez-Hernández and Genoveva Granados-Gámez are associate professors in the Department of Nursing, Physiotherapy and Medicine, Research Group for Health Sciences CTS-451, Faculty of Health Sciences, at the University of Almería in Almería, Spain. Teresa Belmonte-García and Lorena Gutiérrez-Puertas are associate professors in the Department of Nursing, Physiotherapy and Medicine, Faculty of Health Sciences, at the University of Almería. Contact author: Verónica V. Márquez-Hernández, vmh380@ual.es.

The authors have disclosed no potential conflicts of interest, financial or otherwise.

Bogaert et al. BMC Health Services Research (2018) 18:756
https://doi.org/10.1186/s12913-018-3562-3

BMC Health Services Research

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 Slootmans[1,3], Ingrid Roosen[3], Paul Van Aken[2], Guy H. Hans[4] and Erik Franck[1,5]

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 centainly 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
Dedicaton	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

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).

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.

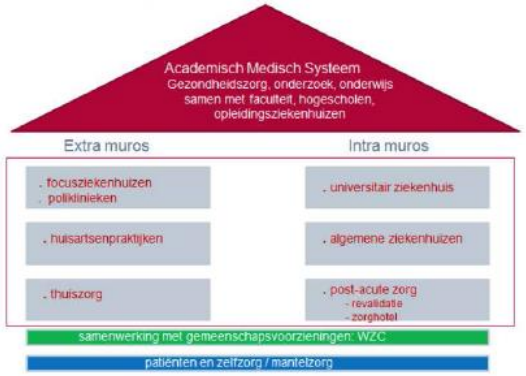
Results: The study confirmed and extended previous study findings demonstrating positive impact on staff' job outcomes and assessed quality of care by *balanced work characteristics* such as social capital, decision latitude and workload in nursing staff ($N = 864$), healthcare staff ($N = 131$) and 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%.

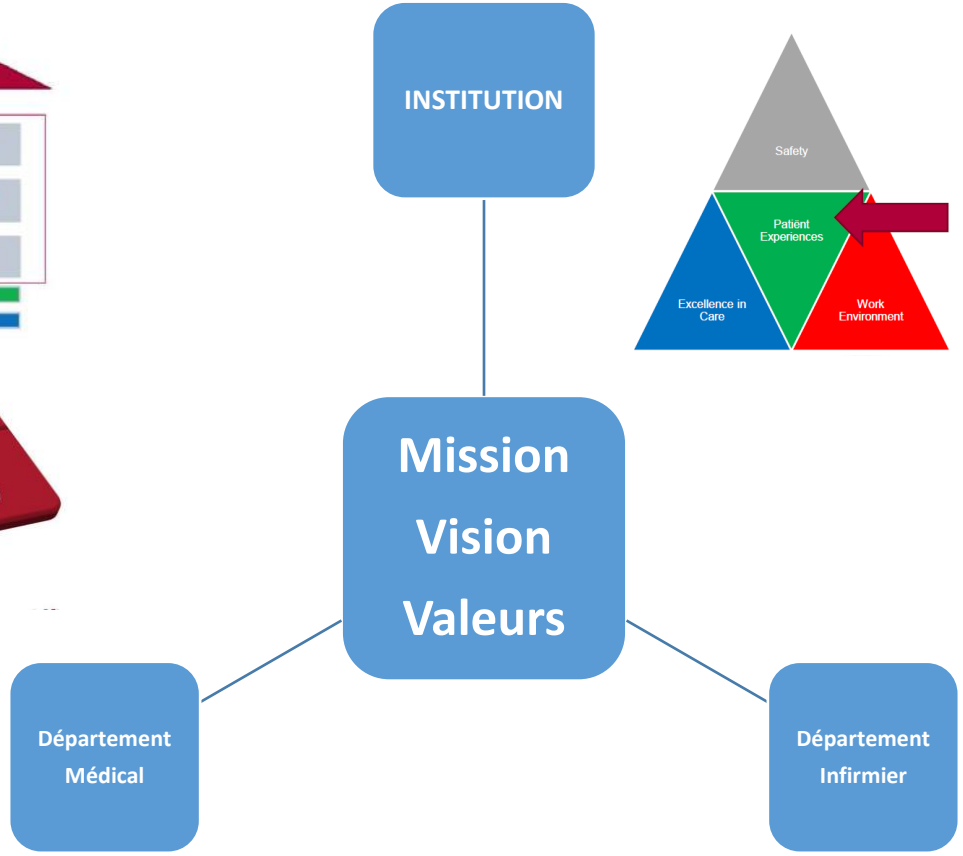
Conclusion: Engaging and committing staff to promote excellent patient outcomes in daily interdisciplinary practice works through clear frameworks, methods and resources supported by governance and policy structure that makes outcomes visible and accountable.

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

Quelle traduction sur le terrain ?

PROCESSUS DE TRANSFORMATION





No nursing excellence without medical collaboration

Table 1: Participatory management vs. shared governance[2]

Participatory management	Shared governance
Goals Leaders request staff member input.	**Goals** Staff members are given the responsibility, authority, and accountability for decisions.
Use of input Leaders aren't required to use staff input.	**Use of input** Leadership and staff activities are interdependent.
How decisions are made Final decisions lie with the leadership team, who may accept or reject staff input.	**How decisions are made** Leaders clearly articulate guidelines for decision-making.
Leadership style Participatory management uses a hierarchical leadership style.	**Leadership style** Shared governance uses a servant leadership style.
Where decisions are made Participatory management has centralized decision-making.	**Where decisions are made** Shared governance has decentralized decision-making.

Cadre légal, référentiel de compétences

Autonomie dans la prise de décision ≠ carte blanche
!! Fix Bounderies

Responsabilité par rapport aux résultats

S4S

Dear student…

Sharing knowledge to patients, relatives, collegues or students will be an important competence in your nursing career.

It seems easier than it really is: there is a world of difference between understandig something and explaining it.

The theoretical background will support you in this learning process. Normally you have enough knowledge to share with others.

***Students4students** (S4S) will prepare you for this in two ways:*

- You learn to share new knowledge or skills with others in an effective way.

- You learn to reflect on how new information reaches you.

Conditions

Students choose the themes and the way how they will communicate
Students make up the program: as well the content as the practical organisation
Students are the teacher or find a teacher on the ward
Students explore the organisational climat on the ward
Students show critical thinking
Students write a report afterwards

Ward nurse (not only preceptors) will attend to support and to check the correctness of students' explanation.
Ward nurse may attend as teacher

Supervisor informes management and head nurses, shows trust and renounces responsiblility (facilitator)
Supervisor is out of rol as teacher

LEARNING MOMENT – NO EVALUATION

Prebriefing (15') -> learning moment (30'/st) -> debriefing (30')

Working places: a team of students takes over a part of the ward. Normal daily activities on the ward by the students. (preceptors are supervising)

- Benefits
  - Exercise in teamwork
  - Excercise in responsibility, autonomy, communication
  - Interdisciplinary work
  - Critical thinking
  - …

Original Article

Reducing Annual Hospital and Registered Nurse Staff Turnover—A 10-Element Onboarding Program Intervention

SAGE Open Nursing
Volume 3: 1–13

DOI: 10.1177/2377960817697712
journals.sagepub.com/home/son
SAGE

Emma Kurnat-Thoma, PhD, MS, RN[1], Mary Ganger, BSN, MSHS, RN[2], Kelly Peterson, BA[3], and Lesley Channell, MBA, SPHR[3]

Abstract

Employee turnover is a key metric and performance indicator when evaluating the fiscal and operational effectiveness of any health-care facility. This article outlines a turnover analysis and onboarding program performance improvement initiative used by a 187-bed community hospital in the Washington DC metropolitan area to reduce staff turnover. Using an evidence-based approach, we evaluated facility staffing statistics, exit survey data, research literature, and industry exemplars. We identified presence of severe turnover for hospital and nursing staff employed less than one year (new hires), with 2009–2012 annual new-hire losses ranging from 28.8% to 49.6%. Exit survey data identified only 50% to 62% of new employees who felt that: hospital orientation provided necessary information for successful employment; they had people to go to with concerns; and they had a realistic understanding of their job. Therefore, a 10-element program intervention was designed to strengthen and standardize the new employee onboarding process. Program elements focused heavily on retooled onboarding communications, including frequent new-hire interactions with managers and regular support from assigned high-performing colleagues. Post program implementation, overall annual hospital turnover decreased from 18.2% to 11.9% and new-hire turnover losses decreased from 39.1% to 18.4.%, which was statistically significant between measurement periods (Wilcoxon signed ranks test, $Z = -2.06$, $p = .04$). Implementing a standardized onboarding format that was specifically tailored to support new-hire employees allowed our hospital to rapidly reverse unsustainable turnover increases. The successful reduction in hospital and nurse turnover we achieved was rooted in multidisciplinary engagement of institutional stakeholders, managerial collaboration across departments, and strong support from executive hospital leadership.

Keywords

hospital turnover, nurse turnover, turnover analysis, hospital employee retention, exit surveys, onboarding, turnover reduction initiative

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

Qu’est ce qu’un PPM ?

- Donne les fondements pour des soins sécure, 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.

La pratique infirmière dans un contexte d'indépendance et de collaboration

- Indépendance dans les soins cliniques (Autonomie et Responsabilité)
- Autonomie car dispose du droit d'exercer la prise de décisions pour la santé du patient mais avec un point de vue collaboratif et interdisciplinaire.
- Responsabilité car le fait de travailler dans un cadre ou l'autonomie est soutenue induit la responsabilité de donner des soins selon les meilleurs standards de pratique.
- Cette responsabilité est ancrée au niveau individuel de la pratique mais aussi au niveau organisationnel (contrôle de l'autonomie).
- Asseoir la perception de compétences infirmières auprès des autres professionnels
- Autonomie ≠ pratique isolée
- Importance de la collaboration / communication

Environnement

- Environnement de pratique professionnelle :
  - Qui contribue à la qualité de la relation infirmière-patient
  - Qui contribue à la qualité des soins
  - Qui est focalisé sur un travail favorisant la santé pour le travailleur
  - Les notions de respects sont importantes
  - L'environnement de travail est un facteur important de rétention du personnel.
  - L'environnement de travail n'est pas uniquement un point de vue architectural, c'est aussi les modes de communications, le cadre clinique de pratique,….

Développement des compétences et reconnaissance

- Importance de disposer d'un cadre clair de soutien du développement individuel et de la reconnaissance professionnelle. Ce cadre doit englober des éléments comme la pensée critique et l'expertise technique.
- Soutien de l'image professionnelle au travers d'une reconnaissance individuelle, connue de tous.
- Ecoute des désirs et demande d'évolutions professionnelles
- Ce concept reprend aussi des éléments important comme ce qui est de la responsabilité infirmière ou ne l'est pas et les compétences que les infirmi(e)res souhaitent voir être reconnues ainsi que les moyens de les mettre en évidence.

Recherche et Innovation

- Le savoir infirmier et son transfert à la pratique professionnelle quotidienne est un pilier de ce concept. Les infirmer(e)s empruntent du savoir à d'autres disciplines, il est donc important de pouvoir s'approprier ces savoirs et les adapter à notre continuum de soins.
- L'Evidence Based Practice est un outil de son développement.
- Générer du savoir à aussi toute son importance notamment dans le demande de l'évaluation clinique, l'innovation et la traduction de recherches scientifiques.
- L'ensemble des éléments envisagés ci-dessus soutiennent la capacité infirmière de résoudre des problèmes et l'affirmation du leadership clinique

Résultat pour le patient

- C’est le but ultime du PPM, améliorer l’état de santé du patient en donnant la structure et le processus pour le faire
- Le résultat combiné de la mise en pratique des 5 premiers concepts (leadership, pratique collaboratives, environnement, perfectionnement – reconnaissance, recherche et innovation fondateurs donne lieu à une amélioration de l’état de santé du patient ainsi que la satisfaction du patient et des familles.
- Le sujet de l’amélioration de santé du patient doit être un thème central autour duquel gravitent les 5 autres concepts.

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 accrédiation, une phislosphie
- 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.

Concrètement pour demain

- Refonte du paysage socio-professionnel : loi santé, réseaux, financement P4Q, engagement professionnel, substitution de fonction.
- Extension des besoins des patients.
- Nécessité d'une adaptation à son environnement du service des Urgences et de l'USI.
- Burn-out, perte de sens, reconnaissance, santé publique.

➔ Accélération du changement, autant d'occasion d'implémenter la philosophie MAGNET comme support au changement.

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