

**Healthy and  
attractive work  
environments**

## **Magnet hospitals**



This brochure is intended for FIQ local teams.  
It is the result of a collaboration between the  
Task and Organization of Work Sector and the  
Communication-Information Service.

**Political Officer**

Carole Grant, 5<sup>th</sup> Vice-President

**Coordination**

Julie Bouchard, Coordinator,  
Task and Organization of Work Sector

**Research and written by**

Guylaine Giasson, Union Consultant,  
Task and Organization of Work Sector

**Collaboration**

Thérèse Laforest, Union Consultant,  
Task and Organization of Work Sector

**Revision and production**

Marie Eve Lepage, Union Consultant,  
Communication-Information Service

**Translation**

Susan Millroy, Union Consultant  
Translation Service

**Secretariat**

Luce Dessureault, Secretary,  
Communication-Information Service

**Graphic Artist**

Josée Roy

**Printing**

Solisco

May 2010

Magnet  
hospitals



Sources Mixtes

www.fsc.org Cert. no. XXX-XXX-XXXX  
© 1996 Forest Stewardship Council

# Magnet hospitals

We are currently seeing an increase in the demand for care, but a shortage of care professionals on the job market. Unattractive working conditions in the health institutions best explain this situation. Indeed, the conditions of practice for the care professionals in the health sector have had bad press now for far too long: the work overload, stress, professional burnout and the salary conditions are only some of the examples. Nevertheless, all efforts must be made to offset this fact, because the quality of care relies on the availability of a qualified, motivated, recognized labour force of sufficient quantity.

Research has shown that care professionals want to and can continue to practice their profession if they are able to advance in their career, to have a certain amount of autonomy and to participate in decision-making concerning their practice while being paid accordingly. Satisfaction at work for the care professionals results in a decrease in the turnover and absenteeism rate, an improvement in the quality of care and in the bolstering of professional performance in general, among others. However, one of the main obstacles in developing their loyalty resides in the poor quality of their environment and their working conditions.

The FIQ believes that the shortage of care professionals can only be resolved by an improvement in their quality of life at work. This improvement can only happen with an appropriate workload, professional leadership, adequate in-service training, an appropriate arrangement of work time, recognition of additional training, professional respect, protection from injuries and illness and interesting salaries.

## **A definition**

The designation “magnet hospital” refers to a health institution capable of attracting and retaining qualified care professionals. A high degree of professional satisfaction is associated with a higher level of the quality of care.

In a magnet hospital it can be seen that care professionals are valued, that they have broad autonomy in the performance of their duties and that the support needed for their practice is provided.

## **The origins and evolution**

In the 1980's, the American healthcare institutions were confronted with recruitment and retention problems due to a serious shortage of care professionals. Researchers were therefore interested in the characteristics of an organizational and professional nature likely to encourage satisfaction at work for these professionals, the quality of care, attraction and the loyalty of the personnel. Thus, the certification of “magnet hospital” was created to identify the highest standards of healthcare.

Numerous research studies were carried out in these institutions, qualified as attractive, both from the point of view of the health professions and the organizational environment and its impact on the quality of care. The results of these studies enables the identification of the organizational characteristics under three aspects, that is, administration, professional practice and professional development.

# The characteristics of magnet hospitals

## The administration

The administration is characterized by a strong, participative and visionary professional leadership.

## Decentralized management

Magnet hospitals are characterized by an **organizational structure that is de-centralized and de-bureaucratized**. This shared governance implies that the decisions concerning care are taken by the personnel in the field and not only by the administration. This position also implies **an active participation by the care professionals** on the various organizational committees in the institution where decisions are taken.

## Competent human resources

The main recruitment criteria for care professionals are competence and an adhesion to the organization's vision. Magnet hospitals are characterized by a **high ratio of care professionals/patients**, which allows safe, global care.

Studies reveal that in magnet hospitals there are few vacant positions and a low turnover rate. **Using private employment agency personnel is avoided** in order to preserve **stable work teams** and to create a feeling of belonging. When the need arises for personnel it is filled by a float team: a regular team that is valued within the institution.

## An adequate workload

In magnet hospitals, **the make-up of the multidisciplinary teams**, in which the different tasks are assigned according to specific competencies, is aimed at insuring **adequate distribution of the workload** among the care professionals.

The latter actively participate in the review of practices and in the simplification of procedures by developing an approach focused on the needs of the patient rather than an organizational approach based on a reduction in costs. Regular meetings are organized in order to clarify the roles and to adequately distribute the tasks among the team members. Training is then set up for the purpose of preparing the professionals who will assume the roles, tasks, duties and responsibilities with a higher level of complexity or for which they have not received adequate training.

### **Measures of recognition**

Although the salaries paid in magnet hospitals are comparable to those in other hospitals, the measures of recognition are suggested in the form of additional clinical echelons, fringe benefits and retention incentives.

On the other hand, certain initiatives **encourage and appreciate the potential of care professionals** such as bursaries for innovative projects, recognition prizes, a day off for excellence, a festive moment, etc.

And, the concern of superiors for **the quality of life at work** is demonstrated by **an improvement in the work environment**, in particular (room to relax, breaks, access to a cafeteria, daycares, etc.). Moreover, the superiors show **their concern for the well-being of staff** by identifying the indicators of insecurity at work (violence, threats, harassment, etc.) and by implementing the necessary measures to correct the situation.

## Professional practice

### The therapeutic relationship with the patient

The therapeutic relationship with the patient is characterized by **care adapted according to the resources and the needs of the patient**. Thus, there are several methods of delivering care simultaneously in the same institution.

### The autonomy of care professionals

Clinical projects are initiated on the care units and the institution encourages **the development of poles of expertise** (blood transfusions, bedsores, hospital hygiene, wound care, responsibility for diabetic patients, patients with dementia, aggressive behaviour, etc.).

### Collaboration between care professionals and physicians

**A respect for each others' knowledge and competence** is seen as well as a **mutual commitment for the quality of care**. The clinical judgment of care professionals is also valued and respected throughout the institution. This relationship is encouraged by the creation of joint committees on which colleagues sit (physicians and care professionals). This practice is suitable for discussions and facilitates the adoption of corrective measures for both the good functioning of the organization and for interpersonal relationships.

Resource people (nurse clinicians, ethicists, psychologists) are also available to help and advise the care professionals who are confronted more and more by moral, ethical and professional dilemmas linked to their responsibilities.

## Professional development

### Welcoming of new care professionals

In order to facilitate their integration, the accent is put on accompanying new employees. Each integration programme is made to measure, according to the individual professional profile of the employee recruited, which requires an evaluation of her competencies beforehand. A sponsorship is often installed between an experienced care professional and the new employee in order to **facilitate her adaption on the unit and the transfer of her skills.**

### Training

#### **Continuing education is encouraged and supported by the organization.**

Career advancement programmes are not limited to the clinical ladder, but also include management. Complementary training of care professionals is valued and they are encouraged to take on a role of training or supervision in the institution.

### Research and teaching

Care professionals integrate teaching into all aspects of their practice. They not only insure **health education** for the patients, but they also play **the role of mentor** for the younger professionals, students and for all those who have less clinical experience. In addition, **research is encouraged and supported**, both by the presence of researchers hired by the institution and by close collaborations between care professionals and researchers at universities.



# The effects of magnet hospitals

Here are some of the effects of magnet hospitals as identified in the literature:

## **For care professionals**

- A lower rate of work burnout;
- A lower rate of injuries;
- A higher level of satisfaction at work.

## **For the patients**

- A significantly shorter hospital stay;
- A decrease in certain complications;
- A higher degree of satisfaction regarding care;
- A decrease in the mortality rate.

## **In the institution**

- Much greater ease in recruiting and retaining care professionals and, consequently, a decrease in the turnover rate which can have a significant effect on the organization's budget;
- Access to a significant bank of qualified candidates for the positions to be filled;
- A positive image of the institution with the population.

## Important distinctions

- A certification of “magnet hospital” is granted only to hospitals which covet it and are ready to spend a substantial amount of money to get it. Therefore, it does not identify the better of the poorer performers, but instead, distinguishes certain hospitals among those who are designated.
- Studies have had difficulty demonstrating the causality link between all the characteristics of magnet hospitals and the quality of care (eg: lower mortality rate). Thus, conventional hospitals are also apt to offer care of the same quality.
- A hospital located in a remote region may attract and retain care professionals not because it is qualified as a magnet hospital, but because it is the only one in the region.

# The situation in Quebec

In Quebec, several attempts at reorganization of work have been undertaken, but unfortunately, have not produced the desired results. Quite often, these programmes, developed by the Ministry of Health and Social Services, are imposed on the care professionals without any consultation of the various parties concerned and do not include all the characteristics of magnet hospitals.

Considering the context of the labour shortage, Quebec may appear to be in a favourable situation for the development of magnet hospitals. However, the care professionals must get the necessary support from their superiors and must seize the means made available to them. More autonomy must be given to the professionals, by involving them in practices that are labelled “innovative”. It is also important to offer them more resources and the chance to attend training sessions. In their current form, the reorganization of work programmes put the weight of the responsibility on the shoulders of the care professionals, without providing them with the necessary support.

For the time being, the magnet hospital concept only exists in the anglophone institutions (Jewish General Hospital, McGill University Hospital Centre) and in the university hospital centres.

Several of the union demands by the FIQ over the years are closely linked to the characteristics of magnet hospitals. Here are a few examples:

- Stability of positions and the care teams to encourage the development of learning, interpersonal skills and know-how for the care professionals;
- The incumbency of all care professionals in permanent positions to decrease job insecurity, to stabilize the work teams, to assure continuity of care and to reduce the workload;
- Stopping the use of private healthcare employment agencies;
- Apply Bill 90 in order to obtain the adequate use of care professionals' potential allowing a clarification and better distribution of their roles, tasks, duties and responsibilities;
- The development of collective prescriptions for a broader and enriched professional practice;
- The support of interdisciplinarity between the care professionals on the care teams;
- Maintaining and developing competencies;
- The promotion of in-service training and the recognition of all additional training;
- Better prevention of violence in the workplace in order that all care professionals work in dignity and an environment free from violence (Zero Tolerance);
- An arrangement of work time aimed at better reconciliation of family-personal-work life.

At the end of this brief overview of the specifics on magnet hospitals, it must be said that their existence relies on:

- a management vision and philosophy;
- an organizational culture;
- administrative policies and practices;

all focused on the meaningful professional practices most likely to improve:

- the quality of care,
- the quality of life at and outside work for care professionals.

In this context, the care professionals' satisfaction at work can only be increased. At the same time, the healthcare field will have stronger drawing power on them and will allow this labour force to have more loyalty to their institution. The longevity of the healthcare system is then insured. However, the administrators of the institutions must have the desire to carry out this major change.

Aiken, L.H. et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. In *Journal of the American Medical Association*, 2002. 288, 1987-1993.

Kramer, M. The magnet hospitals : Excellence revisited. *Journal of Nursing Administration*, 1990; 20 : 35-44.

Mayrand Leclerc. « Les caractéristiques organisationnelles des magnet hospitals : Pistes de solutions pour réorganiser le travail des infirmières », dans C. Viens, M. Lavoie-Tremblay, M. Mayrand-Leclerc (sous la dir.), *Optimisez votre environnement de travail en soins infirmiers*, Québec, Presses InterUniversitaires, 2002, pp. 67-90.

McClure, ML et al. *Magnet hospitals revisited : Attraction and retention of professional nurses*. American Academy of Nursing. Washington : American Nurses Association. 2002.

Strodeur, S. et W. D'Hoore (dir.), *Attractivité, fidélisation et qualité des soins 3 défis une réponse*. Wolters Kluwer France. 2009. 243 p.





FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC

**FIQ Montréal** | Head Office  
1234, avenue Papineau, Montréal (Québec) H2K 0A4 |  
514 987-1141 | 1 800 363-6541 | Fax 514 987-7273 | 1 877 987-7273 |

**FIQ Québec**  
1260, rue du Blizzard, Québec (Québec) G2K 0J1 |  
418 626-2226 | 1 800 463-6770 | Fax 418 626-2111 | 1 866 626-2111 |

[www.fiqsante.qc.ca](http://www.fiqsante.qc.ca) | [info@fiqsante.qc.ca](mailto:info@fiqsante.qc.ca)