Spring 2017

Do Nurses Credit magnet Status Forces as a Reason for Increased Job Satisfaction?

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Submitted to Alma Jackson, PhD, RN, COHN-S

in partial fulfillment for the

Doctor of Nursing Practice Degree

Regis University

April 15, 2017

Abstract

This study examined the relationship between Magnet status forces and job satisfaction. A survey was administered to compare the job satisfaction factors to Magnet status factors. The results are best described in descriptive statistics as nominal data and through Chi-square goodness of fit testing which gives a similar result to a single sample *t*-test. The results illustrated that Magnet forces do have an impact on job satisfaction as well as other factors. The biggest finding was through the comments of the participants that felt that while these factors strongly impact their job satisfaction, they are not upheld after the initial earning of Magnet status by the facility.

Keywords: job satisfaction, nurse retention, Magnet status, DNP project, survey opinions;

Copyright

Acknowledgements

I would like to thank my husband, Keith Bilbrew, for his support during my studies and the instructors and mentors I have had throughout this program for their guidance. I would like to dedicate this paper to my late father-in-law, Booker T Bilbrew, who always put all his family first. You are truly missed.

Executive Summary

DNP Project Title: Do nurses credit Magnet status forces as a reason for increased job satisfaction?

Problem Statement: Many factors impact nurses' job satisfaction and in turn their retention. Magnet status has been identified as a means of increasing both job satisfaction and retention. The problem posed is: are the forces of Magnetism really the forces affecting this increase in job satisfaction and retention or are they merely coincidental and other factors really the cause? The focus of this project surrounds the PICO question; when surveyed, will nurses that are members of AMSN cite Magnet forces as a cause for increased job satisfaction?

Purpose: The data collected from the survey was used to evaluate whether the forces of Magnetism are the cause for higher job satisfaction and retention rates or other causes.

Project Goals: The objectives were considered partially successful because the following goals were met/not met. The population size was approximately 1500 but the sample size was only 38. All 38 could be included in the analysis as they were answered completely. The answers that were populated show a true pattern of correlation to answer the question.

Project Objectives: The objective of this project was to evaluate the forces of Magnetism to see if they are truly the driving forces in job satisfaction and in turn retention. If they are not, then to identify what factors are contributory to job satisfaction. The hypothesis for this project is that Magnet status forces would be validated.

Plan: A survey was adapted from the forces of Magnetism listed by the ANCC (2015). The surveys were created through survey monkey and distributed by email through the AMSN to nurses around the world. All responses were anonymous. There was a timeframe set for the surveys to be completed and returned within two weeks. The information obtained from the surveys was then compiled to determine the correlations that can be made. The Chi-square goodness of fit test was used to describe the findings along with the descriptive statistics. A positive correlation between Magnet forces and job satisfaction illustrates that Magnet status does impact job satisfaction and retention.

Outcomes and Results: Magnet status forces were overwhelmingly shown to be more contributory to job satisfaction than other factors listed. The comments section offered a very valid issue to examine in that Magnet status is often not adhered to after certification.

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Problem Recognition/Definition

Problem Statement

Many factors impact nurses' job satisfaction and in turn their retention. Magnet status has been identified as a means of increasing both job satisfaction and retention. The problem posed was: are the forces of Magnetism really the forces affecting this increase in job satisfaction and retention or are they merely coincidental and other factors really the cause? The focus of this project surrounds the PICO question; when surveyed, will nurses that are members of the Association of Medical-Surgical Nurses (AMSN) cite Magnet forces as a cause for increased job satisfaction? The data collected from the survey (Reference Appendix D for survey) was used to evaluate whether the forces of Magnetism are the cause for higher satisfaction and retention rates or other causes. This project was completed using a survey sent out through email from the AMSN organization. The survey was created through survey monkey for AMSN disbursement. The data was classified and analyzed in order to find an answer to the question posed.

It is felt that this is highly important as a topic for a DNP leadership student because it impacts many issues in leadership. Job satisfaction directly impacts retention and retention is a constant issue as far as financially and for patient care. The cost of Magnet status continues to rise so evaluating its true benefits or possible lack thereof can benefit the organization financially in actual cost savings and time savings. Finally, looking at other reasons nurses stay at a job, if not part of the Magnet program, will provide a better understanding of how to retain staff in any future leadership roles this student may possess.

Theoretical Foundation

When applying a foundational research theory to this PICO, two theories were chosen; Marilyn Anne Ray's Theory of Bureaucratic Caring and Anne Boykin's and Savina

Schoenhofer's Theory of Nursing as Caring: A Model for Transforming Practice (Alligood & Tomey, 2010). The Theory of Bureaucratic Caring focuses on nursing in complex organizations and so too does this study. Both the theory and the study look at what distinguishes organizations and their cultures along with their work behaviors to create significance in their work (Alligood & Tomey, 2010). This significance reflects in job satisfaction. Further, The Theory of Nursing as Caring relates to job satisfaction as it relates that nurses must believe they are caring and others are caring rather than just an instrument used by an organization in order to be satisfied in their job (Alligood & Tomey, 2010). Many of the Magnetic forces focus around the nurses' feelings of value in an organization and therefore are also related to this theory.

Review of Evidence

To collect articles for this review, the following search engines were used; CINAHL (Cumulative Index to Nursing and Allied Health Literature), AMSN literature search, Google, and Medscape. The parameters put into the advanced search options were to include English language, full text articles that were published from 2010 to 2015. Many keywords were used to pull out content needed. These key words included; healthy work environments, Magnet recognition, retention, competence, nursing turnover, turnover, staff mix, professional environment, educated nurses, patient care, critical care, leadership styles, leadership and retention, reducing turnover, barriers to retention, work culture, quality care, nurse protocol, autonomy, patient outcomes, nurse outcomes, working conditions, job satisfaction, nurse attraction and retention, mortality rates, shared governance, gap analysis, patient falls, patient care units, essential work processes, patient safety, Duke hospital, retention numbers, Care Quality Commission, workplace environments, acute care unit, quality service, nursing sensitive outcomes, nursing care, organizational commitment, and nursing staff turnover. Upon initial

assessment using these key word, 93 articles were identified, however, with further analysis, only 40 of these made the final cut. To make the final selections, each article was assessed based on purpose, level of evidence, sample selection, setting, research questions, theoretical framework, methods and design, results and findings, and implications relating to the PICO question. Of the articles that remained, 17 are integrated literature reviews, three are interviews, 11 are surveys, five are data analyses, two are performed studies, and two are questionnaires. (See Appendix A for detailed table)

Magnet status is becoming more popular in today's healthcare market, but is still highly misunderstood, especially by the public. The original study that started this certification was done in 1983 and has been adapted over the years. In the original study, McClure, Poulin, Sovie, and Wandelt (1983), the examiners went to 46 hospitals across the nation that were determined to have high attraction and retention rates for nurses to try and discover what made these sites different from others. In doing this, they determined there were 14 forces of magnetism that drew in nurses and retained them. These were; management style, quality of leadership, organizational structure, staffing, personnel policies, professional practice, quality of patient care, teaching, image of nursing, professional development, orientation, in-service and continuing education, formal education, and career development. From these forces, they created recognition for hospitals that achieved all of these factors. The model has changed some and been condensed to be more user-friendly, but still has the same components. The new model today condenses these 14 forces into five component headings; transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation, and improvements, and empirical quality results (American Nurses Credentialing Center, 2015). There is also another component being looked at in the changing face of health care and that is

access to information and technology (Byrne, 2011). Although many have the misconception that this recognition means the hospital has better patient care, it really means that it is considered a better work environment for nurses which in turn leads to better care, but not that the recognition is focused on that.

There are many benefits to Magnet recognition that are documented. One of the biggest benefits is said to be retention of nursing staff. There are many things that can contribute to turnover, some are magnetism forces and some are not. Things like unfriendly co-workers and workplace, emotional stress surrounding patient care, and fatigue are some retention effectors not totally controlled through Magnet status (MacKusick & Minick, 2010). According to Brewer, Kovner, Greene, Tukov-Shuser, and Djukic (2011), workplace injuries resulted in high turnover, and Magnet hospital status had no effect on this type of turnover. Also, according to Chui, Yang, & Wang (2013), the number of facilities to achieve Magnet status has been low and the nursing shortage issue is the same everywhere. There is another study that was done by the University of Maryland school of nursing that, according to Pizzi (2015), concludes that Magnet hospitals, while being recognized for better patient outcomes and safety, do not provide better working conditions for their nurses. Also, a recent study published in the *Journal of Nursing Administration* was unable to find differences in the work environments between Magnet and non-Magnet hospitals (Kelly, McHugh, & Aiken, 2011). Other gaps in Magnet status, according to Dabney & Tzeng (2013), are found between patient expectation and nurse perception, administrator and staff perceptions, and patient-centered care standards and the care they actually receive. It is suggested by Summers and Summers (2015) that Magnet status should be the lowest level expected and not the highest. This is evidenced by the fact that many nurses report a major slow in progression in work environment reform once Magnet status is achieved and a

lack of addressing staffing ratios in Magnet status achievement (Summers & Summers, 2015). Because Magnet status has such a great deal of influence over quality standards it is reasonable for them to address staffing ratios and put a recommendation into place (Summers & Summers, 2015). There is also a discussion with the fact that the Magnet application, which outlines what the Magnet board is measuring, is not transparent to the public and can only be gotten by paying the $300.00 application fee (Summers & Summers, 2015).

Despite the shortcomings of the Magnet status process, there are many studies that attribute Magnet status to many accomplished benefits. There are studies that show Magnet hospitals have less turnover, less vacancies to fill, a larger number of satisfied employees, and better clinical outcomes and patient satisfaction (Drenkard, 2010). Magnet status is shown to be associated with an improved work environment (Foster, 2015) as Magnet hospitals were skewed greatly towards excellence (Kramer, Maguire, & Brewer, 2011). These healthy work environments aid in retention of nurses (Ritter, 2010). These environments also improve overall organizational performance (Sherman & Pross, 2010). “Gallup estimates that Magnet hospitals experience 7.1% fewer safety-related incidents and accidents than the industry norm” (Drenkard, 2010, pg. 1). Magnet hospitals have a “14% lower odds of mortality and 12% lower odds of failure-to-rescue events (McHugh, Kelly, Smith, Wu, Vanak, & Aiken, 2013, pg. 3)”. Hospitals moving toward Magnet status tend to grow in size while still cutting their job vacancy rates (Frellick, 2011).

Patient falls and pressure ulcer development are considered to be two key indicators for nurse-sensitive patient outcomes (Petit & Regnaux, 2013). Staffing ratios are not looked at by Magnet reviewers, but staffing mix is. Magnet status calls for higher level educated nurses to make up the higher percentage of the staffing mix (Staggs & Dunton, 2012). Choi and Staggs

(2013) found that staffing mix is the strongest predictor of unit-acquired pressure ulcer incidents. Staffing mix is also found to attribute to prevention of missed nursing care (Kalisch, & Lee, 2012) and a fall rate that is 5% below non-Magnet hospitals (Lake, Shang, Klaus, & Dunton, 2010). There is also an increased collaboration between nurses and physicians in Magnet hospitals, this is essential in providing improved patient care and satisfaction (Johnson & Kring, 2012). A shared governance working model as is part of Magnet recognition has been shown to attract and retain nurses (Mouro, Tashjian, Bachir, Al-Ruzzeih, & Hess, 2013). This shared governance and ability to affect change is shown to increase retention and is a prominently reported feature in Magnet hospitals (Witkoski Stimpfel, Rosen, & McHugh, 2014).

When reviewing all the possible retention strategies available to them, NSI Nursing Solutions, INC (2015) ranked Magnet recognition as the most successful intervention with 89.4% effectiveness and 34% usage towards retention of nurses. Due to the increased collaboration and autonomy in the Magnet environment, nurse-driven protocols have greater success and result in job ease and patient satisfaction (Olson-Sitki, Kirkbride, & Forbes, 2015). Leadership is also crucial when supporting nurse-led initiatives (Shafer & Aziz, 2013).

Continued education is also a theme for Magnet hospitals that benefit all involved. Magnet designation requires a plan be in place to have 80% of the hospital's nursing staff be BSN prepared by 2020 (Sarver, Cichra, & Kline, 2015). This education is a benefit from administration down as leader competency is important to job success (Spicer, Guo, Liu, Hirsch, Zhao, Ma, & Holzemer, 2011). The ability to use critical thinking is enhanced with greater education and the ability to think critically can directly affect patient safety (Robert & Peterson, 2013). Another Magnet quality that causes staff to characterize their Magnet hospital as a

wonderful place to work (Rondeau, 2015) is the autonomy and distributive justice from effective leadership (Roberts-Turner, Hinds, Nelson, Pryor, Robinson, & Wang, 2014).

There have been questions raised as to whether or not Magnet recognition is worth the price of admission and are there other tools that can be used in its place to receive the same result. There are two tools that have proven to produce similar results as Magnet status. The first tool is the NICHE SITE self-evaluation tool. Since bed size, teaching status, and Magnet status are not associated in any way with the implementation of this tool it can be used in a variety of settings (Boltz, Capezuti, Shuluk, Brouwer, Carolan, Conway, DeRosa, LaReau, Lyons, Nickoley, Smith, & Galvin, 2013). The other tool that can produce similar patient safety results is the Leapfrog Group survey. This survey is independently run and it evaluates patient safety measures in hospitals (Foster, 2015).

According to Renter, Allan, Thallas, and Foley (2014), while nurse retention can be attributed to Magnet-like qualities, the cost of Magnet status usually proves to be too expensive and organizations should focus more on promoting a positive work environment and ensuring staff satisfaction to retain nurses. The initial application is $300.00, but there are many other costs with the process. There is an estimated cost for the following items (to name a few costs); "Magnet manuals and publications ($1000), Magnet conference attendance ($1,200 per participant), Magnet consultation ($5000-$10,000), Committee meetings (2 hours for every FTE), Development of the documentation (2 FTEs for 6 months), Promotional and educational materials ($10,000), NDNQI ($1,500-$7,000), Application fee ($3,900), Appraisal fees ($3,750-$57,850), Document review fees ($6,500 or >), and site visit fee ($1,850 per appraiser)" (Duchene, 2010, pg. 2) which brings total costs to an average of $46,000 to $251,000 to obtain designation (Drenkard, 2010). Not only is there a substantial money investment, but a large time

investment as well. Duke University Health System (2011) comments that the process required a three-day appraisal and around 4,000 pages of documentation.

So, what does an organization gain for a return on investment (ROI)? Nurse turnover is reported to be lower after Magnet designation which saves an organization roughly $82,000, which is the average cost to replace a nurse that has left (Kerfoot, 2015). Kerfoot (2015) also points out that adequate staffing can lead to a reduction in overtime costs. There is also an associated increase in patient satisfaction scores, reduction in patient falls, reduction in pressure ulcers, and better quality care (Duchene, 2010). There is less vacancy at Magnet hospitals that averages around 3.64% when the national average ranges from 8.1% to 16% and money is also saved with a decreased mortality rate 30 days from admission (Drenkard, 2010). Another benefit is a decrease in occupational injuries that can cost from $405 to $100,000 per incident (Drenkard, 2010).

Market Risk Analysis

To evaluate the stability of the plan for this project, a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was done. The identified strengths of this project are its validity in today's healthcare market, the large sample size available to evaluate the quantitative study, and the relatively low cost involved in implementing this project. The project will not require a large amount of resources. The identified weaknesses of this project are the fact that the survey is quantitative in nature leaving less room for personal emotion on job satisfaction factors to be evaluated, the researcher is unknown to the participants and therefore may be more reluctant to fill out the survey, surveys are often not successful in getting participation and the time allotted is limited, and only a small number of surveys may be used. Even though there is minimal financial cost ($300), there is a significant time cost on the part of the researcher that

will need to be invested. The identified opportunities for this project are to expand the study group in future studies and to evaluate other factors that affect job satisfaction. Identified threats to the project are initial cost, reliance on third party for distribution of survey, time restraints. (See Appendix C for model)

The stakeholders in this project are the researcher, her mentor, Judith Peters, and her instructor, Alma Jackson. Other stakeholders are facilities that employ nurses, nurses, and the patients they care for. The project team consists of Emerald Bilbrew, the researcher, and Judith Peters, her mentor that is guiding her until the completion of the project. The only financial cost was for a year's subscription to survey monkey of $300 and time. This time cost is estimated to be well over 1000 hours of time in research, construction of survey, approval processes, data analysis, and paper completion. The benefit far exceeds the cost. The benefits of this project are the knowledge of a question that has plagued this researcher since she first wrote a paper about Magnetism in 2010. The other benefit to the researcher is successful completion of her DNP. There are far higher benefits to the healthcare community as understanding true job satisfaction factors and the true value of Magnet status are immeasurable.

Project Objectives

The mission of this project was to evaluate the forces of Magnetism to see if they are truly the driving forces in job satisfaction and in turn retention. If they are not, then to identify what factors are contributory to job satisfaction. The hypothesis for this project is that Magnet status forces will be validated. The vision for this project is that more hospitals will see the value in Magnet status. The mission will be successful if the following goals are met; a large number of nurses complete the survey, a large number of these surveys will be able to be

included in analysis, and the answers that are copulated show a true pattern of correlation either positive or negative so the question can be answered.

The surveys were distributed through the AMSN to nurses around the world. There was a timeframe of two weeks set for the surveys to be completed and returned to me. The information obtained from the surveys was then compiled by me to determine the correlations that can be made. A positive correlation between Magnet forces and job satisfaction illustrates that Magnet status does impact job satisfaction and retention. A negative correlation illustrates the opposite.

The AMSN will email the participants and the researcher will have no access to personal information of the participants. All data collected will be anonymously collected through Survey Monkey. This allows for IRB exemption. (See appendix H)

Methodology & Evaluation Plan

Logic Model

The logic model chosen for use is a tabular model that was created by the W.K. Kellogg Foundation (2004) and presented in the Zaccagnini & White (2014) textbook. It presents a logical path to preparing, carrying out, and measuring the outcomes of this project. It logically helped the researcher present the answer to the question researched. When looking at how the outcomes are measured in this model, they are most appropriate for this project because the question is looking more at quantitative data and not qualitative data.

This model focuses quantitative data on identifying themes and placing data in focus areas (Zaccagnini & White, 2014). That was the goal for this data. To answer the question, the researcher needed to be able to identify themes for retention and compare them to the Magnet status criteria. (See Appendix B for logic model)

Population and Sampling

The variables discussed were independent, dependent, and extraneous variables. The independent variable or intervention is the variable that the researcher has control of (Cullen, 2015). This variable is the survey that is sent out to participants. The researcher had control over the questions it contained, how and when it was sent out, and how the results were used. The dependent variable or outcome was the results of the survey questions and how they relate to the forces of Magnetism that they were compared to. The final variable type, extraneous, can be many things. The sex, race, age, experience levels, working environments, and geographical locations of the participants are all factors that could change the way they answer the survey questions and the researcher did not have control over many of these. The one thing from these variables that the researcher did have a little control over was the experience level. Since the researcher sent this survey out through the AMSN board, the majority of participants were CMSRN certified and to earn this they must have at least two years of medical-surgical experience. This meant that the participants had at least two years of experience.

The sample size was dependent on the number of nurses that choose to fill out the survey sent to them. There could have been up to 11,000 people that completed it, but realistically it was expected that the sample size would be around 1500. The final sample size was only 38. This is a much smaller sample than desired, but was still enough to illustrate a pattern in results and reject the null hypothesis. The population the researcher pulled from was the AMSN nurses that participated. This included nurses from around the world with at least two years' experience and varying backgrounds as far as ethnicity, race, gender, and age. This was an effective population to pull from because the questions on the survey were less biased if asked to a very

diverse populous such as this which helped rule out extraneous variables affecting the information gathered (Zaccagnini & White, 2014).

Setting

The setting for this study was online. Emails were used to distribute the survey. Survey Monkey links were sent for the participants to anonymously complete the survey. The data was then made available to the researcher through the Survey Monkey website. This setting allowed for privacy, anonymity, and pressure-free survey completion.

Methodology and Measurement

The outcomes were measured by taking the answers to the questions and identifying trends in similarities. These similarities were compared to the forces of Magnetism to identify differences and similarities to decide the validity of these forces and any possible needs for revision or total change of these forces. The project was based on the quasi-experimental design of comparison of intact groups (Cullen, 2015). This is because the researcher was looking at the effects of events that occur for some and not others.

The descriptive statistics illustrated the pattern well and the other statistical test that was used in this research project was the Chi-square Goodness of Fit. The researcher looked at what, if any, retention factors are included on the Magnet requirements against the stated retention factors on the surveys. This comparison assisted the researcher in concluding the study's results to illustrate whether the Magnet requirements really affect retention or were other factors the true cause. These results are presented in a tabular format to show the individual question results.

There were approximately 11,000 people that received this survey and it was anticipated that around 1500 would complete the survey, however, the final number was only 38. The larger sample size would have helped prevent type I errors in this research. The size turned out to be

much smaller due to lack of anticipated participation, this could have threatened the validity. The number of emails sent out might have helped prevent this if more time was allotted. There was also less ability to generalize the information due to the sample size. The surveys went across the world making its generalizability across the continuum high. To prevent reliability issues, the researcher did not include any partially completed surveys.

The data was used as the descriptive output after nominal data collection. The Chi-square Goodness of Fit was then done to determine significance of the results. To run this test, the data had to be coded. Coding was assigned based on the answers given. (See Appendix K)

Human Subjects Protection

This study was approved by the Regis IRB and the AMSN organization (See Appendix H and I). The only identified risks to the participants was survey fatigue. All information remained anonymous so there was no risk of personal information being released.

Instrument Reliability and Validity

The survey was adapted from the forces of Magnetism listed by the ANCC (2015). The reliability of the instrument ranges from 0.83 to 0.97 (Schmalenberg & Kramer, 2008). Those forces were formatted into questions that allowed for yes and no answers. Other questions added were demographic questions and other potential job satisfaction factors.

Findings and Results

Description of Sample

The final sample size was 38 participants. This is significantly less than desired as 11,000 emails were sent and there was hope that at least 1500 would participate. However, there was only a short window available due to time constraints so it is possible that more would

participate if the time was extended and reminder emails or other incentives were available to entice participation.

The sample had specific demographic breakdown. The majority (52.63%) of the participants reported working at both Magnet and non-Magnet facilities in the career and were female (94.74%). The most common age range was older than 50 years old (57.89%) and the most common years of experience was greater than 20 years in nursing (52.63%).

Objective 1

The first objective was to have a large number of participants to complete the survey. The hope was to have 1000 or more. This objective was not met as only 38 nurses participated. This speaks to the low success rates of surveys in general. This may have been met had there been more time for survey collection and incentives for survey completion available to participants.

Objective 2

The second objective was to be able to include a large number of the surveys into the data results. Despite the small participation size, this goal was met. All of the surveys were filled out entirely allowing for use of 100% of the surveys. Had there been surveys that were not completely filled out, they would not be able to be used as the data would be incomplete.

Objective 3

The third objective was that the data collected would illustrate a true pattern of correlation. This goal was met. The null hypothesis is rejected as there is a definite pattern of correlation to job satisfaction and Magnet forces that appears in the data.

Results Description

The first results to consider are the descriptive findings of the survey (See Appendix J). Questions 20-31 were attributes not considered Magnet forces. When looking at the percentages of those participants that felt the Magnet forces contributed to job satisfaction, a picture emerges that all of them are considerably more important than the factors listed that are not Magnet forces. Two questions of special note are questions 10 and 16. Of all the Magnet forces, question 10 that refers to the organization's community involvement was almost split between the yes and no responses (55.26% yes and 44.74% no). This illustrates that community involvement is not something that is strongly felt as important to personal job satisfaction as it is reported to be in Magnet status. Question 16 that refers to nurses as teachers, on the other hand, was the only question, Magnet force and non-Magnet factors alike, that received 100% yes responses illustrating this to be the most important factor in job satisfaction.

The other important finding to note are the free-text responses in question 31. There was a total of eight free-text comments collected. There were only two that were similar that sited their direct supervisors as more important than higher supervisors. The comment of most significance was one participant that stated that the Magnet status attributes all significantly impact job satisfaction, but that facilities only incorporate these factors until they earn the accreditation, then they stop practicing them because there are no surprise visits and they do not need to recertify for five years.

A Chi-square goodness of fit test was the only testing that was deemed appropriate to run on the nominal data collected (See Appendix J). The significance of each question was able to be illustrated with this testing. The only questions that are shown not to be significant in job

satisfaction are questions 10, 23, 24, and 29 as they are all >0.050. The Chi-square goodness of correlation of each question to job satisfaction.

Implications, Recommendations, and Limitations

The limitations of this study were the small sample size, the limiting to one field of nursing, and the limited nature of the yes or no answers. The sample size could be larger if more time was available and incentives were offered to participants. If more time was available, other organizations could have been included allowing for more diversity in the participants' field of expertise. The survey could have been adapted in a way that allowed comments as answers instead of yes or no selections, but the study was meant to be quantitative and not qualitative. Changing the survey would change the study type.

The implications of this study are that Magnet status is a very valid and important certification and that the forces of Magnetism contribute to job satisfaction for nurses. Nurses that are happy in their job are retained longer than those that are not happy. With the nursing shortage the way it is, retention is extremely important to all facilities and Magnet status factors are a way to employ the best work environment to maintain the nurses they have.

The recommendations based on these findings are that Magnet certification boards continue to use the same factors to measure successful certification for facilities. Further, it is recommended that these boards become more vigilant and actively visit facilities to test compliance after certification is earned. If these forces are truly this important towards retention, maintaining them should be as important. To keep Magnet status valid, enforcement must be intensified or Magnet status will not be viewed as valuable as it truly is.

Conclusion

Magnet status forces are far more important to job satisfaction than other factors like compensation and benefits. Since retention is so important and job satisfaction affects retention, learning to employ these forces in a meaningful way is very important. The only downfall to Magnet status is the current lack of enforcement after the facility gains certification. If this does not change, the value of Magnet status will decline.

References

Alligood, M. & Tomey, A. (2010). *Nursing Theorists and Their Work* (7th ed). Mosby Elsevier: Maryland Heights, MI.

American Nurses Credentialing Center (2015). *Announcing a new model for ANCC's Magnet recognition program.* Retrieved from http://www.ancccert.org.

Brewer, C., Kovner, C., Greene, W., Tukov-Shuser, M., & Djukic, M. (2011). Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of Advanced Nursing, 68*(3), 521-538.

Boltz, M., Capezuti, E., Shulluk, J., Brouwer, J., Carolan, D., Conway, S., DeRosa, S., LaReau, R., Lyons, D., Nickoley, S., Smith, T., & Galvin, J. (2013). Implementation of geriatric acute care best practices: Initial results of the NICHE SITE self-evaluation. *Nursing and Health Sciences, 15*(1), 518-524.

Byrne, M. (2011). Information literacy: Implications for perioperative nurses. *AORN Journal, 93*(2), 282-286.

Chiu,H., Yang, H., & Wang, M. (2013). Strategic management in the establishment of a magnet hospital: A nursing staff perspective. *Scientific Research, 5*(8), 1-9.

Choi, J. & Staggs, V. (2014). Comparability of nurse staffing measures in examining the relationship between RN staffing and unit-acquired pressure ulcers: A unit-level descriptive, correlational study. *International Journal of Nursing Studies, 51*(1), 1344-1352.

Cullen, M. (2015). *Qualitative study designs in outcomes research.* Regis University: Power Point presentation.

Dabney, B. & Tzeng, H. (2013). Service quality and patient-centered care. *Medsurg Nursing,*

22(6), 359-364.

Drenkard, K. (2010). Going for the gold: The value of attaining Magnet recognition. *American Nurse Today, 5*(3), 50-52.

Drenkard, K. (2010). The business case for Magnet. *The Journal of Nursing Administration, 40*(6), 263-271.

Duchene, P. (2010). Magnet recognition: One hospital's journey. *Health Progress,* 29-33.

Duke University Health System (2011). *Nursing annual report.* Retrieved from www.duke.edu.

Foster, S. (2015). Is Magnet hospital status for us? *British Journal of Nursing, 24*(6), 355.

Foster, S. (2015). Why did the shape of caring review highlight Magnet status? *British Journal of Nursing, 24*(11), 615.

Frellick, M. (2011). A path to nursing excellence. *Trustee,* 15-16.

Johnson, S. & Kring, D. (2012). Nurses' perceptions of nurse-physician relationships: Medical-surgical vs. intensive care. *Medsurg Nursing, 21*(6), 343-347.

Kalisch, B. & Lee, K. (2012). Missed nursing care: Magnet versus non-Magnet hospitals. *Nursing Outlook,* e32-e39.

Kelly, L., McHugh, M., & Aiken, L. (2011). Nurse outcomes in Magnet and non-Magnet hospitals. *Journal of Nursing Administration, 41*(10), 428-433.

Kerfoot, K. (2015). Four measures that are key to retaining nurses. *Hospital and Health Networks,* 5-6.

Kramer, M., Maguire, P., & Brewer, B. (2011). Clinical nurses in Magnet hospitals confirm productive, healthy unit work environments. *Journal of Nursing Management, 19*(1), 5-17.

Lake, E., Shang, J., Klaus, S., & Dunton, N. (2010). Patient fells: Association with hospital

Magnet status and nursing unit staffing. *Research in Nursing & Health, 33* (1), 413-425.

MacKusick, C. & Minick, P. (2010). Why are nurses leaving? Findings from initial qualitative study on nursing attrition. *Medsurg Nursing, 19* (6), 335-340.

McLeod, S. (2008). Correlation. Retrieved from http://www.simplypsychology.org/correlation.html.

McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). *Magnet hospitals: Attraction and retention of professional nurses.* American Academy of Nursing Task Force on Nursing Practice in Hospitals. Kansas City, MO: American Nurses Association.

McHugh, M., Kelly, L., Smith, H., Evans, W., Vanak, J., & Aiken, L. (2013). Lower mortality in Magnet hospitals. *MedCare, 51*(5), 382-388.

Mouro, G., Tashjian, H., Bachir, R., Al-Ruzzeih, M., & Hess, R. (2013). Comparing nurses' perceptions of governance related to hospitals' journeys to excellence status in the Middle East. *Nursing Economics, 31*(4), 184-189.

Nayak, B. & Hazra, A. (2011). How to choose the right statistical test? *Indian Journal of Opthalmology, 59*(2), 85-86.

Nursing Solutions, INC (2015). *2015 National healthcare retention & RN staffing report.* Retrieved from www.nsinursingsolutions.com.

Olson-Sitki, K., Kirkbride, G., & Forbes, G. (2015). Evaluation of a nurse-driven protocol to remove urinary catheters: Nurses' perceptions. *Urologic Nursing, 35*(2), 94-99.

Petit, O. & Regnaux, J. (2013). Do Magnet-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: A systematic review protocol. *The JBI Database of Systematic Reviews and Implementation Reports, 11* (11), 1-12.

Pizzi, R. (2010). *Study: Magnet hospitals don't offer better working conditions for nurses.* Retrieved at http://www.healthcarefinancenews.com.

Renter, M., Allen, A., Thallas, A., & Foley, L. (2014). How Magnet designation affects nurse retention: An evidence-based research project. *American Nurse Today, 9*(3), 1-2.

Ritter, D. (2011). The relationship between health work environments and retention of nurses in a hospital setting. *Journal of Nursing Management, 19* (1), 27-32.

Robert, R. & Peterson, S. (2013). Critical thinking at the bedside: Providing safe passage to patients. *Medsurg Nursing, 22*(2), 85-94.

Roberts-Turner, R., Hinds, P., Nelson, J., Pryor, J., Robinson, N., & Wang, J. (2014). Effects of leadership characteristics on pediatric registered nurses' job satisfaction. *Pediatric Nursing, 40*(5), 236-256.

Rondeau, K. (2015). Social capital accumulations and employer of choice status: What is their role in reducing voluntary employee turnover? *ECIC*, 279-285.

Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspectives, 36*(3), 153-156.

Schmalenberg, C. & Kramer, M. (2008). Essentials of Magnetism II. *Nursing Research, 57*(1), 2-13.

Shafer, L. & Aziz, M. (2013). Shaping a unit's culture through effective nurse-led quality improvement. *Medsurg Nursing, 22*(4), 229-236.

Sherman, R. & Pross, E. (2015). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *The Online Journal of Nursing*, 1-10.

Spicer, J., Guo, Y., Liu, H., Hirsch, J., Zhao, H., Ma, W. & Holzemer, W. (2011).

Importance of role competencies for Chinese directors of nursing based on the forces of magnetism. *Journal of Nursing Management, 19* (1), 153-159.

Staggs, V. & Dunton, N. (2012). Hospital and unit characteristics associated with nursing turnover include staff mix but not staffing level: An observational cross-sectional study. *International Journal of Nursing Studies, 49*(1), 1138-1145.

Stimpfel, A., Rosen, J. & McHugh, M. (2014). Understanding the role of the professional practice environment on quality of care in Magnet and non-Magnet hospitals. *Journal of Nursing Administration, 44*(1), 10-16.

Summers, S. & Summers, H. (2015). Magnet status should be a floor, not a ceiling. *Advance for Nurses,* 1-4.

W.K. Kellogg Foundation (2004). *Logic model development guide*. Battle Creek, MI: page 3.

Zaccagnini, M. E. & White, K. W. (Eds.). (2014). *The Doctor of Nursing Practice Essentials: A model for advanced practice nursing.* (2nd Ed.) Sudbury, MA: Jones & Bartlett Learning.

Appendix A

Systematic Literature Table

Article/Journal	***Announcing a new model for ANCC's Magnet recognition program*. Retrieved from http://www.ancccert.org.**	**Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of Advanced Nursing, 68*(3), 521-538.**	**Implementation of geriatric acute care best practices: Initial results of the NICHE SITE self-evaluation. *Nursing and Health Sciences, 15*(1), 518-524.**	**Information literacy: Implications for perioperative nurses. *AORN Journal, 93*(2), 282-286.**	**Strategic management in the establishment of a magnet hospital: A nursing staff perspective. *Scientific Research, 5*(8), 1-9.**
Author/Year	American Nurses Credentialing Center (2015).	Brewer, C., Kovner, C., Greene, W., Tukov-Shuser, M., & Djukic, M. (2011).	Boltz, M., Capezuti, E., Shulluk, J., Brouwer, J., Carolan, D., Conway, S., DeRosa, S., LaReau, R., Lyons, D., Nickoley, S., Smith, T., & Galvin, J. (2013).	Byrne, M. (2011).	Chiu,H., Yang, H., & Wang, M. (2013).
Database/Keywords	Google/ Magnet recognition, Magnet hospitals, retention	CINAHL/hospital injury, nurses, organizational commitment, registered nurse, nursing staff turnover, working conditions	Google/ Magnet hospitals, evaluation of work environments, nursing retention	CINAHL/ Magnet, nursing retention, Magnet environments	Google/ Magnet hospital, nursing, Magnet
Research Design	Statistical analysis	Longitudinal panel	Self-evaluation	Literature review	Survey
Level of Evidence	Level IV	Level VI	Level IV	Level V	Level IV
Study Aim/Purpose	To provide evidence to restructure the Magnet model	To report factors affecting turnover/ to report on a study of factors that can affect	To report on the NICHE site self-evaluation and its compare to Magnet status	To report the relationship between Magnet status and	To look at Magnet status and its successes

		turnover in hospitals		information al literacy	
Population/Sample size Criteria/Power	30 groups of articles that yielded information on Magnet forces	1653 RNs that were licensed for the first time	180 hospitals in North America	10 articles related to the subject matter	436 questionnaires to nurses at Magnet hospitals
Methods/Study Appraisal Synthesis Methods	Information analysis	Longitudinal panel	Self-evaluation tool	Literature review	Survey
Study tool/instrument validity/reliability	Literature review	Survey	Self-evaluation tool	Literature review	Self-administered questionnaire
Primary Outcome Measures/Results	There are 5 model components that make-up the 14 forces of Magnetism	Turnover is very complex and one solution does not affect retention	The NICHE tool evaluates all the forces of Magnetism	Informational literacy is important for patient care in this new information driven age	There are gaps between nurses' and hospitals' concerns
Conclusions/Implications	This new model should be considered when moving toward Magnet status	Magnet recognition had no effect on retention	Using this tool can create the same environment as a Magnet hospital	Educators should add informational literacy as a strategic goal for obtaining Magnet status	Magnet status needs to address these gaps to remain a valid designation
Strengths/Limitations	Many articles were used/ and exact number is not quoted as they are classified as groups	The study looks at both Magnet and non-Magnet hospitals/This survey did not includes nurses at different levels of experience and work place turnover may be affected differently at different levels and this is a qualitative study	Many hospitals used/ limited to North America only whereas Magnet status is worldwide	The articles used were validated in this article/ small sample size used	Large sample used/ qualitative study not as non-biased
Funding Source	ANCC	Robert Wood Johnson Foundation	Grant UL1 TR000038 from the National	None	None

			Center for the Advancement of Translational Science and National Institutes of Health		
Comments	This is a good article to classify what forces I should be researching	This article has a conclusion that would align with a conclusion that is a possible conclusion of my own study and has a lot of the same attributes as my own study	This article shows that there are other alternatives to Magnet recognition that can still increase retention	This article is good when discussing how Magnet status is keeping up with today's technology	This article is good as it illustrates some gaps to take into account in Magnet status and these may be areas that affect retention

Article/Journal	**Comparability of nurse staffing measures in examining the relationship between RN staffing and unit-acquired pressure ulcers: A unit-level descriptive, correlational study.** ***International Journal of Nursing Studies, 51*****(1), 1344-1352.**	**Service quality and patient-centered care.** ***Medsurg Nursing, 22*****(6), 359-364.**	**Going for the gold: The value of attaining Magnet recognition.** ***American Nurse Today, 5*****(3), 50-52.**	**The business case for Magnet.** ***The Journal of Nursing Administration, 40*****(6), 263-271.**	**Magnet recognition: One hospital's journey.** ***Health Progress,*** **29-33.**
Author/Year	Choi, J. & Staggs, V. (2014).	Dabney, B. & Tzeng, H. (2013).	Drenkard, K. (2010).	Drenkard, K. (2010).	Duchene, P. (2010).
Database/Keywords	CINAHL/Acute Care Unit, nursing staff, nursing sensitive outcomes	Google/ quality service, nursing care, Magnet status	Google/ Magnet status, Magnet recognition, healthcare organizations	CINAHL/ magnet, business benefits, retention	CINAHL/ magnet recognition, magnet status, nurse retention
Research Design	Random-intercept	Literature Review	Literature and Gallup	Literature review	Literature review

	logistic regression analysis		survey review		
Level of Evidence	Level I	Level V	Level V	Level V	Level V
Study Aim/Purpose	To examine correlations between pressure ulcers and six nurse staffing measures/ To examine the relationship between RN staffing and unit-acquired pressure ulcers	To clarify the concept of patient-centered care for consistency with the common understanding of patient satisfaction	To discuss the benefits of Magnet status	To establish a business outline for Magnet status	To discuss the journey to Magnet status
Population/Sample size Criteria/Power	2397 nurses in 409 U.S. acute care hospitals	25 articles related to patient-centered care and service quality	5 articles on the subject matter along with Gallup surveys from 2002	93 articles about the subject matter	39 Magnet hospitals
Methods/Study Appraisal Synthesis Methods	Random-intercept logistic regression analysis	Literature review	Data and literature review	Literature review	Comparison
Study tool/instrument validity/reliability	National database information	Literature review	Gallup database and literature review	Literature review	Literature review
Primary Outcome Measures/Results	RN-perceived staffing adequacy was the strongest predictor of UAPU occurrences	GAP model used can identify service issues	Magnet recognition provides numerous benefits to the organization	Magnet status has shown to have a positive ROI	Pursuing Magnet status is expensive
Conclusions/Implications	Adequate staffing is important in preventing pressure ulcers	Nurses can use the model to increase service quality	Magnet status is something to strive towards	Organizations should consider obtaining Magnet status	The benefits outweigh the cost
Strengths/Limitations	This was a first person, quantitative study that included a large sample size/A cross-sectional data set was used so there cannot be an inferred	This study uses a format in practice already/This study only evaluated others' information and did not do an experiment of their own	This study uses the Gallup database which allows for a very random sample/Small sample size	This study uses a good amount of resources/ More diversity in sources should be used for this type of article	This study evaluates costs from all angles not just monetary/ small sample size was used

	relationship between nurse staffing and UAPU occurrence and no information on the patients was available to identify other risk factors for UAPU development				
Funding Source	American Nurses' association	AMSN	ANCC	None	None
Comments	Nurse staffing is a force of magnetism and so this study can help me dissect my PICO	This illustrates another model that can be effectively used in place of the Magnet model	This article outlines benefits like retention and how the forces relate to this	This article makes the case of ROI for Magnet status by evaluating many things like retention	This article does a great job of discussing all the costs of Magnet status to consider

Article/Journal	***Nursing annual report.*** **Retrieved from www.duke.edu.**	**Is Magnet hospital status for us?** ***British Journal of Nursing, 24*****(6), 355.**	**Why did the shape of caring review highlight Magnet status?** ***British Journal of Nursing, 24*****(11), 615.**	**A path to nursing excellence.** ***Trustee,*** **15-16.**	**Nurses' perceptions of nurse-physician relationships: Medical-surgical vs. intensive care.** ***Medsurg Nursing, 21*****(6), 343-347.**
Author/Year	Duke University Health System (2011).	Foster, S. (2015).	Foster, S. (2015).	Frellick, M. (2011).	Johnson, S. & Kring, D. (2012).
Database/Keywords	Google/ Duke hospital, Magnet hospitals, retention numbers	CINAHL/magnet hospital, forces of magnetism, Care Quality Commission, magnet model	CINAHL/ Magnet status, nursing retention, benefits of Magnet status	CINAHL/ Magnet costs, price of Magnet status, benefits	AMSN/ Magnet status, nurse retention, workplace environment
Research Design	Review of internal data	Survey	Personal Interview	Literature review	Survey
Level of Evidence	Level IV	Level V	Level IV	Level V	Level IV

Study Aim/Purpose	To detail Duke's progress with the forces of Magnetism	To describe results of a survey/ To describe survey results that illustrate effectiveness of Magnet status on retention	To describe how Leapfrog (patient safety survey) relates to Magnet status	To compare costs of Magnet status with benefits	To identify differences in nurses' perceptions of collaboration between nurses and physicians
Population/Sample size Criteria/Power	1 health system that includes 3 major hospitals, a university, and many outlying clinics	A specific study	1 interview with a chief nursing officer	13 articles relating to the costs and benefits of Magnet status	170 nurses in a med-surg and ICU units
Methods/Study Appraisal Synthesis Methods	Internal study	Study review/evaluation	Interview	Literature review	Survey
Study tool/instrument validity/reliability	Internal database	NHS staff survey	Interview	Literature review	Descriptive survey
Primary Outcome Measures/Results	Duke has obtained Magnet status	The Magnet model is valid in retention	Leapfrog is the only group that tracks Magnet hospital safety ratings	Benefits outweigh the costs provided real change is made	Overall nurses seem satisfied with communication with physicians
Conclusions/Implications	Transformational leadership and many other factors go into obtaining this status	Magnet status can increase retention	The Magnet model continues to show benefits to patients	Changes for Magnet status are often unsustained after designation	Collaboration between disciplines is key to patient care
Strengths/Limitations	The study uses data obtained from a Magnet hospital/ the sample size is small and could be biased	The study reviewed had a larger sample size/This is a review of only one study and is a qualitative study model	The person interviewed had vast knowledge of the topic/ very small sample size	The article looked at retention and Magnet status effectiveness after designation and not just when obtaining it/ small sample size	The article used a good amount of nurses/ the nurses came from only a limited number of areas
Funding Source	DUHS	none	none	none	none

Comments	This study illustrates step by step what things were changed to reach Magnet status and its effects on retention and other factors	This article has a conclusion that would align with a conclusion that is a possible conclusion of my own study and has a lot of the same attributes as my own study	This article illustrates how patient safety is improved in Magnet hospitals and patient safety is a factor in retention	This article brings up a good point, after designation, does the hospital keep with the practices and retain nurses	Collaboration and communicatio n are key in retention and this illustrates collaboration level at a non-Magnet hospital

Article/Journal	**Missed nursing care: Magnet versus non-Magnet hospitals.** ***Nursing Outlook,*** **e32-e39.**	**Nurse outcomes in Magnet and non-Magnet hospitals.** ***Journal of Nursing Administration, 41*****(10), 428-433.**	**Four measures that are key to retaining nurses.** ***Hospital and Health Networks,*** **5-6.**	**Clinical nurses in Magnet hospitals confirm productive, healthy unit work environments.** ***Journal of Nursing Management, 19*****(1), 5-17.**	**Patient fells: Association with hospital Magnet status and nursing unit staffing.** ***Research in Nursing & Health, 33*** **(1), 413-425.**
Author/Year	Kalisch, B. & Lee, K. (2012).	Kelly, L., McHugh, M., & Aiken, L. (2011).	Kerfoot, K. (2015).	Kramer, M., Maguire, P., & Brewer, B. (2011).	Lake, E., Shang, J., Klaus, S., & Dunton, N. (2010).
Database/Keywords	CINAHL/ Magnet versus non-Magnet hospitals, nurse retention, nursing care	Google/ nurse outcomes, patient outcomes, Magnet and non-Magnet hospitals	Google/ nurse retention, Magnet hospitals, retention	CINAHL/essentia l work processes, relationships, gap analysis, healthy work environment, magnet hospitals, patient care units	CINAHL/patien t safety, staffing, hospitals, magnet hospitals, nursing units, patient falls
Research Design	Cross-sectional, descriptive study	Mailed Survey	Literature Review	Descriptive study using survey responses	Cross-sectional study
Level of Evidence	Level IV	Level IV	Level V	Level IV	Level I
Study Aim/Purpose	Discover if missed nursing care differs	Discover if work environments, staffing, and nurse outcomes differ between	Discuss proactive measures in retaining nurses	To describe how experienced nurses, view their working environment/ To	Establish any correlation between Magnet status and patient

	between Magnet and non-Magnet hospitals	Magnet and non-Magnet hospitals		describe how nurses at Magnet hospitals confirm healthy work environments	falls/ To examine the relationship between patient falls and hospital Magnet status
Population/Sample size Criteria/Power	124 units in 11 hospitals in Midwest and Western states	26,276 nurses from 4 states in 567 acute care hospitals	23 articles related to ways to retain nurses	12,233 nurses from 717 units in 34 Magnet hospitals	5388 units in 108 Magnet and 528 non-Magnet hospitals
Methods/Study Appraisal Synthesis Methods	Descriptive study	Survey	Literature review	Based on the Essentials of Magnetism II-unit level scores, units were grouped by level of healthy work environments	Cross-sectional study
Study tool/instrument validity/reliability	Data review	Survey	Literature review	Survey	National Database of Nursing Quality Indicators
Primary Outcome Measures/Results	There were more missed nursing care items in non-Magnet hospitals	Magnet hospitals had significantly better work environments reported	Turnover is a very high cost	Magnet hospitals were remarkably skewed toward excellence	The fall rate was 5% lower in Magnet hospitals
Conclusions/Implications	Magnet status operations should be promoted	Magnet status can reduce turnover	Approaches to retain nurses need to be implemented	Magnet status positively effects work environment health	Magnet status can affect patient care
Strengths/Limitations	The sample pool is very diversified / the sample size was not as large as it could be given the variation	A very large sample size was used/Qualitative research is not as accurate as quantitative research	This article lists many useful approaches to the issue of turnover/ small sample size was used	This survey was completed by a large sample and population group/ This is a qualitative study that did not include non-Magnet hospitals to validate the differences between the two scores	This was a first person, quantitative study that included a large sample size/limited by the cross-sectional design and limited patient characteristics that could affect fall rates

	in sample pool				
Funding Source	Blue Cross Blue Shield Foundation of Michigan	Margretta M. Styles Scholar/American Nurse Foundation, the National Institute for Nursing Research, National Institutes of Health, and the Agency for Healthcare Research and Quality	none	None acknowledged—volunteer participation	None listed
Comments	This illustrates the differences in care between hospital types	This illustrates how staff perceive their environments which is a good indicator of possible turnover	This illustrates things believed to retain nurses and can be compared to Magnetism forces	This is a good article to evaluate a specific force of magnetism	Patient care is identified as a major affecter on retention

Article/Journal	**Why are nurses leaving? Findings from initial qualitative study on nursing attrition. *Medsurg Nursing, 19* (6), 335-340.**	***Magnet hospitals: Attraction and retention of professional nurses.* American Academy of Nursing Task Force on Nursing Practice in Hospitals. Kansas City, MO: American Nurses Association.**	**Lower mortality in Magnet hospitals. *MedCare, 51*(5), 382-388.**	**Comparing nurses'' perceptions of governance related to hospitals' journeys to excellence status in the Middle East. *Nursing Economics, 31*(4), 184-189.**	***2015 National healthcare retention & RN staffing report.* Retrieved from www.nsinursingsolutions.com.**
Author/Year	MacKusick, C. &	McClure, M., Poulin, M., Sovie,	McHugh, M., Kelly, L., Smith,	Mouro, G., Tashjian, H., Bachir, R.,	Nursing Solutions, INC (2015).

	Minick, P. (2010).	M., & Wandelt, M. (1983).	H., Evans, W., Vanak, J., & Aiken, L. (2013).	Al-Ruzzeih, M., & Hess, R. (2013).	
Database/Keywords	CINAHL/ retention, nurse retention, job satisfactio n, magnet	Google/ Original magnet study, forces of magnetism, nurse attraction and retention	Google/ mortality rates, magnet hospitals, patient care, retention	CINAHL/ shared governance, magnet status, nurse retention, nurse governance	Google/ retention and staffing, magnet hospitals, nurse retention
Research Design	Interview surveys	Group interviews and data analysis	Logistic regression model	Cross-sectional, descriptive design	Survey
Level of Evidence	Level II	Level II	Level II	Level II	Level IV
Study Aim/Purpose	To identify the factors influencin g RNs decision to leave a job	To establish what retains nurses	To determine if Magnet hospitals have a lower risk-adjusted mortality and failure-to-rescue rate compared to non-Magnet hospitals	To determine nurses' perceptions related to retention in the journey to Magnet status	To discuss retention strategies
Population/Sample size Criteria/Power	187 new RNs	46 hospitals across the nation from an original 165 hospital sample	56 Magnet hospitals and 508 non-Magnet hospitals	36 articles related to the subject	141 facilities across America
Methods/Study Appraisal Synthesis Methods	Interview	Interviews and data analysis	Data analysis	Literature review	Survey
Study tool/instrument validity/reliability	Survey questions	Interview survey	Literature review	Literature review	Survey
Primary Outcome Measures/Results	Most that left felt lack of support in the	There are 14 forces identified	Magnet hospitals had better mortality and	All domains of governance are higher in hospitals	A list of strategies for retention is presented with the listed effectiveness and usages

	workplace on many levels		failure-to-rescue rates than non-Magnet hospitals	attempting to obtain Magnet status	
Conclusions/Implications	Support in every aspect should be expressed to retain nurses	These forces of Magnetism should be used to evaluate which institutions can retain and recruit nurses easily	Magnet hospitals have higher quality of care	Magnet status influences nurses' perceptions of governance and empowerment	Magnet status is listed as the top retention strategy at 89.4% effectiveness and only 34% usage
Strengths/Limitations	Survey interviews are a good way to research qualitative results/ the sample size was small and restricted to new RNs	The sample was very diverse and large/ the hospitals chosen came from nominations and not personal research	A large sample size was used/ the sample included many more non-Magnet hospitals that could skew the results	This article looked at hospitals that have not met Magnet status yet but are working toward it/ sample size is small	Large sample size and random selection/ surveys are qualitative and not quantitative
Funding Source	None	The Governing Council of the American Academy of Nursing	Robert Wood Johnson Foundation Nurse Faculty Scholars Program	None	The Retention Institute at NSI Solutions
Comments	This is a good article for my research because it evaluates a little examined group for retention as new RNs are not always evaluated	This is the study that started it all making it very important to review despite its age	This study evaluates some of the things that affect retention rates	This article is good because it shows that just in making changes towards Magnet status retention factors are influenced	This study leaves a list of strategies that help evaluate each force of Magnetism and its effectiveness

	specifically				

Article/Journal	**Evaluation of a nurse-driven protocol to remove urinary catheters: Nurses' perceptions.** ***Urologic Nursing,*** ***35*****(2), 94-99.**	**Do Magnet-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: A systematic review protocol.** ***The JBI Database of Systematic Reviews and Implementation Reports,*** ***11*** **(11),1-12.**	***Study: Magnet hospitals don't offer better working conditions for nurses.*** **Retrieved at http://www.healthcarefinancenews.com.**	**How Magnet designation affects nurse retention: An evidence-based research project.** ***American Nurse Today,*** ***9*****(3), 1-2.**	**The relationship between health work environments and retention of nurses in a hospital setting.** ***Journal of Nursing Management, 19*** **(1), 27-32.**
Author/Year	Olson-Sitki, K., Kirkbride, G., & Forbes, G. (2015).	Petit, O. & Regnaux, J. (2013).	Pizzi, R. (2010).	Renter, M., Allen, A., Thallas, A., & Foley, L. (2014).	Ritter, D. (2011).
Database/Keywords	CINAHL/ nurse protocol, autonomy, nurse retention, magnet status	Google/ nurse outcomes, patient outcomes, Magnet status, retention	Google/ Magnet hospitals, working conditions, retention, nurse retention, job satisfaction	Google/ Magnet designation, retention, nurse retention	CINAHL/ healthy work environments, job satisfaction, nurse retention, Magnet hospitals
Research Design	Survey	Literature review	Literature review	Literature review	Literature review
Level of Evidence	Level IV	Level I	Level V	Level V	Level V
Study Aim/Purpose	To evaluate nurses' perceptio	To evaluate Magnet versus non-Magnet	To evaluate working conditions in Magnet hospitals compared to non-Magnet hospitals	To evaluate how Magnet	To determine the effect of a

	ns of nurse-driven protocols	hospitals on patient and nurse outcomes		status affects retention	healthy work environment on retention
Population/Sample size Criteria/Power	A 500 bed hospital	45 articles related to the subject	15 articles related to the subject	83 articles related to the subject	29 articles related to the subject
Methods/Study Appraisal Synthesis Methods	Survey	Literature review	Literature review	Literature review	Literature review
Study tool/instrument validity/reliability	Survey	Literature review of multiple RCT and CCT studies	Literature review	Literature review	Literature review
Primary Outcome Measures/Results	Nurses' perceptions of job ease and patient feedback improved with use of nurse-driven protocol	Magnet hospitals have less turnover and better outcomes	Magnet hospitals do not have improved working conditions	Magnet status correlates with a positive work environment	Magnet status improves work environment
Conclusions/Implications	Nurse driven protocols can benefit patient care	Magnet status improves patient and nurse outcomes	Magnet status improves the role of the nurse but not actual working conditions like ratios	Magnet status affects retention	Healthy work environments promote retention
Strengths/Limitations	A large hospital was used/ only 1 hospital was used	This study uses multiple CCT and RCT studies/ no experiment is completed of their own	This study looks at other retention factors that are not evaluated by Magnet status/ small sample size	Large article base/ no actual study done	Reviews articles related to subject that have completed extensive studies/ small sample size
Funding Source	None	None	None	none	none
Comments	Nurse driven protocols are part of shared governance in	This study looks at a large number of valid studies related to my subject of retention	This study is important because it highlights some weaknesses in Magnet status that affect retention	This article addresses my exact question	Healthy work environments affect retention

	Magnetism				

Article/Journal	**Critical thinking at the bedside: Providing safe passage to patients. *Medsurg Nursing, 22*(2), 85-94.**	**Effects of leadership characteristics on pediatric registered nurses' job satisfaction. *Pediatric Nursing, 40*(5), 236-256.**	**Social capital accumulations and employer of choice status: What is their role in reducing voluntary employee turnover? *ECIC*, 279-285.**	**Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspectives, 36*(3), 153-156.**	**Shaping a unit's culture through effective nurse-led quality improvement. *Medsurg Nursing, 22*(4), 229-236.**
Author/Year	Robert, R. & Peterson, S. (2013).	Roberts-Turner, R., Hinds, P., Nelson, J., Pryor, J., Robinson, N., & Wang, J. (2014).	Rondeau, K. (2015).	Sarver, W., Cichra, N., & Kline, M. (2015).	Shafer, L. & Aziz, M. (2013).
Database/Keywords	AMSN/ educated nurses, patient care, Magnet status, critical care	CINAHL/ leadership and retention, Magnet status and leadership styles, retention	CINAHL/ reducing turnover, retention, Magnet status	CINAHL/ Barriers to retention, Magnet status, benefits, motivations	AMSN/ work culture, Magnet status, retention, quality care
Research Design	Literature review	Literature review	Mailed questionnaire	Cross-sectional survey	Literature review
Level of Evidence	Level V	Level V	Level IV	Level IV	Level V
Study Aim/Purpose	To provide analysis of critical thinking and its importance	To describe the relationship between leadership and job satisfaction	Magnet status lowers turnover—evaluate this hypothesis	To identify perceived benefits, motivators, and barriers for nurses to return to obtain a BSN	To evaluate changes in a work culture related to nurse-led improvement
Population/Sample size Criteria/Power	103 articles related to the subject matter	65 articles and a single site analysis	232 hospitals and 473 nursing homes over 10 provinces	1,348 nurses at Magnet facilities	13 articles related to the subject

Methods/Study Appraisal Synthesis Methods	Literature review	Single site secondary analysis	Questionnaire	Survey	Literature review
Study tool/instrument validity/reliability	Literature review	Literature review	Questionnaire	Survey	Literature review
Primary Outcome Measures/Results	Critical thinking is crucial to safe patient care	Transformational leadership is the most effective in creating job satisfaction	There was a higher turnover rate in Magnet hospitals than in the nursing homes surveyed	Perceived benefits were expanded knowledge and job opportunities. Motivators were tuition assistance and program length.	Daily improvement became expected
Conclusions/Implications	Critical thinking directly affects patient care	Transformational leadership is important to be able to adapt to changes and promote job satisfaction	Nursing home environments may have less turnover despite not having Magnet designation	Barriers preventing return to school should be dealt with; time commitment and expenses for school and books.	Work culture can be changed through nurse-led quality improvement
Strengths/Limitations	Large number of articles reviewed/ no actual study done	Large sample size/ the secondary analysis may not reflect the most current relationships	The study uses a large random sample/The data used is subjective data from nurse managers	Large sample size/ qualitative study	The study was done over an extended time period/ small sample size
Funding Source	none	None	None	None	None
Comments	Critical thinking is promoted through continued education as required in Magnetism theory	Transformational leadership is a force of Magnetism to evaluate	This study provides another dynamic by evaluating turnover in hospital versus nursing home settings	This study looks at barriers that may prevent attainment of the goal of having 80% of the staff having a BSN	This study shows how work culture change can improve care quality—work culture is addressed in Magnet status

Article/Journal	**Growing future nurse leaders to build and sustain healthy work environments at the unit level. *The***	**Importance of role competencies for Chinese directors of nursing based on the forces of magnetism. *Journal of***	**Hospital and unit characteristics associated with nursing turnover include staff mix but not staffing level:**	**Understanding the role of the professional practice environment on quality of care in Magnet and non-Magnet**	**Magnet status should be a floor, not a ceiling. *Advance for Nurses,* 1-4.**

	***Online Journal of Nursing*, 1-10.**	***Nursing Management, 19* (1), 153-159.**	**An observational cross-sectional study. *International Journal of Nursing Studies, 49*(1), 1138-1145.**	**hospitals. *Journal of Nursing Administration*, *44*(1), 10-16.**	
Author/Year	Sherman, R. & Pross, E. (2015).	Spicer, J., Guo, Y., Liu, H., Hirsch, J., Zhao, H., Ma, W. & Holzemer, W. (2011).	Staggs, V. & Dunton, N. (2012).	Stimpfel, A., Rosen, J. & McHugh, M. (2014).	Summers, S. & Summers, H. (2015).
Database/Keywords	Google/ healthy work environments, Magnet status, retention	CINAHL/ competence, Magnet status, retention	CINAHL/ nursing turnover, retention, staff mix, Magnet	Google/ professional environment, magnet versus non-magnet, retention	Google/ Magnet status, retention, effectiveness
Research Design	Literature review	Survey	Direct data collection	Secondary analysis of survey data	Literature review
Level of Evidence	Level V	Level IV	Level II	Level IV	Level V
Study Aim/Purpose	To review the literature on the effects of a positive work environment	To survey directors of nursing and chief operating officers on the importance of role competencies based on the forces of Magnetism	To explore associations between nursing unit turnover rates and several hospital and unit level variables	To explore the relationship Magnet status and nurse-reported quality of care	To explore Magnet status gaps and hospital actions after earning designation
Population/Sample size Criteria/Power	56 articles on the subject	300 nurses in the required job positions	1884 nursing units in 306 hospitals	551 hospitals	414 Magnet hospitals
Methods/Study Appraisal Synthesis Methods	Literature review	Survey	Data collection	Data review	Literature review
Study tool/instrument validity/reliability	Literature reviews	Survey	Data collection	Survey data	Literature review
Primary Outcome Measures/Results	Healthy work environments affect leaders' abilities	DONs had less education but more years of experience in their roles and they placed more	Government ownership, Magnet designation, and higher skill mix were	Nurses in Magnet hospitals reported higher quality of care	Magnet hospitals often do not continue actions required to obtain

		importance on transformational leadership	associated with lower turnover.		designation and there are things Magnet status does not evaluate that they should
Conclusions/Implications	Healthy work environments are important in the development of good leaders	The DONs and COOs rated the role competencies based on the Forces of Magnetism to be important for DONs to be effective	Several unit and hospital characteristics can affect turnover	Magnet status can increase quality of care	Magnet status should be considered a minimum requirement list and not a ceiling of achievement
Strengths/Limitations	Study evaluates leadership and work environments which is not looked at extensively/ small sample size	Large sample/ qualitative information is less accurate	Large sample size was used/ subjective data was collected, not all quantitative	Direct data collection was performed/ subjective data was used	Large sample size/ no actual experiment was completed
Funding Source	None	Mrs. Nellie Mitchell, RN, BSN, a friend of nursing	American Nurses Association	National Institute of Nursing Research training grant and the Robert Wood Johnson Foundation Nurse Faculty Scholars Program	None
Comments	Leadership has a large impact on retention	This article illustrates how leadership views their role in Magnet status	This article brings up the point that governmental ownership can affect retention	This article explores quality of care which impacts retention	This article illustrates the things Magnet status does not address that affect retention

Appendix B

Logic Model

Resources/Inputs	**Activities**	**Outputs**	**Outcomes**	**Impacts**
In order to accomplish my project, I will need the following resources and inputs: **1) AMSN to allow dispersal of my survey to a larger group of nurses** **2) Nurses to participate in the email survey** **3) Time to compile the data from the survey**	In order to complete my project, the following activities will need to be completed: 1) Survey will need to be created to identify the information needed 2) I will need to get approval for AMSN to disperse my survey 3) I will need nurses to participate in my survey 4) I will need to collect my results and compile them	After these activities I will have the following information: 1) How many nurses completing the survey have worked in both Magnet and non-Magnet hospitals 2) What are the reasons nurses choose a job and stay at that job 3) Are the forces of Magnetism really the reasons they are expressing 4) How many, if any, of the Forces are relevant to nurse retention	Expected outcomes from this information: Short-Term outcomes: 1) Evaluation of Magnet status and its true link to retention 2) Evaluation of retention factors Long-Term Outcomes: 1) Nurse Retention will be better understood 2) Magnet status will either be better validated or may be revised based on findings to stay current with trends	Future Impact on Nursing: 1) It will help leadership better understand retention needs and retain nurses

Appendix C

SWOT Model

Appendix D

Measurement Tool

Survey Adapted from the forces of Magnetism (ANCC, 2015)
Magnet Forces and Job Satisfaction

1) As far as Magnet Status recognition, what types of facilities have you worked in?
   A) Both
   B) Magnet Only
   C) Non-Magnet Only

2) What is your age range?
   A) 18-25
   B) 25-30
   C) 35-40
   D) 40-50
   E) >50

3) What is your sex?
   A) Male
   B) Female

4) How many years have you been a nurse?
   A) <1
   B) 1-5
   C) 5-10
   D) 10-15
   E) 15-20
   F) >20

For the following questions, please answer "yes" or "no" as to whether or not the following attributes of a work place are things that increase your satisfaction with your job and desire to stay employed at that work place;

5) Quality of Nursing leadership (transformational leaders that are supportive of their staff)

Yes
No

6) Management Style (diplomatic leaders that care about your ideas)

Yes
No

7) Organizational Structure (innovative environments with strong leadership)

Yes
No

8) Personnel policies and programs (Nursing influence in creation)

Yes
No

9) Community and the healthcare organization (strong community involvements and programs)

Yes
No

10) Image of nursing (empowerment of nurses)

Yes
No

11) Professional Development (supportive of continued education and professional development)

Yes
No

12) Professional models of care (application of new knowledge in practice and strong professional practice)

Yes
No

13) Consultation and resources (availability of resources to do your job and develop professionally)

Yes
No

14) Autonomy (the ability for nurses to be autonomous within their full scope of practice)

Yes
No

15) Nurses as teachers (nurses able to share their knowledge and receive knowledge from other experienced nurses)

Yes
No

16) Interdisciplinary relationships (strong, communicative relationships with other disciplines)

Yes
No

17) Quality improvement (patient safety and care as a priority and non-punitive)

Yes
No

18) Quality of care (good patient outcomes)
Yes
No

19) Pay Rates (market competitive pay rates)
Yes
No

20) Paid Time Off (large amounts of paid vacation/holiday/sick leave)
Yes
No

21) Benefits packages (great insurances and benefits offered)
Yes
No

22) Advancement opportunities (ability to move up the corporate ladder)
Yes
No

23) Prestigious (working for a company that is thought to be “top-notch”)
Yes
No

24) Retirement benefits (availability and employer matching)
Yes
No

25) Communication amongst co-workers (good relationships)
Yes
No

26) Ability to participate (ability to go to meetings and make decisions)
Yes
No

27) Experienced team members (working with nurses that have a lot of work experience)
Yes
No

28) Educated team members (working with higher educated nurses, but not necessarily experienced yet)
Yes
No

29) Other attributes not listed here
Yes
No
30) Please comment on this other attribute:

31) Comment box

Appendix E

Timeline Key:

1) 12/31/16: Completion of Survey Question Research

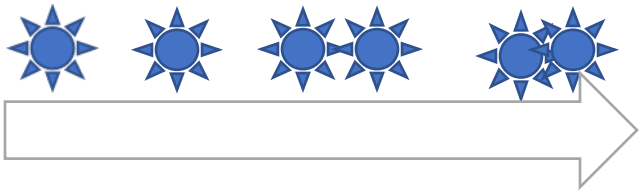
2) 1/31/17: Completion of Survey

3) 3/16/17: Distribution of Survey

4) 3/26/17: Collection and analysis of Survey Results

5) 4/2/17: Completion of Information Synthesis

6) 4/5/17: Completion of final project paper



1 2 3 4 56

Appendix F

Budget

The only cost was $300 for the Survey Monkey membership. The researcher paid this cost from her personal funds. The only other costs incurred was time invested in the project.

Appendix G

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Emerld Bilbrew (ID: 5396423)
- **Email:** ebilbrew@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** DNP Leadership students
- **Phone:** 706-566-1031

- **Report ID:** 18717635
- **Completion Date:** 02/14/2016
- **Expiration Date:** 02/13/2019
- **Minimum Passing:** 80
- **Reported Score*:** 89

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Belmont Report and CITI Course Introduction (ID: 1127)	02/14/16
History and Ethical Principles - SBE (ID: 490)	02/14/16
The Federal Regulations - SBE (ID: 502)	02/14/16
Assessing Risk - SBE (ID: 503)	02/14/16
Informed Consent - SBE (ID: 504)	02/14/16
Privacy and Confidentiality - SBE (ID: 505)	02/14/16
Regis University (ID: 1164)	02/14/16
	/ /

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing ins identified above or have been a paid Independent Learner.

CITI Program
Email citisupport@miami.edu
Phone: 305-243-7970
Web https://www.citiprogram.org

- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Stage:** Stage 1 - Basic Course

- **Report ID:** 18717637
- **Completion Date:** 02/14/2016
- **Expiration Date:** 02/13/2019
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Role and Responsibilities of an IRB Chair (ID: 15386)	02/14/16
IRB Chair Meeting Responsibilities (ID: 15387)	02/14/16
The IRB Chair's Role Outside of the IRB Meeting (ID: 15388)	02/14/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing ins identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
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- **Name:** Emerld Bilbrew (ID: 5396423)
- **Email:** ebilbrew@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** DNP Leadership students
- **Phone:** 706-566-1031

- **Curriculum Group:** IRB Chair
- **Course Learner Group:** Same as Curriculum Group

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Emerld Bilbrew (ID: 5396423)
- **Email:** ebilbrew@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** DNP Leadership students
- **Phone:** 706-566-1031

- **Stage:** Stage 1 - Basic Course

- **Report ID:** 18717636
- **Completion Date:** 02/14/2016
- **Expiration Date:** 02/13/2019
- **Minimum Passing:** 80
- **Reported Score*:** 89

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Authorship (RCR-Refresher) (ID: 15661)	02/14/16
Collaborative Research (RCR-Refresher) (ID: 15662)	02/14/16
Conflicts of Interest (RCR-Refresher) (ID: 15663)	02/14/16
Data Management (RCR-Refresher) (ID: 15664)	02/14/16
Peer Review (RCR-Refresher) (ID: 15665)	02/14/16
Research Misconduct (RCR-Refresher) (ID: 15666)	02/14/16
Mentoring (RCR-Refresher) (ID: 15667)	02/14/16
Research Involving Human Subjects (RCR-Refresher) (ID: 15668)	02/14/16
Using Animal Subjects in Research (RCR-Refresher) (ID: 15669)	02/14/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing ins identified above or have been a paid Independent Learner.

CITI Program
Email citisupport@miami.edu
Phone: 305-243-7970
Web https://www.citiprogram.o
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- **Curriculum Group:** IRB Chair
- **Course Learner Group:** Same as Curriculum Group

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Emerld Bilbrew (ID: 5396423)
- **Email:** ebilbrew@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** DNP Leadership students
- **Phone:** 706-566-1031

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Emerld Bilbrew (ID: 5396423)
- **Email:** ebilbrew@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** DNP Leadership students
- **Phone:** 706-566-1031

- **Curriculum Group:** Human Research

- **Report ID:** 18717635
- **Report Date:** 02/14/2016
- **Current Score**:** 89

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT
History and Ethical Principles - SBE (ID: 490)	02/14/16
Belmont Report and CITI Course Introduction (ID: 1127)	02/14/16
The Federal Regulations - SBE (ID: 502)	02/14/16
Assessing Risk - SBE (ID: 503)	02/14/16
Informed Consent - SBE (ID: 504)	02/14/16
Privacy and Confidentiality - SBE (ID: 505)	02/14/16
Regis University (ID: 1164)	02/14/16

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing ins identified above or have been a paid Independent Learner.

CITI Program
Email citisupport@miami.edu
Phone: 305-243-7970
Web https://www.citiprogram.or
r

- **Course Learner Group:** Social Behavioral Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course

Appendix H

REGIS UNIVERSITY

REGIS.EDU

Institutional Review Board

DATE:	February 6, 2017
TO:	Emerald Bilbrew, RN, BSN,MSN
FROM:	Regis University Human Subjects IRB
PROJECT TITLE:	[958376-1] Do nurses credit Magnet status forces as a reason for increased job satisfaction?
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
EFFECTIVE DATE:	February 6, 2017
EXPIRATION DATE:	February 5, 2018
REVIEW TYPE:	Exempt Review

Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Please include permission from AMSN - and identify what organization this is.

This submission has received Exempt Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to the Institutional Review Board. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to the Institutional Review Board.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for

continuing review must be received with sufficient time for review and continued approval before the expiration date of.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the Institutional Review Board at irb@regis.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

Appendix I

"Michelle Lescure" <michelle.lescure@amsn.org>

To:

"emerald body" <emerald_body@yahoo.com>

Full Headers Printable View

Hello Emerald!

Wonderful news, I have heard back from the Research Coordinator and your research survey has been approved to send out to our membership. In order to send your link to our members I will need a cover sheet which includes the following information:

- an introduction at the top of the survey describing the purpose of the research
- that IRB approval has been obtained
- who to contact w/ questions
- if the researcher is willing to share the results w/ individuals who complete the survey
- and risks/benefits

This does not need to be of any particular length, some are as simple as a paragraph with this information. As soon as I have this I can get it sent out to our members in no time!

Thank You!

Michelle L. Lescure
Association Services Coordinator
Academy of Medical-Surgical Nurses (AMSN)
East Holly Avenue, Box 56, Pitman, NJ 08071-0056
P: 856-256-2424 F: 856-589-7463
michelle.lescure@amsn.org
www.amsn.org

Re: Form submission from: Getting Your Survey Out There!

Wednesday, March 15, 2017 12:11 PM

Mark as Unread

From:

"Michelle Lescure" <michelle.lescure@amsn.org>

To:

"emerald body" <emerald_body@yahoo.com>

Full Headers Printable View

Hi Emerald,

Your study has been distributed to our members on the AMSN Hub and I will have the link posted to the research section of the website shortly. Let me know if you have any questions!

Thank You!

Michelle L. Lescure
Association Services Coordinator
Academy of Medical-Surgical Nurses (AMSN)
East Holly Avenue, Box 56, Pitman, NJ 08071-0056
P: 856-256-2424 F: 856-589-7463
michelle.lescure@amsn.org
www.amsn.org

Appendix J

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Q6	38	17.0263	.16222	17.00	18.00
Q7	38	17.0263	.16222	17.00	18.00
Q8	38	17.0789	.27328	17.00	18.00
Q9	38	17.0526	.22629	17.00	18.00
Q10	38	17.4474	.50390	17.00	18.00
Q11	38	17.1053	.31101	17.00	18.00
Q12	38	17.0263	.16222	17.00	18.00
Q13	38	17.0263	.16222	17.00	18.00
Q14	38	17.0263	.16222	17.00	18.00
Q15	38	17.0263	.16222	17.00	18.00
Q16	38	17.0000	.00000	17.00	17.00
Q17	38	17.0263	.16222	17.00	18.00
Q18	38	17.0789	.27328	17.00	18.00
Q19	38	17.0263	.16222	17.00	18.00
Q20	38	17.1316	.34257	17.00	18.00
Q21	38	17.2632	.44626	17.00	18.00
Q22	38	17.1579	.36954	17.00	18.00
Q23	38	17.3421	.48078	17.00	18.00
Q24	38	17.3684	.48885	17.00	18.00
Q25	38	17.1579	.36954	17.00	18.00
Q26	38	17.0526	.22629	17.00	18.00
Q27	38	17.1053	.31101	17.00	18.00
Q28	38	17.1579	.36954	17.00	18.00
Q29	38	17.3684	.48885	17.00	18.00
Q30	38	17.7368	.44626	17.00	18.00
Q31	38	17.7368	.44626	17.00	18.00

Chi-Square Test

Frequencies

Q6

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q7

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q8

	Observed N	Expected N	Residual
17.00	35	19.0	16.0
18.00	3	19.0	-16.0
Total	38		

Q9

	Observed N	Expected N	Residual
17.00	36	19.0	17.0
18.00	2	19.0	-17.0
Total	38		

Q10

	Observed N	Expected N	Residual
17.00	21	19.0	2.0
18.00	17	19.0	-2.0
Total	38		

Q11

	Observed N	Expected N	Residual
17.00	34	19.0	15.0
18.00	4	19.0	-15.0
Total	38		

Q12

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q13

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q14

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q15

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q16

	Observed N	Expected N	Residual
17.00	38	38.0	.0
Total	38[a]		

a. This variable is constant. Chi-Square Test cannot be performed.

Q17

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q18

	Observed N	Expected N	Residual
17.00	35	19.0	16.0
18.00	3	19.0	-16.0
Total	38		

Q19

	Observed N	Expected N	Residual
17.00	37	19.0	18.0
18.00	1	19.0	-18.0
Total	38		

Q20

	Observed N	Expected N	Residual
17.00	33	19.0	14.0
18.00	5	19.0	-14.0
Total	38		

Q21

	Observed N	Expected N	Residual
17.00	28	19.0	9.0
18.00	10	19.0	-9.0
Total	38		

Q22

	Observed N	Expected N	Residual
17.00	32	19.0	13.0
18.00	6	19.0	-13.0
Total	38		

Q23

	Observed N	Expected N	Residual
17.00	25	19.0	6.0
18.00	13	19.0	-6.0
Total	38		

Q24

	Observed N	Expected N	Residual
17.00	24	19.0	5.0
18.00	14	19.0	-5.0
Total	38		

Q25

	Observed N	Expected N	Residual
17.00	32	19.0	13.0
18.00	6	19.0	-13.0
Total	38		

Q26

	Observed N	Expected N	Residual
17.00	36	19.0	17.0
18.00	2	19.0	-17.0
Total	38		

Q27

	Observed N	Expected N	Residual
17.00	34	19.0	15.0
18.00	4	19.0	-15.0
Total	38		

Q28

	Observed N	Expected N	Residual
17.00	32	19.0	13.0
18.00	6	19.0	-13.0
Total	38		

Q29

	Observed N	Expected N	Residual
17.00	24	19.0	5.0
18.00	14	19.0	-5.0
Total	38		

Q30

	Observed N	Expected N	Residual
17.00	10	19.0	-9.0
18.00	28	19.0	9.0
Total	38		

Q31

	Observed N	Expected N	Residual
17.00	10	19.0	-9.0
18.00	28	19.0	9.0
Total	38		

Test Statistics

	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Chi-Square	34.105[a]	34.105[a]	26.947[a]	30.421[a]	.421[a]	23.684[a]	34.105[a]	34.105[a]
df	1	1	1	1	1	1	1	1
Asymp. Sig.	.000	.000	.000	.000	.516	.000	.000	.000

Test Statistics

	Q14	Q15	Q17	Q18	Q19	Q20	Q21	Q22
Chi-Square	34.105[a]	34.105[a]	34.105[a]	26.947[a]	34.105[a]	20.632[a]	8.526[a]	17.789[a]
df	1	1	1	1	1	1	1	1
Asymp. Sig.	.000	.000	.000	.000	.000	.000	.004	.000

Test Statistics

	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	
Chi-Square	3.789[a]	2.632[a]	17.789[a]	30.421[a]	23.684[a]	17.789[a]	2.632[a]	8.526[a]	
df	1	1	1	1	1	1	1	1	
Asymp. Sig.	.052	.105	.000	.000	.000	.000	.105	.004	

Test Statistics

	Q31
Chi-Square	8.526[a]
df	1
Asymp. Sig.	.004

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 19.0.

Appendix K

Survey Adapted from the forces of Magnetism (ANCC, 2015)
Magnet Forces and Job Satisfaction

30) As far as Magnet Status recognition, what types of facilities have you worked in?
   D) Both 1
   E) Magnet Only 2
   F) Non-Magnet Only 3

31) What is your age range?
   F) 18-25 4
   G) 25-30 5
   H) 35-40 6
   I) 40-50 7
   J) >50 8

32) What is your sex?
   C) Male 9
   D) Female 10

33) How many years have you been a nurse?
   G) <1 11
   H) 1-5 12
   I) 5-10 13
   J) 10-15 14
   K) 15-20 15
   L) >20 16

For the following questions, please answer "yes" or "no" as to whether or not the following attributes of a work place are things that increase your satisfaction with your job and desire to stay employed at that work place;
All other yes and no questions 6-31 coded as below:

34) Quality of Nursing leadership (transformational leaders that are supportive of their staff)
   Yes 17
   No 18