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Introduction

The original Magnet® research study conducted in 1983 identified 14 characteristics that differentiated organizations best able to recruit and retain nurses during the nursing shortages years. These characteristics are known as the ANCC Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process. The Forces of Magnetism are attributes or outcomes that exemplify nursing excellence. The full expression of the Forces of Magnetism is required to achieve Magnet designation and embody a professional environment guided by strong and visionary nursing leaders who advocate and support excellence in nursing practice..

Credit: http://www.nursecredentialing.org/Magnet/ProgramOverview/-HistoryoftheMagnetProgram/ForcesofMagnetism

ANCC is the world's largest & prestigious nurse credentialing organization. A subsidiary of the American Nurses Association (ANA).

Force 1: Quality of Nursing Leadership

Knowledgeable, strong, risk-taking nurse leaders follow a well-articulated, strategic and visionary philosophy in the day-to-day operations of nursing services. Nursing leaders, at all organizational levels, convey a strong sense of advocacy and support for the staff and for the patient. The results of quality leadership are evident in nursing practice at the patient's side.

Force 2: Organizational Structure

Organizational structures are generally flat, rather than tall, and decentralized decision-making prevails. The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. Executive-level nursing leaders serve at the executive level of the organization. The Chief Nursing Officer typically reports directly to the Chief Executive Officer. The organization has a functioning and productive system of shared decision-making.

Force 3: Management Style

Health care organization and nursing leaders create an environment supporting participation. Feedback is encouraged, valued and incorporated from all the staff. Nurses serving in leadership positions are visible, accessible & committed to effective communication

Force 4: Personnel Policies and Programs

Salaries and benefits are competitive. Creative and flexible staffing models that support a safe and healthy work environment are used. Personnel policies are created with direct care nurse involvement. Significant opportunities for professional growth exist in administrative and clinical tracks. Personnel policies and programs support professional nursing practice, work/life balance, and the quality care.

Force 5: Professional Models of Care

There are models of care that give nurses responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care. The models of care (i.e., primary nursing, case management, family-centered, district, and wholistic) provide for the continuity of care across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcomes.

Force 6: Quality of Care

Quality is the driving force for nursing and the organization. Nurses serving in leadership positions most providing an environment that positively influences patient outcomes.

Force 7: Quality Improvement

The organization has structures and processes for the measuring quality and programs for improving the quality of care and services within the organization.

Force 8: Consultation and Resources

The health care organization provides adequate resources, support and opportunities for the utilization of experts, particularly advanced practice nurses. The organization promotes involvement of nurses in professional organizations and among peers in the community.

Force 9: Autonomy

Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise and knowledge. The nurse is expected to practice autonomously, consistent with professional standards. Independent judgment is expected within the context of interdisciplinary/multidisciplinary approaches to patient/resident/client care.

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Force 10: Community & the Health Care Org

Relationships are established within and among all types of health care organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

Force 11: Nurses as Teachers

Professional nurses are involved in educational activities within the organization and community. Students from a variety of academic programs are welcomed and supported in the organization; contractual arrangements are mutually beneficial.

There is a development and mentoring program for staff preceptors for all levels of students (including students, new graduates, experienced nurses, etc.). In all positions, staff serve as faculty and preceptors for students from a variety of academic programs. There is a patient education program that meets the diverse needs of patients in all of the care settings of the organization.

Force 12: Image of Nursing

The services provided by nurses are characterized as essential by other members of the health care team. Nurses are viewed as integral to the health care organization's ability to provide patient care. Nursing effectively influences system-wide processes. return to top

Force 13: Interdisciplinary Relationships

Collaborative working relationships within and among the disciplines are valued. Mutual respect is based on the premise that all members of the health care team make essential and meaningful contributions in the achievement of clinical outcomes. Conflict management strategies are in place and are used effectively, when indicated.

Force 14: Professional Development

The health care organization values and supports the personal and professional growth and development of staff. In addition to quality orientation and in-service education addressed earlier in Force 11, Nurses as Teachers, emphasis is placed on career development services. Programs that promote formal education, professional certification, and career development are evident. Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided..

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