Magnet Status: Impact on Beliefs, Implementation, Job Satisfaction & Intent to Stay
Competency Between Nurses Employed in Magnet-Designated vs. Non-Designated Healthcare Systems

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The Helene Fuld Health Trust
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I believe that EBP takes too much time.
I am sure that I can access the best resources in order to implement EBP.
I believe EBP is difficult.

*There were 3 statistically significant differences among the 16 EBP Beliefs*

- I believe EBP is difficult: Effect size: 0.12
- I am sure that I can access the best resources in order to implement EBP: Effect size: 0.11
- I believe that EBP takes too much time: Effect size: 0.15
Impact of Magnet designation on EBP implementation

EBP implementation (range 18-90)

- Non-Designated (N=638)
- Magnet (N=1622)
Impact of Magnet designation on Job Satisfaction

(Mean Score)

0 5 10 15 20 25 30 35 40 45 50

Job satisfaction (range 7-42)

- Magnet (N=1622)
- Non-Designated (N=638)

*Indicates Significant Differences

Impact of Magnet designation on Intent to Stay

(Mean Score)

0 5 10 15 20 25 30 35 40 45 50

Intent to stay (range 2-8)

- Magnet (N=1622)
- Non-Designated (N=638)
EBP knowledge, beliefs, competency, culture, implementation, job satisfaction, and intent to stay, by Magnet status

Job satisfaction (range 7-42)
- Effect size: 0.02

EBP implementation (range 18-90)
- Effect size: 0.02

Intent to stay (range 2-8)
- Effect size: 0.06

EBP competency (range 24-96)
- Effect size: 0.05

EBP beliefs (range 16-80)
- Effect size: 0.07

*EBP culture (range 25-125)
  *Effect size: 0.41

*EBP mentoring (range 8-40)
  *Effect size: 0.38

*EBP knowledge (range 0-38)
  *Effect size: 0.12

*Indicates Significant Differences

(Mean Score)
Making Use of the EBP Competencies

The new EBP competencies should be integrated into healthcare system orientation programs, clinical ladders, and performance appraisals.

Incorporating the competencies into real world practice and academic settings will assist healthcare systems in improving quality, safety, and patient outcomes as well as reducing costs!
Critical Components of an EBP Culture

A Philosophy, Mission and Commitment to EBP:
- there must be commitment to advance EBP across the organization as evidenced in orientation, clinical ladders, evaluations

A Spirit of Inquiry:
- health professionals are encouraged to continuously ask questions, review and analyze practices to improve patient outcomes

EBP Mentors:
- who have in depth knowledge and skills in EBP, mentoring others, and overcoming barriers to individual and organizational change
Critical Components of an EBP Culture

Administrative Role Modeling and Support:
- Leaders who value and model EBP as well as provide the needed resources to sustain it

Infrastructure:
- Tools and resources that enhance EBP across the organization; computers for searching, up to date data bases, library resources

Recognition:
- Individuals and units are rewarded regularly for EBP
The Future of EBP: What It Will Look Like in 2030

- EBP is in the DNA of every practicing clinician and educator; all clinicians and faculty are highly competent in EBP
- 100% of healthcare decisions are evidence-based
- Reimbursement is only provided for EBP
- There is no time lag between the generation of research findings and their implementation in practice to improve care and outcomes
“Competence in the EBP process is essential for clinicians to achieve sustainable evidence-based change, which is what guarantees us best practices and therefore, best outcomes,” Fineout-Overholt said.
How to Achieve the EBP Competencies

Helping clinicians achieve the EBP Competencies requires:

• A supportive EBP culture in healthcare delivery organizations and academic settings

• Clinical leaders and educators, professors and instructors who have embraced the EBP competencies and integrated them into real world practice and learning environments

• Clinicians who believe in the value of and are motivated to use the EBP competencies as part of their everyday practice
How to Achieve the EBP Competencies

• Helping clinicians achieve the EBP Competencies requires:

• EBP mentors knowledgeable about the EBP competencies and willing to share their expertise with clinicians

• Teach clinicians how to go about applying the EBP competencies to their daily clinical practice, taking clinicians’ needs and preferences into account

• Support clinicians in the application of the EBP competencies into daily practice
How to Achieve the EBP Competencies

• Continuously review and analyze practices to improve patient outcomes
• Build EBP Skills into employment expectations, evaluations and clinical ladder promotion systems
• Competencies be incorporated into health care system expectations, orientation programs, performance reviews, job descriptions and promotion protocols
• Incorporating the competencies into real world practice settings will assist healthcare systems in improving quality, safety, and patient outcomes as well as reducing costs!
What Will It Take to Achieve the Vision?

• Slaying of many sacred cows!
• An interprofessional team dream, belief, risk-taking and persistence through the “character-builders!”
• A sense of urgency; the time is NOW!
• Professors and clinical educators who have the knowledge, skills and competency to teach EBP as people can not teach what they themselves do not know
• Leaders who walk the talk and invest in building cultures and environments of EBP, including critical masses of EBP mentors
• Integration of the EBP competencies as an expectation and standard of care
What will you do in the next 90 days to advance EBP if you know you cannot fail?

Keep dreaming, discovering and delivering!!

There Is A Magic In Thinking Big!
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