

Follow-up Study Links Magnet Status to Better Outcomes

Better work environments for nurses seen as vital.

The concept of the Magnet hospital has been around since the 1980s and became an official designation in the 1990s with the creation of the Magnet Recognition Program of the American Nurses Credentialing Center. The first study on patient outcomes in Magnet hospitals was reported in 1994 and revealed lower risk-adjusted mortality among Medicare patients in the original Magnet hospitals than among those in non-Magnet hospitals. A recent follow-up study sought to determine which specific traits of Magnet hospitals are associated with the better outcomes.

The study evaluated data on Magnet and non-Magnet general adult hospitals in California, Florida, Pennsylvania, and New Jersey from 2006 and 2007. A survey was mailed to more than 100,000

RNs employed by 56 Magnet and 508 non-Magnet hospitals in those states. Patient outcomes data were taken from hospital discharge abstract databases in the four states. The data set was limited to patients ages 21 to 85 years who underwent general, orthopedic, or vascular surgery. Outcomes measures included the failure-to-rescue and 30-day inpatient mortality rates; failure to rescue was defined as the death of a surgical patient who experienced complications.

Using the Practice Environment Scale of the Nursing Work Index, the researchers determined that Magnet hospitals have significantly better work environments, in terms of nurses' participation in hospital affairs, support from nurse managers, and nurse-physician relationships (among other factors). The nurse-patient ratio was also better in Magnet hospitals (4.82 patients

per nurse in Magnet hospitals compared with 5.03 patients per nurse in non-Magnet hospitals), and surgical patients in Magnet hospitals had 14% lower odds of inpatient death in 30 days and 12% lower odds of experiencing a failure to rescue than those in non-Magnet hospitals.

The study authors concluded that the better working conditions for nurses in Magnet hospitals were "key to better patient outcomes." They suggested that this was because Magnet status is a reflection of a hospital's "commitment to excellence or willingness to undertake organizational innovation" and that these characteristics "can have positive spill-over effects" that include a better work environment.—*David Carter*

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In Memoriam: Vernice Doris Ferguson



Vernice Doris Ferguson, MA, RN, FAAN, FRCN, died on December 8, 2012, at her home in Washington DC, at the age of 84. Ferguson was internationally known for her leadership role in fostering excellence in nursing care and in the nursing profession, and fought for greater oppor-

tunities, higher wages, and more respect for nurses throughout her career. After receiving her bachelor of science and nursing certificate from New York University and Bellevue Nursing Center in 1950, Ferguson earned a master's degree from Columbia University's Teachers College in 1957. She began her nursing career as head nurse of the neoplastic metabolic research unit at Montefiore Medical Center in the Bronx,

New York. She was chief of the nursing department of the Clinical Center at the National Institutes of Health from 1972 to 1980 and served as the nurse executive for nursing programs for the Department of Veterans Affairs (VA) from 1980 to 1992. During her leadership at the VA, the number of RNs with a baccalaureate or higher more than doubled. After retiring in 1992, Ferguson was appointed senior fellow at the University of Pennsylvania School of Nursing. Ferguson was the second American nurse to be named an Honorary Fellow of the Royal College of Nursing in the United Kingdom; she was also a past president and Fellow of the American Academy of Nursing, which honored her as a Living Legend in 1998. She was the first nurse to receive a Freddie Lifetime Achievement Award in 2008, and was recognized by the New York University College of Nursing with its Distinguished Alumni Award in 2010.