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You may have seen the article titled "Magnet® status doesn't improve nurses' working conditions" published in ANA SmartBrief. The original study published in the current issue of Journal of Nursing Administration, titled "A Comparison of Working Conditions in Magnet® and Non-Magnet® Hospitals" showcased some of the significant benefits that Magnet status confers on hospitals and the nurses who work in them.

The Magnet Recognition Program® applauds the effort behind this study and urges nurse administrators, educators, clinicians, and researchers to read it with a discriminating eye. There are multiple limitations identified in the study that complicate the interpretation of data related to practical significance. The relationship between the variables can be interpreted in many different ways.

The purpose of this study was to compare working conditions, including schedule, job demands, and practice environment, among nurses working in Magnet and non-Magnet hospitals. The study's key finding is something on which we all agree—nurses have demanding jobs—and it highlights factors that support a Magnet environment:

- Physical demands were lower among nurses in Magnet hospitals compared with those working in non-Magnet hospitals.

- Magnet hospitals were less likely to have mandatory overtime and on-call work requirements.

- Job satisfaction was higher among Magnet nurses.

We would like to take this opportunity to comment on the research. The study used data from 2004 and 2005, containing information from two states (North Carolina and Illinois), even though more up-to-date information was available at the time the study was undertaken. The study used a convenience sample and compared nurses in 14 Magnet hospitals (162 nurses) to 157 non-Magnet facilities (675 nurses).

Although Magnet hospitals explicitly demonstrate, through the application process, the characteristics and attributes described in the Magnet model, one cannot assume that organizations that are not Magnet-recognized do not exhibit Magnet characteristics. Magnet is a voluntary credential, and there are many excellent healthcare facilities that are not Magnet designated.

Finding no difference in some of the working condition factors selected for this study does not mean that Magnet hospitals do not have positive working conditions. In fact, the results in Table 3 show factors for which there are statistically significant differences, including increased job satisfaction, less mandatory overtime, and less required on-call in the selected Magnet hospitals. The authors also suggest that changes to the nursing practice environment (such as adequate staffing and organizational support) that have been driven by the Magnet program have benefited all hospitals—both Magnet and non-Magnet. We applaud this conclusion, and we encourage more research to demonstrate that this is evidence for the improvement that Magnet requirements generate in all healthcare organizations.

The Commission on Magnet recognizes the importance of research and actively encourages it through the Outcomes component of the Magnet Model. We offer opportunities to share research findings at an annual research symposium. We encourage researchers to build on this and other studies, to identify key variables that may better explain research findings, and to continue the search for new knowledge.

Our commitment to have an evidence-based approach to the Magnet standards will continue to guide the Commission, and studies of this kind help us all improve our ability to provide positive practice environments that ultimately impact excellence in patient- and family-centered care.

Sincerely,

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