

Hôpital magnétique : Mythe ou réalité ?

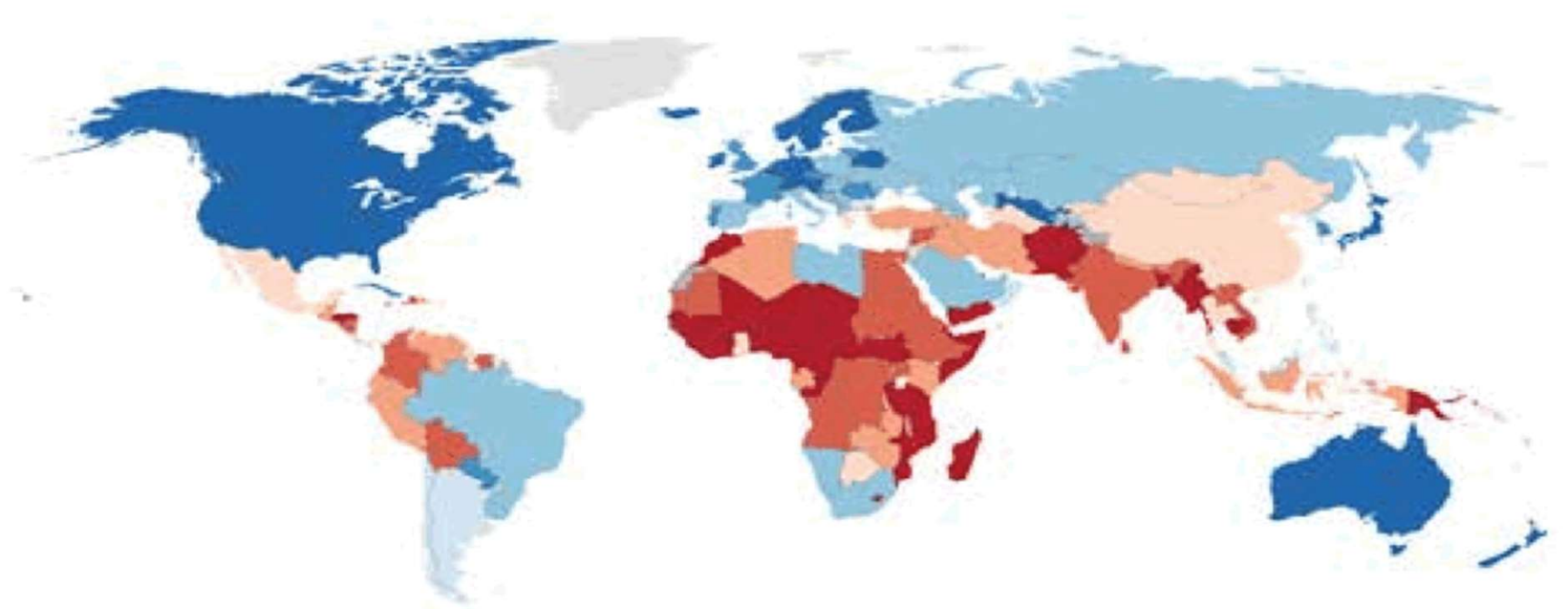
- › **Arnaud Bruyneel**
 - › Prof. Dr. in public health sciences, ULB
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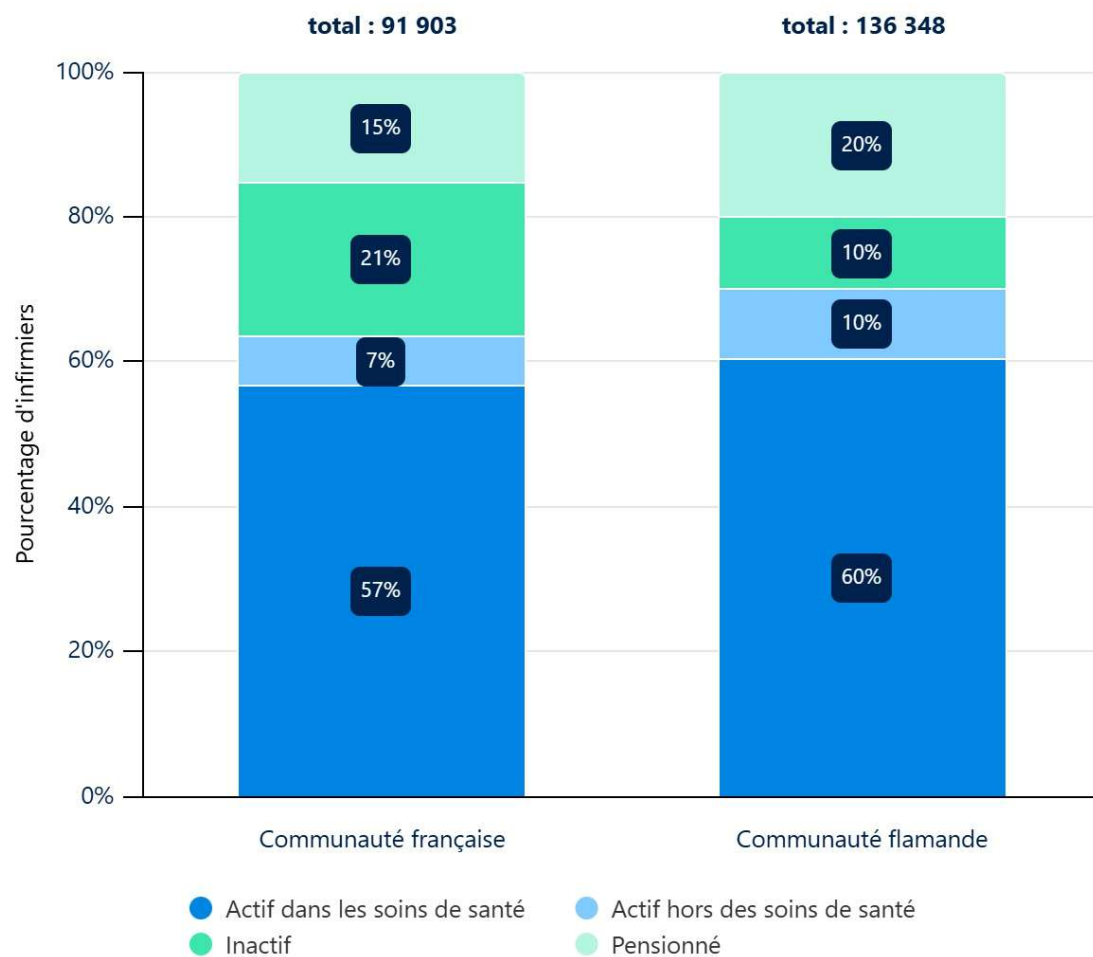
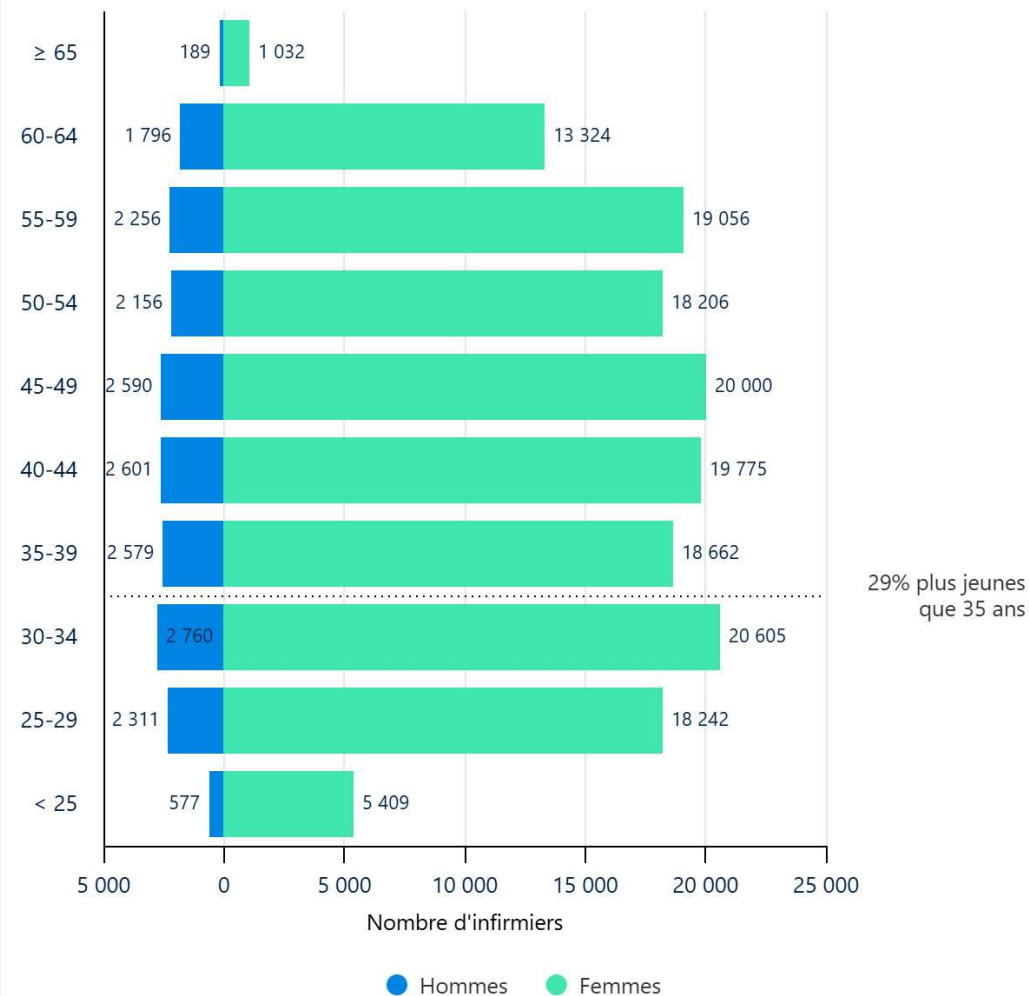


Figure. Illustration of the Preliminary Taxonomy of Policy Interventions to Integrating Nurse Practitioners into Health Systems. There are three domains in the taxonomy—macro, meso, and micro. Macro represents the national or jurisdictional level. Meso represents care organizations, such as hospitals and HMOs. Micro represents unit, individual clinic, or care team level. Descriptions of each policy intervention can be seen in [Table 2](#).

Figure 1 Density of nursing personnel per 10 000 population in 2023

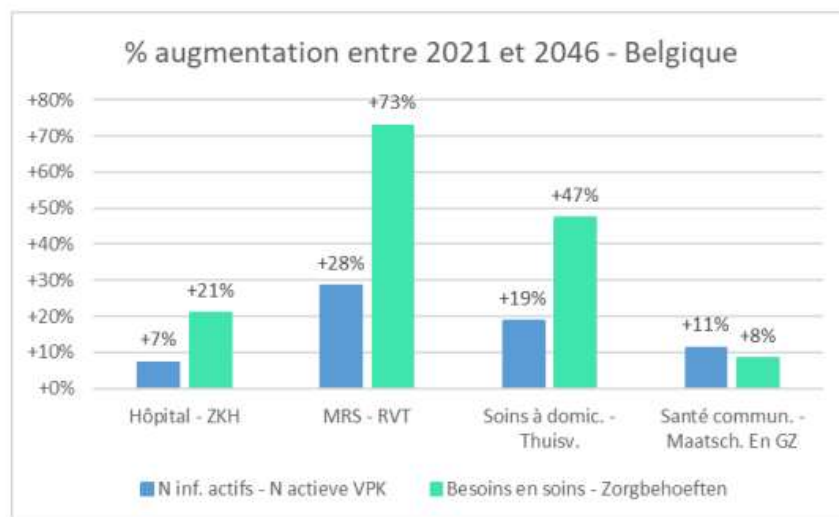


Note: Latest available data over the period 2018–2023.
Source: NHWA; 2024.



- En 2023, la densité nationale s'élève à 114,5 infirmiers actifs dans les soins de santé pour 10.000 habitants, mais les différences régionales restent marquées :
 -  Région flamande : 120,7
 -  Région de Bruxelles-Capitale : 107,0 (–11,4 % par rapport à la Flandre)
 -  Région wallonne : 105,1 (–12,9 % par rapport à la Flandre)
 - L'augmentation très modeste du nombre total d'infirmiers actifs (+0,5% entre 2022 et 2023) ne compense donc pas la croissance démographique ni les besoins croissants en soins
-  En d'autres termes, la disponibilité d'infirmiers actifs dans les soins de santé par habitant continue de diminuer en Belgique !

Projections à 25 ans



Sous l'hypothèse de la poursuite des tendances historiques :

- Les besoins en soins augmenteraient plus rapidement que l'offre en infirmiers
- Le secteur des maisons de repos et de soins serait le secteur pour lequel l'évolution serait la plus problématique

HEALTH SYSTEMS AND POLICY ANALYSIS

POLICY BRIEF

Strengthening Europe's Nursing Workforce

Strategies for Retention

Rachel Greenley
Linda H. Aiken
Water Sermeus
Martin McKee

on behalf of the
Magnet4Europe
consortium

2024



UNIVERSITÉ
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DE BRUXELLES



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European Region

Policies and approaches to promote safe nurse staffing

Technical brief

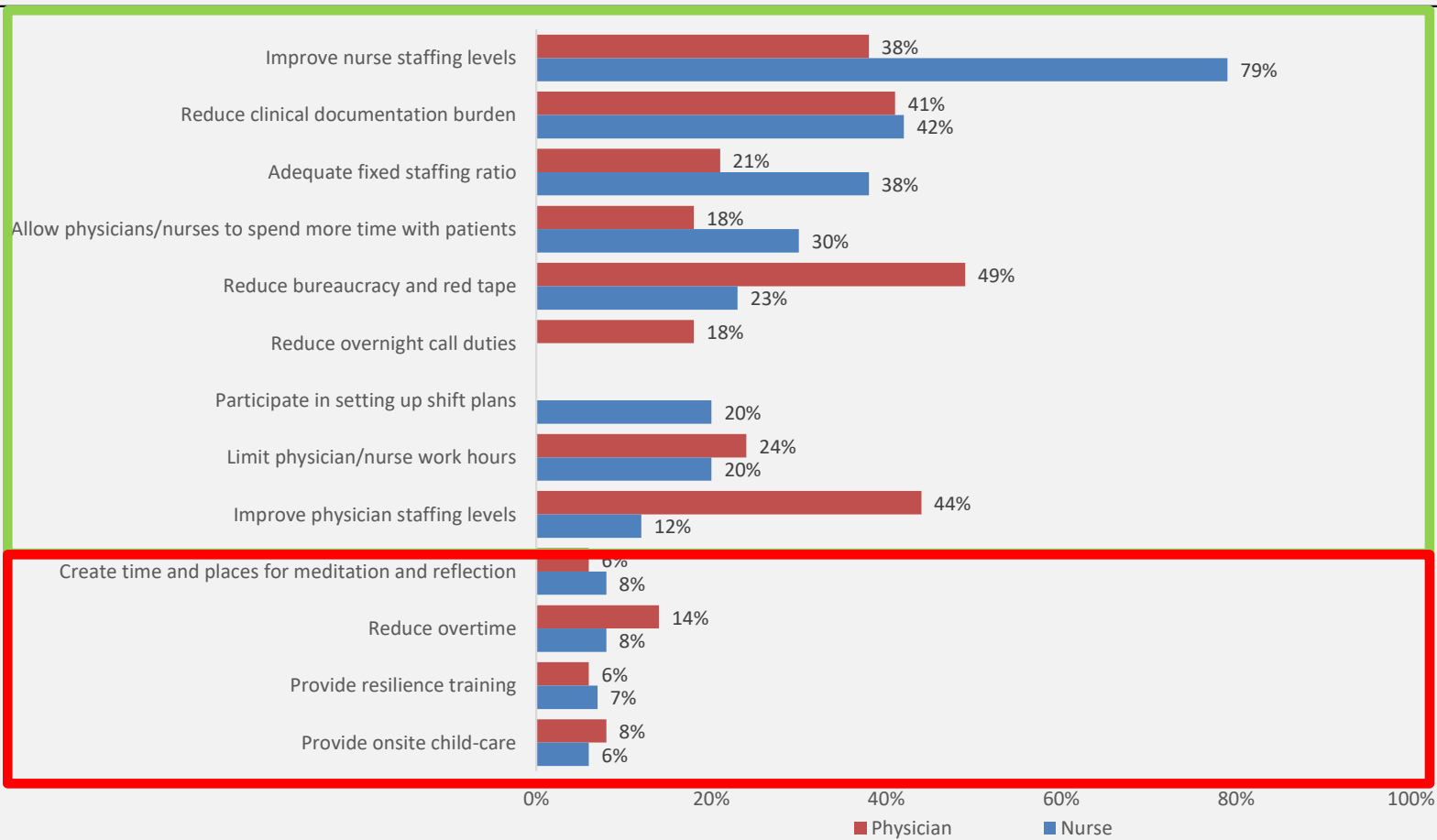
Policies and approaches to promote safe nurse staffing: technical brief. Copenhagen: WHO Regional Office for Europe; 2026. Licence: CC BY-NC-SA 3.0 IGO

<https://euro.who.int/publications/i/strengthening-europe-s-nursing-workforce-strategies-for-retention>





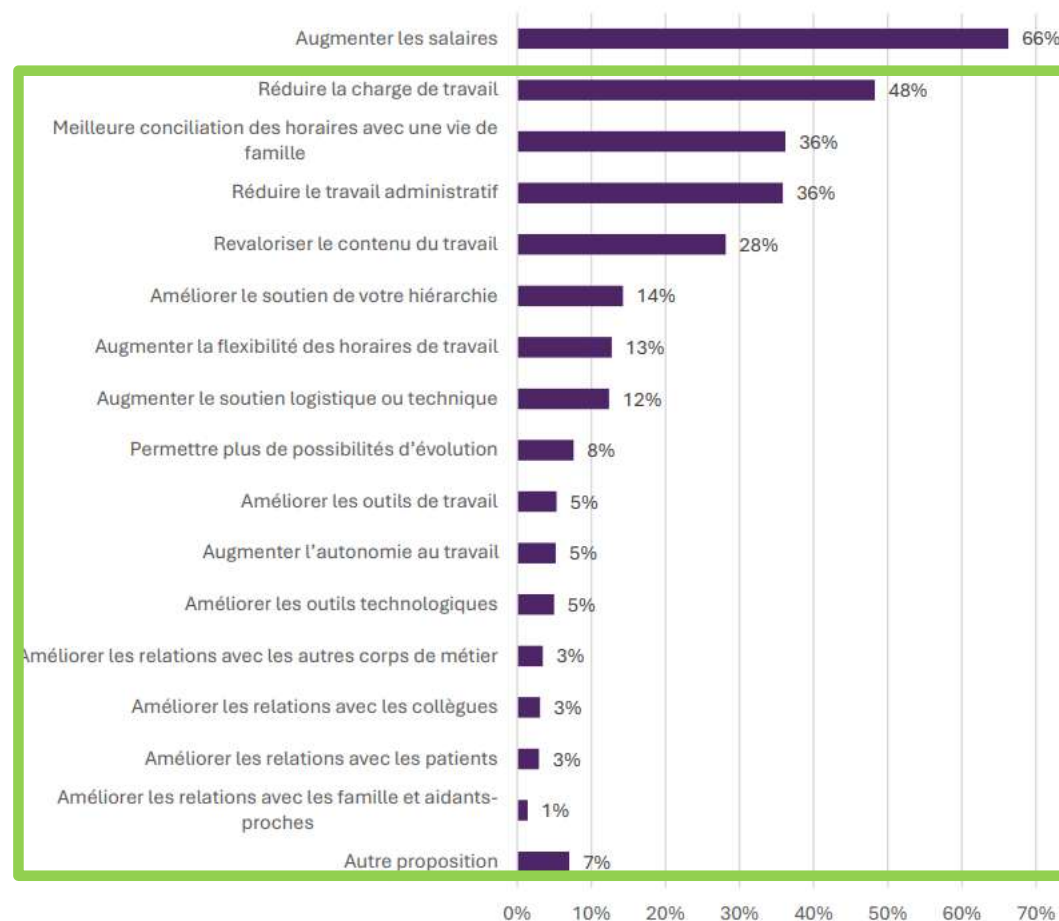
Figure. Illustration of the Preliminary Taxonomy of Policy Interventions to Integrating Nurse Practitioners into Health Systems. There are three domains in the taxonomy—macro, meso, and micro. Macro represents the national or jurisdictional level. Meso represents care organizations, such as hospitals and HMOs. Micro represents unit, individual clinic, or care team level. Descriptions of each policy intervention can be seen in [Table 2](#).



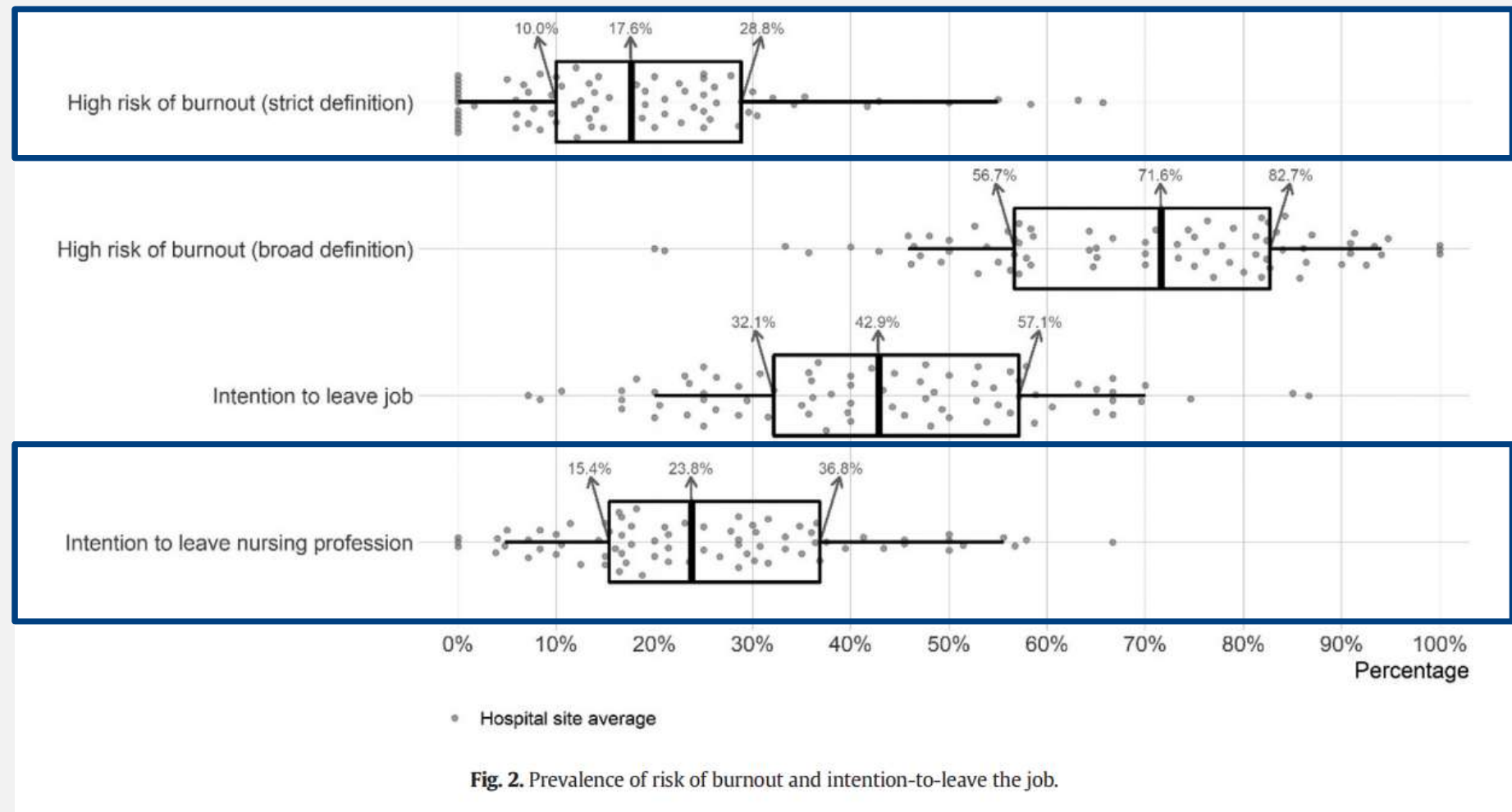
ORGANISATIONAL

INDIVIDUAL

Figure 63: Sélection de 3 propositions d'amélioration des conditions de travail de la profession infirmière



Source : IDEA Consult sur base du questionnaire auprès des infirmiers (n=5535)





Original Investigation | Occupational Health

Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care A Systematic Review and Meta-Analysis

Lambert Zixin Li, MPhil; Peilin Yang, BS; Sara J. Singer, PhD, MBA; Jeffrey Pfeffer, PhD; Maya B. Mathur, PhD; Tait Shanafelt, MD

Dans cette revue systématique et méta-analyse, le burnout des infirmiers a été associé à une qualité et une sécurité des soins réduites ainsi qu'à une moindre satisfaction des patients.

Table 2. Structural Equation Modeling Examining the Association of Nurse Turnover With Patient Falls

Variable	β Coefficient (95% CI)	P value
Falls per 1000 patient-days		
RN and APRN turnover	0.01 (0.01 to 0.02)	<.001
Patient age	-0.01 (-0.01 to 0.00)	.09
Female-to-male patient ratio	0.22 (0.15 to 0.28)	<.001
At-risk share	1.22 (0.99 to 1.45)	<.001
Medical unit	0.23 (0.03 to 0.43)	.03
Magnet hospital designation	-0.15 (-0.24 to -0.05)	.002
Bed size category	-0.11 (-0.17 to -0.05)	<.001
Constant	171.98 (-34.35 to 378.30)	.10
RN and APRN turnover		
Nurse job satisfaction		
As RNs, we are fairly well satisfied with our jobs on our unit.	-1.14 (-4.67 to 2.39)	.53
RNs on our unit would not consider taking another job.	-3.50 (-6.25 to -0.75)	.01
I have to force myself to come to work much of the time.	1.49 (-0.69 to 3.68)	.18
RNs on our unit are enthusiastic about our work almost every day.	-0.07 (-3.23 to 3.10)	.97
RNs on our unit like our jobs better than the average RN does.	-2.45 (-6.14 to 1.24)	.19
I feel that each day on my job will never end.	0.66 (-1.26 to 2.59)	.50
We find real enjoyment in our work on our unit.	0.52 (-4.67 to 5.71)	.84
Selected PES-NWI subscales		
Foundations of nurse quality		
Active staff development or continuing education programs for nurses	2.20 (-3.87 to 8.27)	.48
High standards of nursing care expected by the administration	5.07 (-0.89 to 11.03)	.10
A clear philosophy of nursing that pervades the patient care environment	-1.53 (-8.53 to 5.47)	.67
Working with nurses who are clinically competent	-3.85 (-9.18 to 1.48)	.16
An active quality assurance program	1.60 (-4.81 to 8.01)	.63
A preceptor program for newly hired RNs	-3.27 (-8.99 to 2.46)	.26
Nursing care based on a nursing, rather than a medical, model	3.53 (-2.06 to 9.12)	.22
Written, up-to-date nursing care plans for all patients	-1.71 (-7.88 to 4.46)	.59
Patient care assignments that foster continuity of care, ie, the same nurse cares for the patient from one day to the next	4.34 (-0.53 to 9.21)	.08
Use of nursing diagnoses	-1.36 (-6.94 to 4.23)	.63
Sufficient resources for nurses		
Adequate support services to allow time with patients	2.80 (-1.67 to 7.26)	.22
Enough time and opportunity to discuss patient care, problems with other nurses	1.42 (-3.47 to 6.30)	.57
Enough RNs to provide quality patient care	-1.72 (-7.32 to 3.88)	.55
Enough staff to get the work done	-0.60 (-6.71 to 5.52)	.85
Constant	4.26 (-8.55 to 17.08)	.52

Abbreviations: APRN, advance practice registered nurse; PES-NWI, Practice Environment Scale of the Nursing Work Index; RN, registered nurse.

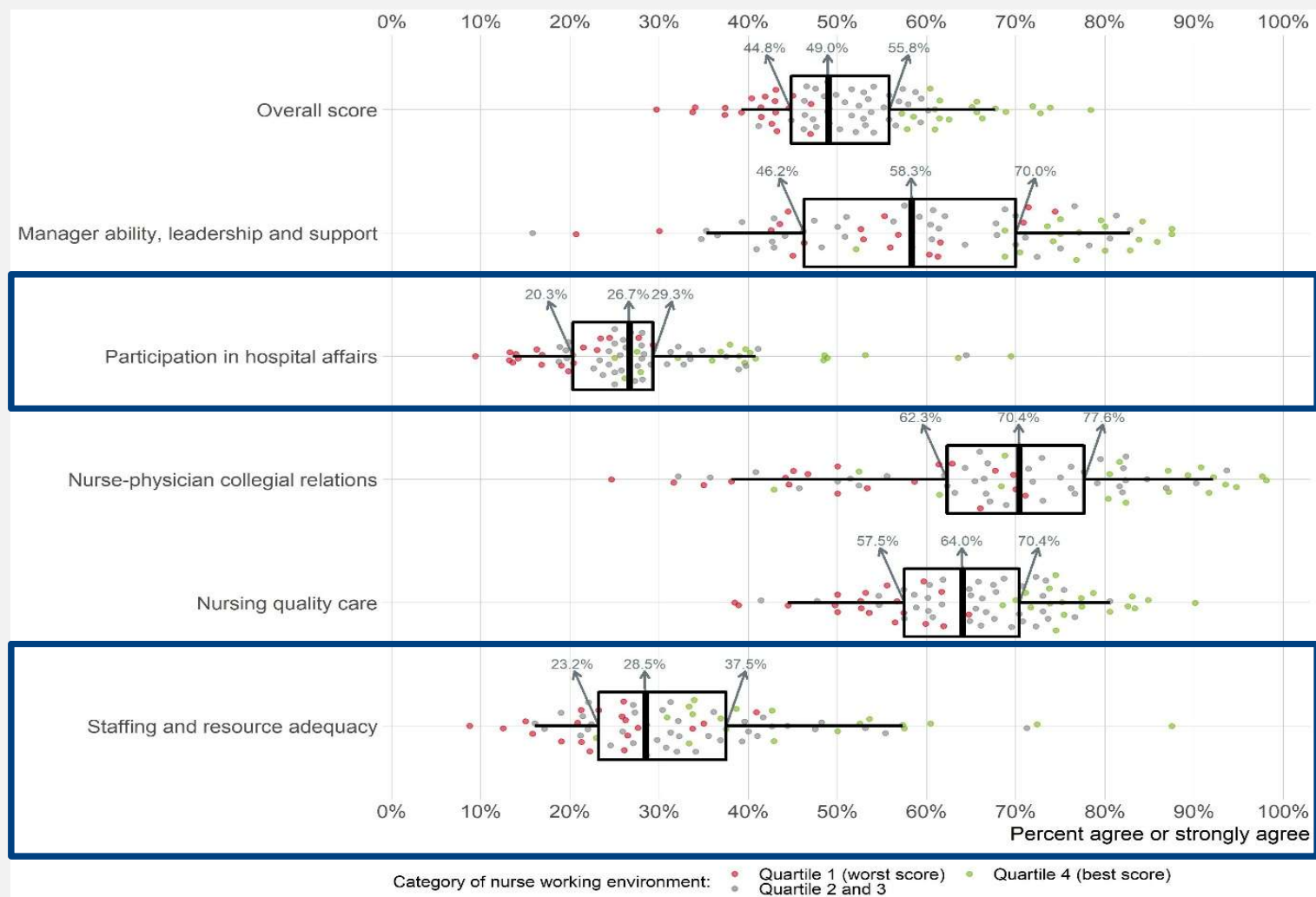


Figure 3. General overview of nurses (strongly) agreeing with presence of positive work environment aspects at hospital site

Table 2. Factors associated with burnout risk, intention-to-leave the job - OR [95%IC]

	high risk of burnout	intention-to-leave job
Nurse Working Environment, hospital level		
Quartile 1 - lowest/worst score [REF]	-	-
Quartile 2	0.73 [0.46-1.15]	-41% 0.59 [0.43-0.81]
Quartile 3	-38% 0.62 [0.39-0.99]	-46% 0.56 [0.40-0.79]
Quartile 4 - highest/best score	-76% 0.24 [0.11-0.54]	-67% 0.33 [0.23-0.46]

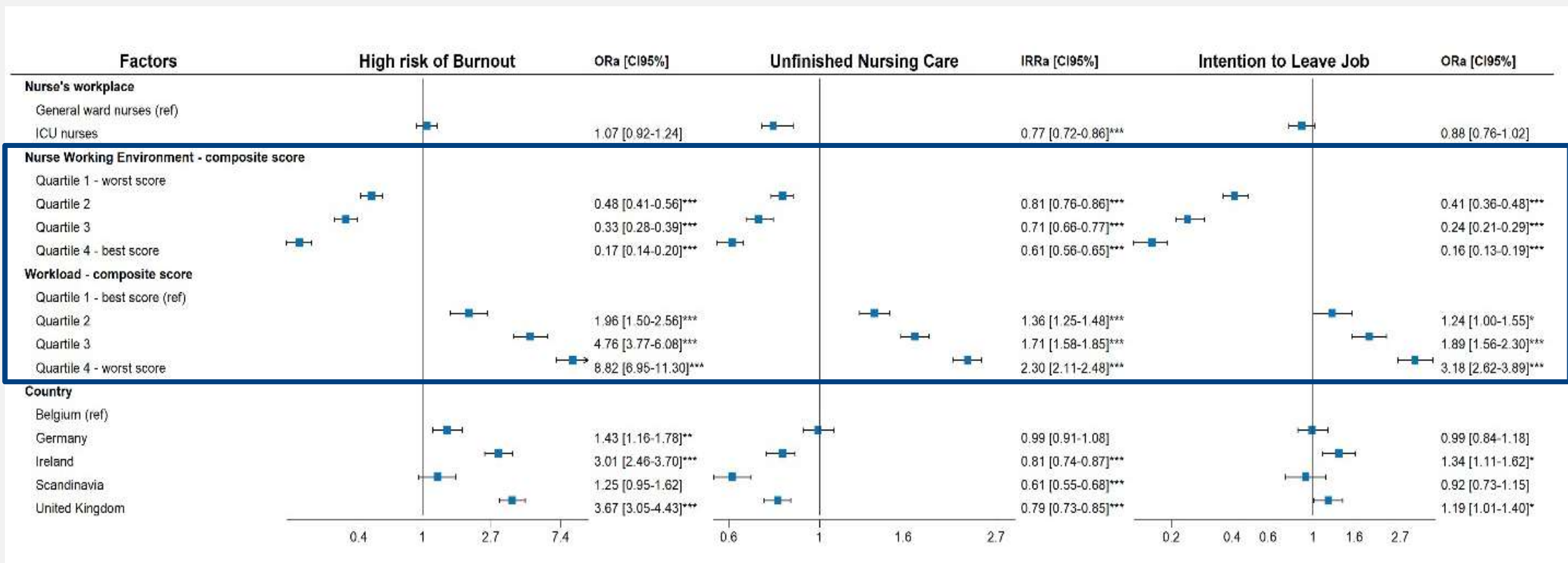


Table 3. Association of Hospital Factors With Physician Job Outcomes

Factor	Europe ^a		United States ^b	
	OR (95% CI) ^c	P value	OR (95% CI) ^c	P value
Physicians, No.	1149	NA	5334	NA
Hospitals, No.	49	NA	56	NA
Intent to leave				
Nurse staffing adequacy	0.80 (0.71-0.91)	<.001	0.91 (0.85-0.97)	.005
Favorable clinical care environment	0.85 (0.70-1.04)	.11	0.78 (0.68-0.90)	<.001
Favorable clinician teamwork	0.85 (0.76-0.95)	.006	0.78 (0.65-0.94)	.01
Would not recommend hospital as a good place to work				
Nurse staffing adequacy	0.73 (0.61-0.88)	<.001	0.90 (0.80-1.00)	.06
Favorable clinical care environment	0.75 (0.57-0.98)	.03	0.75 (0.61-0.92)	.006
Favorable clinician teamwork	0.84 (0.70-1.02)	.07	0.79 (0.61-1.04)	.09
High burnout				
Nurse staffing adequacy	0.88 (0.78-0.99)	.03	0.99 (0.95-1.03)	.70
Favorable clinical care environment	0.90 (0.73-1.11)	.34	0.90 (0.83-0.98)	.01
Favorable clinician teamwork	0.89 (0.79-0.99)	.04	0.89 (0.79-1.00)	.06
Job dissatisfaction				
Nurse staffing adequacy	0.85 (0.73-0.98)	.03	0.93 (0.86-1.01)	.09
Favorable clinical care environment	0.93 (0.75-1.17)	.54	0.81 (0.69-0.95)	.01
Favorable clinician teamwork	0.89 (0.78-1.03)	.11	0.87 (0.71-1.08)	.209

Abbreviations: NA, not applicable; OR, odds ratio.

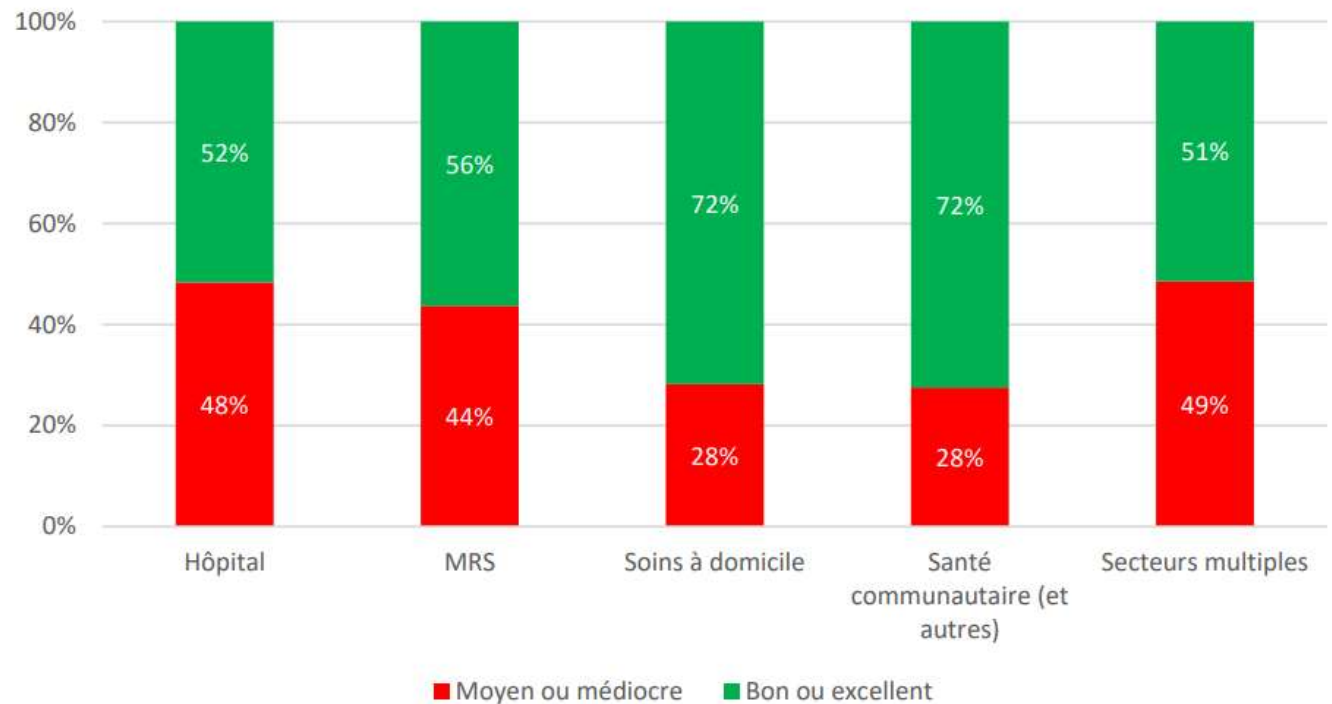
^a Europe adjusted models include country covariates and physician characteristics (age, sex, and unit type) and clustered standard errors.

^b US Clinician Well-Being Study adjusted models include physician characteristics (age, sex, and specialty) and clustered standard errors.

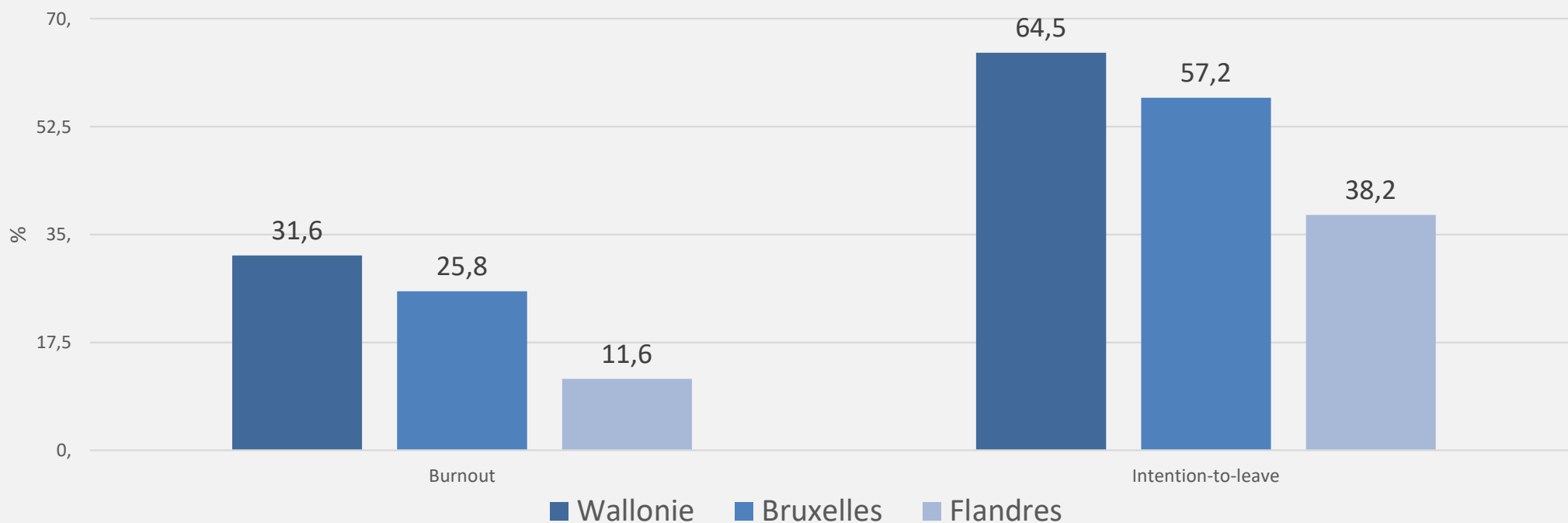
^c Models estimate the association of a 10% improvement in nurse staffing adequacy, 1-SD improvement on clinical care environment score, and 10% improvement in clinician teamwork with physician outcomes.

Un.e infirmier.e qui évalue son environnement de travail comme étant moyen ou médiocre a près de **9 fois plus de risques** d'être insatisfait.e de sa profession au sens large.

Figure 27: Degré de satisfaction concernant l'environnement de travail selon le secteur d'activité



Source : IDEA Consult sur base du questionnaire auprès des infirmiers (N=5535 ; Hôpital, n=3581 ; MRS, n=798 ; Soins à domicile, n=505 ; Santé communautaire et autres, n=367 ; Secteurs multiples, n=284)



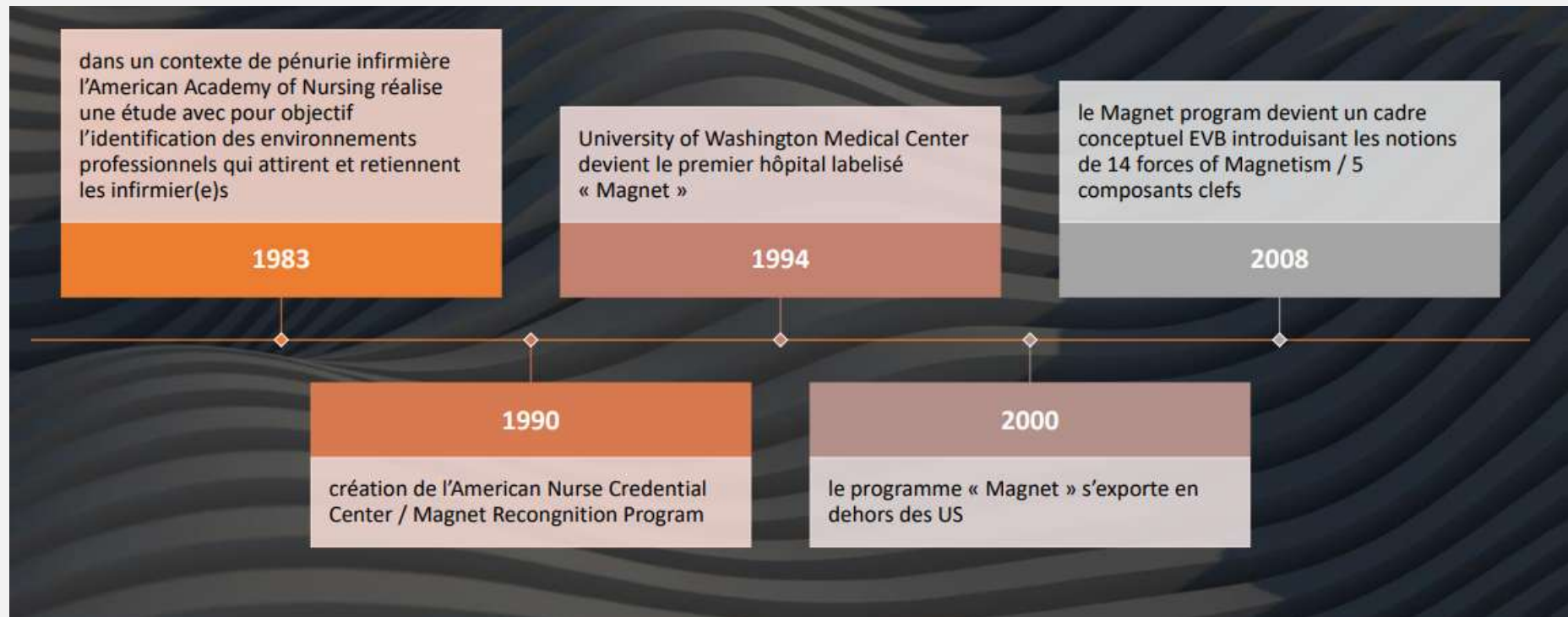
Region	ORa [95%CI]
Flandres	Reference
Brussels	2.20 [1.37–3.52]
Wallonia	2.61 [1.77–3.85]

Region	ORa [95%CI]
Flandres	Reference
Brussels	1.79 [1.36–2.35]
Wallonia	1.71 [1.25–2.34]

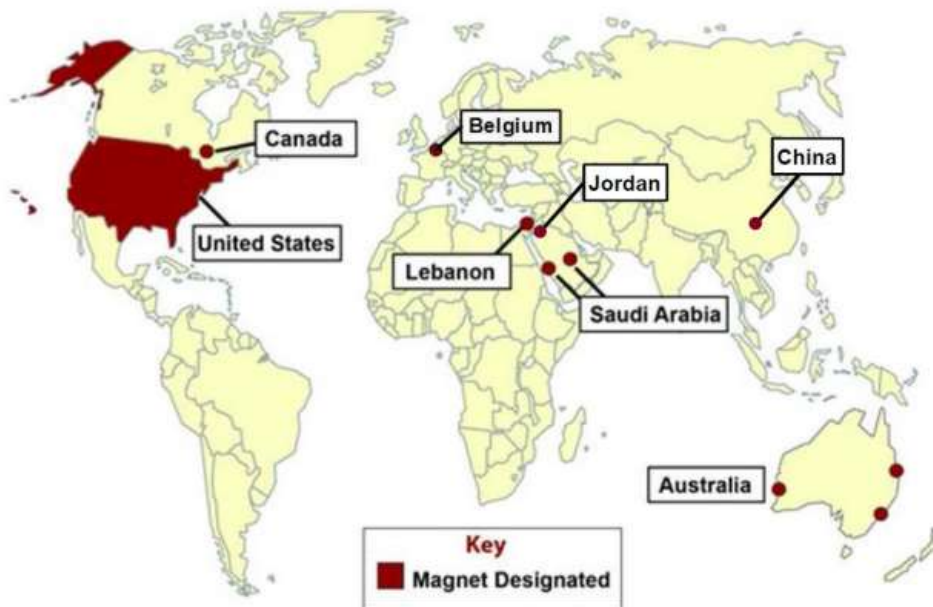


HÔPITAUX MAGNÉTIQUES

Histoire



Countries with Designated Magnet Facilities



NEW 2020 Magnet Mission and Vision Statement

MISSION: The Magnet Recognition Program will continually elevate patient care around the world in an environment where nurses, in collaboration with the interprofessional team flourish by setting the standard for excellence through leadership, scientific discovery and dissemination and implementation of new knowledge.

VISION: The Magnet Recognition Program will transform healthcare globally by bringing knowledge, skill, innovation, leadership and compassion to every person, family, and community.

Magnet hospital



Pour obtenir la désignation Magnet, les hôpitaux doivent suivre un processus rigoureux et long, commençant par une demande, suivie d'une documentation écrite démontrant des preuves qualitatives et quantitatives concernant les soins aux patients et les résultats.



Si les scores de la documentation écrite se situent dans une plage d'excellence, une visite sur site aura lieu afin d'évaluer l'organisation de manière approfondie. Après cette revue sur site, la Commission Magnet examinera le rapport complet et déterminera si la reconnaissance Magnet sera accordée.

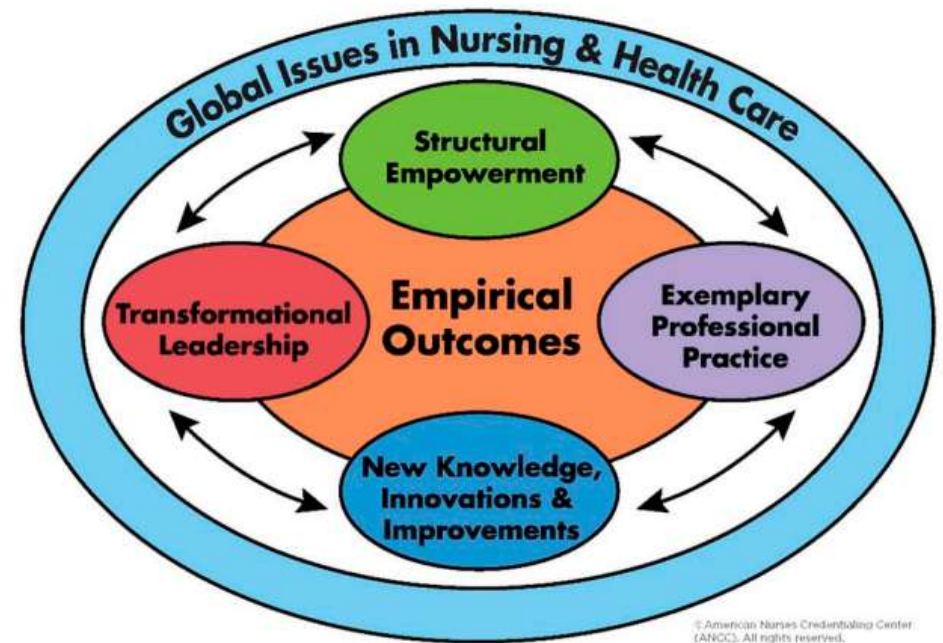


FIGURE 1. The Magnet Model[®]. Notes. The Magnet Model[®] is a trademark of American Nurses Credentialing Center registered in the United States of America and other jurisdictions and is being used under license from ANCC. All rights are reserved by ANCC. ANCC's consent to the use of The Magnet Model[®] mark shall not be construed as ANCC sponsoring, participating, or endorsing the Project.

MODEL COMPONENTS	FORCES OF MAGNETISM
Transformational Leadership	>> Quality of Nursing Leadership <i>Force #1</i> >> Management Style <i>Force #3</i>
Structural Empowerment	>> Organizational Structure <i>Force #2</i> >> Personnel Policies and Programs <i>Force #4</i> >> Community and the Healthcare Organization <i>Force #10</i> >> Image of Nursing <i>Force #12</i> >> Professional Development <i>Force #14</i>
Exemplary Professional Practice	>> Professional Models of Care <i>Force #5</i> >> Consultation and Resources <i>Force #8</i> >> Autonomy <i>Force #9</i> >> Nurses as Teachers <i>Force #11</i> >> Interdisciplinary Relationships <i>Force #13</i>
New Knowledge, Innovations, and Improvements	>> Quality Improvement <i>Force #7</i>
Empirical Quality Outcomes	>> Quality of Care <i>Force #6</i>

Initiatives	Outset	Content	Implementation Strategy
Transformational leadership			
Nursing strategic plan	2007	Nursing mission, vision, values, and strategic plan	Development based on meetings at leadership level and unit level between CNO, nursing leaders, nursing unit managers, staff nurses, and midwives
Leadership program	2008	Introduction and continuation program with various topics such as how to coach team and individual team members, project management, organizational, quality and safety strategies, and policies	Training and coaching sessions for unit nursing managers and nursing leaders
Structural empowerment			
Structural support for clinical units	2009	Quarterly unit meetings; agenda based on team member consultation; setting unit goals per year; meetings between staff nurses and physicians about dedicated unit-level topics	Policy development; implementation process based on meetings with CNO and nursing unit managers
Nursing councils	2008	Programs for the transition process of newly introduced staff nurses developed by nurse preceptors	Setting goals, strategies, and implementation of programs; training programs for nurse preceptors
	2010	Programs to enhance patient safety and infection control in nursing practice and clinical units developed by dedicated champions	Setting goals, strategies, and implementation of programs; training programs for champions
Professional practice			
Interdisciplinary improvement projects	2008	Unit-level registration of pressure ulcers, falls with injuries, and physical restraints	Policy development; training sessions and unit meetings for evaluation and improvement
	2010	Introduction of standardized observation protocol (early warning score) and communication protocol (SBAR)	Policy development; training sessions at unit level about critical thinking and the use of both new introduced protocols; guided within a research project ^{60,61}
	2011	Introduction of dedicated program for palliative care and assessment and treatment of delirium	Policy development; information sessions at hospital level, training sessions at unit level
Patient safety incident reporting system	2008	Intensifying reporting, analyses, feedback, and learning process for patient safety incidents	Policy development; information sessions at hospital level, training sessions at unit level

^aMost relevant initiatives, not exhaustive.

Initiatives	Outset	Content	Implementation strategy
Transformational leadership			
General introduction	2012	Introduction of the productive ward program	Information sessions at hospital level for staff nurses, physicians and other healthcare workers
Lean leadership	2012	Introduction of lean philosophy, productive ward program, and leadership roles	Training and coaching sessions for nursing managers and nursing leaders
Visit pyramid	2012	Unit walk around by CEO, CNO, human resources manager, and nursing leaders	Monthly (CNO, nursing leaders) and quarterly (others) scheduled
Structural empowerment			
Foundation module—knowing what and how we are doing	2012	Unit vision—setting, measuring, and evaluating unit key performance indicators	
Foundation module—well-organized ward	2012	Unit-level assessment of nurse PE and working conditions	Unit-level training and coaching sessions; unit meetings and workshops
Foundation module—patient status at a glance	2013	Unit-level patient status—overview of key characteristics	
Professional practice			
Process modules (n = 8)	2013	Unit-level scheduled continuous improvement of work processes based on productive ward program process modules	Unit-level training and coaching sessions; unit meetings and workshops
Patient observations			
Admission and discharge management			
Shift handover			
Meals			
Medications			
Patient hygiene			
Nursing procedures			
Ward rounds			

Overview of Magnet4Europe

Funding & Duration

EU-Horizon2020 01/2020 –06/2024

Aim

Evaluation of the effect of hospital redesign according to the principles of the Magnet Model on mental health and wellbeing of physicians and nurses

Design

Wait-list cluster randomized controlled trial with a nested mixed-methods evaluation

Sample

Acute general hospitals (n=67) in 6 European countries (Belgium, Germany, Ireland, Norway, Sweden, England)

Coordination

KU Leuven

 KU LEUVEN

Universiteit Pennsylvania



Partners



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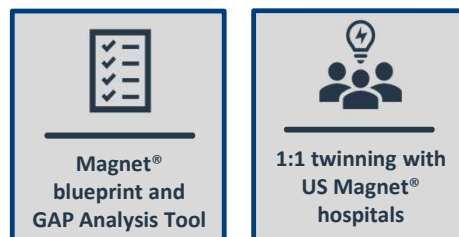
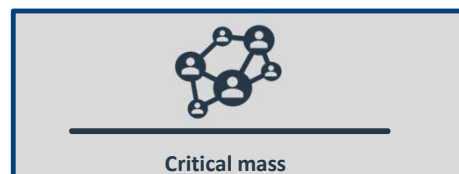
Karolinska
Institutet



 KU LEUVEN

RIGOROUS EVALUATION

SYSTEM LEVEL INTERVENTION



At Baseline
2020-21
Mid covid-19

Survey among
Nurses / physicians
(N=11,603)

BMJ Open Physician and nurse well-being, patient safety and recommendations for interventions: cross-sectional survey in hospitals in six European countries

Linda H Aiken,¹ Walter Sermeus,² Martin McKee,³ Karen B Lassiter,⁴ Douglas Sloane,⁵ Colleen A Pogus,⁶ Dorothea Kohnen,⁷ Simon Dello,⁸ Claudia B Bettina Maier,⁹ Jonathan Drinnan,¹⁰ Matthew D McHugh,¹¹ For the Magnet4Europe Consortium

Interviews (N=23)



Laying the foundations for implementing Magnet principles in hospitals in Europe: A qualitative analysis

Ingrid Svensson^{1,2,3,4}, Jackie Bridges⁵, Jaemie Ellis⁶, Noeleen Brady⁶, Simon Dello⁷, Jonathan Hood⁸, Joan Kleine⁹, Dorothea Kohnen¹⁰, Elaine Lebane¹¹, Rikard Lindqvist¹², Claudia B. Maier¹³, Vera J.C. Mc Carthy¹⁴, Ingeborg Strømme Sjetne¹⁵, Lars E. Eriksson¹⁶, Lisa Smeds Alerius¹⁷ Magnet4Europe Consortium¹

2021-22
Start implementation
of the intervention

Survey among
Nurses / physicians
(N=8,905)



Improvements in
the
Nurse Work
Environment

Interviews (N=22)
Process evaluation
(N=254)

End 2023
Evaluation

Survey among
Nurses / physicians
(N=5,963)

Improvements in
Clinician Wellbeing,
Patient Safety,
Care Quality

Interviews (N=20)
Focusgroups (n=74)
Process evaluation
(N=299)

KU LEUVEN

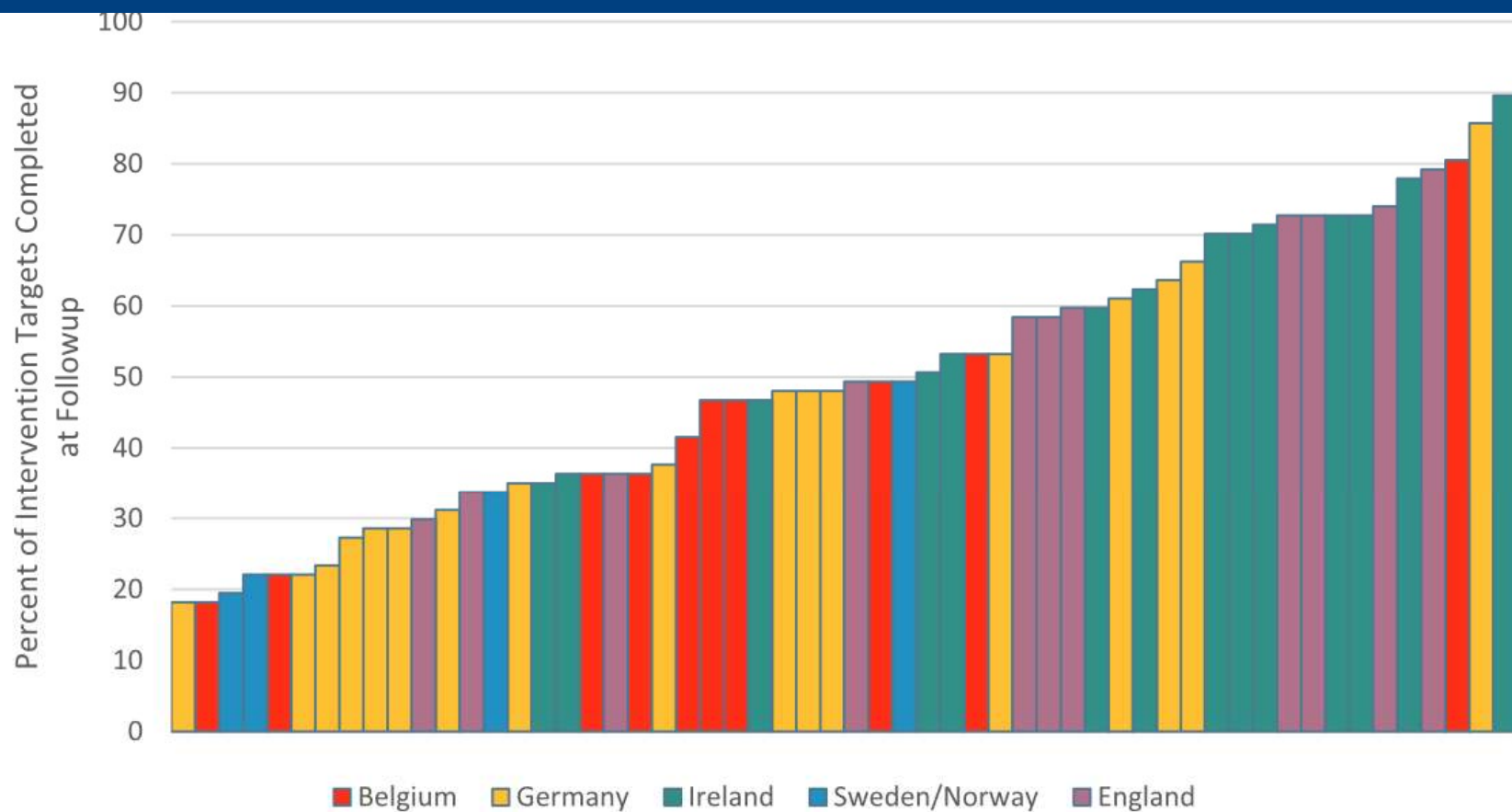


FIGURE 3. Hospital variation in the percentage of Magnet4Europe intervention targets (Gap Analysis items) fully implemented at follow-up. Notes. Hospitals located in Sweden and Norway are combined to protect anonymity of hospitals because of smaller total number of participating hospitals.

TABLE 2. Observed Changes in Outcomes Among Study Hospitals With Low, Medium, and High Improvements in Intervention Target Completion

	Improvement in intervention target completion		
	Low	Medium	High
% high burnout	0.1%	−1.8%	−6.3%
% intent to leave	2.0%	0.4%	−7.6%
% unfavorable quality of care	0.6%	−1.1%	−6.4%
% unfavorable patient safety grade	−1.3%	−2.2%	−3.7%
No. hospitals	12	28	16

Note. Categories of improvement in intervention target completion are defined hospitals' percentage-point improvement in the completion of intervention targets. Hospitals with less than 0% target completion (low); 1–25% target completion (medium); more than 25% target completion (high).

- 56 European intervention hospitals in 6 countries. Hospital
- 77 Magnet model intervention targets. Outcome measures (eg, nurse burnout, intent to leave, quality of care, patient safety)
- 4546 nurses at baseline; 3171 at follow-up



CONTEXTE

- La détresse morale est fréquente chez les infirmières et est associée à l'épuisement professionnel, à l'insatisfaction et au turnover.
- La reconnaissance Magnet est liée à des environnements de pratique plus favorables, mais son lien avec la détresse morale et le rôle de la réactivité du management restent peu étudiés.



OBJECTIF

Examiner si la réactivité du management aux préoccupations concernant les soins aux patients explique en partie l'association entre le statut Magnet de l'hôpital et la détresse morale des infirmières.

MODÈLE ÉTUDIÉ



MÉTHODES

- Étude observationnelle transversale
- Données : Penn Nurses4All Survey 2024 + American Hospital Association Survey 2023
- 18 678 infirmières de soins directs
- 1829 hôpitaux dans 10 états américains
- Modèle de médiation multiniveau 2-1-1 (équations structurelles)
- Ajustements pour les caractéristiques des infirmières et des hôpitaux

PRINCIPAUX RÉSULTATS

1 Réactivité du management plus élevée dans les hôpitaux Magnet



Les infirmières des hôpitaux Magnet rapportent une meilleure réactivité du management.

2 Plus de réactivité = moins de détresse morale



Au niveau inter-hôpitaux : une plus grande réactivité du management est associée à une détresse morale plus faible.

3 Effet indirect significatif



La réactivité du management explique en partie l'association entre le statut Magnet et la détresse morale.

4 Effet total



Les infirmières des hôpitaux Magnet rapportent globalement des niveaux plus faibles de détresse morale.



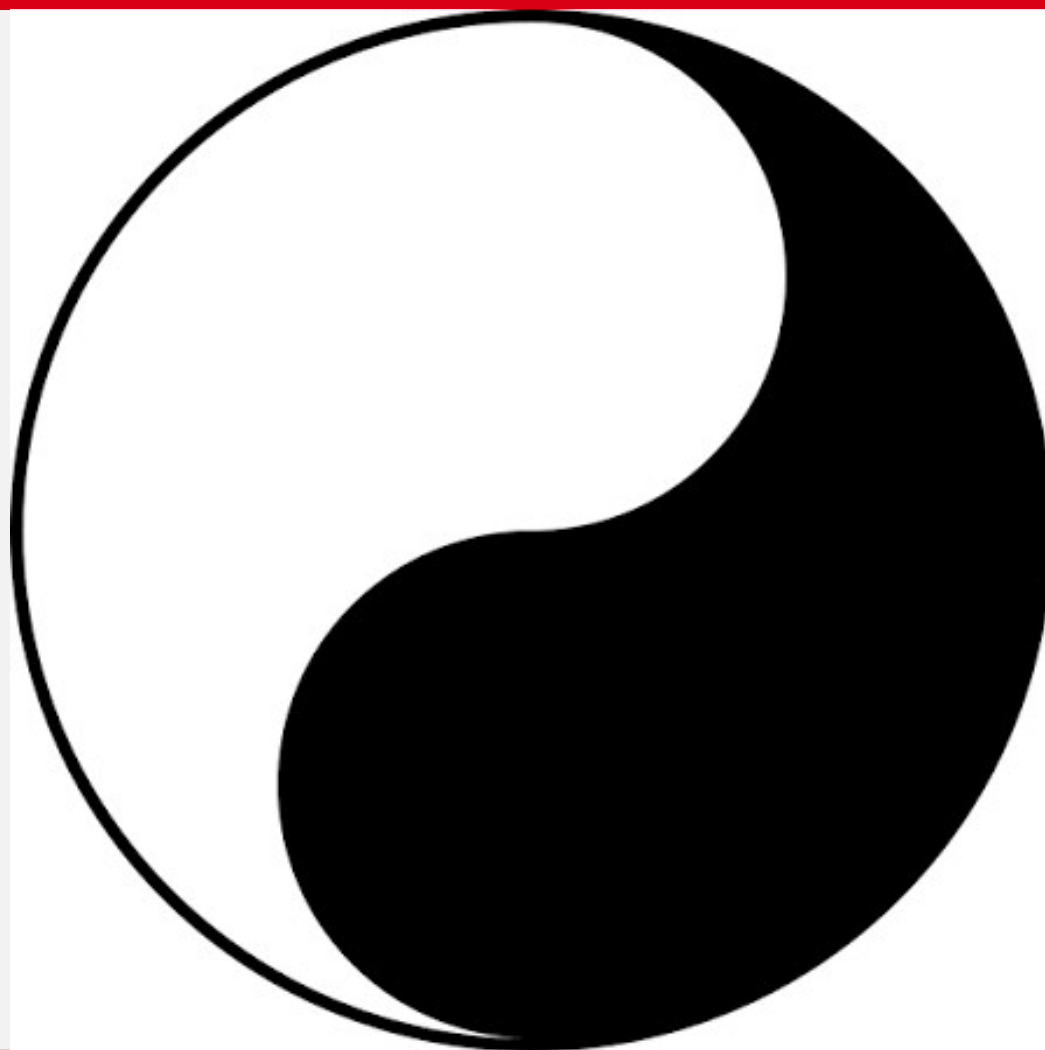
CONCLUSION

Les infirmières travaillant dans des hôpitaux Magnet rapportent des niveaux plus faibles de détresse morale, en partie grâce à une meilleure réactivité du management aux préoccupations des soins.



IMPLICATIONS PRATIQUES

- Renforcer la réactivité du management aux préoccupations des infirmières.
- Soutenir des environnements de travail qui facilitent l'expression des préoccupations.
- Considérer la reconnaissance Magnet comme un levier pour le bien-être des infirmières.





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THE JOURNAL OF NURSING ADMINISTRATION

OPEN

The Business Case for Magnet® Designation

Using Data to Support Strategy

Karen Neil Drenkard, PhD, RN, NEA-BC, FAAN

Table 2. Magnet Fees for a 500-Bed Hospital

Assumption: 500-Bed Hospital⁴¹

Description of Fee	Amount
Application fee	\$6000
Appraisal and support fee for document submission	\$41395
Year 1 annual support service fee	\$13799
Year 2 annual support service fee	\$13799
Year 3 annual support service fee	\$13799
Total fees (without site visit travel)	\$88792

The Magnet® journey has increased in relevance as the sources of evidence reflect the complex role of the nurse in quality, safety, and the patient care experience. Creating a business case to secure the resources required to embark and travel on the Magnet journey is an essential tool for the chief nurse. Identifying expenses, cost savings or avoidance, and return on investment for nursing services are all important elements of a business case.



ÉCOLE DE
SANTÉ
PUBLIQUE

The Business Case for Magnet® Designation: Using Data to Support Strategy. (2023). The Journal of Nursing Administration, 53(10S), S3-S12. <https://doi.org/10.1097/NNA.0000000000001338>



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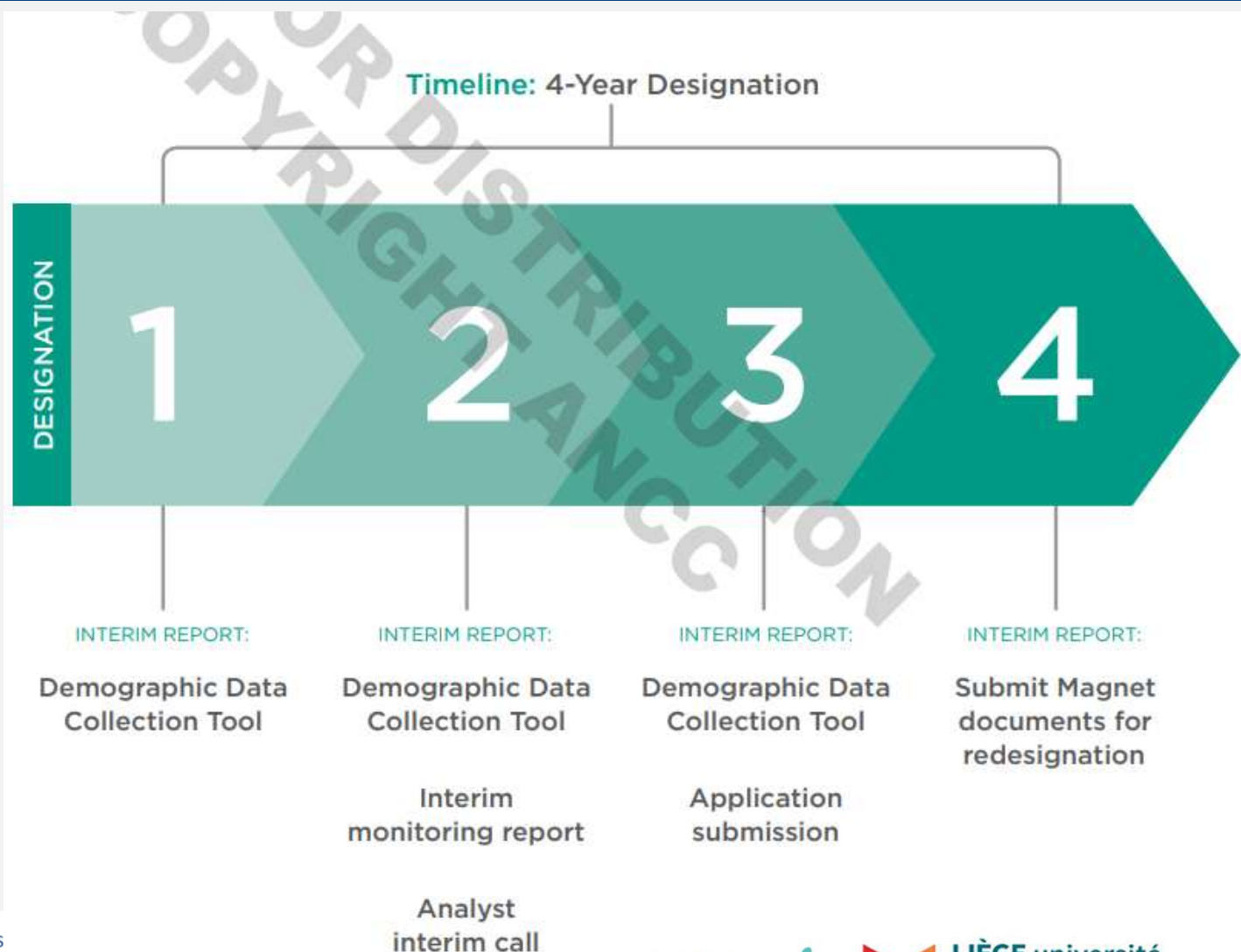


Figure 2.1 Timeline: Four-Year Designation

The Antwerp University Hospital is a 600-bed academic center situated along the University of Antwerp life science campus, an international ranked research university in Belgium. The hospital received Magnet Recognition® in October 2017 after a **10-year journey**. Currently, the hospital is the only Magnet®-recognized hospital in Europe and the 1st recognized in continental Europe.



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THE JOURNAL OF NURSING ADMINISTRATION

Leadership in Nursing Excellence

The Magnet Recognition® Journey Experiences in Europe

Peter Van Bogaert, PhD, RN
Danny Van heusden, MSN, RN
Stijn Sloomans, MSN, RN
Filip Haegdorens, PhD, RN
Martijn Verspuy, MSN, RN
Paul Van Aken, MS, RN
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Guy Hans, PhD, MD
Johnny Van der Straeten, MS
Olaf Timmermans, PhD, RN
Erik Franck, PhD, RN

ANCC'S CREDENTIALING PROGRAMS



AMERICAN NURSES CREDENTIALING CENTER

Organizational Credentials

Individual Credentials



Magnet and Pathway—Providing standards for excellence

The American Nurses Credentialing Center's Pathway to Excellence and Magnet Recognition programs provide healthcare organizations with structures and standards for excellence.

Pathway to Excellence

The Pathway to Excellence Program, the premiere designation for positive practice environments, recognizes healthcare organizations across the care continuum that create workplaces where nurses can excel. To achieve the designation, organizations must demonstrate that the six Pathway standards (shared decision-making, leadership, safety, quality, well-being, and professional development), the essential elements of a positive practice environment, are fully integrated within the organization.

Magnet Recognition

The Magnet Recognition Program requires healthcare organizations to meet eligibility requirements and address standards within five major components that comprise the Magnet Model (below). The model guides the Magnet principles that focus healthcare organizations on achieving superior performance as evidenced by outcomes.



CONTEXTE

- Les systèmes de santé dans le monde font face à des défis persistants : épuisement des infirmières, pénurie de main-d'œuvre, turnover et pression sur la qualité des soins.
- Ces enjeux nécessitent des approches systémiques et durables.



QU'EST-CE QUE PATHWAY TO EXCELLENCE ?

- Un cadre fondé sur des données probantes pour renforcer l'environnement de pratique infirmière.
- Une stratégie globale de transformation culturelle qui va au-delà de la seule profession infirmière.
- Basé sur le partage de la gouvernance, l'autonomisation professionnelle et l'amélioration continue.

LES 5 COMPOSANTES CLÉS



UNE DÉMARCHE D'AMÉLIORATION CONTINUE

- Pathway n'est pas une destination, mais un processus itératif et continu.
- Les principes doivent être intégrés dans la gouvernance, le leadership et la prise de décision opérationnelle (« Living the Pathway Standards »).
- Permet de maintenir les acquis dans le temps, même lors de périodes de transition ou de changement organisationnel.



COMPLÉMENTARITÉ AVEC LE PROGRAMME MAGNET®

- Pathway et Magnet sont des cadres complémentaires mais distincts.
- Pathway : centré sur l'environnement de pratique, l'engagement, le bien-être et la culture.
- Magnet : met l'accent sur les résultats empiriques, les nouvelles connaissances et l'innovation.
- Pour la plupart des organisations (≈ 90 %), Pathway est une démarche indépendante, non un prérequis à Magnet.

IMPACTS OBSERVÉS DANS LES ORGANISATIONS



Plus grand engagement des équipes



Meilleure rétention



Des soins plus sûrs et de meilleure qualité



Meilleure performance organisationnelle



Adoption mondiale dans des contextes de soins variés



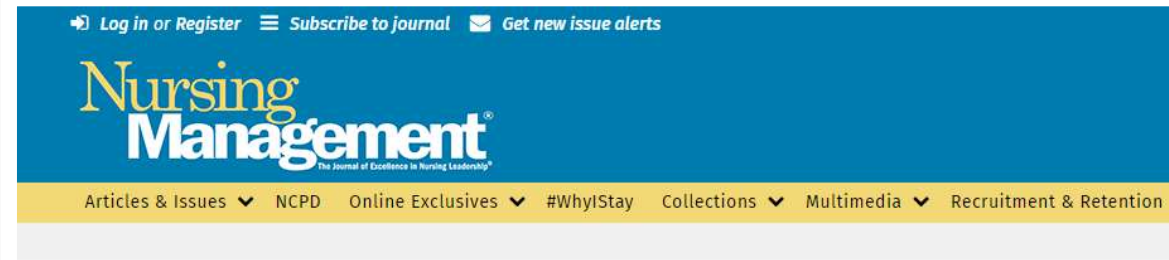
IMPLICATIONS POUR LES ORGANISATIONS

- Aligner les initiatives d'engagement dans une stratégie globale.
- Renforcer les structures de gouvernance partagée.
- Intégrer les indicateurs d'engagement et d'environnement de travail dans les tableaux de bord stratégiques.
- Considérer Pathway comme un levier de transformation durable, et non comme un projet ponctuel.

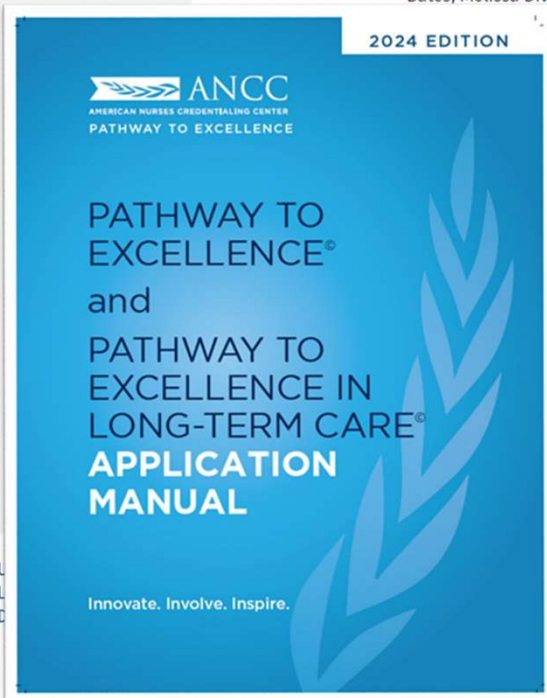
ANCC Pathway to Excellence® Fremework



2024 Application Manual



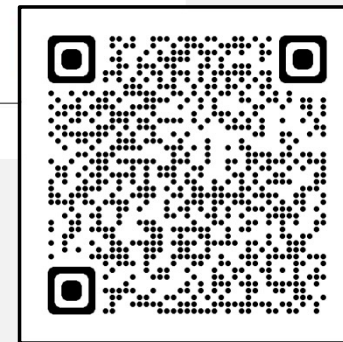
DEPARTMENT: PATHWAY TO EXCELLENCE®
2024 Pathway manual introduction
Bates, Melissa DNP, RN, CDCES; Pabico, Christine PhD, RN, NE-BC, FAAN; Dans, Maricon MSN, RN, NE-BC; Hume, Leigh MN,



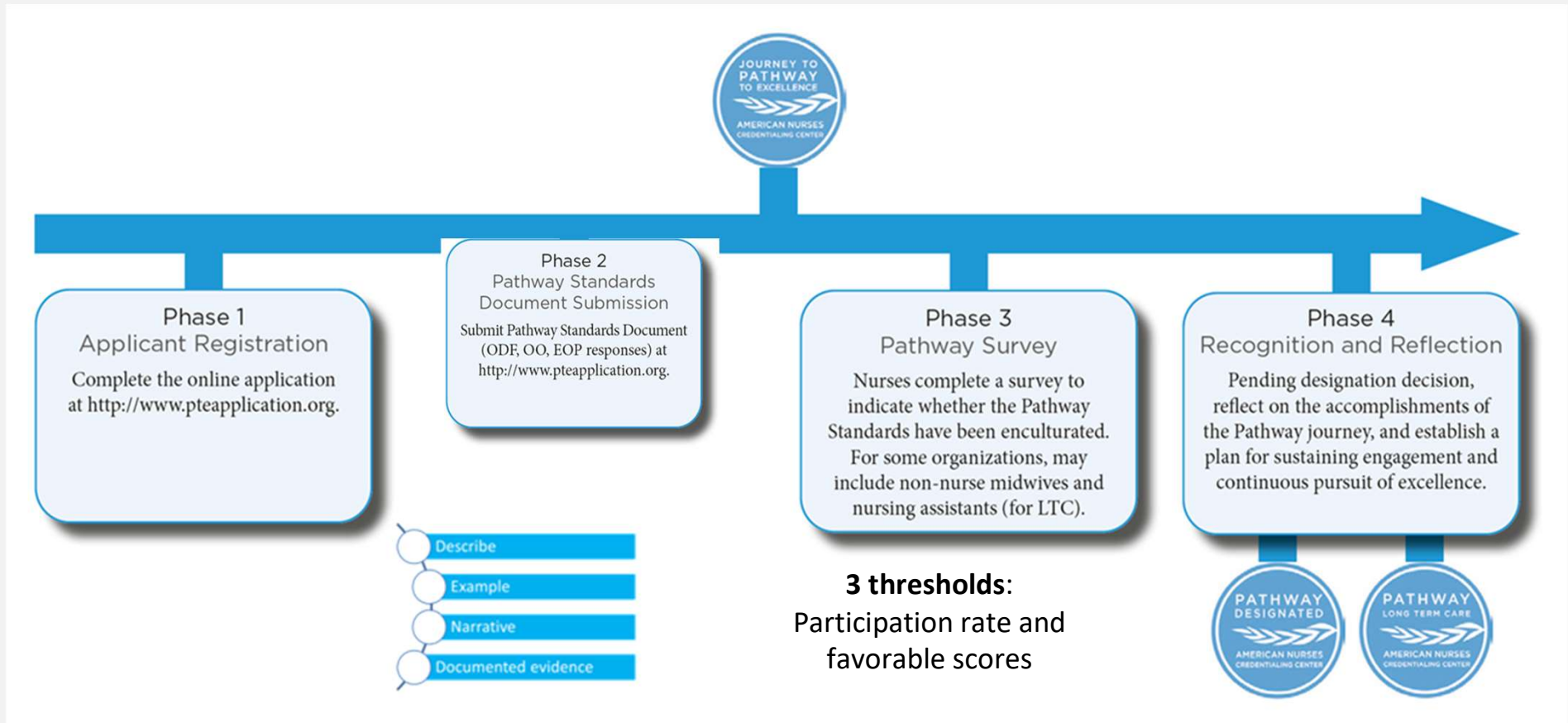
ent (Springhouse) 55(4):p 6-10, April 2024. | DOI: 10.1097/nmg.0000000000000113

New criteria effective February 1, 2025

- **60 EOPs**
- Changes include:
 - Assessing the effectiveness of the SDM structure



Pathway to Excellence updates/news





1. Shared Decision-Making (Décisions partagées)

- Mise en place de conseils infirmiers (shared governance) avec un mandat et un calendrier clairs.
- Implication d'infirmiers de terrain dans le choix des équipements et technologies (comités d'achat, essais comparatifs).
- Procédure standardisée permettant de proposer des améliorations de pratiques basées sur des preuves, avec validation rapide.
- Participation infirmière aux comités institutionnels (douleur, qualité, hygiène, EPI, bien-être) et aux recrutements.



2. Leadership (Leadership infirmier)

- Programme d'orientation spécifique pour les nouveaux chefs d'unité.
- Deux formations annuelles minimum pour les cadres (communication, gestion des conflits, conduite du changement).
- Plan de succession pour identifier et accompagner les emerging nurse leaders.
- Rencontres mensuelles « Ask the CNO » pour favoriser un dialogue direct entre les équipes et la direction infirmière.



3. Safety (Sécurité)

- Dispositif simple de déclaration d'incivilités/violences avec un retour structuré aux équipes.
- Briefings sécurité quotidiens de 5 minutes sur les unités.
- Organisation et suivi des pauses/repas, pilotés par le chef d'unité.
- Circuit formalisé pour signaler les problèmes de staffing à long terme, avec réponse sous 14 jours.
- Audits sécurité semestriels (AES, ergonomie, équipements).
- Référent infirmier pour sécuriser les transferts inter-unités.



5. Well-Being (Bien-être au travail)

- Programme bien-être : ateliers gestion du stress, mindfulness, ergonomie, activités sportives adaptées aux horaires.
- Ligne d'écoute psychologique interne ou externe.
- Rituels de reconnaissance du quotidien (cartes « merci », mur de gratitude, « Bravo du mois »).
- Flexibilité des horaires (8h/10h/12h), selon besoins et contraintes.
- Débriefing systématique après les événements difficiles (pairs formés).
- Baromètre bien-être annuel et plan d'actions associé.



6. Professional Development (Développement professionnel)

- Budget formation accessible directement aux infirmiers.
- Encouragement aux certifications (douleur, diabète, plaies, etc.).
- Parcours de progression clinique (junior → senior → expert → référent).
- Programme de mentorat formalisé (mentors formés, appariement).
- Plan de développement individuel annuel pour chaque infirmier.
- Partenariats avec universités et écoles.



Table 5. Outcome Differences Between Pathway and Magnet Hospitals

	Overall Hospital Rating			Willingness to Recommend the Hospital		
	Before Weighting, Mean (SD)	After Weighting, Mean (SD)	<i>P</i>	Before Weighting, Mean (SD)	After Weighting, Mean (SD)	<i>P</i>
Magnet hospitals	88.1 (2.6)	88.7 (2.9)	0.254	88.1 (3.4)	88.3 (4.0)	0.099
Pathway hospitals	88.2 (3.2)	88.2 (3.2)		87.3 (4.2)	87.3 (4.2)	

TABLE 2: RN survey outcomes by ANCC designation status.

Outcome measure	PTE (mean ± SD)	Magnet (mean ± SD)	Non-ANCC (mean ± SD)	F-statistic	p value	Effect size (η^2) 95% CI	Post hoc ($p < 0.05$)
PES total score	3.23 ± 0.22	3.10 ± 0.17	3.08 ± 0.18	6.51	0.002	0.056 [0.009, 0.118]	Pathway > Magnet; Pathway > non-ANCC
Nurse leadership	3.32 ± 0.22	3.20 ± 0.15	3.20 ± 0.19	5.12	0.007	0.044 [0.004, 0.102]	Pathway > Magnet; Pathway > non-ANCC
Staffing and resources	3.04 ± 0.32	2.84 ± 0.23	2.83 ± 0.27	7.61	< 0.001	0.051 [0.010, 0.105]	Pathway > Magnet; Pathway > non-ANCC
Foundations in QoC	3.29 ± 0.18	3.16 ± 0.16	3.14 ± 0.17	9.44	< 0.001	0.063 [0.016, 0.120]	Pathway > Magnet; Pathway > non-ANCC
Nurse participation	3.14 ± 0.21	2.98 ± 0.20	2.94 ± 0.22	8.90	< 0.001	0.075 [0.018, 0.143]	Pathway > Magnet; Pathway > non-ANCC
Nurse-phys. relationship	3.34 ± 0.19	3.25 ± 0.14	3.23 ± 0.17	3.87	0.022	0.034 [0.000, 0.087]	Pathway > non-ANCC
Retention	83.71 ± 8.77	79.30 ± 6.91	73.88 ± 12.31	18.45 ^a	< 0.001	0.089 [0.037, 0.148]	Pathway > non-ANCC; Magnet > non-ANCC
Prof dev opportunity	4.87 ± 0.31	4.65 ± 0.32	4.50 ± 0.38	16.91 ^a	< 0.001	0.092 [0.036, 0.155]	Pathway > Magnet; Pathway > non-ANCC; Magnet > non-ANCC
Prof dev access	4.78 ± 0.28	4.58 ± 0.30	4.51 ± 0.32	8.57	< 0.001	0.055 [0.013, 0.108]	Pathway > Magnet; Pathway > non-ANCC
RN-assessed QoC	3.61 ± 0.18	3.56 ± 0.15	3.49 ± 0.20	9.39 ^a	< 0.001	0.052 [0.013, 0.102]	Pathway > non-ANCC; Magnet > non-ANCC
Missed nursing care	1.13 ± 0.53	1.32 ± 0.52	1.69 ± 0.73	18.81 ^a	< 0.001	0.092 [0.038, 0.151]	Pathway < non-ANCC; Magnet < non-ANCC

Note: Only significant pairwise comparisons ($p < 0.05$) are reported. Prof = professional; Dev = development; Phys. = physician.

Abbreviation: QoC = quality of care.

^aWelch ANOVA used to test for unequal variances. Post hoc comparisons conducted using Games -Howell.

George, Nicole, Pascale, Angela, Warshawsky, Nora E., Practice Environment and Nurse Outcomes by ANCC Designation: Insights From NDNQI, Journal of Nursing Management, 2025, 1772029, 6 pages, 2025.
<https://doi.org/10.1155/jonm/1772029>

KNOWLEDGE
(Research)



PRACTICE

GAP



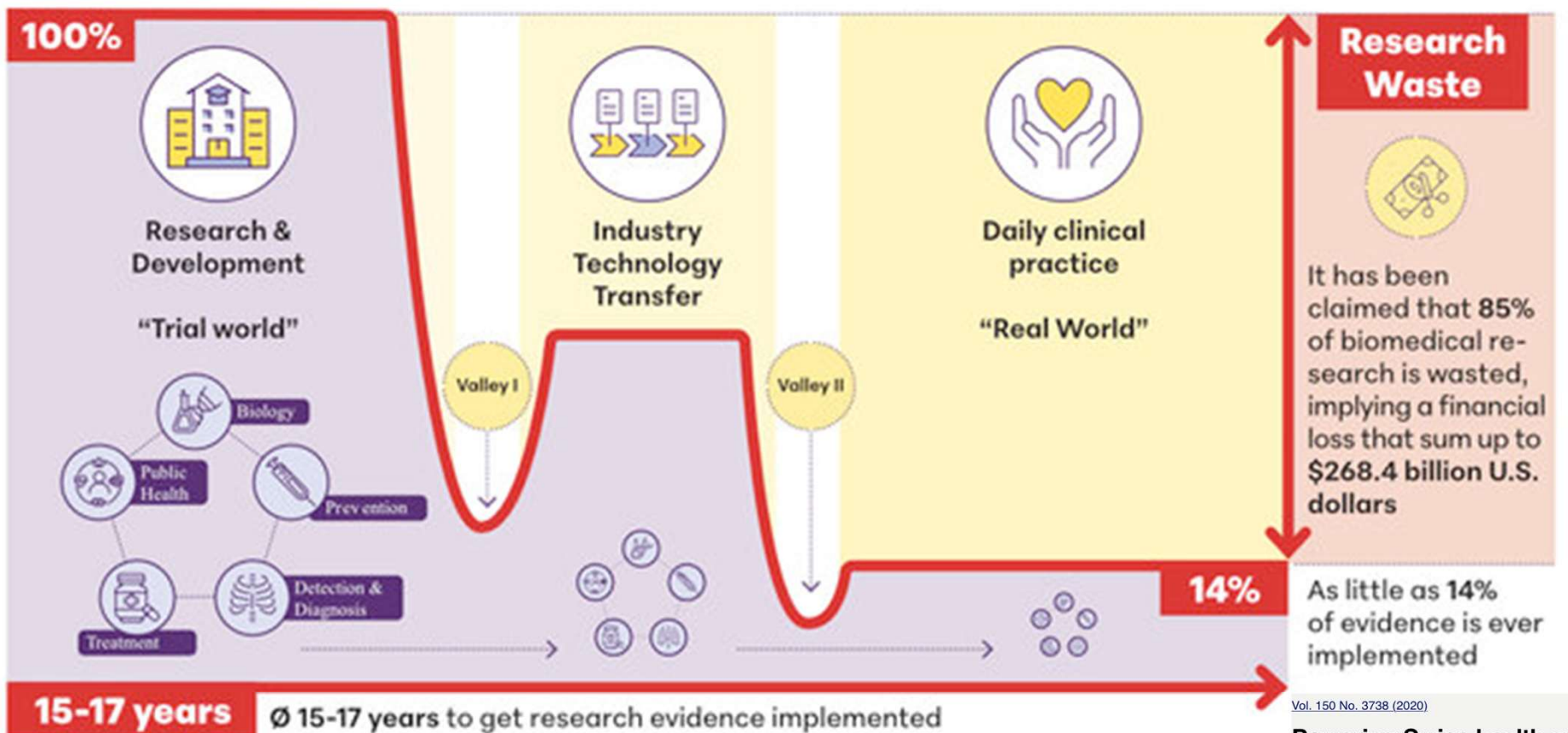
KNOW



Implementation
Science



DO



Vol. 150 No. 3738 (2020)

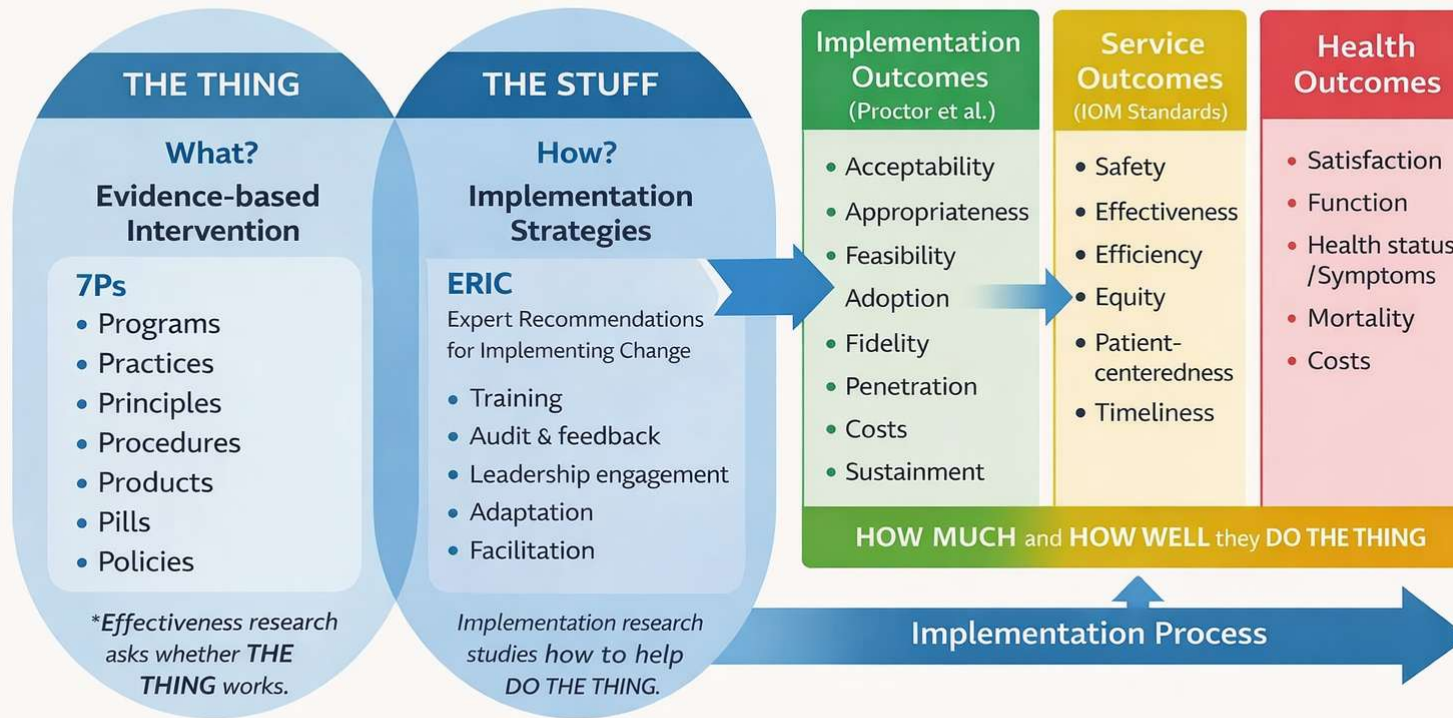
Powering Swiss health care for the future: implementation science to bridge "the valley of death"

Sabina De Geest, Franziska Zúñiga, Thekla Brunkert, Mieke Deschodt, Leah L. Zullig, Kaspar Wyss, Jürg Utzinger

Implementation Science

Enhance speed and effectiveness of translation in real-world settings

Positioning the Implementation Pathway



Transférable?

2021, VOL. 57, NO. 3-4, 187-201
<https://doi.org/10.1080/10376178.2021.1987939>

 **Routledge**
Taylor & Francis Group

Exploring the feasibility of the Magnet Hospital concept within a European university nursing department: a mixed-methods study

Méryl Paquay^a, Jean-Marie Boulanger^b, Médéa Locquet^a, Nadège Dubois^a, and Alexandre Ghuyssen^a

^a Public Health Department, University of Liege, Avenue de L'Hôpital 1, Liège 4000, Belgium ^b Nursing Department, Saint-Luc University Hospital, Avenue Hinnocrate 10, 1200 Woluwe-Saint-Lambert, Brussels, Belgium

> *J Health Organ Manag.* 2024 Sep 3;38(9):329-343. doi: 10.1108/JHOM-04-2024-0159.

Implementation of a magnet hospital model: attracting and retaining healthcare staff in a Swedish hospital

Peter Nilsson¹, Maria Gustavsson¹

health policy
Protocol

A workplace organisational intervention to improve hospital nurses' and physicians' mental health: study protocol for the Magnet4Europe wait list cluster randomised controlled trial 

 Walter Sermeus¹, Linda H Aiken², Jane Ball³,  Jackie Bridges³, Luk Bruyneel¹, Reinhard Busse⁴, Hans De Witte^{5, 6},  Simon Dello¹, Jonathan Drennan⁷,  Lars E Eriksson⁸,  Peter Griffiths³,  Dorothea Kohnen⁵, Julia Köppen⁴, Rikard Lindqvist⁸, Claudia Bettina Maier⁴,  Matthew D McHugh²,  Martin McKee⁹, Anne Marie Rafferty¹⁰, Wilmar B Schaufeli^{5, 11}, Douglas M Sloane², Lisa Smeds Alenius¹², Herbert Smith² Magnet4Europe consortium

Correspondence to Dr Walter Sermeus; walter.sermeus@kuleuven.be

Understanding Implementation Barriers for Lean Magnet Accreditation in the United Arab Emirates: A Qualitative Approach

[Inas Al Khatib](#)^{1,✉}, [Mahmoud Awad](#)¹, [Abdulrahim Shamayleh](#)¹

Laying the foundations for implementing Magnet principles in hospitals in Europe: A qualitative analysis

Ingrid Svensson¹, Jackie Bridges², Jaimie Ellis², Noeleen Brady³, Simon Dello⁴, Jonathan Hooft⁴, Joan Kleine⁵, Dorothea Kohnen⁶, Elaine Lehane³, Rikard Lindqvist⁷, Claudia B Maier⁵, Vera J C Mc Carthy³, Ingeborg Strømseng Sjetne⁸, Lars E Eriksson⁹, Lisa Smeds Alenius¹⁰; Magnet4Europe Consortium

Table 5. Overview of barriers and facilitators ranked by importance.

Outer setting		Characteristics of individuals	
Patient Needs and Resources	++	Knowledge and Beliefs about the Intervention	++
External Policies and Incentives	-	Other Personal Attributes	++
Cosmopolitanism	no	Individual Stage of Change	±
Peer Pressure	no	Self-efficacy	±
		Individual Identification with Organisation	-
INNER SETTING			
Compatibility	++	Access to Knowledge and Information	-
Tension for Change	++	Goals and Feedback	-
Culture	+	Leadership Engagement	-
Available Resources	±	Learning Climate	-
Organisational Incentives and Rewards	±	Networks and Communications	-
Relative Priority	±	Structural Characteristics	-
INTERVENTION			
Adaptability	++	Complexity	±
Cost	++	Design Quality and Packaging	-
Relative Advantage	++	Intervention source	no
Triability	+	Evidence Strength and Quality	no

Note: Major facilitator: ++ / Minor facilitator: +/Neutral: ± / Major barrier: - / Minor barrier: - / no: Not observed

Paquay, M., Boulanger, J. M., Locquet, M., Dubois, N., & Ghuysen, A. (2021). Exploring the feasibility of the Magnet Hospital concept within a European university nursing department: a mixed-methods study. *Contemporary nurse*, 57(3-4), 187–201.
<https://doi.org/10.1080/10376178.2021.1987939>

Incitants



Nilsson P, Gustavsson M. Implementation of a magnet hospital model: attracting and retaining healthcare staff in a Swedish hospital. *J Health Organ Manag.* 2024 Sep 3;38(9):329-343. doi: 10.1108/JHOM-04-2024-0159. PMID: 39308092; PMCID: PMC11407429.

Paquay, M., Boulanger, J. M., Locquet, M., Dubois, N., & Ghuisen, A. (2021). Exploring the feasibility of the Magnet Hospital concept within a European university nursing department: a mixed-methods study. *Contemporary nurse*, 57(3-4), 187–201

Obstacles



> Worldviews Evid Based Nurs. 2020 Oct;17(5):337-347. doi: 10.1111/wvn.12467. Epub 2020 Oct 6.

Differences Between Magnet and Non-Magnet-Designated Hospitals in Nurses' Evidence-Based Practice Knowledge, Competencies, Mentoring, and Culture

Bernadette Mazurek Melnyk¹, Cindy Zellefrow¹, Alai Tan², Andreanna Pavan Hsieh³

► J Nurs Care Qual. Author manuscript; available in PMC: 2021 Mar 31.

Published in final edited form as: J Nurs Care Qual. 2020 Oct-Dec;35(4):323-328. doi:

[10.1097/NCQ.0000000000000479](https://doi.org/10.1097/NCQ.0000000000000479)

Staffing Trends in Magnet and Non-Magnet Hospitals After State Legislation

Pamela B de Cordova¹, Terry Jones², Kathryn A Riman³, Jeannette Rogowski⁴, Matthew D McHugh⁵

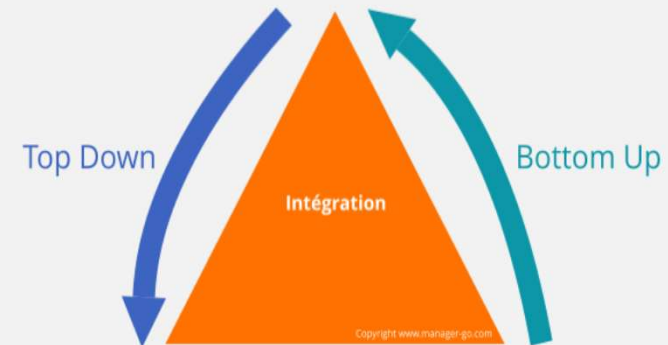


Obstacles

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Implementation of a magnet hospital model: attracting and retaining healthcare staff in a Swedish hospital

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2021, VOL. 57, NO. 3-4, 187-201
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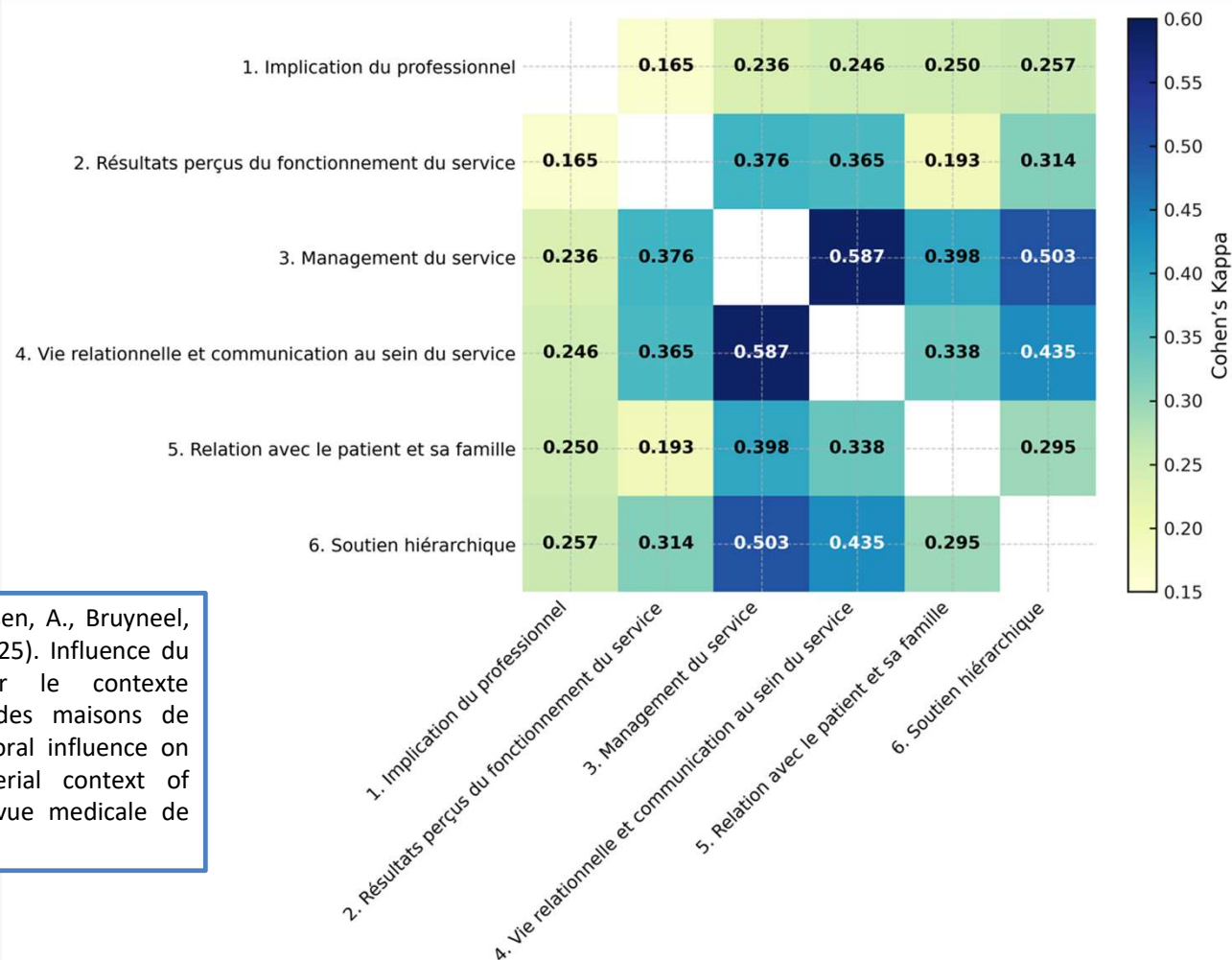
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^a Public Health Department, University of Liege, Avenue de L'Hôpital 1, Liège 4000, Belgium ^b Nursing Department, Saint-Luc University Hospital, Avenue Hinnerate 10, 1200 Woluwe-Saint-Lambert, Brussels, Belgium

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Ingrid Svensson¹, Jackie Bridges², Jaimie Ellis², Noeleen Brady³, Simon Dello⁴, Jonathan Hooft⁴, Joan Kleine⁵, Dorothea Kohnen⁶, Elaine Lehane³, Rikard Lindqvist⁷, Claudia B Maier⁵, Vera J C Mc Carthy³, Ingeborg Strømseng Sjetne⁸, Lars E Eriksson⁹, Lisa Smeds Alenius¹⁰; Magnet4Europe Consortium



Loumrhari, N., Gontier, R., Ghuysen, A., Bruyneel, A., Kaivers, V., & Paquay, M. (2025). Influence du modèle de gouvernance sur le contexte organisationnel et managérial des maisons de repos en Région wallonne [Sectoral influence on the organizational and managerial context of nursing homes in Wallonia]. *Revue medicale de Liege*, 80(12), 782–789.

Obstacles



Health policy
Protocol

A workplace organisational intervention to improve hospital nurses' and physicians' mental health: study protocol for the Magnet4Europe wait list cluster randomised controlled trial 

 Walter Sermeus¹, Linda H Aiken², Jane Ball³,  Jackie Bridges³, Luk Bruyneel¹, Reinhard Busse⁴, Hans De Witte^{5, 6},  Simon Dello¹, Jonathan Drennan⁷,  Lars E Eriksson⁸,  Peter Griffiths³,  Dorothea Kohnen⁵, Julia Köppen⁴, Rikard Lindqvist⁸, Claudia Bettina Maier⁴,  Matthew D McHugh²,  Martin McKee⁹, Anne Marie Rafferty¹⁰, Wilmar B Schaufeli^{5, 11}, Douglas M Sloane², Lisa Smeds Alenius¹², Herbert Smith² Magnet4Europe consortium

Correspondence to Dr Walter Sermeus; walter.sermeus@kuleuven.be

Research Article

Impact of the Covid-19 crisis on the hospital work environment and organization: A mixed-methods study

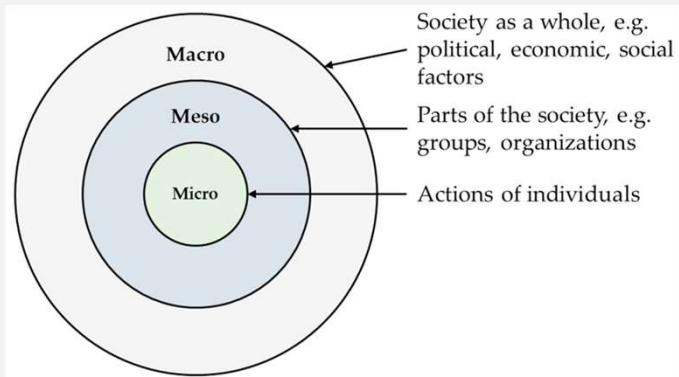
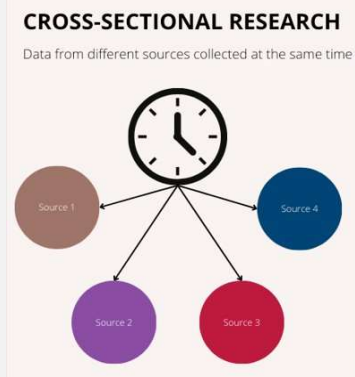
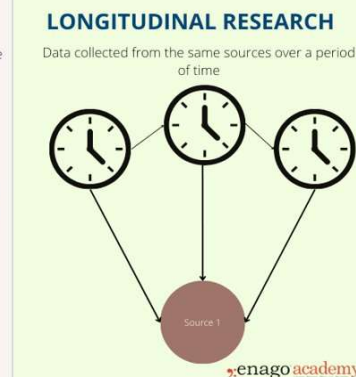
Méryl Paquay  , Anh Nguyet Diep, Zoé Kabanda, Aurore Ancion, Justine Piazza & Alexandre Ghuysen

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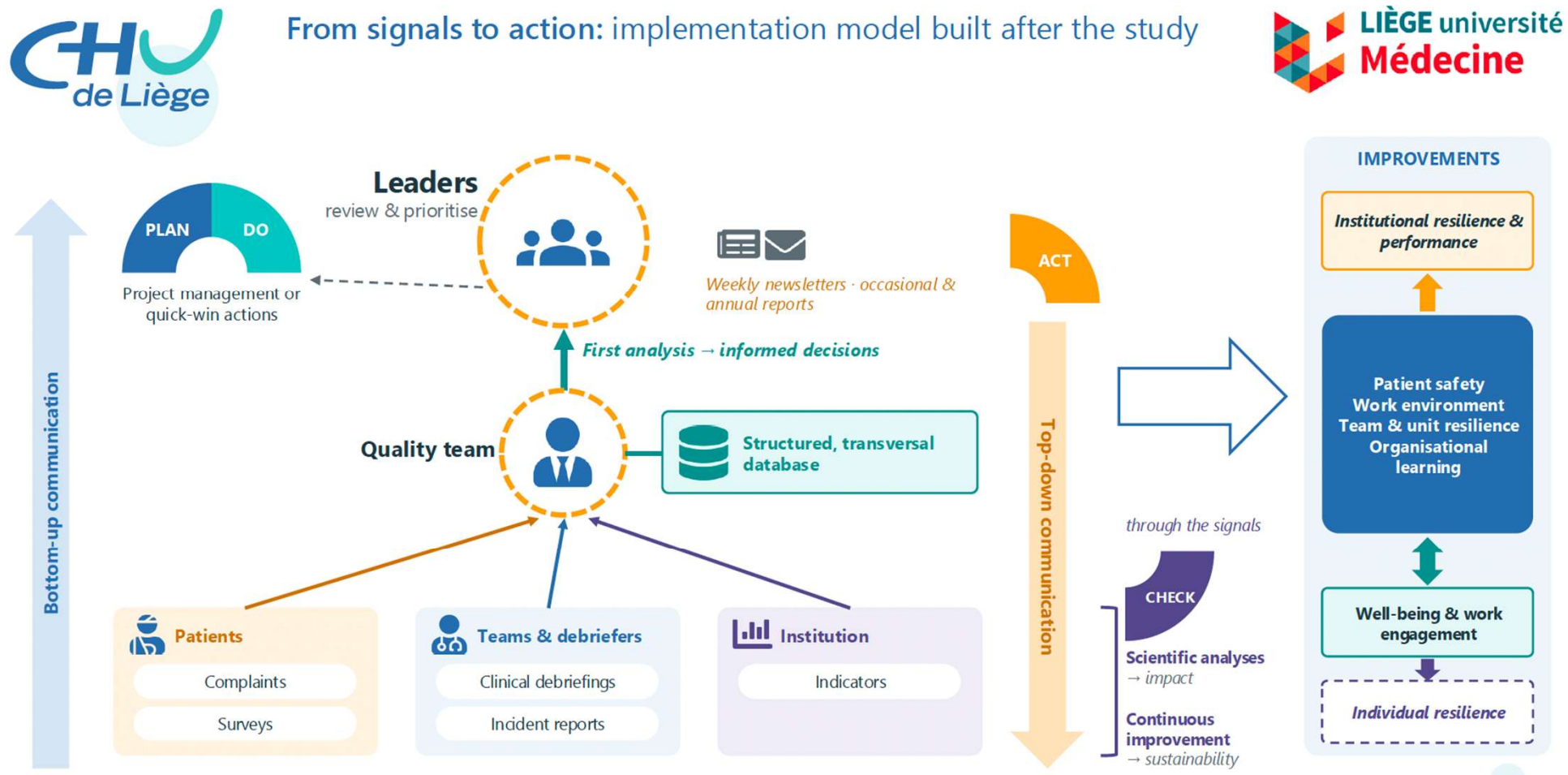


Comparative analysis of routine clinical debriefings and incident reports: insights for patient safety and teamwork enhancement

Méryl Paquay, Michaela Kolbe, Sophie Klenkenberg, Clément Buléon, Audrey Bertrand, Robert Simon, Alexandre Ghuysen

International Journal for Quality in Health Care, Volume 37, Issue 1, 2025, mzaf010, <https://doi.org/10.1093/intqhc/mzaf010>

Published: 01 February 2025 Article history





PATH-FR-BE

Pathway to Excellence for Francophone Belgian Hospitals



**Adapter le modèle Pathway
pour améliorer le bien-être des soignants**

Arnaud Bruyneel

Université libre de Bruxelles (ULB)
Sciences de la santé publique

Méryl Paquay

Université de Liège (ULiège) / CHU Liège
CHLiège - Qualité et Sécurité

Pathway to Excellence

Wallonie 

A hybrid effectiveness–implementation study

PHASE A

Contextual analysis



Literature review



Stakeholder &
patient perspectives

Mixed methods



Co-designed
implementation
toolkit

PHASE B

Implementation and evaluation

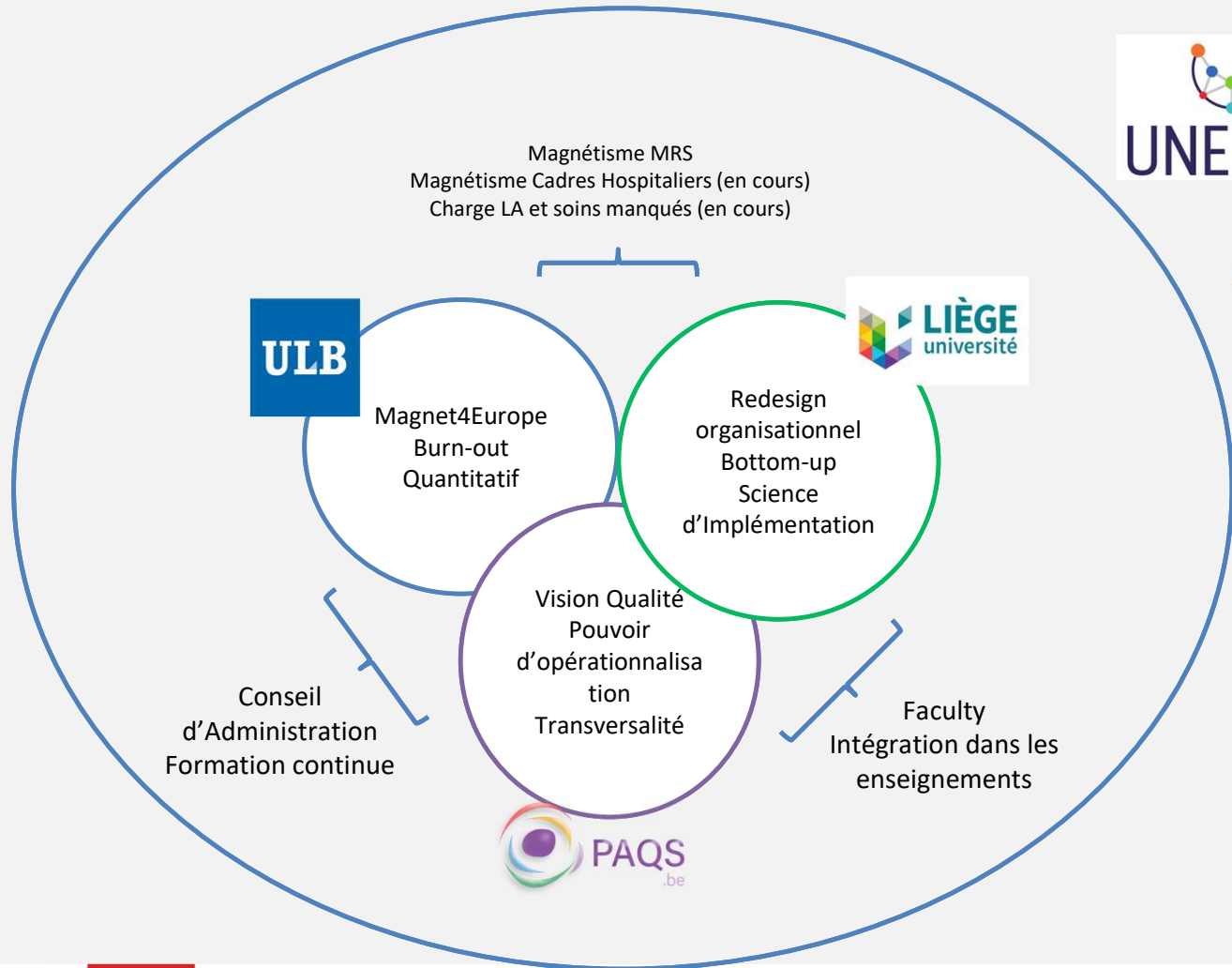
Implementation in practice



Implementation
outcomes



Effectiveness
outcomes



Conclusions



**Bien-être
au travail**



**Adaptation
au terrain**



**Recherche
en implémentation**



**Co-construction
et gouvernance**



**Attractivité
et pérennité**



**Qualité
des soins**

Thank you for your attention!

- › Any questions ?
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 - › meryl.paquay@chuliege.be
-