
Travelers on the Magnet Journey:

The Contribution of Travel Nurses in Preparing for
and Maintaining ANCC Magnet™ Designation

Kim Windsor, MSN, MBA
Vice President, Clinical Services
AMN Healthcare

Bette Case DiLeonardi, PhD, RN-BC
Independent Consultant

September 2007

Introduction

This white paper discusses how travel nurses can contribute to the Magnet™ journey of healthcare facilities and identifies some examples of the roles travel nurses can play along the way.

What does it mean to embark on “the Magnet journey?”

The American Nurses Credentialing Center (ANCC) established the *Magnet Recognition Program*¹ in 1994 to recognize healthcare organizations that provide nursing excellence, and to help disseminate successful nursing practices and strategies to nursing administrators throughout the country. ANCC is the credentialing arm of the American Nurses Association (ANA), and its Magnet Recognition Program is the highest level of recognition that ANCC can extend to healthcare organizations.

As described on the ANCC Web site, “Creating and sustaining a culture of excellence is what it means to be on the Magnet™ journey.” The ultimate consequence of this journey is also described: “Recognizing quality patient care, nursing excellence, and innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive.” Magnet-designated facilities consistently dominate the list of top-rated hospitals in the country, which helps attract top nursing talent to their core staffing ranks, improves patient care, and, according to some studies, can even improve an organization’s profitability.

AMN Healthcare, Inc., the largest temporary healthcare staffing company in the United States, recognizes the importance of the Magnet program and the role travel nurses can play in Magnet designation. “Travel nurses” may be defined as nurses on temporary assignments, generally 13 weeks or more, who are recruited and employed by a staffing agency that contracts directly with healthcare facilities.² Such nurses currently represent approximately 1-2% of America’s nursing workforce. This paper sets forth how travel nurses can contribute to a healthcare facility’s successful journey to Magnet Designation.

Magnets Attract

The Magnet Recognition Program takes its name from the great success of certain healthcare facilities in attracting and retaining nurses. Research findings have identified (McClure, et al, 1983) and elaborated upon (McClure & Hinshaw, 2002) the characteristics of such facilities. The American Nurses Association built upon these seminal findings to define a culture that supports nursing excellence and high quality patient care (Morgan, et al, 2006).

The American Nurses Credentialing Center has crystallized the descriptors of the professional environment that supports growth and development of nursing staff and excellence of nursing services into 14 qualitative factors known as the “Forces of Magnetism” (ANCC, 2005). The Forces form the conceptual basis of criteria that

¹“American Nurses Credentialing Center,” “Magnet Recognition Program,” and “ANCC Magnet Recognition” are registered trademarks, and “Magnet” is an unregistered trademark, of the American Nurses Credentialing Center Corporation.

²Note that travel nurses are distinct from “per diem” nursing staff. Per diem nurse are called upon for shift or short term assignments, supplied by local agencies.

ANCC uses to appraise applicants for Magnet status and ultimately decide whether to designate a facility as a Magnet³. The first Magnet designation was awarded to the University of Washington Medical Center in Seattle in 1994. The Magnet Recognition Program has since expanded to recognize international healthcare organizations.

Research documenting the characteristics of a professional nursing environment and high quality patient care outcomes in Magnet facilities are summarized in *The Magnet Recognition Program® Application Manual*, 2005 pp. 4 – 5. One Magnet coordinator commented upon additional benefits of Magnet status, “Our Magnet status is believed to have affected our ability to negotiate for better reimbursement rates with managed care organizations, secure a \$1.5 million donation for endowed chair for nursing practice, as well as improve our hospital ranking and bond rating.” (Graf in Smith, 2006b, p. 158). Research findings also show a positive relationship between Magnet status and financial performance (Tuazon, 2007).

The Magnet Recognition Program is valued by nursing leaders in facilities worldwide as a means of celebrating excellent nursing practice environments, and also attracting nurses and other healthcare professionals, as well as patients (ANCC, 2006b). As of September 2007, 256 facilities have gained Magnet status – a 25% increase in the past year.

Objectives of the Magnet Recognition Program (ANCC, 2006a)

The objectives of the Magnet program include:

- ✦ Promote quality in a milieu that supports professional nursing practice
- ✦ Provide a vehicle for the dissemination of successful nursing practices and strategies among healthcare organizations using the services of registered professional nurses
- ✦ Promote positive patient outcomes

Travel Nurses Can Support Magnet Designation

While some in the nursing community have expressed concern about the role of temporary nursing staff in a Magnet environment, travel nurses can contribute to a facility’s pursuit and maintenance of Magnet status.

The Magnet Recognition Program does not formally distinguish between travel nurses and local agency per diem nurses, requiring Magnet applicants to submit general data related to their use of all supplemental staffing. This may have had the effect of creating a perception among some nursing leaders that using travel nurses adversely affects the pursuit of Magnet status. However, travel nurses offer distinct advantages over local or per diem nurses such as continuity of care and assimilation with staff. In fact, evidence supports the conclusion that travel nurses can — and do — contribute to a strong professional nursing environment, high quality patient care, and consequently, a successful Magnet journey and sustained Magnet recognition.

³ANCC will release a revised manual in 2008 which may include changes in numbering of the Forces; Forces cited in this document refer to the 2005 manual.

The Value of Travel Nurses

Though a key result of Magnet status is retention of nurses, many factors influence the staffing levels in healthcare. Even a facility in which the Forces of Magnetism are operating may still need to supplement core staff during times of change. Travel nurses contribute to quality environments in a number of ways:

1. Improved staffing levels, which may be achieved through use of travel nurses, enhance the quality of care.
2. Travel nurses bring additional and varied experience and expertise.
3. Core staff nurses' perceptions of travel nurses are positive.

As a travel nurse provider, AMN Healthcare has years of client feedback that provide anecdotal evidence of the positive contributions of travel nurses. Recent empirical evidence supports AMN's experience, including a 2007 survey of nurse leaders in Magnet facilities regarding the use of travel nurses.

AMN's position is supported by evidence related to:

- Supplemental Nurse Staffing in Hospitals and Quality of Care (Aiken, et al., 2007, published research)
- Travel Nurse Satisfaction in Magnet Facilities (2006 AMN survey)
- Survey of Chief Nursing Officers (2006 AMN)
- Survey of Magnet Nurse Leaders' Perceptions of Travel Nurses (2007 AMN)

Use of Supplemental Staffing in Magnet Facilities. Linda Aiken, PhD, FAAN, FRCN, RN, Co-Director of the National Council on Physician and Nurse Supply and distinguished professor and researcher at the University of Pennsylvania, and fellow researchers have conducted extensive research related to patient outcomes and nursing care. In a recent study published in the *Journal of Nursing Administration* researchers analyzed data previously collected and found that the use of supplemental staffing has not interfered with desirable patient outcomes (Aiken, et al, 2007). In fact, the study found better outcomes associated with higher percentages of temporary staffing and concluded, "The assumption that the use of temporarily assigned nurses has an adverse impact on quality of care, although widely held, may be more of a myth than reality." The researchers theorized that lack of adequate staffing and resources may contribute to poor outcomes, while the use of temporary staff nurses may mitigate or compensate for lack of resources. Their findings also indicated that, compared with permanent staff nurses, temporary nurses are equally experienced and more likely to hold a BSN or higher degree.

Other recent research findings indicate that the presence of supplemental staff need not impede the Magnet journey (Dunton, et al., 2006). This study found that nearly half of the units which received designation had actually increased use of supplemental staff in the quarters just preceding Magnet designation, though not by a statistically significant amount. Though a majority of the units studied (77%) decreased use of supplemental

staff after designation, the magnitude of the decrease was not statistically significant. Twenty-three percent of the units increased use of agency staff after designation, again by an amount that did not reach statistical significance.

Travel Nurse Satisfaction in Magnet Facilities. Travel nurse satisfaction differs significantly in some respects between Magnet and non-Magnet facilities (AMN, 2007c). Results of an AMN satisfaction survey of nearly 4,500 travel nurses showed that travel nurses working in Magnet facilities gave significantly higher satisfaction ratings, as compared with nurses in non-Magnet facilities, in each of the following categories:

- Nurse managers
- Patient safety
- RN staffing levels
- Likelihood of working at the facility again
- Likelihood of recommending the facility to others

Survey of Chief Nursing Officers Regarding Travel Nurses. In 2007, AMN sent surveys to 4,000 Chief Nursing Officers (CNOs) at acute care facilities representing all 50 states. Three hundred fifty-three CNOs responded, including CNOs of both Magnet and non-Magnet facilities. (AMN, 2007b). Sixty percent of the CNOs used travel nurses at the time of the survey and two-thirds had used travel nurses during the past year. The results showed that a majority of CNOs perceived that travel nurses contribute positively to quality of care, that their presence offers benefits to core staff, and that, overwhelmingly, core staff recognize travel nurses as professional colleagues.

In fact, 55% of CNOs cited maintaining quality of care as one of the most important reasons for using travel nurses. Moreover, more than 90% indicated that travel nurses have skills that are adequate, equal to, or superior to that of core staff.

Approximately 40% of these acute care facility CNOs cited family medical leave as another important reason to use travel nurses. Filling in for nurses on leave is a critical use of travel nurses that provides an important benefit for core staff, especially when viewed in conjunction with the finding that more than 40% of these CNOs indicated that preventing burnout of existing staff was the most important benefit of using travel nurses.

More than two-thirds of CNOs considered interaction with permanent staff an important concern. Significantly, nearly 95% indicated that travel nurses are accepted or tolerated by core staff.

Magnet Nurse Leaders' Perceptions of Travel Nurses. Focusing specifically on Magnet facility leaders' perceptions, AMN Healthcare surveyed the 135 Magnet facilities in which AMN travel nurses worked during 2005 and 2006. Approximately 20% of these facilities responded, including CNOs, Magnet Coordinators, and other

representatives (AMN, 2007c). The respondents frequently identified two areas in which travel nurses contribute to the Magnet journey: stabilizing staffing and contributing to improving quality patient care and outcomes. Specifically:

- ✦ In more than one-third of the facilities, travel nurses facilitated core staff participation in work groups, councils, precepting, quality improvement activities and professional development. Respondents indicated that they used travel nurses less frequently to facilitate core staff participation in peer review and in development of standards of care and practice.
- ✦ Nearly two-thirds of respondents had included travel nurses in feedback to improve patient care, nursing practice and the work environment. In more than one-third of the facilities, travel nurses had contributed best practices.
- ✦ Nearly 25% of respondents stated that travel nurses had made contributions based upon their experiences in other Magnet facilities. One CNO commented that travel nurses in the emergency department and the critical care units had sought permission to use forms and protocols from prior assignment facilities.
- ✦ Respondents noted that the use of travel nurses freed core staff to participate actively in the Magnet survey.
- ✦ Travel nurses themselves made positive contributions during the survey. In one facility, the Magnet appraiser specifically requested to speak with travel nurses and asked them to compare their experiences in previous assignments with their current assignment. Magnet appraisers at times have asked travel nurses what would make them choose to stay in the facility.
- ✦ Most of the facilities (75%) which responded have hired travel nurses to join core staff when the travel assignment is completed
- ✦ In some facilities, travel nurses helped core staff identify excellence in their own facilities
- ✦ More than one-third of respondents mentioned that some core staff nurses harbor resentment toward travel nurses based upon perceptions that travel nurses receive higher pay and housing or are less accountable and committed to the facility. Yet 70%, including some who identified resentment, found core staff perceptions overall were favorable and appreciative. In some settings experiencing seasonal census fluctuations, core staff recognized that use of travel nurses offers needed staffing in peak census times while avoiding the need to “call off” core staff during low census times. Some nurse leaders in Magnet facilities reported that core staff members perceive travel nurses as “qualified peers,” “equal team members,” making “a unique but valuable contribution to the quality practices of the unit.”

In summary, respondents recognized that travel nurses enable facilities to maintain and improve nurse-to-patient ratios, having a favorable impact on patient outcomes. Many facilities reported that travel nurses brought best practices, facilitated core staff nurse participation in councils and in other Magnet-related activities, and contributed positively to the Magnet site visit.

How Travel Nurses Support Magnet Recognition

Magnet status is defined by 14 Forces of Magnetism, and a facility applying for Magnet status must document specifically how it addresses each Force. The use of travel nurses supports a facility's achievements in many of the Forces.

A nurse leaders' decision to supplement staffing with well-qualified travel nurses supports one of the components of Force 1. Quality of Nurse Leadership — that leadership is "able to secure adequate fiscal and human resources to support nursing practice" (ANCC, 2005, p. 36).

Case 1: How Travel Nurses Benefit the Staff at Mease Countryside Hospital

"Without a doubt our nurses couldn't go to council meetings or staff meetings without the travelers. We have a number of councils functioning. Travel nurses participate in these groups as well.

Travel nurses bring lots of ideas. Sometimes they contact previous facilities for permission to use forms and protocols — especially in critical care and ER.

Travel nurses probably have even greater capacity to contribute but may not be called upon due to their short stay.

We get some negative comments from core staff, such as, 'the travel nurses have housing paid and make more money.' But generally they are well-accepted, and especially in the winter. Here in Florida, we have some seasonal increase in staffing needs. Core staff realize that use of travel nurses in winter prevents the need to 'call off' regular staff during the summer. Staff nurses recognize a difference in quality between agency and travel nurses. They prefer to work with travel nurses.

We welcome travel nurses. I would always prefer core staff, but that's not always possible."

Lisa Johnson, MS, MSN, RN, CNAA
Chief Nursing Officer

Morton Plant Mease Health Care-Mease Countryside Hospital, Safety Harbor, Florida

The Forces of Magnetism are supported by:

- ✦ Supporting RN staffing levels
 - Magnet coordinators indicate that although their facilities had operationalized many Forces prior to embarking upon the Magnet journey, recruitment and retention remained a challenge.
 - Nurse satisfaction is among the National Database of Nursing Quality Indicators (NDNQI) which Magnet applicants and Magnet facilities may choose for benchmarking. Nurse satisfaction is an important indicator in the Magnet assessment. Nurse satisfaction is linked to scheduling, especially among new graduates—a group that exhibits significant attrition (Halfer & Graf, 2006). Use of travel nurses can permit core staff to receive preferred work schedules, which increases their satisfaction.
 - Based upon evidence that a RN-rich skill mix is associated with favorable patient outcomes, national benchmarks of nurse-sensitive indicators such as the NDNQI indicators, include skill mix. Magnet applicants and Magnet facilities must report quarterly on nurse-sensitive indicators and many choose to report on the NDNQI indicators. Professional Models of Care also addresses skill mix. Travel nurses bring new and varied skills to their assignment facilities (Force 5).
 - Judicious use of temporary staff nurses ensures patient safety and quality of care (Aiken, et al, 2007).
- ✦ Introducing best practices, evidence-based practice, innovative solutions and elements of Magnet culture (Force 3. Management Style, Force 5. Professional Models of Care, Force 6. Quality of Care, Force 9. Autonomy)
 - Travel nurses bring experience with best practices, evidence-based practices and innovative solutions from their previous travel assignments.
 - Travel nurses may also bring experience with the Magnet journey and Magnet environments. AMN travel nurses have worked in more than one-half of the current Magnet facilities representing more than 2,500 assignments during 2006. In recent years, approximately 900 AMN nurses have worked in Magnet facilities each year.
 - One Magnet coordinator observed that, “As more hospitals gain Magnet recognition, it actually makes it more difficult to sustain the recognition as the bar is continually raised” (Rackstein in Smith, 2006a). Travel nurses who have experience in Magnet facilities can offer new approaches.
 - Representatives of Magnet facilities agree that although each facility evidences the Forces in unique ways, certain themes and language characterize the Magnet environment (Smith, 2006a; 2006b). The travel nurse who has experience in Magnet environments can facilitate core staff in communicating about and expressing the Magnet culture.

- Infusing a spirit of empowerment
 - The Magnet journey requires nursing staff to participate in professional activities on an ongoing basis; competent travel nurses in direct patient care roles can free core staff to participate in these activities, such as:
 - Formal and informal work groups (Force 1. Quality of Nursing Leadership)
 - Participatory governance models (Force 3. Management Style)
 - Policy review and creation (Force 6. Quality of Care)
 - Standards of care and practice (Force 6. Quality of Care)
 - Quality improvement activities (Force 7. Quality Improvement)
 - Peer review (Force 9. Autonomy)
 - Precepting (Force 11. Nurses as Teachers)
 - Professional development and training (Force 14. Professional Development)

Competent, highly-qualified, and well-oriented travel nurses in direct patient care roles can free core staff to participate as the facility develops an infrastructure to support a professional practice environment. Core staff nurses need these opportunities to develop the skills needed for empowerment. One Magnet coordinator stated that with respect to self-governance structures, “The average institution needs at least five years for the model to get traction with staff.” (Graf in Smith, 2006a, p. 114). Use of travel nurses can permit core staff to learn these new skills without compromising patient care, as studies have shown that the use of supplemental staffing has not interfered with desirable patient outcomes (Aiken, et al, 2007).

The Magnet Investment

Healthcare facilities who embark upon the Magnet journey make a significant financial commitment (Tuazon, 2007). One Magnet coordinator stated that her facility “spent approximately \$100,000 per year in the years before, during, and after their recognition in non-salary expenses” to support the program (Micek in Smith, 2006b, p. 158). Magnet coordinators acknowledge the significant cost of educating and involving unit staff in the Magnet journey. Participating in these activities and the site visit requires replacing core staff in unit staffing. Many CNOs rely upon travel nurses to maintain a high standard of patient care and facilitate involvement of core staff in Magnet-related activities.

The expense represents an investment not only in favorable patient care outcomes and nurse satisfaction, but also in favorable performance on fiscal measures. “There’s evidence to support that the Magnet facilities have higher profitability ratios than their counterparts... Magnet hospitals had better financial performance compared with non-Magnet hospitals, as evidenced by higher mean scores in operating margin, total margin, and return on equity” (Tuazon, 2007, p. 30).

Travel nurses add value, and justify their expense, through contributing their own experience and expertise to patient care, and facilitating core staff's fuller participation in professional activities away from the bedside.

Case 2: How Travel Nurses Contribute to the Magnet Program at Stanford University Hospitals

"We're continuously developing new programs and converting units to new specialties or transforming them to provide new services. That generates staffing needs. Using travel nurses allows us to quickly augment our experienced staff with additional RNs who have specialty skills and to respond to the changing needs in our healthcare environment.

We run at 90% capacity in most of our units. Using traveling nurses allows us to dedicate core staff time for training in new competencies. In addition to opening new specialty units, we plan to train 1,600 nurses in the fall for our new Electronic Medical Documentation system. We will have travel nurses on our staff to facilitate that training.

We have a great deal of longevity on our nursing staff. That's a tribute to an environment that retains nurses. We have found value in the new ideas that travel nurses bring, including the application of evidence-based practice. They contribute their experience from previous assignments at Magnet facilities to help us meet the challenges of continually addressing the Forces. In addition, during our preparation and survey they were cheerleaders...assuring us that we deserved Magnet designation based on their experiences in other Magnet facilities.

The travel nurses model the flexibility and adaptability that is key to their success as travel nurses. They integrate well with our staff. Core staff nurses recognize their strengths and good relationships develop—they're not at all outsiders.

Our experience has been that a number of our traveling nurses choose to join our permanent staff. This is ideal because after their assignment is completed, we know them and they know us. We can select high quality staff who have proven themselves in our environment...and they make their choice to work with us based on their knowledge of their chosen unit. They're happy and we're happy."

Joan Forte, BSN, MBA, RN, CNA-BC
Director of Nursing Resources and Finance
Stanford University Hospitals and Clinics, Stanford, California

All Temporary Staffing is NOT Created Equal: Travel Nurse Advantages for Nursing Leaders to Consider

“More than 80% of Magnet hospitals in the United States contract with staffing firms,” and make strategic use of travel nurses (American Nurse Today Editorial Staff, 2007, p. 53). Although The Magnet Recognition Program does not distinguish among various forms of “contracted supplemental/temporary staffing agencies” (ANCC, 2005, p. 121), there are distinctions with differences that impact the Magnet journey. Survey results which included both Magnet and non-Magnet facilities indicated that 60% of facilities used travel nurses at the time of the survey and two-thirds had used travel nurses during the past year (AMN, 2007b).

A survey of these facilities reported:

- Several Magnet facilities that use travel nurses indicated that they do not use local per diem-agency nurses, citing the specialty expertise of travel nurses (AMN, 2007a).
- Facilities generally contract for travel nurses in 13-week assignments, reflecting a thoughtful planning process, rather than filling shifts on short notice. Nurse leaders can plan use of travel nurses to free core staff for fuller participation in decision-making, development of standards of care and practice, quality improvement, peer review, precepting, and professional development (Force 1. Quality of Nursing Leadership; Force 6. Quality of Care; Force 7. Quality Improvement; Force 9. Autonomy; Force 11. Nurses as Teachers; Force 14. Professional Development.)
- Specialized orientation for travel nurses can maximize previous experience and augment the typical new employee orientation. Facilities that have developed such an orientation might showcase it in their evidence to support Force 14. Professional Development.
- The typical 13-week travel nurse assignment permits the travel nurse to become a fully oriented, fully functioning member of the unit staff.
- When travel nurses extend their assignment beyond their initial 13-week commitment, the facility continues to benefit from their nursing expertise and also gathers further evidence of the facility’s Magnetism in attracting nurses. In AMN’s experience, approximately 75% of travel nurses extend their assignments.
- Travel nurses strengthen a facility’s evidence of respect for diversity and culturally sensitive care (Force 6. Quality of Care). The travel nurse demonstrates cultural competence by often bringing experiences in diverse cultures, communities, and practice environments.
- The travel nurse, by definition, brings experience from other facilities—often a variety of settings nationwide, including Magnet facilities. The travel nurse can contribute best practices and innovations to patient care including evidence-based practices.

- When a facility recruits travel nurses to its core staff, it gains the benefit of a competent nurse who has had experience in the facility. Travel nurses bring experience with best practices, evidence-based practice, innovative solutions, culturally-sensitive care, and Magnet cultures. Supplemental staff offers some highly desirable qualities (Aiken, et al, 2007), and nursing leaders can target them to augment their permanent recruitment strategies.

Case 3: How Banner Good Samaritan Medical Center Achieves Great Results with Travel Nurses

“We set a very high bar for criteria our travel nurses must meet. We create somewhat of a profile of the kind of traveler we are looking for. When the travel nurse completes the assignment, the unit staff and manager evaluate the travel nurse’s performance. We continually refine our criteria to help us choose nurses who will integrate well. We also identify any problems that may have occurred and may decide that we do not want a particular nurse to work with us again if problems have arisen.

The travelers communicate with one another about preferred places to work and we get feedback that we’re held in high regard in that respect. Part of the reason is that we invest in an intensive orientation for them and designate staff to walk them through the orientation process.

In Arizona, our nurse-to-resident ratio is low and our reality is that we will continue to need supplemental staffing resources. Here in the Sun Belt, our population is growing faster than our nursing resources.

Some might say, ‘What’s your problem? You’re a high-quality hospital; why can’t you get the staff you need?’ We simply do not have enough nurses and our schools are not producing enough nurses to meet the need—particularly needs of our aging population with their multiple co-morbidities and needs for care.”

Deborah Boyle RN, MSN, AOCN, FAAN
Magnet Coordinator
Project Leader, Gerontology & Survivorship Nursing Studies Program
Banner Good Samaritan Medical Center, Phoenix, Arizona

Case 4: How Travel Nurses Helped High Point Regional Health System Become One of the First Magnet Designees

“We received our Magnet designation in 2001—we were the 36th facility designated. Travel nurses were used to assist us in the process. One of our med-surg units had high turnover and staff were feeling low. We used several travel nurses to stabilize the staffing of the unit. They were experienced nurses. They jumped right in and helped the staff feel better about care on the unit.

Our use of travel nurses allowed staff to participate in the shared governance model by attending the clinical practice team, performance improvement team and the Magnet team. With travel nurses helping to provide patient care, staff nurses could participate in Magnet-related activities.

We have had great success with our traveling nurses and have recruited several to be permanent members of our staff.”

Tammi Erving-Mengel, RN, MSN, CNAA
Vice President and Chief Nursing Officer
High Point Regional Health System, High Point, North Carolina

Conclusion

In summary, there is ample evidence of the positive contributions that travel nurses have upon facilities on the Magnet journey. Facilities that seek and sustain Magnet status must provide significant opportunities for nursing staff to learn the skills they need to develop in their professional roles and continue to assert themselves in the professional practice environment. Strategic use of well-qualified travel nurses in the staffing plan allows core staff to grow and flourish.

What’s more, new programs and clinical services, limited nursing resources, and seasonal fluctuations in census create needs for temporary staffing, even in facilities in which the Forces of Magnetism are operating. Most importantly, travel nurses enhance the quality of care by improving staffing levels at Magnet and other facilities.

References

- Aiken L.H., Xue Y., Clarke S.P. & Sloane D. (2007, in press) Supplemental nurse staffing in hospitals and quality of care. *Journal of Nursing Administration*, 37(7/8), 335 – 342.
- American Nurse Today editorial staff. (2007). Ask the experts: Travel nursing: Is it right for you?, an interview with Franklin Shaffer. *American Nurse Today*, 2(2), 52 – 53.
- AMN Healthcare, Inc. (2007a). Magnet facility survey. San Diego: Author.
- AMN Healthcare, Inc. (2007b). 2007 Survey of chief nursing officers. San Diego: Author.
- AMN Healthcare, Inc. (2007c). AMN assignment evaluation survey 9/2005 through 12/2006. San Diego: Author.
- ANA (2003). *Scope and Standards for Nurse Administrators*. Washington, DC: Author.
- ANCC. (2006a). ANCC Magnet Recognition Program® - Recognizing excellence in nursing services. Retrieved December 28, 2006 from <http://www.ana.org/ancc/magnet.index.html>.
- ANCC. (2006b). *Benefits of becoming a Magnet-designated facility*. Retrieved December 28, 2006 from <http://www.ana.org/ancc/magnet/benes.html>.
- ANCC. (2005). *The Magnet Recognition Program® application manual*. Silver Spring, MD: Author.
- Dunton, N., Gajewski, B., Klaus, S., & Pierson, B. (2006). Do Magnet facilities maintain their workforce magnetism? *American Nurse Today*, 1(3), 22 – 23.
- Erving-Mengel, T. (2007). Telephone interview. June 12, 2007.
- Forte, J. (2007). Telephone interview. June 11, 2007.
- Halfer, D. & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economic\$,* 24 (3), 150 – 155.
- Johnson, L. (2007). Telephone interview. April 4, 2007.
- McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). *Magnet hospitals: Attraction and retention of registered nurses*. Kansas City, MO: American Nurses Association.
- McClure, M. & Hinshaw, A. (2002). *Magnet hospitals revisited: Attraction and retention of registered nurses*. Washington, DC: American Nurses Association.
- Morgan, S., Lahman, E., & Hagstrom, C. (2006). The Magnet Recognition Program®: Transforming healthcare through excellence in nursing services. *Journal of Nursing Care Quality*, 21(2), 119 – 120.
- Nursing2006 Editorial Staff (2006). How do agency nurses measure up? *Nursing2006*, 36(1), 35. Note: This research is not currently published. Aiken's team is awaiting a publisher's decision and anticipates publication within the next few months.
- Smith, A.P. (2006a). Paving and resurfacing the road to magnet: Part I. *Nursing Economic\$,* 24(2), 112 – 115.
- Smith, A.P. (2006b). Paving and resurfacing the road to magnet: Part II. *Nursing Economic\$,* 24(3), 156 – 159.
- Smith, A.P. (2006c). Paving and resurfacing the road to magnet: Part III. *Nursing Economic\$,* 24(4), 213 – 215.
- Tuazon, N. (2007). Is Magnet a money-maker? *Nursing Management*, 38(6) 24 – 31.



12400 High Bluff Drive
San Diego, CA 92130
866-871-8519

This and other AMN white papers can
be downloaded on our web site:
www.amnhealthcare.com

©Copyright 2007 AMN Healthcare, Inc.