

Nurses Perceptions toward Nursing Excellence Program in a Tertiary Hospital

Mosab Salahat, Mo'men Sisan*, Ali Al-Kfeiri, Raba'a Aljaradeen

King Abdullah Medical City Mecca, Zarqa University, Jordan

*Corresponding author: momen_57@yahoo.com

Received November 03, 2018; Revised December 06, 2018; Accepted December 28, 2018

Abstract Background: The Magnet Recognition Program® is considered one of the best programs around the globe that recognizes healthcare organizations for nursing excellence in providing high-quality nursing care. Purpose: the purpose of the current study was to identify nurses' attitudes and perceptions regarding the Magnet program components as a preliminary step in the Magnet process at King Abdullah Medical City (KAMC). Methods: A descriptive, cross-sectional design employing a survey approach was utilized. A sample of 438 registered nurses employed at KAMC completed the Demographic Data Questionnaire and the Nurses' Perceptions Regarding the Magnet Program Questionnaire that was developed for the purpose of this study. Descriptive statistics were employed to identify the percentage of participants' agreement regarding various domains related to the Magnet Recognition Program®. Results: Most respondents were females (61.2%), aged 20-30 years (82.4%), and have a Bachelor Degree in nursing. Overall, the respondents have demonstrated positive perceptions and high levels of agreement regarding the various domains of the Magnet program. Only few items had a percentage of agreement less than 80%. Conclusion: Most nurses working in KAMC support the initiation of the culture of excellence in the areas where they are working. However, nursing administrators in KAMC may want to empower their staff to assure their readiness to starting the Journey to Magnet Excellence®.

Keywords: Magnet Recognition Program®, nurse, perception, King Abdullah Medical City, Saudi Arabia

Cite This Article: Mosab Salahat, Mo'men Sisan, Ali Al-Kfeiri, and Raba'a Aljaradeen, "Nurses Perceptions toward Nursing Excellence Program in a Tertiary Hospital." *American Journal of Nursing Research*, vol. 7, no. 1 (2019): 65-72. doi: 10.12691/ajnr-7-1-9.

1. Introduction and Literature Review

The American Nurses Credentialing Center (ANCC) Magnet Recognition Program® is considered one of the best programs around the globe that recognizes healthcare organizations for nursing excellence in providing high-quality nursing care [1]. In addition, it recognizes health care institutions that show innovations in professional and evidence-based nursing practice. This Magnet Recognition Program® is considered a "Gold standard" for the health care institutions that demonstrate excellence in nursing practice and nursing care provided for patients [1].

Recently, Magnet hospitals have shown an excellence in nursing care, nursing leadership and management style, organizational structure, autonomy, nursing image, and professional development [2,3,4]. In addition, Magnet hospitals were found to have better outcomes in various aspects than non-Magnet hospitals [3,5]. Therefore, Magnet recognition is an indication that the healthcare organization strives to improve various patient outcomes such as patient satisfaction and the quality of care provided for the patient [6]. The achievement of such outcomes can be enhanced by nursing excellence that is

associated with a high quality of care and high quality nursing services [7].

Literature revealed that Magnet Program has positive outcomes on nurses' job satisfaction and nurses productivity in the clinical health care setting [8,9,10]. Consequently, applying the Magnet Recognition Program® will have a vital role in improving the hospital environment, enhance the productivity of nurses, and increase their job satisfaction [11]. In addition, it will empower autonomy in decision making at bedside by nurses, build a culture of shared governance, and enhance evidence-based practices [12,13].

Nursing excellence requires well-planned steps, strategic planning, transformational leadership, and introducing the change in an effective manner [14]. Nursing excellence is usually connected with improvements in working environments and patients' outcomes [15]. In order to be a Magnet hospital, various hospitals worldwide have reported journeys of success by involving health care professionals in the change and developing and applying specific standards and policies [14,16,17].

One of the large hospitals that is going to be a Magnet recognized one is the King Abdullah Medical City (KAMC). The KAMC is located in the Western region of the Kingdom of Saudi Arabia in Mecca city. The KAMC

is a tertiary and quarterly hospital that provides highly specialized services for patients in Mecca region and in Saudi Arabia as a whole. To meet the international standards, nursing administrators in KAMC work hard to improve the nursing services and to assure high quality of nursing care. In addition, nursing administrators in KAMC conduct continuous training for nurses to assure covering all specialties in the hospital with highly skilled nurses. Furthermore, the KAMC has adopted recent clinical practice guidelines and involved clinical nurses in various leadership roles that have positive influences on patients.

As a part of nursing strategic planning at KAMC to enhance the culture of patient safety and to encourage nurses to provide evidence-based practice, hospital administrators are planning to make the hospital recognized by the Magnet Recognition Program®. Recently, various evidences have shown that Magnet Recognition Program® is important for nursing administrators to achieve an excellence in nursing care [5,15,18]. Considering this, applying Magnet Recognition Program® Model at King Abdullah Medical City is important to allow nurses lead the change, enhance their leadership abilities, and involve them in shared governance. However, before applying Magnet Recognition Program® Model at King Abdullah Medical City, there is a need to identify nurses' attitudes and perceptions regarding the Magnet programs and its components. Little is known about the nursing perceptions toward magnet programs or its components in a setting that not yet introduced any structural plans for excellence program journey. The main objective of this study is to describe and investigate the nurses' perception toward magnet program at initial and preparation phases. This is an important step in change management that emphasizes on shared governance principles. Therefore, the purpose of the current study was to identify nurses' attitudes and perceptions regarding the Magnet program® components and to identify the aspects of the Magnet program components that nurses do not strongly agree with them. The current study is important to assess nurses' readiness to implement the Magnet program and to implement specific intervention programs based on the identified nurses' attitudes and perceptions.

2. Methods

2.1. Study Design

A descriptive, cross-sectional design employing a survey approach was utilized for this study.

2.2. Population and Sample

All nurses working in KAMC were eligible to enroll in the study. The total number of these nurses was 900 nurses. Those nurses came to Saudi Arabia from 10 countries including Egypt, Philippines, Yemen, Jordan, Pakistan, Lebanon, India, Turkistan, United States and Malaysia. Staff nurses who were on any type of leave at the time of the study and those who had less than one year experience were excluded from the study. Among the 900 nurses working in KAMC, 610 met the inclusion criteria.

Hence, a convenient sample of 610 potential participants were invited to complete the study.

2.3. Instruments

2.3.1. The Demographic Data Questionnaire

The Demographic Data Questionnaire was developed for the purpose of this study to identify the basic characteristics of the participants who involved in the current study. The questionnaire asks the respondents to provide data about their age, gender, education, current position at KAMC, current department where they work at KAMC, KAMC nursing experience, nursing experience outside KAMC, experience in Western hospitals, and experience in accredited hospitals.

2.3.2. Nurses' Perceptions Regarding the Magnet Program Questionnaire

For the purpose of the current study, a structured questionnaire was developed by the principal investigator to assess the nurses' perceptions regarding the Magnet program at KAMC. The major purpose of this tool was to assess the perception of staff nurses towards Magnet models application at KAMC. This questionnaire was developed with reference to the Magnet Recognition Program® Manuals published in 2014 and 2019 after obtaining an official permission to do so from the ANCC. The questionnaire contains 73 items rated on a 3-point Likert scale including agree, neutral, and disagree options. It has nine subscales including professional development (9 items), shared governance (7 items), nursing recognition (7 items), patient experience (10 items), staff satisfaction (14 items), clinical practice (6 items), unit key performance indicators (7 items), administration support (9 items), and community development (4 items). The participant can rate each item based on his or her own perception. The questionnaire items were reviewed by the Director of Research at ANCC. In addition, the content validity of the questionnaire was assured by a panel of experts who assured the clarity and relevance of each item.

2.4. Ethical Considerations

Before data collection taking place, the IRB approval was obtained from the responsible research committee at KAMC. Privacy and confidentiality of participants' information were assured as participants were not asked to write their names or IDs. The ethical rights of all participants were assured through the course of the study. In addition, their participation in the study was voluntarily. Description of the study background, purpose, and methodology was provided for all participants. All participants signed a consent form and they were provided with an information sheet in addition to the study questionnaires. The information sheet included all the information that participants need to know about the study. Participants were provided with the contact information of the primary researcher who responded to the respondents' calls and answered all of their questions about the study. In addition, respondents were allowed to withdraw from the study at any time they want. Data were kept at a safe and locked place at the office of the primary researcher.

2.5. Data Collection Procedure

After the protocol of the study was approved by the IRB committee at King Abdullah Medical City, the researcher met the head nurses and nursing administrators at all the units and floors of the hospital and assured their cooperation in conducting the current study. Then, the researcher identified the participants who met the inclusion criteria and invited them to participate in the study. The author asked all participants to sign the consent form and allowed them to read a detailed description about the study before completing the study questionnaires. Data collection was performed during the first quarter of year 2017 and lasted for three consecutive months. Among the 610 nurses who met the inclusion criteria, 438 agreed to participate and returned completed questionnaires, representing a response rate of 71%

2.6. Data Analysis

Data analysis was performed using the SPSS software version 22. Descriptive analysis including frequency and percentage was used to describe the demographic characteristics of the study participants. In addition, the descriptive statistics were used to identify the percentage

of participants who responded with "agree", "neutral", and "disagree". Missing data were handled using pairwise deletion using the SPSS software.

3. Results

3.1. Sample Characteristics

Table 1 presents the demographic characteristics of the study participants. Most of the respondents were females (61.2%) and have a Bachelor Degree in nursing (82.4%). In addition, the majority of respondents (64.6%) aged 20-30 years. This indicates that most nurses employed at KAMC are young. Regarding the position of participants, most of them held position of RN1 and RN2, which also emphasizes that most of them are young. Furthermore, the majority of participants (69.4%) had experience less than five years in KAMC. Only 5.3% of the respondents mentioned that they had experience in working in Western countries. However, a large percent of the respondents worked previously in other local or foreign hospitals. About 55% of the participants have an experience in accredited hospitals. Finally, most of the respondents are working in critical care units (40.4%) and in-patient settings (33.3%).

Table 1. The Demographic Characteristics

Variable	Category	Frequency	Percent
Age	20 - 30 years	283	64.6
	31 - 40 years	129	29.5
	41 - 50 years	21	4.8
	More than 51 years	5	1.1
Gender	Male	170	38.8
	Female	268	61.2
Education	Diploma	43	9.8
	Bachelor degree	361	82.4
	Master Degree	32	7.3
	PHD	1	.2
	Others	1	.2
Position	PCT	30	6.8
	RN3	70	16.0
	RN2	149	34.0
	RN1	138	31.5
	Charge Nurse	18	4.1
	Head Nurse	9	2.1
	Nurse Manger	6	1.4
	Others	18	4.1
KAMC Experience	1-5 years	304	69.4
	6-10 Years	130	29.7
	More than 11 Years	4	.9
Out Side KAMC Experience	1-5 years	274	62.6
	6-10 Years	136	31.1
	More than 11 Years	28	6.4
Experience in Western hospitals	No	415	94.7
	Yes	23	5.3
Experience in Accredited Hospitals	No	198	45.3
	Yes	240	54.8
Current Department	Out Patient Departments	44	10.0
	Critical Care Areas	177	40.4
	Ambulatory Areas	40	9.1
	Inpatient Areas	146	33.3
	Other	31	7.1

3.2. Nurses' Perceptions Regarding the Magnet Program Components

3.2.1. Professional Development

Regarding the professional development subscale, agreement was high for all items (Table 2). The item that had the highest percentage of agreement was item five. The agreement of this item was 91.34%, indicating that most participants value the role of continues education to enhance the skills and knowledge of nurses. The second highest percentage of agreement was reported for item seven, with a percentage of agreement about 89.7%. This item emphasizes on the importance of leadership development programs to advance the staff and the department performance. The item that had the lowest percentage of agreement among all the professional development items was item one, with a percentage of agreement of 83.9%. This item was concerned with applying higher nursing standards to support the professional development of nurses. The percentage of agreement for all other items regarding professional development subscale are shown in Table 2.

3.2.2. Shared Governance

Regarding the shared governance subscale, agreement was high for most items (Table 3). The item that had the highest percentage of agreement was item 10. The agreement of this item was 89.23%, indicating that most participants value the importance of Shared decision making in the workplace. The second highest percentage

of agreement was reported for item 14, with a percentage of agreement about 88.22%. This item emphasizes on the importance of allowing nurses to participate in decision making at the unit levels to enhance their autonomy. It is noteworthy to mention that two items related to shared governance had percentage of agreement less than 80. These items are item 15 and item 16. These items are related to allowing the respondents to speak about their rights in a hospital committee and nurses participation in councils and committees. These percentages are considered alarming signs for nursing administration who need to develop specific interventions to empower their staff in the future. The percentage of agreement for all other items regarding shared governance subscale are shown in Table 3.

3.2.3. Nursing Recognition

Regarding the nursing recognition subscale, agreement was high for all items (Table 3). The item that had the highest percentage of agreement was item 19, which is concerned with staff satisfaction, with an agreement percentage of 93.01%, followed by item 21 regarding the importance of system recognition, with an agreement percentage of 91.42%. The item that had the lowest percentage of agreement among all the nursing recognition items was item 17 (with a percentage of agreement = 83.9%), which indicates a relationship between the recognition of the good work by the unit management and staff satisfaction. The percentage of agreement for all other items regarding nursing recognition subscale are shown in Table 4.

Table 2. Professional Development

Items	Disagree	Neutral	Agree
The application of higher nurses standard will support the professional development of the nurses	5.97%	10.13%	83.90%
Participation in professional development committees or councils will impact positively in the effectiveness of the unit , division educational plan	4.18%	11.65%	84.17%
Support the nursing administration for the professional education activity will have positive impact in my professional career	3.96%	10.04%	86.01%
Hire the BSN degree in nursing will impact positively in the clinical practice	2.44%	9.13%	88.44%
Providing the chance for continues nursing education will enhance my skills and knowledge	2.14%	6.52%	91.34%
Providing the opportunity of having specialty certificates will impact positively in my work	2.83%	9.86%	87.32%
Provide the nurses leaders with effective leadership development will impact the unit performance and my performance	3.31%	6.72%	89.97%
Clear system for advancement my professional career will help me to advance my clinical practice	3.47%	8.18%	88.35%
Professional development for the staff should be supported by the administration	3.49%	5.98%	90.53%

Table 3. Shared Governance

Items	Disagree	Neutral	Agree
Shared decision making will impact positively on my clinical work	2.82%	7.95%	89.23%
Activation of the unit based councils will impact positively in my work	3.99%	13.03%	82.98%
Implementation of shared governance in my unit will support the initiation of the unit projects and initiatives	2.98%	11.60%	85.43%
Participate in unit committees or council will impact positively in quality of my work	3.30%	13.05%	83.65%
Nurses Autonomy will be supported by allowing the staff to participate in unit decision making	4.41%	7.37%	88.22%
There is chance to speak up for our rights in unit committee and unit councils	7.37%	20.41%	72.22%
Participation in unit councils or committee will allow me to advance my leadership skills	3.66%	18.34%	78.00%

Table 4. Nursing Recognition

Items	Disagree	Neutral	Agree
I will feel satisfied if my unit management recognize my good work	3.44%	10.04%	86.53%
If there is system of recognition in the unit it will make me very satisfied in my career	2.78%	7.94%	89.28%
Staff satisfaction one of important indicators for the unit	1.83%	5.08%	93.09%
If I participate in councils or committee for nursing recognition I will provide them with ideas and projects to enhance the staff satisfaction	2.94%	10.39%	86.67%
If there is system for recognition it will help to create healthy competitive environment for nurses	3.15%	5.43%	91.42%

3.2.4. Patient Experience

Participants' responses regarding the patient experience are presented in [Table 5](#). Overall, agreement was relatively high in all items of this domain. The item that had the highest percentage of agreement was item 31, which is related to training and educating patients to improve patient experiences, with an agreement percentage of 94.66%, followed by item 30, which is related to importance of effective nurse-patient communication to improve patient experiences, with an agreement percentage of 94.04. The item that had the lowest percentage of agreement was item 28 (with a percentage of agreement = 79.87%), which suggest that accreditation of the hospital will make patients and their family happy. The percentage of agreement for all other items regarding patient experience subscale are shown in [Table 5](#).

3.2.5. Staff Satisfaction

The percentages of agreements on the items of staff satisfaction ranged from 77.88% to 94.54% ([Table 6](#)). The item that had the highest percentage of agreement (94.54%) was item 47, which is related to the importance of equality in treating nurses, followed by item 39 with an

agreement percentage of 93.79%, which emphasizes that nursing satisfaction would enhance their clinical practice. The item that had the lowest percentage of agreement (77.88%) was item 32, which suggests that staff satisfaction increases if they participate in nursing councils or committees. The percentage of agreement for all other items regarding staff satisfaction subscale are shown in [Table 6](#).

3.2.6. Clinical Practice

Overall, all items regarding the clinical practice domain had a high percentage of agreement, ranging from 83.58% to 91.15% ([Table 7](#)). The item that had the highest percentage of agreement was item 53, which reflects the role of hiring process in recruiting talented nurses, followed by item 48 with an agreement percentage of 90.57%, which emphasizes on the role of care delivery system in improving the clinical practice. The item that had the lowest percentage of agreement was item 52, which suggests that participating in a council or a committee has a role in enhancing the clinical practice. The percentage of agreement for all other items regarding clinical practice subscale are shown in [Table 7](#).

Table 5. Patient Experience

Items	Disagree	Neutral	Agree
Implement higher nursing accreditation will help the patient to be more satisfied	5.61%	11.75%	82.64%
Encouraging the patient and family to be part of plan of care will help the patient to be more oriented about their medical condition	1.42%	8.54%	90.05%
Provide expert nurses will impact positively in the patient hospitality	2.81%	7.61%	89.58%
Patient satisfaction will be increased if there is higher quality of nursing care	2.22%	6.24%	91.55%
Decreased hospital stay for the patient will increase the patient satisfaction	3.11%	12.39%	84.50%
Maintain high quality of nursing care will impact of possible complication during hospitalization	4.31%	7.98%	87.71%
Patients and their family will be very happy if my hospital accredited by highest nursing accreditation	4.56%	15.57%	79.87%
Nurses should be part of patient experience initiatives at unit and divisional , hospital level	2.03%	7.59%	90.38%
Effective communication between the nurses and patient will enhance patient experience	1.29%	4.66%	94.04%
Providing training for nurses in patient education program will impact positively in patient experience	1.34%	4.00%	94.66%

Table 6. Staff Satisfaction

Items	Disagree	Neutral	Agree
Participate in nursing committee or councils will increase the staff satisfaction	3.81%	18.31%	77.88%
Nursing accreditations will help me to be more satisfied in my work	3.75%	14.52%	81.72%
In general if we implement the high quality of nursing care will help me to be more satisfied	2.08%	12.28%	85.64%
If there is career ladder for nurses it will help to enhance nurses satisfaction	1.21%	10.60%	88.19%
Applying for higher Nursing accreditation will enhance the nurses autonomy and positive impacting in nurses self confidence	2.74%	13.65%	83.61%
Nurses satisfactions should be top priority of the administration	2.59%	5.58%	91.83%
If there is high nursing satisfaction it will increase the patient satisfaction	1.49%	5.60%	92.91%
If there is high nursing satisfaction it will enhance the clinical practice of nurses	1.48%	4.73%	93.79%
I believe if there is career advancement program will help me to be more satisfied	1.87%	7.69%	90.43%
If there is mechanism of self-appraisal it will help to be more satisfied and given chance for me to evaluate my self	1.22%	9.26%	89.51%
Changing the leadership style in my unit it will help to be more satisfied in work	2.94%	9.86%	87.20%
RN to RN effective professional communication will enhance the nurses satisfaction in the unit	2.34%	4.33%	93.34%
RN to Physician Professional communication will enhance the nurses satisfaction in the unit	1.73%	5.91%	92.36%
RN to Other Supportive medical staff effective Professional communication will enhance the nurses satisfaction in the unit	2.37%	5.81%	91.82%
It's very important to achieve the nurses satisfaction to improve Payments and increments for nurses in the hospital	2.27%	5.21%	92.51%
Nurses at all level should be treated equally	2.22%	3.24%	94.54%

Table 7. Clinical Practice

Items	Disagree	Neutral	Agree
Choosing the appropriate care delivery system will enhance the clinical practice in the unit	1.57%	7.85%	90.57%
Applying higher accreditation standard will help to enhance the clinical practice of the nurses	2.69%	11.89%	85.42%
clinical practice model will help to improve the clinical practice and will give us clear guidance to our work	1.13%	9.32%	89.55%
Using the nursing evidence based practice in my work will help to enhance nurses clinical practice	1.31%	10.34%	88.34%
If there is chance to participate in committee or council will help me to enhance the clinical practice in my unit	1.83%	14.59%	83.58%
Good hiring process will help to recruit talented nurses to enhance the clinical practice	2.12%	6.72%	91.15%

Table 8. Unit Key Performance Indicators

Items	Disagree	Neutral	Agree
Key performance indicator will help the unit to enhance their performance	1.73%	10.80%	87.47%
Applying higher nursing standard will help the unit to enhance the key performance indicators	2.63%	11.86%	85.52%
If the administration allow me to participate in committee or council I will help in enhance the key performance indicator of the unit	2.64%	13.59%	83.76%
Compare the data with international data base for nursing indicator will help us in enhancing the unit indicators	2.93%	13.20%	83.88%
Unit specific indicators should be part of performance appraisal of the nurses	3.78%	12.78%	83.44%
Unit Indicators measures the unit performance	2.90%	10.89%	86.22%
Unit indicators it will help in enhancing the clinical practice in my unit	2.10%	10.12%	87.78%

Table 9. Administration Support

Items	Disagree	Neutral	Agree
Nurses journey for excellence will not success if there is no managerial support	0.55%	10.68%	88.77%
Nursing administration should be same level of other executive administration	3.14%	10.20%	86.66%
nurses should have voice in top hospital committee	2.40%	5.20%	92.40%
Nurses should be part of all decision making in the hospital	2.33%	8.35%	89.32%
If there is support from administration the hospital will achieve higher accreditation for nurses such as Magnet Recognition Program®	1.36%	8.61%	90.02%
Journey for nursing excellence it need full support from the unit management	1.82%	7.63%	90.55%
Nurses will have more power in the institution if there is specific accreditation for nursing such as Magnet Recognition Program®	2.82%	11.99%	85.20%
Nursing administration in the hospitals need to be more empowered thru the hospital hierarchy structure thru reporting directly to the hospital general director \ chief executive officer	1.40%	12.18%	86.42%
Nursing administration should participate in technology decision making to enhance the clinical practice and patient experience	2.38%	8.38%	89.24%

Table 10. Community Development

Items	Disagree	Neutral	Agree
Nurses in the hospital should participate in community development	1.01%	16.62%	82.37%
One of nurses role to support the patient and family outside the hospital	4.70%	18.34%	76.95%
Nurses should participate in promotion of nursing career for all those interested to become nurses	2.05%	11.87%	86.09%
Nurses as profession is committed to provide awareness for the community outside the institution	2.56%	11.59%	85.85%

3.2.7. Unit Key Performance Indicators

Overall, all items regarding the unit key performance indicators domain had a high percentage of agreement (Table 8). The two items that had the highest percentage of agreement were item 54 and item 60, with percentages of agreement equal 87.47% and 87.78% respectively. These items were related to the role of the unit key performance indicators in enhancing the unit performance and enhancing the clinical practice. The item that had the lowest percentage of agreement was item 58, which suggests that the unit specific indicators need to be a part of nurses' performance appraisal. The percentage of agreement for all other items regarding unit key performance indicators subscale are shown in Table 8.

3.2.8. Administration Support

Regarding the administration support subscale, agreement was high for all items (Table 9). Nursing who participated in the survey had the highest agreement regarding the item 61, reflecting their interest in having a voice in top hospital committee (with percentage of agreement = 92.40%). The item with the second highest agreement was item 66, regarding the importance of the unit management support to achieve nursing excellence (with percentage of agreement = 90.55%). The item that had the lowest percentage of agreement was item 67, which suggests that specific accreditation for nurses will increase nurses power (with a percentage of agreement = 85.20%). The percentage of agreement for all other items

regarding administration support subscale are shown in Table 9.

3.2.9. Community Development

Among the four items included in the community development subscale, the item that had the highest percentage of agreement was item 73, with an agreement percentage of 85.85%, which emphasizes on the role of nurses in increasing the awareness of the community outside the health care organization. However, item 71 had the lowest mean score, as only 76.95% of the participants think that they have a role to support their patients or the family members of the patient outside the hospital settings. The percentage of agreement for all other items regarding community development subscale are shown in Table 10.

4. Discussion

The purpose of the current study was to identify nurses' attitudes and perceptions regarding the Magnet program components among staff nurses employed in KAMC. In the current study, most participants were young. This could be related to the attitude of nursing administrators who might prefer hiring young staff nurses who are active and motivated at work. Furthermore, the majority of participants (69.4%) had an experience of less than five years in KAMC, which could indicate a high turnover rate for nurses. About 5% of the respondents had an experience in Western hospitals. This could be due to the fact that there is a difficulty of recruiting non-Muslim nurses related to the Islamic regulations that allow only Muslims to enter the Holy Capital of Mecca where the hospital is located. More than half of the respondents have an experience in accredited hospitals. This might increase their awareness regarding the Magnet program components. The high percentage of respondents who are employed in critical care units could be due to the fact that KAMC has various critical care units and services as it is the only governmental tertiary hospital in Mecca Region.

Overall, the respondents have demonstrated positive perceptions and high levels of agreement regarding the various domains of the Magnet program and its components. As shown by the study results, most of the 73 items included in the questionnaire had an agreement percentage of more than 80%. These outcomes suggest a consensus among the study participants regarding the importance of applying the Magnet Recognition Program® to achieve an excellence regarding various domains in KAMC. These outcomes are expected for various reasons. In fact, nurses are the cornerstone of any health care system and recognizing their excellence in providing high quality of care for their patients is important. The Magnet Recognition Program has devoted more emphasis on excellence in nursing practice through the improvement of professional practices that enhance patient outcomes [8], which is a preferable outcome for nurses. In addition, this program provides valuable standards for all nursing administrators working in the health care institutions. Besides that, it applies international standards to improve and maintain high

quality nursing clinical practice and using of nursing research to produce evidence-based knowledge that guides the clinical practice.

It is noteworthy to indicate that a few items received an agreement percentage between 72.22% and 79.87%, which have important recommendations for nursing administrators working in KAMC. Nursing administrators in KAMC my want to empower nurses regarding the aspects included in these items by developing specific intervention programs to make nursing workforce better prepared for accepting the standards identified by the Magnet program. These intervention programs need to focus on providing nurses with a chance to speak up for their rights in unit committee and increasing the role of unit committee in advancing leadership skills as a reflection of shared governance domain. In addition, the intervention programs need to increase the role of nursing committee in responding to nurse's needs to improve staff satisfaction. Furthermore, patients and their family members need to be provided with some information regarding the positive consequences of hospital accreditation to be supportive of Magnet accreditation at KAMC and improve patient experience domain. Finally, there is a need to recruit Magnet Recognition Program® Related researches who are able to assess the needs of nurses during their journey for excellence.

5. Conclusion

The current study concluded that most of the nurses working in KAMC demonstrated positive perceptions regarding the components of Magnet Recognition Program®. Therefore, nurses working in KAMC support the initiation of the culture of excellence in the areas where they are working. However, nursing administrators in KAMC my want to empower nurses regarding some aspects by developing specific intervention programs to make nursing workforce better prepared for accepting the standards identified by the Magnet program. Finally, policymakers should carefully consider the importance of Magnet recognition and initiate specific steps to facilitate the Magnet accreditation of KAMC by the ANCC in the future.

References

- [1] ANCC, American Nurses Credentialing Center. (2016). Magnet recognition program® overview Retrieved 11/01, 2017, from <http://www.nursecredentialing.org/Magnet/ProgramOverview>.
- [2] Abraham, J., Jerome-D'Emilia, B., & Begun, J. W. (2011). The diffusion of Magnet hospital recognition. *Health Care Management Review, 36*(4), 306-314.
- [3] Kutney-Lee, A., Stimpfel, A. W., Sloane, D. M., Cimiotti, J. P., Quinn, L. W., & Aiken, L. H. (2015). Changes in patient and nurse outcomes associated with Magnet hospital recognition. *Medical care, 53*(6), 550.
- [4] Rettiganti, M., Shah, K. M., Gossett, J. M., Daily, J. A., Seib, P. M., & Gupta, P. (2018). Is Magnet® recognition associated with improved outcomes among critically ill children treated at freestanding children's hospitals?. *Journal of critical care, 43*, 207-213.
- [5] McHugh, M. D., Kelly, L. A., Smith, H. L., Wu, E. S., Vanak, J. M., & Aiken, L. H. (2013). Lower mortality in Magnet hospitals. *Medical care, 51*(5), 382.

- [6] Stimpfel, A. W., Rosen, J. E., & McHugh, M. D. (2014). Understanding the role of the professional practice environment on quality of care in Magnet® and non-Magnet hospitals. *The Journal of nursing administration, 44*(1), 10.
- [7] Stimpfel, A. W., Sloane, D. M., McHugh, M. D., & Aiken, L. H. (2016). Hospitals known for nursing excellence associated with better hospital experience for patients. *Health services research, 51*(3), 1120-1134.
- [8] Brady-Schwartz, D. C. (2005). Further evidence on the Magnet recognition program: Implications for nursing leaders. *J Nurs Adm, 35*(9), 397-403.
- [9] Havens, D. S., & Aiken, L. H. (1999). Shaping systems to promote desired outcomes. The Magnet hospital model. *J NursAdm, 29*(2), 14-20.
- [10] Lacey, S. R., Cox, K. S., Lorfing, K. C., Teasley, S. L., Carroll, C. A., & Sexton, K. (2007). Nursing support, workload, and intent to stay in Magnet, Magnet-aspiring, and non-Magnet hospitals. *J NursAdm, 37*(4), 199-205.
- [11] Cimiotti, J. P., Quinlan, P. M., Larson, E. L., Pastor, D. K., Lin, S. X., & Stone, P. W. (2005). The Magnet process and the perceived work environment of nurses. *Nurs Res, 54*(6), 384-390.
- [12] Hess, R., Desroches, C., Donelan, K., Norman, L., & Buerhaus, P. I. (2011). Perceptions of nurses in Magnet(r) hospitals, non-Magnet hospitals, and hospitals pursuing Magnet status. *J NursAdm, 41*(7-8), 315-323.
- [13] Kramer, M., Maguire, P. A. T., & Brewer, B. B. (2011). Clinical nurses in Magnet hospitals confirm productive, healthy unit work environments. *Journal of Nursing Management, 19*(1), 5-17.
- [14] Arthurs, K., Bell-Gordon, C., Chalupa, B., Rose, A. L., Martinez, D., Watson, J. A., & Bernard, D. P. (2017). A culture of nursing excellence: A community hospital's journey from Pathway to Excellence® to Magnet® recognition. *Journal of Nursing Education and Practice, 8*(5), 26.
- [15] Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, M. S., Maguire, M. P., Dierkes, A., ... & Aiken, L. H. (2016). Nurse engagement in shared governance and patient and nurse outcomes. *The Journal of nursing administration, 46*(11), 605.
- [16] Butao, R., Lamoureux, J., Cohn, T., McCue, V., & Garcia, F. (2016). The Need for Speed: Shared Governance Impacting Nursing Practice over a 3 year Magnet Journey of a newly opened hospital.
- [17] Lee, E., Li, N., & Yates, A. (2015). Magnet journey: A quality improvement project—Implementation of family visitation in the PACU. *Journal of PeriAnesthesia Nursing, 30*(1), 39-49.
- [18] Barden, A. M., Griffin, M. T. Q., Donahue, M., & Fitzpatrick, J. J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. *Nursing Administration Quarterly, 35*(3), 212-218.



© The Author(s) 2019. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).