

MAGNET4EUROPE - EMPOWERING NURSES AT CORK UNIVERSITY HOSPITAL

Introduction

Magnet4Europe was a Horizon 2020¹ project started in January 2020 and concluded in June 2024 aimed at improving the mental health and wellbeing of health professionals working in hospitals across Europe. The project was designed and managed by a consortium of 11 academic and research institutions² and implemented in 63 hospitals across six European countries.³ Magnet4Europe aimed to create a healthier work environment, improve job satisfaction, reduce staff turnover and enhance patient care quality in the hospital involved by addressing systemic organisational challenges.

The model for Magnet4Europe was the ongoing Magnet Recognition Programme, which was designed by the American Academy of Nursing (AAN) and the American Nurses Credentialing Center (ANCC) in 1990. Its purpose is to improve the work environment for nurses and promote excellence, innovation and quality in nursing practices. The hospitals successfully incorporating the model into their organisational practices are awarded Magnet designation to recognise their efforts and achievements (American Nurses Association, n.d.). Since its inception, the model has evolved to provide a framework for nursing practices that organisations can adopt. It consists of five components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical outcomes. To achieve Magnet designation, organisations must successfully implement these components and demonstrate quality patient care, professionalism and retention of staff (Luzinski, 2011).

The Magnet4Europe project was aimed at adapting and implementing the Magnet model in Europe. Its overall objectives were to achieve a better clinical work environment, improve hospital staff mental health and wellbeing, as well as improve patient care and outcomes. The intervention focused on addressing high stress and burnout levels caused by exhaustion, disengagement and perceived inefficiency and aimed at increasing job satisfaction, nurses' autonomy and reducing staff turnover.

This case study investigates the implementation of the Magnet4Europe project at the Cork University Hospital (CUH) in Ireland. This hospital was selected due to its structural empowerment framework, developed in the context of the implementation of the Magnet4Europe project, which focused on ensuring that nurses are supported and involved in the decisions that affect their work. CUH is the largest Health Service Executive (HSE) hospital in Ireland and the only academic teaching hospital that encompasses all medical and surgical specialities (Cork University Hospital, n.d.). As of 2022, CUH is a Level 1 Trauma Centre in the Republic of Ireland and has 25,000 inpatient admissions, 58,000 emergency cases annually and over 4,000 staff (ESMO, n.d.).

The organisational changes introduced by CUH focused on implementing the following key principles of the Magnet model:

- *Transformational Leadership*, according to which leaders in Magnet hospitals inspire and cultivate a culture of excellence by fostering collaboration through flat hierarchies.
- *Structural Empowerment*, according to which nurses are empowered to make decisions about patient care also through access to resources and opportunities for professional development.
- *Exemplary Professional Practice*, according to which high standards of nursing practice are established and maintained, and clear roles and tasks are allocated to nurses with the aim of increasing positive patient outcomes.

¹ The Horizon 2020 programme was the EU funding programme for research and innovation during the period from 2014 to 2020.

² The consortium is made up of: Katholieke Universiteit Leuven, University of Pennsylvania, University of Southampton, University of College Cork, Technische Universität Berlin, Karolinska Institutet, London School of Hygiene and Tropical Medicine, King's College London, Meplis NV and Universitair Ziekenhuis Antwerpen.

³ The project was implemented in hospitals around Belgium, Germany, Ireland, Sweden, Norway and the United Kingdom.

- *New Knowledge, Innovation and Improvements*, according to which improvements and innovations in everyday working life processes, based on the latest scientific findings, are encouraged.

The hospital worked with the University College Cork, which conducted staff surveys to collect empirical data addressing a further principle of the Magnet model.

These principles were used as benchmarks to identify whether organisational changes produced the intended outcomes for staff and patients.

Due to the recent completion of the project, results are still being recorded and analysed, with scientific publications measuring the success of the intervention not available at the time of writing. However, the interviewees consulted during the study stated that they have observed improvements in working conditions and that staff retention has improved during the implementation of the Magnet project.

This case study is part of a research project⁴ carried out with the aim to provide an overview of research on work-related psychosocial risks (PSRs) and mental health-related outcomes in the health and social care sector.

Methodology

This case study was carried out based on a literature review and information collected through a number of interviews. The literature review mainly focuses on the description of the Magnet4Europe programme, its aims and approach. There are limited published sources on the intervention at the hospital, and interview data were therefore used to prepare this case study. The interviews were conducted with the Assistant Director of Nursing at CUH, who oversaw the implementation of the programme within the hospital, and a Senior Lecturer at the School of Nursing and Midwifery at the University College Cork, who was a project coordinator supporting the national implementation in Ireland, including the activities at CUH. The interviewees shared insights on the implementation and organisation of the activities at CUH.

Description of the Intervention

The Magnet4Europe programme was launched in line with the European Framework for Action on Mental Health and Wellbeing (Caldas de Almeida, n.d.) to improve mental health and wellbeing among health professionals. A cross-sectional European study revealed that hospital staff working long shifts, of 12 hours or more, were more prone to job dissatisfaction, dissatisfaction with schedule flexibility, intentions to leave their jobs and high burnout rates (Dall'Ora et al., 2015). To prevent PSR factors and to enhance the mental health and wellbeing of healthcare professionals and patient safety in more than 60 hospitals, Magnet4Europe sought to addressing systemic organisational issues and PSRs such as poor working environments and lack of autonomy.

Using an innovative multi-method approach adapted from the successful Magnet Recognition Programme in the United States (US), hospitals embarked upon an organisational redesign of their workplaces with support from one-to-one twinning with an experienced Magnet-recognised hospital in the US. The Magnet4Europe intervention included five key components aimed at improving the work environment, job-related health outcomes of nurses and physicians, and patient outcomes:

1. access to Magnet resources,
2. twinning partnerships,
3. international learning collaboratives,
4. building a critical mass of participating hospitals and networking, and
5. staff surveys at three timepoints.

⁴ The full report is available at: <https://osha.europa.eu/en/publications/overview-work-related-psychosocial-risks-and-mental-health-outcomes-eu-health-and-social-care-sector>

Figure 1: Summary of key components of Magnet4Europe



Source: Magnet4Europe (n.d.a)

The Magnet model aimed to implement an organisational redesign to prevent PSRs in participating hospitals, based on the positive outcomes observed in the US. Research has shown that Magnet recognised that hospitals in the US have lower rates of nursing shortages, job dissatisfaction, burnout and turnover, while also being associated with higher quality and safer patient care (Rodríguez-García et al., 2020). Research conducted in 2011 found that Magnet hospital nurses were 18% less likely to report job dissatisfaction and 13% less likely to report burnout, reinforcing the importance and potential benefits of implementing such a programme in European hospitals (Kelly et al., 2011).

In Ireland, in the initial phase of the Magnet4Europe programme, healthcare professionals reported that 33% of physicians and nurses experienced high levels of burnout and 52% said that they intended to leave the profession altogether (Aiken et al., 2024). Burnout in the healthcare workforce leads to depression, substance abuse and even suicide and it is widely associated with worse patient outcomes and lost productivity (Sermeus et al., 2022). To prevent negative impacts such as burnout and high turnover rates associated with high levels of PSR factors, the hospital network in Ireland collaborated to implement 140 initiatives across participating hospitals (Interview data).

At CUH, while specific PSR factors were not explicitly identified at the outset, the intervention focused on enhancing staff recruitment and retention, as well as overall staff wellbeing. A central aim was to improve recognition and support for nursing staff by fostering a better working environment, ultimately leading to improved patient outcomes and care (Interview data). In Magnet terms, CUH focused on *structural empowerment* initiatives, emphasising the importance of shared decision-making with nurses, a factor identified as a significant strength of the project (Interview data).

What was done and how

At CUH, the intervention was supported by a strong network of collaborators. CUH was twinned with Morristown Medical Centre in New Jersey, where reciprocal site visits enabled strategy development, mutual learning, and the identification of approaches focused on how to enhance staff wellbeing and reduce burnout. Additionally, CUH benefited from the collaboration with and expert guidance from the School of Nursing and Midwifery at University College Cork, where dedicated coordinators and national meetings ensured the sustainability and longevity of the activities implemented (Interview data).

CUH's management leveraged its support network to allocate resources for workplace redesign and capacity-building initiatives. The key activities implemented to address structural empowerment and ensure that nurses were involved in the decision-making process included involving clinical nurses in hospital committees and establishing working groups. In addition, CUH's management dedicated significant attention to establishing nursing councils, which aimed to foster a culture of shared governance and decision-making by creating a direct line of communication with their Director of Nursing (KU Leuven, n.d.). These councils, which are still active today, provided a formal structure for nurses at all levels to actively contribute to the initiatives aimed at fostering a supportive working culture,

sharing good practice and initiating clinical practice improvements (Galvin & Jacob, 2024; Interview data). During the implementation of the project, the following nursing councils were set up at CUH:

- **The Registered General Nurse (RGN) Council** includes members from across the hospital. It is dedicated to patient care and has already had a positive impact on the hospital. For example, it facilitates sharing experience across different teams and organises sessions for sharing information on the latest research in clinical practice with nurses, doctors, clinical therapists and other healthcare specialists (CUH website). It has defined nursing values and established a professional practice model to guide nursing care.
- **The Clinical Nurse Manager (CNM) Council** focuses on improving communication and offers opportunities for nurses to share ideas on how communication could be improved and provides peer support to achieve goals. The CNM Council outputs included CNM orientation booklets for newly appointed CNMs and CNM Workshops conducted on such topics as Rostering & Managing Sick Leave. The Council has also introduced staff recognition initiatives through local awards and holds regular ward meetings to strengthen intra-departmental communication.
- **The Clinical Nurse Specialist (CNS) Council** has the largest membership of nurses and organised the Advanced Nurse Practitioner (ANP) and CNS Conferences in 2022 and 2024, with another planned for 2026. It supports mentorship programmes for developing future specialist nurses.
- **The Advanced Nurse Practitioner (ANP) Council** is responsible for enhancing visibility and communication. The Council launched the development of the CUH ANP Twitter page to share communication on Magnet updates and work done by the ANPs and created an alternative approach to nurse-led medical prescribing.

Initiatives, including the councils, encourage employees to voice their ideas and provide channels for direct meetings with hospital leadership to ensure open communication. The emphasis on structural empowerment has shifted the hospital culture towards one in which staff have greater decision-making autonomy, recognition and influence over their work environment (Interview data).

What was achieved?

As the Magnet4Europe programme concluded in mid-2024, it is too early for the publication of comprehensive published data on the effects of the intervention on PSRs in participating hospitals. However, early indicators and qualitative insights from stakeholders at CUH and University College Cork suggest improvements in staff mental health and wellbeing and workplace culture, and that these are particularly associated with structural empowerment initiatives. The establishment of nursing councils has fostered an environment in which nurses are more involved in decision-making (Galvin & Jacob, 2024), potentially leading to a greater sense of autonomy and job satisfaction. Additionally, a yearly survey was conducted as part of the Magnet4Europe initiatives,⁵ and improvements were noted especially in relation to the structural empowerment and reduction in burnout factors (Interview data). Qualitative feedback from stakeholders highlighted that the findings showcased improvements in nurses' overall wellbeing, with burnout rates decreasing, reductions in intent to leave and improvements in engagement at work (Interview data).

Prior to starting the Magnet project, CUH had high vacancy rates, but since the implementation of the project the hospital has experienced a surge in applications, with over 500 applicants, leading to a situation where the best candidates are selected compared to the previous situation when the hospital struggled to attract sufficient numbers of candidates to fill the existing posts (Interview data). This shift highlights a positive transformation in CUH's reputation as an employer of choice within the healthcare sector.

Success factors

The key strength of the intervention lies in the implementation and adaptation of an already successful approach from the US, which successfully lowered health professionals' burnout rates and increased safer patient care (Rodríguez-García et al., 2020). US hospitals that implemented the Magnet model saw improvements in nurse retention and reduced turnover rates, largely by creating a more positive

⁵ Data is not publicly available yet.

work environment centred on decentralised organisational structures and empowering frontline staff in decision-making (Sermeus, 2022). By adapting the Magnet model to fit European healthcare systems, participating hospitals have made significant strides in areas such as leadership behaviour and staff development, with early signs of positive change already visible (Magnet4Europe, n.d.c).

The Magnet4Europe team has conducted interviews with Chief Nursing Officers and Magnet Coordinators at the participating hospitals to identify the lessons learned. The findings provide an indication of the factors that contribute to the implementation of the Magnet model in their settings. Several of these factors also resonate with the experience of CUH representatives who contributed to the case study, particularly those related to the support from management, communication and networking as shown in this case study. These findings could be summarised as follows (Magnet4Europe, n.d.c):

- active leadership role assumed by the Chief Nursing Officer and Magnet Coordinator;
- support and buy-in from the management and wider leadership team, including the allocation of sufficient resources;
- alignment with the hospital's strategic vision and organisational structures, processes and working culture;
- open communication and support across different levels of organisation;
- providing networking, learning opportunities, staff engagement, participation and support structures; and
- celebrating success and raising the visibility of what has been achieved.

At CUH, the structural empowerment component was particularly effective in transforming the culture around staff autonomy, which in turn improved recruitment and retention rates. This was evidenced by the considerable reduction in vacancy rates within the hospital following the conclusion of the Magnet4Europe programme (Interview data).

Additionally, qualitative feedback from interviewees highlighted the importance of a strong support network. This is also in line with the observations from the other hospitals involved in the Magnet4Europe project mentioned above. At CUH, the collaborative learning networks with the participating hospitals in Europe, as well as connections with the Morristown Medical Centre in the US, were crucial to the success of the initiative. The presence of a dedicated quality coordinator was also instrumental in achieving positive outcomes. However, it was noted that dedicated resources need to be allocated to ensure the sustainability and long-term success of these measures (Interview data).

Challenges

Despite the successful implementation of the Magnet model, several key areas of improvement were identified. Interviewees highlighted the need for dedicated resources and financial support for the coordination of Magnet4Europe initiatives, as Magnet coordinators at the hospitals received no extra hours or financial compensation for managing the project. To ensure more consistent outcomes across hospitals, it would be beneficial to provide coordinators with more structured support.

Additionally, the support and engagement of senior leadership played a crucial role in the success of Magnet4Europe initiatives. As noted at CUH, when the CEO and the Director of Nursing backed the project, it experienced high levels of drive and enthusiasm, which contributed significantly to its success. However, in instances where this support was lacking, the project faced more significant challenges in gaining traction (Interview data). Strengthening leadership engagement at the hospital level as well as at a policy level would support future initiatives.

The implementation of Magnet4Europe also faced several significant external challenges, the most prominent being the COVID-19 pandemic. The pandemic not only heightened the existing mental health issues among healthcare workers but also exacerbated stress, anxiety and burnout. Reports indicated a rise in depression, sleep problems and distress among hospital staff (Muller, 2020), which directly impacted the adoption of Magnet4Europe principles. The increased workload resulting from caring for COVID-19 patients created a strain on staff resources, making it harder to focus on implementing new initiatives such as Magnet4Europe (Svensson et al., 2024). This added pressure required a shift in communication and implementation strategies to avoid overwhelming already exhausted staff. As such, the Magnet4Europe initiative needed to be reframed as a supportive project rather than just another burden in a time of crisis.

Another significant external challenge for CUH was a cyberattack in May 2021 that impacted both the hospital and the broader HSE IT systems. This attack resulted in major disruptions to IT services, reduced outpatient services and the suspension of essential cancer treatments including radiotherapy (Keogh et al., 2023). These issues created a tumultuous environment for the first 18 months of the Magnet4Europe project, requiring significant hospital resources and impacting the implementation of key Magnet4Europe initiatives (Interview data).

Key takeaways

The Magnet4Europe project has been instrumental in improving several aspects of the work environment in participating hospitals, leading to positive mental health outcomes for nurses through reducing burnout rates, increasing participation in decision-making and contributing to the development of a positive working culture. The project focuses on complex organisational change implemented in line with five key principles of the Magnet model: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical outcomes.

Data and findings on the impacts of the Magnet4Europe programme in terms of preventing PSRs in participating hospitals are still being collected. However, initial literature and qualitative feedback offer insights into the early signs of positive changes across several hospitals in Europe and as shown by this case study at CUH. The structural empowerment initiatives, particularly the establishment of nursing councils and increased staff involvement in decision-making, have led to significant improvements in staff recruitment, retention and overall job satisfaction. The project's success can largely be attributed to strong support networks, both within the EU and with twinned US hospitals, alongside the dedicated quality coordinators who facilitated the implementation of the programme. However, challenges such as the COVID-19 pandemic and a cyberattack on CUH have highlighted the need for dedicated resources and strong leadership to ensure the sustainability and effectiveness of these initiatives.

The Magnet4Europe model demonstrates significant potential for transferability to other healthcare settings and hospitals, particularly when a support system and management commitment are in place to aid the initiatives being implemented (Interview data). The project developed significant experience in transferring the model across a large number of hospitals across six EU Member States and identified several learning points for other hospitals interested in adopting the Magnet model. The learnings and guidance on transferring the initiative are available on the project website. The success seen at CUH could be replicated in other hospitals with appropriate adaptation to local contexts, provided that there is strong leadership support and sufficient resources to address the systemic organisational issues and PSRs that impact healthcare workers' mental health.

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