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Nurses' Perceptions of Sustainability of Magnet® Efforts

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Abstract

Magnet® designation and redesignation efforts are time and resource intensive. The results of a survey of nurses' perceptions about 4 components of sustainability indicate differences between Magnet and non-Magnet hospitals. Evaluating nurses' perception of the sustainability of Magnet efforts will help nurse executives determine where to commit financial, time, and human resources.

Sustainability is the process through which new working methods, performance goals, and improvement trajectories are maintained over a period of time.¹ The ability to sustain improvement is important to any business, including healthcare organizations. Amidst the current economic crisis and resource-scarce environment, sustainability is a business imperative.² Sustainability of nursing excellence, supported through the American Nurses Credentialing Center Magnet Recognition Program®, can be critical to organizational success related to quality and resource management.³ The decision to pursue Magnet® designation and redesignation should be carefully considered within the overall business strategy.⁴

Healthcare organizations achieving Magnet designation are recognized for quality patient care, nursing excellence, and innovations in professional nursing practice. The current Magnet Model, updated in 2008, acknowledges 5 components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation, and improvement; and empirical outcomes.⁵ Attaining Magnet designation is a time- and resource-intensive journey.⁶ On average, it takes 4 to 5 years to transform the environment to a culture of excellence and 2 years to complete the application process.^{7,8} Depending on the current infrastructure, culture, and size of the facility, it is estimated to cost between \$100,000 and \$600,000 per year to prepare for Magnet designation.³

To sustain Magnet designation, hospitals must reapply every 4 years. Because of the expectation to raise the bar on performance, redesignation may be more challenging than the initial journey.⁸ Considering the pressures resulting from the economic downturn, hospitals must decide whether to continue funding key activities supporting Magnet designation. This study seeks to uncover organizational factors associated with sustaining commitment to Magnet-related efforts required for designation or redesignation. Visibility of organizational commitment to Magnet designation can be evaluated through the perspective of the professional nursing staff. The study is a preliminary exploration of nurses' perceptions of 4 characteristics of sustainability: capacity, support, adaptability, and feasibility.

Review of the Literature

Although literature on the journey and process to attain Magnet designation is extensive, limited research is available on sustaining Magnet designation. Most focus on case studies detailing how Magnet hospitals have implemented strategies to continue to build on the Magnet culture and prepare for Magnet redesignation.⁸⁻¹⁰ Success factors include maintaining a Magnet steering committee to guide the process, annual celebrations and recognition programs, and staff performance appraisals designed to support the priorities of Magnet.⁹ Other publications have focused on reflections and anecdotal accounts of key considerations after Magnet designation. To sustain Magnet, a focus on areas such as organizational agility, team-driven processes, advancing technology, life-long learning, and the involvement of midlevel managers is encouraged.^{11,12}

To determine the facilitators and barriers for healthcare organizations to sustain Magnet designation, Parsons and Cornett¹³ identified key themes through a qualitative study with 15 chief nursing officers (CNOs) of Magnet-designated hospitals. At the macrosystem level, key themes that facilitated sustainability included executive management's relentless quest for quality, commitment to care, support of staff education, infrastructure supports, and resources for empowerment. Barriers include executive management turnover and financial challenges. A mesosystem theme to facilitate Magnet sustainability included the importance of middle management practices, whereas a barrier was unit management turnover. At the microsystem level, moving nursing practice to managing outcomes instead of tasks facilitated sustainability. Overall, the themes highlighted a need for strong, persistent executive leadership integrated with unit manager practices and staff nurse clinical practices.

Nurses' perceptions related to the profession, workplace environment, professional relationships, and workload have been compared between Magnet, Magnet-aspiring, and non-Magnet hospitals.¹⁴⁻¹⁶ Research has not extended to focus on nurses' perceptions of the sustainability of the Magnet culture and structure. Because sustaining Magnet requires a collective effort of the whole organization,^{8,9} it is important to understand how nurses view their organization's ability to continue the time- and resources-intensive efforts needed to sustain the designation. To begin to understand nurses' perceptions about the sustainability of hospitals' efforts related to Magnet designation, a survey of practicing nurses was conducted to address the following research question: What factors contribute to a hospital's ability to attain or sustain Magnet designation?

Methods

A 3-group comparative design was planned to identify nurses' perceptions related to sustainability within Magnet-designated hospitals, hospitals on the Magnet journey, and hospitals that were not engaged in Magnet efforts. Registered nurses (RNs) currently practicing in acute care hospitals who were also enrolled as students in graduate nursing programs at a Midwestern university were invited to participate. After approval was obtained from the university institutional review board, 280 nurses received a request to participate in an online survey via e-mail explaining the purpose of the study and providing a link directing them to the 1-time online survey. Completion of the survey took approximately 15 to 20 minutes. Clicking on the link to proceed to the survey indicated the individual's consent to participate. A reminder e-mail was sent 7 days later. Because of a low response rate (12.1%; $n = 34$), this process was repeated again 18 weeks later, for a total response rate of 15.4% ($N = 43$). To avoid potential coercion, all responses were submitted anonymously via the online survey platform, and incentives were not offered for participation.

Survey Instrument

The survey was developed by the authors based on a concept analysis of sustainability that revealed the attributes to include capacity (perceived physical or psychological abilities to continue or improve current practices), support (emotional care, financial or material resources, or physical help available to the change agent), adaptability (the capability to modify practices in a timely manner), and feasibility (how realistic it is to continue current practices and is the effort worth the reward) (H.K. Vartanian, unpublished data, 2011). The content of the items was developed by the study research team based on a review of the literature and the expertise of the team in nursing administration and working with Magnet-designated organizations. The survey consisted of 11 demographic questions (See Document, Supplemental Digital Content 1, <http://links.lww.com/JONA/A198>) and 62 questions related to Magnet sustainability (Table 1; Table, Supplemental Digital Content 2, <http://links.lww.com/JONA/A199>). The sustainability questions (capacity, 18 items; support, 21 items; adaptability, 9 items; feasibility, 14 items) were rated on an 11-point Likert-type scale, with -5 representing strongly disagree in some questions and decreased a great deal in other questions and +5 being strongly agree or increased a great deal. The survey also asked participants to indicate if their hospital is currently Magnet designated, on the Magnet journey and preparing for designation, or not Magnet designated or preparing for designation. For this study sample, the standardized Cronbach's α reliability estimate was .94 for the total survey and ranged from .70 to .91 for the subscales.

Attribute of Sustainability	Survey Question	Magnet, Median (n = 32)	Non-Magnet, Median (n = 11)	Mann-Whitney U Test Results	P
Capacity	Nursing in my organization				
	Invests a lot of time in maintaining Magnet designation	4	-4	5	.00
	Is passionate about being a Magnet hospital	4	1	28	.00
	Is committed to transformational leadership	3	1	74.5	.00
	Is committed to giving staff nurses a voice in decisions affecting nursing practice	3	1	82.5	.01
	Is committed to exemplary professional practice	4	1	66.5	.00
	Is committed to developing new knowledge, innovations, and improvements	4	1	66	.00
	Is committed to measuring outcomes of nursing care	4	1	53	.00
	Has enough nurses to provide professional quality care	2.5	-1	118.5	.11
Support	The nursing leaders in my organization support/advocate for				
	A professional governance model (councils, committees, leadership roles for staff nurses)	5	1	68.5	.00
	Empowerment of nursing staff	3	0	103	.04
	Open communication	2.5	0	111	.07
	Interdisciplinary collaboration	3.5	0	63	.00
	Collegiality among nurses	3	0	88	.01
	Excellence in patient-centered care	5	1	72.5	.00
	Nursing within the organization	3.5	1	77	.01
	A professional model of care (a conceptual or theoretical framework guiding nursing practice)	3	0	41.5	.00
	Professional development (professional expertise or staging, career ladders)	4	-1	45.5	.00
	Rewards or recognition for staff for care innovations	2.5	0	92.5	.02
	Rewards or recognition for being a staff leader	2	1.5	89.5	.04
	In my organization, there is support for				
	Professional development	2.5	-3	50.5	.00
	Shared governance (pay for time off unit for shared governance activities)	3	1	85.5	.01
	Nursing research	1	-3	76.5	.01
	My nursing unit				
	Has resources available at the unit-level to support quality nursing practice	3	0	84	.01
Adaptability	Nursing in my organization				
	Is adaptable to challenges that surface when it comes to all the changes needed in the current healthcare environment	3	-1	76.5	.01
	Is innovative	3.5	0	53	.00
	Is proactive	3.5	-2	42.5	.00
	Is not passive	3	-1	42	.00
	Modifies its practice in a timely way	2	-2	59.5	.00
	In my organization, nurses				
	Are able to maintain professional practice standards even with changes that are occurring	3	1	73.5	.00
	Can provide quality professional care despite the many changes we experience	3	1	69	.00
	My nursing unit				
	Encourages participation in decision-making processes for new initiatives	3	1	90	.02
Feasibility	Nursing in my organization				
	Invests a lot of time in maintaining Magnet designation	4	-4	5	.00
	I believe that				
	Magnet designation is an important program for my organization to participate in	4	0	99.5	.03
	It is/would be valuable to nurses in our organization to be Magnet designated	4	3	131.5	.20
	Other initiative have become more important than being Magnet designated	0	2	103.5	.04
	Being Magnet designated makes a difference in the quality of patient care	2	1	169	.84
	Being Magnet designated makes a difference in nurses' professional practice	2	1	165.5	.77
	Being Magnet designated makes a difference in nurses' professionalism	1.5	1	169.5	.86
	Being Magnet designated makes a difference in how nurses are treated	0	0	152.5	.51

*Scale: -5 = strongly disagree, 0 = neither disagree nor agree, 5 = strongly agree.

Table 1 Perceptions of Nurses From Magnet-Designated and Non-Magnet-Designated Hospitals^a

Attribute of Sustainability	Survey Question	Magnet, Median (n = 32)	Non-Magnet, Median (n = 11)	Mann-Whitney U Test Results	P
Capacity	Nursing in my organization				
	Invests a lot of time in maintaining Magnet designation	4	-4	5	.00
	Is passionate about being a Magnet hospital	4	1	28	.00
	Is committed to transformational leadership	3	1	74.5	.00
	Is committed to giving staff nurses a voice in decisions affecting nursing practice	3	1	82.5	.01
	Is committed to exemplary professional practice	4	1	66.5	.00
	Is committed to developing new knowledge, innovations, and improvements	4	1	66	.00
	Is committed to measuring outcomes of nursing care	4	1	53	.00
	Has enough nurses to provide professional quality care	2.5	-1	118.5	.11
Support	The nursing leaders in my organization support/advocate for				
	A professional governance model (councils, committees, leadership roles for staff nurses)	5	1	68.5	.00
	Empowerment of nursing staff	3	0	103	.04
	Open communication	2.5	0	111	.07
	Interdisciplinary collaboration	3.5	0	63	.00
	Collegiality among nurses	3	0	88	.01
	Excellence in patient-centered care	5	1	72.5	.00
	Nursing within the organization	3.5	1	77	.01
	A professional model of care (a conceptual or theoretical framework guiding nursing practice)	3	0	41.5	.00
	Professional development (professional expertise or staging, career ladders)	4	-1	45.5	.00
	Rewards or recognition for staff for care innovations	2.5	0	92.5	.02
	Rewards or recognition for being a staff leader	2	1.5	89.5	.04
	In my organization, there is support for				
	Professional development	2.5	-3	50.5	.00
	Shared governance (pay for time off unit for shared governance activities)	3	1	85.5	.01
	Nursing research	1	-3	76.5	.01
	My nursing unit				
	Has resources available at the unit-level to support quality nursing practice	3	0	84	.01
Adaptability	Nursing in my organization				
	Is adaptable to challenges that surface when it comes to all the changes needed in the current healthcare environment	3	-1	76.5	.01
	Is innovative	3.5	0	53	.00
	Is proactive	3.5	-2	42.5	.00
	Is not passive	3	-1	42	.00
	Modifies its practice in a timely way	2	-2	59.5	.00
	In my organization, nurses				
	Are able to maintain professional practice standards even with changes that are occurring	3	1	73.5	.00

	Can provide quality professional care despite the many changes we experience	3	1	69	.00
	My nursing unit				
	Encourages participation in decision-making processes for new initiatives	3	1	90	.02
Feasibility	Nursing in my organization				
	Invests a lot of time in maintaining Magnet designation	4	-4	5	.00
	I believe that				
	Magnet designation is an important program for my organization to participate in	4	0	99.5	.03
	It is/would be valuable to nurses in our organization to be Magnet designated	4	3	131.5	.20
	Other initiative have become more important than being Magnet designated	0	2	103.5	.04
	Being Magnet designated makes a difference in the quality of patient care	2	1	169	.84
	Being Magnet designated makes a difference in nurses' professional practice	2	1	165.5	.77
	Being Magnet designated makes a difference in nurses' professionalism	1.5	1	169.5	.86
	Being Magnet designated makes a difference in how nurses are treated	0	0	152.5	.51

a Scale: j5 = strongly disagree, 0 = neither disagree nor agree, 5 = strongly agree

Data Analysis

Data collected through the online survey were downloaded into the Statistical Package for Social Sciences (SPSS 19.0; Chicago, Illinois) software for analysis. Descriptive statistics were used to analyze the demographics of the study participants and the characteristics of the hospitals. Because of the small sample sizes of hospitals on Magnet journey ($n = 5$) and hospitals that are not Magnet designated ($n = 6$), the groups were combined into a "non-Magnet" group. Because of the possibility of nonnormal distribution with small sample sizes, Mann-Whitney U tests were used to determine differences in nurses' responses between Magnet-designated and non-Magnet hospitals.

Results

Of the 43 nurses who completed the survey, 32 (74%) were from Magnet-designated hospitals and 11 (26%) were from non-Magnet hospitals. The demographic characteristics for the sample are reported in Supplemental Digital Content 1, <http://links.lww.com/JONA/A198>. There were no significant differences in age, total RN work experience in years, years in the current organization, or years on the unit between the 2 groups of nurses. Of the nurses who took the survey, a majority were between the ages of 25 and 34 years (range, 23-55 years; 42%), had a total RN work experience between 0 and 4 years (range, 0-36 years; 47%), and had worked between 0 and 4 years (range, 0-29 years) in their current organization (56%).

Perceptions significantly differed on each of the attributes of sustainability between nurses in Magnet hospitals compared with nurses in non-Magnet hospitals (Table 1). Nurses in Magnet hospitals more strongly agreed that nursing in their organization was committed to giving staff nurses a voice in decisions affecting nursing practice, a question referring to the capacity of the organization to sustain Magnet designation excellence. These nurses also more strongly agreed in other capacity areas that need to continue for their organization to be prepared for Magnet redesignation, including that nursing was committed to transformational leadership, exemplary professional practice, developing new knowledge and innovations, and measuring outcomes of nursing care.

Significant differences were found for nurse's perceptions of leadership and resources available in their organizations, questions that pertain to the support attribute of sustainability (Table 1). Nurses in Magnet organizations more strongly believed that their nursing leaders supported a professional governance model, interdisciplinary collaboration, excellence in patient-centered care, empowerment of nursing staff, collegiality among nurses, and nursing within the organization. They also more strongly agreed that financial support was available for professional development and nursing research, as well as paid time off the unit for shared governance activities. Nurses in Magnet-designated hospitals were also more likely to agree that resources were available at the unit level to support quality nursing practice.

In the adaptability dimension of sustainability, nurses in Magnet-designated hospitals perceived nursing in their organizations to be more adaptable to challenges, innovative, proactive, and responsive in terms of modifying practices in a timely way. These nurses also more strongly agreed that they are able to provide quality professional care and maintain professional practice standards despite changes they experience in the workplace.

Results from questions pertaining to the feasibility dimension of sustainability were mixed. There were several areas that showed no significant differences in perceptions between the 2 groups (Table 1). For the questions that showed no differences between groups, responses from all 43 participants indicated that they somewhat agreed that it would be valuable for nurses in the organization to be Magnet designated (mean [SD], 2.65 [2.73]) and only slightly agreed that being Magnet designated makes a difference in the quality of patient care (mean [SD], 1.24 [2.50]), nurses' professional practice (mean [SD], 1.39 [2.50]), nurses' professionalism (mean [SD], 1.20 [2.63]), and how nurses are treated (mean [SD], 0.35 [2.63]). However, compared with nurses in non-Magnet hospitals, nurses in Magnet-designated facilities were significantly more likely to agree that Magnet designation was an important program for their organization.

Looking exclusively at the responses of nurses from Magnet hospitals, little or no change was reported over the last year in factors that distinguish a Magnet facility (See Table, Supplemental Digital Content 2, <http://links.lww.com/JONA/A199>). This includes factors from the capacity and support domains, such as the quality of nursing care, the number of patients routinely assigned to RNs, the number of assistive personnel, the amount of mandatory overtime, or tuition reimbursement for continuing education or obtaining a degree. These nurses also reported little change in the effort that their organization invests in Magnet activities and leadership's continued support of Magnet designation. Related to the feasibility of sustaining Magnet designation, nurses from these hospitals agreed that it was realistic for their organization to be able to sustain Magnet designation in the future (median, 5), it was realistic to continue Magnet activities in the current healthcare economy (median, 3), and it was worth it for the organization to renew their Magnet status (median, 4). Nurses in Magnet-designated facilities agreed less strongly with other aspects regarding the feasibility of Magnet. This includes that there are benefits for the nursing staff to participate in Magnet activities (median, 2), the organization should spend resources on Magnet designation (median, 1), and the effort invested in Magnet was worth it (median, 2). They also less strongly agreed in the adaptability domain of "My organization finds new and/or more cost effective ways to meet Magnet requirements" (median, 0.5).

Discussion

Results from this preliminary study showed that compared with nurses in non-Magnet hospitals, nurses from Magnet-designated hospitals perceived the capacity, support, and adaptability attributes necessary to sustain Magnet excellence to be present in their hospitals. For example, the attribute of capacity was evident through nursing in the organization being committed to exemplary professional practice, developing new innovations, and measuring outcomes of nursing care. The attribute of support was manifested in nurses in Magnet-designated hospitals more strongly agreeing that nursing leaders and the organization provided support for

areas necessary to sustain the structure and culture needed for Magnet redesignation, including a professional governance model, excellence in patient-centered care, and empowerment of nursing staff. Likewise, the attribute of adaptability was evident in Magnet nurses more strongly agreeing that nursing in the organization is innovative and modifies its practice in a timely way and that nurses are able to maintain professional practice standards even with changes that occur. The presence of these attributes in Magnet-designated hospitals exemplifies the work these organizations are doing to sustain the structure and culture needed for redesignation. Despite this, nurses in Magnet-designated hospitals less strongly perceived the feasibility of sustaining Magnet designation.

Maintaining Magnet status is a collective effort for the entire organization, including the nursing organization.^{6,9} Even if hospitals have the capacity, support, and adaptability to attain Magnet redesignation, they may struggle with long-term sustainability of Magnet recognition if nurses do not perceive it is feasible, or worth it, to continue Magnet excellence. Nurses in Magnet hospitals felt that it was somewhat, although not entirely, feasible to sustain Magnet designation. Although nurses from Magnet-designated facilities felt that Magnet recognition was important to their organization and realistic to continue, the benefits to participating in the program were less easily recognized.

Like Magnet designation, redesignation is a continuous journey that requires adoption and nurture of a culture for nursing practice.² Nurse executives must attend to the need to balance capacity, support, adaptability, and feasibility throughout the redesignation journey to sustain Magnet excellence in the constraints of their organization's evolving priorities. Obtaining nurses' input on how they view Magnet in the organization will help nurse executives strengthen any attribute of sustainability that may not be sufficiently present to continue long-term Magnet excellence. As this study demonstrates, there may be benefits for CNOs to further explore why nurses in their Magnet-designated facilities do not readily agree to the benefits of Magnet designation in areas such as nursing professional practice or how nurses are treated. Gaining a better understanding of where their organization is in each of the attributes of sustainability will equip nurse executives to tailor leadership strategies for the unique characteristics and perspectives of their staff. Being proactive to ensure the sustainability of Magnet recognition will ensure that hospitals are using their resources as effectively and responsibly as possible in the current economic and healthcare environments.

Several limitations should be considered when reviewing the results of this study. The sample of RNs was a convenience sample of practicing nurses who were also students in a graduate nursing program. All respondents had a baccalaureate degree and were fairly homogeneous with regard to their age and length of time practicing as a staff nurse. Therefore, the perceptions of the nurses in this sample may not be generalizable to other groups of nurses. The findings are from a preliminary study and generalizability may also be limited because of the small sample size, particularly with the nurses from hospitals on the Magnet journey and from hospitals not Magnet designated. The small sample size of these groups is likely due to the high proportion of Magnet-designated healthcare systems in the metropolitan area where the study was conducted. Future study of hospitals in other geographic areas composed of higher percentages of hospitals on the Magnet journey and hospitals that are not Magnet designated is warranted. In addition, the study explored only nurses' perceptions of sustainability of Magnet designation and did not empirically measure changes to the structure of the hospital that would facilitate or hinder sustainability of Magnet redesignation. Lastly, the survey was developed for the purpose of this study, and further testing of its validity and reliability would give additional confidence to the results.

Conclusion

Although this study has several limitations, it demonstrates the feasibility and value of acquiring nurses' perceptions of the sustainability of Magnet designation. As mandated by the Magnet Recognition Program,

Magnet hospitals must conduct an annual appraisal of nurse satisfaction. In conjunction with this appraisal, asking nurses about their perceptions of the organization's efforts to sustain Magnet activities will provide CNOs with a useful barometer for monitoring whether their efforts to sustain the culture and structures needed for Magnet redesignation are visible throughout the nursing organization. Evaluating the sustainability of Magnet efforts within the organization on at least a yearly basis will help CNOs to determine where to commit financial, time, and human resources to ensure that Magnet efforts are sustained without the need for rebuilding before application for redesignation.

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Supplemental Digital Content

Supplemental Digital Content # 2

Perceptions of Change from Nurses in Magnet Designated and non-Magnet Designated Hospitals

Attribute of sustainability	Survey question	Magnet Median (n = 32)	Non-Magnet Median (n = 11)	Mann-Whitney U test results	P
Capacity	In the past year, how much change have you seen in:^a				
	The quality of nursing care	0	0	129	.17
	The amount of staff nurses' participation in professional practice activities	1	0	92.5	.02
	The RN turnover rate (nurses terminating their employment on our unit)	2.5	0	92	.02
	The number of patients routinely assigned to an RN	0	2	145	.40
	The number of assistive personnel	0	1	160	.67
	The amount of mandatory overtime	0	0	173	.95
	The amount your organization promotes Magnet activities ^b	0			
	The effort your organization invests in Magnet activities ^b	0			
	Emphasis on Magnet activities ^b	0			
	There have been fewer Magnet activities ^b	0			
Support	In the past year, how much change have you seen in:^a				
	The length of orientation of new RNs	0	0	165.5	.77
	Tuition reimbursement levels for college/graduate coursework	0	0	155.5	.57
	Tuition reimbursement levels for continuing education	0	0	135.5	.26
	The amount of money available for specialty certification	0	1	106.5	.05
	Leadership continues to support Magnet designation ^b	0			
	Leadership continues to support Magnet principles ^b	0			

Adaptability	If your organization is already Magnet designated:^c				
	My organization finds new and/or more cost effective ways to meet Magnet requirements	0.5			
Feasibility	If your organization is already Magnet designated:^{c,d}	5			
	I think it is realistic that my organization will be able to sustain Magnet designation in the future	3			
	In the current healthcare economy, it is realistic to continue Magnet activities	4			
	It is worth it for the organization to renew their Magnet status	2			
	There are benefits for nursing staff for participation in Magnet activities	1			
	My organization should spend resources (people or materials) on Magnet designation	2			
	The effort invested in Magnet activities is worth it				

a Scale: -5 = Decreased a great deal, 0 = No change, 5 = Increased a great deal

b Questions only given to nurses in Magnet designated hospitals

c Scale: -5 = Strongly disagree, 0 = Neither disagree or agree, 5 = Strongly agree

d Questions in this section changed for Non-Magnet hospitals to reflect that the organization is either preparing for Magnet designation or not Magnet designated

SUPPLEMENTAL DIGITAL CONTENT #1 Participant Demographics (N = 43)

^a Mann-Whitney U test conducted to compare nurses working in Magnet designated verses non-Magnet hospitals

	Frequency	Percentage	Mann-Whitney U test results ^a	<i>P</i>
Age			114.5	.14
< 25	7	16		
25-34	18	42		
35-44	10	23		
> 46	6	14		
Missing	2	5		
Years RN experience			131	.32
0-4	20	47		
5-10	5	12		
11-15	4	9		
16-20	8	19		
>20	4	9		
Missing	2	4		
Years in current organization			152	.70
0-4	24	56		
5-10	6	14		
11-15	7	16		
16-20	3	7		
>20	1	2		
Missing	2	4		
Type of unit worked most often				
General medical-surgical	3	7		
Specialty medical-surgical	6	14		
Intensive care	9	21		
Obstetrical	3	7		
Emergency Department	2	4		
Outpatient	4	9		
Other	13	30		
Missing	3	7		