The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies (for more information, visit www.nursecredentialing.org/Magnet/Program Overview.aspx). Effective with new applications received after June 1, 2009, facilities applying for new or redesignated Magnet® status must apply using the new Magnet Model. In the new model, the 14 Forces of Magnetism™ are realigned into five domains: transformational leadership; structural empowerment; exemplifying professional practice; new knowledge, innovations, and improvements; and empirical quality outcomes. Although all domains are important, developing and sustaining a research infrastructure that will produce a “multitude of research activities [consistent with] the practice site” (ANCC, 2008, p. 50) are daunting responsibilities, depending on the size of the organization.

Research Infrastructure

Organizational structure and readiness is critical to supporting significant strategic change (Cummings, Estabrooks, Miododzi, Wallin, & Hayduk, 2007); therefore, Our Lady of the Lake Regional Medical Center (OLOLRMC) assessed the facility’s capacity to pursue Magnet designation in the summer of 2006. The gap analysis revealed that a nursing research infrastructure would need to be developed.

Successful models were evaluated early in the development process. The literature supported the notion that academic partnerships can promote a research culture (Kleinpell, 2009; Pinkerton, 2009; Smith, 2007), particularly if the facility has direct access to local schools of nursing. Others suggested that an external research consultant may have merit (Burns, Dudjak, & Greenhouse, 2009; Cummings et al., 2007; Downie, Ogilvie, & Wichmann, 2005; Forrester, O’Keefe, & Torres, 2008); however, coordination with external research consultants can be challenging (Hudson, 2005). Finally, some studies suggested that an on-site program director for nursing research may be required based on the size and needs of the organization (Weeks & Satusky, 2005).

OLOLRMC is located in a large metropolitan area with affiliations to five schools of nursing in close proximity to the campus; however, only three schools possess an affiliation agreement with the hospital. The center opened in 1925 to serve the healthcare needs of the Baton Rouge community. OLOLRMC is a subsidiary of Franciscan Missionaries of Our Lady Health System, a not-for-profit corporation and the largest health system in Louisiana. OLOLRMC is the largest private medical center in Louisiana, with 706 licensed beds and a main campus that includes more than 40 buildings on almost 45 acres. Its acute care capabilities are the most comprehensive in the region and are designed to meet the need for complex, high-acuity services. The major service areas include cardiovascular health, oncology, surgery, orthopedics, neuroscience, pediatrics, and mental and behavioral health, with several subspecialties. The oncology service line provides advanced technology and treatment protocols, access to clinical trials, comfort measures, and patient and family involvement in care through inpatient, outpatient, and stem cell transplantation units.

Based on recommendations from the nursing literature, OLOLRMC’s nursing leadership questioned whether an academic facility research partnership or reliance on an external research consultant would build the necessary infrastructure and sustain a momentum of evidence development and integration over time without a dedicated researcher on site. Therefore, a position was allocated with the fiscal 2008 budget for a program director of nursing research. The program director of nursing research would report directly to the chief nursing officer as part of the senior nursing leadership team. The goal of this position was to coordinate the