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SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S1	journal of nursing management	Ebook Central, Public Health Database, Publicly Available Content Database	182015*

* Duplicates are removed from your search, but included in your result count.

Advancing nursing practice through fundamental care delivery

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ABSTRACT (ENGLISH)

Fundamental care is defined as follows (Feo et al., 2017; ILC, 2021):

Fundamental care involves actions on the part of the nurse that respect and focus on a person's essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their family/carers

The fundamentals of care are conceptualized within three distinct dimensions of care: (1) the relationship, (2) the integration of care and (3) the care context (ILC, 2021). The relationship involves five core elements: developing and maintaining trust, focusing on the patient being cared for, anticipating the patients' needs, getting to know the patient and how best to provide care for them and evaluating the quality progress and outcomes of the relationship (ILC, 2021). The integration of care provides detailed outline of the physical psychosocial and relational aspects of the fundamentals of care

Factors affecting nurses' retention in Iranian hospitals

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ABSTRACT (ENGLISH)

Aim

This research was conducted to study the factors affecting nurses' retention in Iranian hospitals.

Background

Health care systems should pay attention to their human resources' retention to deliver health care services and maintain their organizational values. This issue becomes more significant when we consider the human and financial limitations in place.

Method

Data were analysed using conventional qualitative content analysis based on the model developed by Elo and Kyngäs. Forty-two managers and nurses were selected by purposive sampling. Data were obtained through 45 semi-structured interviews until data saturation was reached.

Results

The data analysis resulted in four main categories and 17 subcategories. The main categories included dignity and respect, ethics and spirituality, empathy, and flourishing. The main theme extracted was 'maternal management'.

Conclusion

The present study proposes 'maternal management' as a strategy to increase the retention of nurses.

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The association between hospital nursing resource profiles and nurse and patient outcomes

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ABSTRACT (ENGLISH)

Aims

To identify and describe profiles of nursing resources and compare nurse and patient outcomes among the identified nursing resource profiles.

Background

Research linking nurse education, staffing, and the work environment treats these nursing resources as separate variables. Individual hospitals exhibit distinct profiles of these resources.

Methods

This cross-sectional secondary analysis used 2006 data from 692 hospitals in four states. Latent class mixture modelling was used to identify resource profiles. Regression models estimated the associations among the profiles

and outcomes.

Results

Three profiles were identified (better, mixed and poor) according to their nursing resource levels. Hospitals with poor profiles were disproportionately mid-sized, for-profit, and had lower technology capability. Nurse job outcomes, patient mortality and care experiences were significantly improved in hospitals with better resource profiles.

Conclusions

Hospitals exhibit distinct profiles of nursing resources that reflect investments into nursing. Nurse and patient outcomes and patients' experiences are improved in hospitals with better nursing resource profiles. This finding is consistent with the literature that has examined these resources independently.

Implications for Nursing Management

Nurse managers can identify their nursing resource profile and the associated outcomes. Our results show the advantages of improving one's hospital nursing resource profile, motivating managers to make an informed decision regarding investments in nursing resources.

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Peer group clinical supervision for community health nurses: Perspectives from an interpretive hermeneutic study

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ABSTRACT (ENGLISH)

Aim

To explore the lived experience of utilizing peer group supervision in practice for community health nurses.

Background

Community health nursing is an autonomous and challenging role where quality clinical supervision has benefits for the registered nurse. The structured New Zealand Coaching and Mentoring model of peer group supervision provides the foundation for this research.

Method

An interpretative hermeneutic study explored the experience of peer group supervision in a regional health service in Australia. Qualitative in-depth interviews were conducted with all levels of nursing staff to gain an understanding of their experience of peer group supervision.

Results

Data interpretation through hermeneutic analysis revealed the value and professional sustenance gained by participants. Identified game changers include adherence to rules and the influence of group dynamics. These areas were found to impact the quality of supervision.

Conclusions

This research provides different perspectives of peer group supervision that shares the experience of staff immersed in the process. Peer group supervision yields benefits for community health nurses; however, the research has implications for practice.

Implications for nursing management

Nurse managers require information when making key decisions regarding workplace implementation. Effective supervision is only possible when balance between benefits and game changers are achieved.

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Appraisal and evaluation of the instruments measuring the nursing work environment: A systematic review

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ABSTRACT (ENGLISH)

Aims

To appraise the current instruments available for measuring the nursing work environment and re-examine the definition and construct of the nursing work environment.

Background

A psychometrically sound instrument is fundamental to understanding and improving the nursing work environment. The nursing work environment is a complex construct, and its definition remains inconclusive. None of the instruments available is considered as the gold standard.

Evaluation

A comprehensive searching was undertaken in August 2021 in six databases according to PRISMA. The COSMIN and modified GRADE were applied to assess the methodological quality and measurement properties of the instruments. Instruments were categorized into three levels. The definition and construct of nursing work environment were revisited.

Key issues

Forty-one studies (19 instruments) were included. One, fourteen, and four instruments are respectively appraised as A-, B- and C-level recommendation. Definition and eight labels of nursing work environment are identified.

Conclusion

This paper provides recommendations for selecting a proper instrument for the nursing work environment.

Implications for nursing management

This study helps nurse managers to select instruments and understand the construct of the nursing work environment. The eight labels can be used as a reference for tailoring policy aimed at creating a favourable nursing work environment.

Citation analysis on the research frontiers and evolution of enhanced recovery after surgery

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ABSTRACT (ENGLISH)

Aims

To evaluate the research frontiers and evolution laws in the field of enhanced recovery after surgery (ERAS) and to predict the next direction of development.

Background

In recent years, the clinical applications of ERAS have been widely recognized by the medical community. Nursing work is present throughout the entire process, and nurses not only play a role in multidisciplinary coordination but also maintain independent professional characteristics.

Methods

The citation analysis method was used to analyse the research documents in the Web of Science database over the last 10 years.

Results

The number of documents in the field published from 2011 to 2020 increased annually. The application in colorectal surgery was the most important research frontier. From 2016 to 2020, the research frontiers were diversified. The application in colorectal surgery remains the most important research frontier, and perioperative nursing will play an important role in the future.

Conclusions

This study used citation analysis to analyse the research frontiers and evolution of ERAS in the last 10 years.

Implications for nursing management

This research will help nursing managers to carry out research and clinical promotion plans in the ERAS field and guide the transformation of scientific research achievements into nursing practice.

The impact of nurse staffing on falls performance within a health care system: A descriptive study

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ABSTRACT (ENGLISH)

Aim

The purpose of this study was to examine the impact of nurse staffing on inpatient falls performance across a multi-hospital system.

Background

Evidence to support which staffing variables influence fall performance so that health care organizations can better allocate resources is lacking.

Method

A descriptive study design was used to analyse the impact of nurse staffing and falls performance, with units dichotomized as either high or low performing based on national benchmarking data. The impact was evaluated using 10 nurse staffing variables.

Results

A total of nine units were included (five high and four low performing). Higher performing units showed less use of sitters and travellers, had fewer overtime hours worked by nurses, and employed more expert-level clinical nurses and combined nursing assistant/health unit coordinator positions, than lower performing units.

Conclusion

Findings provide evidence of how staffing variables affect a unit's falls performance. While significant relationships were found, further evaluation is needed to explore the relationship of staffing variables and quality outcomes.

Implications for Nursing Management

Nursing managers may consider trying to reduce use of sitters and travellers, and utilize innovative staffing models, such as using combined nursing assistant/health unit coordinator positions, to help improve their falls performance.

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Perceived importance of competencies by nurse managers at all levels: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To explore nurse managers' perceived importance of competencies for their current job at different levels and the associated factors.

Background

Little work to date has explored the perceived importance of competencies in nursing leadership and management

or considered the related factors in the Taiwan healthcare context.

Methods

Data collected from a previous large study comprising a cross-sectional web-based survey were analysed. Kruskal–Wallis test, two-sided Fisher exact test and multiple linear regression models were used for statistics analysis.

Results

The mix of three skills in Katz's model indicated that human skills were equally important in all three managerial levels. Of the 23 competencies, effective communication and political astuteness were rated by nurse managers at all levels as the highest-scored ($M=4.88$, $SD=0.34$) and lowest-scored competency ($M=3.92$, $SD=0.78$), respectively. Managerial level was a significant predictor of the perceived importance of competency.

Conclusions

Relationship-based competencies were prominent in the perceived importance of competencies among nurse managers at different levels. Managerial hierarchy influences the relative importance of the different managerial competencies.

Implications for Nursing Management

This study's results provide the talent strategy framework required for improving the competencies of nurse managers at all levels.

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Second victim experience and support desire among nurses working at regional levels in China

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ABSTRACT (ENGLISH)

Aim

The aim of this study was to describe and analyse the degree of second victim syndrome and the desire for supports among nurses working in regional hospitals in China.

Background

The evidence on the prevalence of second victim among health care workers remains inconsistent and has rarely focused on the regional level.

Methods

A quantitative, descriptive, survey-based, online, cross-sectional study was conducted among 1,194 nurses in three regional hospitals.

Results

A total of 918 (76.88%) nurses, who reported have had experienced patient safety incidents, were selected for the

final analysis. The mean score for the Chinese version of the Second Victim Experience and Support Tool (C-SVEST) was (65.58±10.05). Psychological distress (15.91±2.99) and practice distress (15.26±4.32) had the highest score. The mean score for the desired form of support was (4.29±0.614). The option 'the opportunity to get guidance and suggestions for future work' was rated the most desired.

Conclusion

Nurses working at the regional level reported a similar degree of second victim experience and support desire, while the prevalence was much higher.

Implications for Nursing Management

The second victim phenomenon has become increasingly complex and challenging and deserves more attention. Not only Safety-I but also Safety-II approaches are suggested to be integrated to patient safety.

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Nurses' spiritual well-being and the COVID-19 pandemic: A thematic approach

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ABSTRACT (ENGLISH)

Aims

This study explores nurses' perceived spiritual well-being in the workplace during the COVID-19 pandemic.

Background

Nurses have been working heavy shifts under challenging workplace conditions during the COVID-19 pandemic, leading to anxiety and psychological stress. These various challenges at work place their spiritual well-being at risk.

Methods

An unstructured individual online interview was conducted to collect data from 18 nurses from April to August 2021. Data were analysed using the thematic approach.

Results

This study highlighted the four themes of spiritual well-being of nurses, namely, "Trust in God," "spiritual encouragement," "spiritual attributes in the workplace," and "spiritual growth."

Conclusions

The study concludes that spirituality is critical in helping nurses overcome the myriad of adversities they face as they assume their important roles during the ongoing pandemic.

Implication for Nursing Management

The study emphasizes that nurses' spiritual aspect during crises is equally important with the other aspects of a nurse's life. Moreover, policies and interventions in hospitals must be implemented to ensure excellent levels of spiritual well-being among nurses.

The status and associated factors of junior nurses' transition shock: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To analyse junior nurses' transition shock status and its associated factors.

Background

When nurses experience transition shock, turnover intentions followed by turnover behaviour are likely, which is unfavourable for the stable development of nursing teams.

Methods

Using convenience sampling, 1,148 Chinese junior nurses were recruited. Those recruited completed a demographic questionnaire and the head nurses' humanistic care behaviour for nurses, feedback-seeking behaviour and transition shock of nurses scales. Data and associated factors of transition shock were analysed using SPSS and univariate and multivariate analyses, respectively.

Results

Head nurses' humanistic care behaviour and nurses' feedback-seeking behaviour were significantly and negatively correlated with junior nurses' transition shock (mean score: 2.87 ± 0.85). Income satisfaction, head nurses' humanistic care behaviour, night shift frequency and educational background entered the regression equation.

Conclusions

Transition shock exists not only in new nurses but also in junior nurses with ≤ 5 -year service. Those dissatisfied with their income have frequent night shifts, and higher education backgrounds have higher levels of transition shock.

Implications for Nursing Management

Head nurses need to reduce transition shock of nurses with ≤ 5 -year service by integrating humanistic care into nursing management and creating a friendly environment to stimulate feedback-seeking behaviour.

Associations between two nursing workload scales and the cost of intensive care unit nursing staff: A retrospective study of one Belgian hospital

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

The aim of this study was to assess associations between a general nursing funding scale and an intensive care unit specific nursing workload scale and the cost of nursing staff.

Background

Nurse staffing represents the most important cost in the intensive care unit, so it is essential to evaluate it accurately. In addition, the assessment of nursing workload is important for the daily management of the intensive care unit and to ensure quality of care.

Methods

This was a retrospective and quantitative study carried out in the intensive care unit of a Belgian hospital. The extraction of data from the Nursing Activities Score and the Minimum Hospital Summary Nursing Dataset were carried out during 2 periods of 15 days, from 1 June 2018 to 15 June 2018 and from 1 September 2018 to 15 September 2018.

Results

A total of 234 patients were included in the study. A total of 773 Nursing Activities Score and Minimum Hospital Summary Nursing Dataset recordings were analyzed in the study per intensive care unit day. A strong correlation was observed between Nursing Activities Score and Minimum Hospital Summary Nursing Dataset for the entire intensive care unit stay with a rho (95% CI) of .88 (0.83–.93); however, the correlation was moderate per intensive care unit day with a rho of .51 (0.45–0.57). A strong association was observed between the Minimum Hospital Summary Nursing Dataset and the Nursing Activities Score with the costs of intensive care unit nurses with a rho (95% CI) of .78 (0.72–0.86) and .74 (0.65–0.84), respectively.

Conclusions

A general nursing funding scale in Belgium was strongly correlated with the nursing workload for the whole intensive care unit stay, but this correlation was moderate per intensive care unit day. In contrast, both scales showed a good correlation with intensive care unit nursing costs.

Implications for nursing management

In Belgium, a general funding scale for nurses does not allow for an assessment of the nursing workload in the intensive care unit. The Nursing Activities Score is strongly correlated with the cost of nursing staff in the intensive care unit. The authors recommend that the Belgian authorities carry out this type of study in several intensive care units in the country and eventually replace the general funding scale for nurses with the Nursing Activities Score.

Turnover intention and coronaphobia among frontline nurses during the second surge of COVID-19: The mediating role of social support and coping skills

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ABSTRACT (ENGLISH)

Background

Turnover among frontline health care workers, particularly nurses, reached an alarming rate during the COVID-19 pandemic. This turnover has been attributed, in part, to excessive fear of the virus (a condition called coronaphobia). Studies have not yet been conducted examining whether social support and coping skills could act as buffers between coronaphobia and the intention to leave.

Aim

To examine the relationship between coronaphobia and frontline nurses' organisational and professional turnover intention and to assess whether social support and coping skills can buffer this relationship.

Methods

A correlational research design was used to collect responses through an online questionnaire from a convenience sample of 687 frontline nurses from the Central Philippines. Data were analyzed using descriptive (mean, standard deviation and percentages) and inferential statistics (*t* test, Pearson *r* correlation coefficient, ANOVA and multiple linear regression).

Results

More than half of the frontline nurses experienced coronaphobia, while 25.8% reported a desire to leave their job and 20.7% reported a desire to leave their profession. Coronaphobia had direct significant effects on nurses' organisational ($\beta=.424, p<.001$) and professional turnover intention ($\beta=.316, p<.001$). Social support and coping skills partially mediated the relationship between organisational ($\beta=.365, p<.001$; $\beta=.362, p<.001$) and professional turnover intention ($\beta=.279, p<.001$; $\beta=.289, p<.001$).

Conclusion

Frontline nurses who experienced coronaphobia were more likely to quit their job and the nursing profession. Increasing nurses' social support and enhancing their coping skills reduced the negative effects of coronaphobia, resulting in improved nurse retention.

Implications for Nursing Management

Institutional approaches to reduce coronaphobia and turnover intention during the pandemic can be facilitated by improving social support through innovative approaches (e.g., use of technology and social media) and equipping nurses with positive coping skills through coping skills training and other empirically based coping skill-building interventions.

Nurse leader agency: Creating an environment conducive to support for graduate nurses

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ABSTRACT (ENGLISH)

Aim

The aim of the study was to gain insight on how nurse leaders manage a culture of safety for graduate nurses.

Background

Current theoretical approaches to safety culture tend towards a checklist approach that focuses on institutional characteristics, failing to examine the quality of interpersonal relationships. These interpersonal interactions are often seen as separate from the institutional realities of resource allocation, nurse–patient ratios, patient acuity or throughput. A theoretical approach is required to illuminate the dialectic between the structure of an organisation and the agency created by nurse leaders to promote patient safety.

Design

Qualitative exploratory descriptive study.

Methods

Semi-structured interviews were undertaken with 24 nurse leaders from hospital and aged care settings. Thematic analysis and Giddens structuration theory was used to describe the findings.

Results

Nurse leaders identified a range of reciprocal communicative and cultural norms and values, decision-making processes, personal nursing philosophies, strategies and operational procedures to foster patient safety and mentor graduate nurses. The mentoring of graduate nurses included fostering critical thinking, building and affirming formal structural practices such as handover, teamwork, medication protocols and care plans.

Conclusions

The study provides insight into how nurse leaders foster a culture of safety. Emphasis is placed on how agency in nurse leaders creates an environment conducive to learning and support for graduate nurses.

Implications for Nursing Management

Nurse leadership functions and decision-making capacity hinges on multiple factors including practicing agency and aspects of the social structure such as the rules for safe communication, and the various institutional protocols. Nurse leaders enforce these forms of engagement and practice through their legitimation as leaders. They have both allocative and authoritative resources; they can command resources, direct staff to attend to patients and/or clinical tasks, mentor, guide, assign, correct and encourage with the authority vested in them by the formal structure of the organisation. In doing so, they sustain the structure and reinforce it.

A qualitative study on barriers and facilitators of quality improvement engagement by frontline nurses and leaders

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

This study aimed to understand the facilitators and barriers of quality improvement (QI) from the perspective of nurses and leaders at the frontline.

Background

Nurse engagement in QI has been associated with quality care and improved patient outcomes, yet nurse reported participation is low.

Methods

A descriptive qualitative design and purposive sampling was used to examine barriers and facilitators of nurse engagement.

Results

Facilitators (1) A leader's influence on a QI culture. Subthemes: creating buy-in, support of a just culture and working in partnership with nurses. Barriers (1) Barriers in organizational culture for nurses to lead QI. Subthemes: organizational hierarchy, absence of a just culture, nurses' role not valued, lack of accountability for QI in nursing role and resistance to change. (2) Barriers in organisational structure for nurses to lead QI. Subthemes: manager disengagement, time pressures, lack of access to timely data, lack of QI knowledge, siloed departments and lack of QI experts.

Conclusion

Barriers to QI engagement prevent nurses from fully engaging in QI. Creating a just culture and building the infrastructure to support nurse engagement is critical for success.

Implications for Nursing Management

Specific facilitators and barriers were identified that nurse leaders can assess in their practice setting and use relevant strategies to support engagement in QI.

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Nurses' disaster core competencies and resilience during the COVID-19 pandemic: A cross-sectional

study from Turkey

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ABSTRACT (ENGLISH)

Aim

The aim of this study is to determine nurses' disaster core competency levels, compare them based on characteristics and examine the relationships with psychological resilience.

Background

Since nurses constitute a critical part in the health care services, it is important to understand the competencies and effective factors in their disaster preparedness.

Methods

The data were collected from 489 nurses between January and February 2021 with an introductory information form, the Nurses' Perceptions of Disaster Core Competencies Scale and the Connor–Davidson Resilience Scale.

Results

The nurses' level of disaster core competencies was above the average, and it was positively correlated with their psychological resilience. The nurses' disaster experiences made higher differences on their disaster core competencies when compared to their personal and professional characteristics.

Conclusions

It is important to provide disaster training and drills to all nurses on a regular basis. However, under disaster conditions, resilience should also be considered and included in the preparation plans for nurses to support their professional competencies and qualifications.

Implications for nursing management

Nurse managers should play a leadership role in planning disaster preparedness training for nurses, and these trainings should be addressed to cover both professional competencies and resilience for nurses to respond effectively to disasters.

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The effect of burnout and its dimensions on turnover intention among nurses: A meta-analytic review

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ABSTRACT (ENGLISH)

Aim

The objective of this study is elaborating on the relationship between burnout and turnover intention.

Background

Burnout and its dimensions have a significant effect on turnover intention.

Evaluation

Meta-analysis technique is used. Forty-four studies were brought together to form four data sets. These data sets were heterogeneous, and they did not include publication bias. The effect sizes of burnout, emotional exhaustion, depersonalization and professional efficacy on turnover intention among nurses were computed.

Key Issues

Random-effects model was used. The groups including two or more studies were added into moderator analysis.

Conclusions

The effect size of the relationship between professional efficacy and turnover intention was *small*, and the effect size of the other surveyed relationships was *medium* among both nurses and other health employees. The moderator analysis results suggested that the effect size of the relationship between professional efficacy and turnover intention among nurses is significantly different from the other health employees. Being a nurse was determined as a significant moderator for the relationship between professional inefficacy and turnover intention, and it weakened this relationship.

Implications for Nursing Management

The findings of this study can be used by health managers as burnout and turnover intention are important to determine organizational policies.

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Safety climate in hospitals: A cross-sectional study on the perspectives of nurses and midwives

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To explore nurses' and midwives' perspectives of safety climate in Austrian hospitals as measurable elements of safety culture and to identify areas of quality improvement.

Background

Due to close contact with patients, nurses and midwives play a vital role in ensuring patient safety.

Method

An online survey among 713 nurses and midwives was conducted, using the 19-item Safety Climate Survey (SCS). To answer the survey, a 5-point Likert scale was provided with higher ratings indicating a more positive safety

climate.

Results

Results demonstrate a positive safety culture (MD 4.09, SD 0.53). Significant group differences in overall safety climate score could be found regarding nurses and midwives in managerial positions, between gender and participants age with low effect size. High item missing rates focus aspects on management/leadership, institutional concerns, leadership by physicians, and handling of adverse events. In addition, these items present the lowest ratings in safety climate.

Conclusion

Results indicate potentials for optimization in the areas of leadership communication and feedback, the handling of safety concerns, and visibility or improvement of patient safety strategies.

Implications for Nursing Management

A regular, standardized safety climate measurement can be a valuable tool for nurse managers and (political) decision-makers to manage patient safety initiatives.

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Factors influencing mindfulness among clinical nurses in China: An observational cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The aim of this study was to evaluate factors influencing mindfulness among clinical nurses in China.

Background

Mindfulness has positive effects on nurses' negative emotions and job burnout. However, few studies have explored the antecedent variables of mindfulness.

Methods

A total of 358 clinical nurses in Beijing Aerospace Center Hospital completed a cross-sectional survey between July and September 2020. The study employed self-report questionnaires covering social demographics, mindfulness, anxiety, job burnout, emotion regulation, stress perception, resilience, well-being and loneliness.

Results

The mean Mindful Attention Awareness Scale score was 66.82 ± 11.53 , which is near the cut-off score between the high and medium mindfulness categories. Anxiety, stress perception, emotional exhaustion and expressive suppression negatively affected the level of mindfulness, while mental resilience and cognitive reappraisal positively influenced the level of mindfulness (all $P < .05$).

Conclusion

Hospital nurses have higher-than-normal levels of mindfulness. The mindfulness level of clinical nurses is related to anxiety, stress perception, resilience, cognitive reappraisal, emotional exhaustion and expressive suppression.

Implications for nursing management

Nursing managers should consider the role and mechanism of positive psychology and develop targeted

intervention measures to improve nurses' mindfulness, in order to further reduce their negative emotions, improve their sense of professional benefit and thus ensure the quality and safety of nursing.

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The impact of organisational commitment and leadership style on job satisfaction of nurse practitioners in acute care practices

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ABSTRACT (ENGLISH)

Aim

This study aimed to determine the main factors that affect nurse practitioners' (NPs) job satisfaction, especially the relationship between organisational commitment and leadership styles in acute care practices.

Background

There is little known about the influence of organisational commitment and leadership on NPs' job satisfaction within acute care hospitals.

Methods

A cross-sectional design with a national online survey enrolled 1205 NPs from the Taiwan Association of Nurse Practitioners. A multiple regression model was applied to identify potential variables that associated with job satisfaction.

Results

Organisational commitment (mean=59.47), job satisfaction (mean=173.47) and leadership style (mean ranged from 13.29 to 28) were at a moderate level. Organisational commitment, leadership style, patient load and NP advancement levels explained 63% of the variance in NPs' job satisfaction.

Conclusions

Organisational commitment and leadership styles, such as idealized influence and individual consideration, are major factors that impact NPs' job satisfaction.

Implications for Nursing Management

Health care organisations should develop policies targeting organisational commitment and managers' leadership styles to improve NPs' job satisfaction.

Global prevalence of resilience in health care professionals: A systematic review, meta-analysis and meta-regression

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ABSTRACT (ENGLISH)

Aims

This review aims to examine the prevalence estimate of low resilience among health care professionals and identify the factors affecting the prevalence.

Background

Health care professionals experience high levels of stress. Understanding the health care professionals' resilience may provide an insight into how they perform in a highly stressed environment.

Evaluation

A comprehensive search of 11 databases was conducted. Studies that provided prevalence rates for low resilience among health care professionals working in a health care setting were included. Meta-analyses, sensitivity, subgroup analyses and meta-regression were conducted.

Key issues

Among 27,720 studies, 41 studies ($N=17,073$) across 16 countries were included. The prevalence of low resilience was 26% (95% CI: 20–32). Subgroup analyses indicated that types of resilience measures affect resilience prevalence significantly. A higher prevalence of low resilience was observed among allied health professions during the COVID-19 pandemic in the Middle East.

Conclusions

This review indicated the prevalence of low resilience and type of resilience measurement instruments that affected the prevalence.

Implications for nursing management

This review provides a roadmap to design tailored, discipline-specific and sustainable resilience training for nurses. Nursing managers should monitor the working hours and workload of nursing staffing in order to provide a protective working environment. This is a systematic review, and the PROSPERO registration number is CRD42021235350.

Leadership challenges and strategies to dementia care in Chinese faith-based nursing homes: A qualitative study

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ABSTRACT (ENGLISH)

Aim

To address the need and fill a knowledge gap in understanding challenges and coping strategies from the perspectives of nursing home leadership.

Background

The rapid increase of older adults with dementia in China highlights the need for research on dementia care in long-term care facilities.

Methods

Semistructured interviews were conducted among 20 facility directors employed by faith-based nursing homes across 12 provinces in China via phone or in-person in their native language. Two researchers fluent in Mandarin Chinese- and English-coded interview transcripts; thematic analysis was conducted to identify patterns.

Results

Four primary challenges were identified, including recruiting and retaining nursing staff, funding, lacking governmental support and discord with family members. The coping strategies included using external resources, incorporating religious beliefs, teamwork, rewarding performance and improving staff skills and empathy.

Conclusions

This study contributes to nursing home practice knowledge by disseminating insights of administrators regarding culturally relevant dementia management strategies in China.

Implications for nursing management

Implications for nursing management are as follows: teamwork and staff encouragement; advocate for a sustainable governmental financial support; staff training and staff-resident ratio regulations and policy; seeking external resources; integrate faith-based means for problem management and service quality improvement.

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Exploring the relationship between organisational silence and organisational learning in nurses: A cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To assess the organisational silence and learning levels among nurses of a university hospital and explore the relationship between the socio-demographics, organisational silence and learning.

Background

Organisational learning is an active process needed for improving organisational performance, and silence has a devastating impact on an organisation's capacity to learn.

Methods

A cross-sectional quantitative design was applied using two tools: the organisational silence and the organisational learning scales. Over 3 months, data were collected from 724 nurses. The data were then analysed using suitable statistical methods.

Results

The organisational silence level is moderate. The organisational learning level is predominantly moderate. The association between the two scales is a weak negative correlation, yet statistically significant. The multiple regression analysis was better in predicting organisational learning scores.

Conclusions

There is a highly statistically significant negative weak correlation between overall organisational silence and overall organisational learning. More researchers are invited to implement of interventions to promote speaking-up behaviours and organisational learning in nurses.

Implications for Nursing Management

Nurse managers and leaders can create a work atmosphere that encourages and promotes open communication among nurses and other health care team members, likewise, creating an environment conducive to translating experiences into organisational learning.

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A cost analysis with the discrete-event simulation application in nurse and doctor employment management

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

This study aimed to analyse the treatment cost of a patient, depending on the number of patients treated, patient waiting times, and the number of nurses and doctors employed in an emergency department of a private hospital.

Background

Within health systems, changes in health care resources can be very costly, especially if these changes are long-

term. The discrete-event simulation method described in this paper allows for the monitoring and analysis of complicated changes in real systems by using computer-based modelling.

Method

The discrete event simulation model was derived from nine scenarios according to the number of nurses and doctors, and a comparison was made between the results of the scenarios and the actual results.

Results

Among the scenarios, scenario 6 provided the lowest treatment cost for a patient by employing three doctors and two nurses with the best performance. The cost of treatment for a patient varies between €9.00 and €11.00 depending on the value of δ , and the daily cost of these resources to the hospital is €1300.77.

Conclusions

This study provides a clear picture of a cost analysis comparison based on changes made about the actual health system in the computer-based simulated environment.

Implications for Nursing Management

The workforce data of nurses and doctors offers enough detail for cost analysis in health care settings to calculate the cost of treatment for a patient.

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The association of professionalism and systems thinking on patient safety competency: A structural equation model

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ABSTRACT (ENGLISH)

Aims

The aim of this study is to identify how professionalism and systems thinking contribute to patient safety competency among Iranian nurses.

Background

Professionalism, systems thinking and patient safety competency play important roles in the quality of care. Strategies to enhance the patient safety competency of nurses must be devised by identifying the relationships between these variables.

Methods

A cross-sectional, descriptive survey study was conducted in 10 teaching hospitals in Tabriz, Iran. A total of 358 nursing staff with at least 12 months of experience in nursing were enrolled. Data were collected using the

Professionalism scale, Systems Thinking Scale and Patient Safety Competency Self-Evaluation tool. Structural equation modelling analysis was performed to test the relationship between variables.

Results

The final model illustrated a good fit ($\chi^2/df = 2.329$, goodness-of-fit index = 0.990, Tucker-Lewis index = 0.906 and root mean square error of approximation = 0.068). Professionalism directly influenced patient safety competency ($\beta = 0.59$, $p < 0.001$) and indirectly influenced systems thinking ($\beta = 0.29$, $p < 0.001$). Systems thinking directly influenced patient safety competency ($\beta = 0.46$, $p < 0.001$). Results indicated that 91% of the variance in patient safety competency was explained by professionalism while 40.1% of the variance in the systems thinking was explained by professionalism.

Conclusions

The professionalism and systems thinking of hospital nurses play a pivotal role as predictors in patient safety competency. Training opportunities, mentorship and nursing managers' leadership are needed to assist hospital nurses in their perceptions of professionalism and systems thinking.

Implications for Nursing Management

Nursing educators and managers should implement patient safety training strategies and improve the professionalism and systems thinking of hospital nurses to promote patient safety and quality care.

Bibliography

Citation style: APA 6th - Annotated with Abstracts - American Psychological Association, 6th Edition

Ryder, M., Kitson, A. L., O'Brien, T. S., & Timmins, F. (2022). Advancing nursing practice through fundamental care delivery. *Journal of Nursing Management*, 30(3), 601-603. doi:<https://doi.org/10.1111/jonm.13402>

Fundamental care is defined as follows (Feo et al., 2017; ILC, 2021): Fundamental care involves actions on the part of the nurse that respect and focus on a person's essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their family/carers. The fundamentals of care are conceptualized within three distinct dimensions of care: (1) the relationship, (2) the integration of care and (3) the care context (ILC, 2021). The relationship involves five core elements: developing and maintaining trust, focusing on the patient being cared for, anticipating the patients' needs, getting to know the patient and how best to provide care for them and evaluating the quality progress and outcomes of the relationship (ILC, 2021). The integration of care provides detailed outline of the physical psychosocial and relational aspects of the fundamentals of care

Najafi, Z., Akram-Sadat Sadat-Hoseini, Imanipour, M., & Ali, M. M. (2022). Factors affecting nurses' retention in Iranian hospitals. *Journal of Nursing Management*, 30(3), 785-794. doi:<https://doi.org/10.1111/jonm.13568>

AimThis research was conducted to study the factors affecting nurses' retention in Iranian hospitals. **Background**Health care systems should pay attention to their human resources' retention to deliver health care services and maintain their organizational values. This issue becomes more significant when we consider the human and financial limitations in place. **Method**Data were analysed using conventional qualitative content analysis based on the model developed by Elo and Kyngäs. Forty-two managers and nurses were selected by purposive sampling. Data were obtained through 45 semi-structured interviews until data saturation was reached. **Results**The data analysis resulted in four main categories and 17 subcategories. The main categories included dignity and respect, ethics and spirituality, empathy, and flourishing. The main theme extracted was 'maternal management'. **Conclusion**The present study proposes 'maternal management' as a strategy to increase the retention of nurses.

Lake, E. T., Riman, K. A., & Lee, C. S. (2022). The association between hospital nursing resource profiles and nurse and patient outcomes. *Journal of Nursing Management*, 30(3), 836-845. doi:<https://doi.org/10.1111/jonm.13553>

AimsTo identify and describe profiles of nursing resources and compare nurse and patient outcomes among the identified nursing resource profiles. **Background**Research linking nurse education, staffing, and the work environment treats these nursing resources as separate variables. Individual hospitals exhibit distinct profiles of these resources. **Methods**This cross-sectional secondary analysis used 2006 data from 692 hospitals in four states. Latent class mixture modelling was used to identify resource profiles. Regression models estimated the associations among the profiles and outcomes. **Results**Three profiles were identified (better, mixed and poor) according to their nursing resource levels. Hospitals with poor profiles were disproportionately mid-sized, for-profit, and had lower technology capability. Nurse job outcomes, patient mortality and care experiences were significantly improved in hospitals with better resource profiles. **Conclusions**Hospitals exhibit distinct profiles of nursing resources that reflect investments into nursing. Nurse and patient outcomes and patients' experiences are improved in hospitals with better nursing resource profiles. This finding is consistent with the literature that has examined these resources independently. **Implications for Nursing Management**Nurse managers can identify their nursing resource profile and the associated outcomes. Our results show the advantages of improving one's hospital nursing resource profile, motivating managers to make an informed decision regarding investments in nursing resources.

Tulleners, T., Taylor, M., & Campbell, C. (2022). Peer group clinical supervision for community health nurses: Perspectives from an interpretive hermeneutic study. *Journal of Nursing Management*, 30(3), 684-693. doi:<https://doi.org/10.1111/jonm.13535>

AimTo explore the lived experience of utilizing peer group supervision in practice for community health nurses.**Background**Community health nursing is an autonomous and challenging role where quality clinical supervision has benefits for the registered nurse. The structured New Zealand Coaching and Mentoring model of peer group supervision provides the foundation for this research.**Method**An interpretative hermeneutic study explored the experience of peer group supervision in a regional health service in Australia. Qualitative in-depth interviews were conducted with all levels of nursing staff to gain an understanding of their experience of peer group supervision.**Results**Data interpretation through hermeneutic analysis revealed the value and professional sustenance gained by participants. Identified game changers include adherence to rules and the influence of group dynamics. These areas were found to impact the quality of supervision.**Conclusions**This research provides different perspectives of peer group supervision that shares the experience of staff immersed in the process. Peer group supervision yields benefits for community health nurses; however, the research has implications for practice.**Implications for nursing management**Nurse managers require information when making key decisions regarding workplace implementation. Effective supervision is only possible when balance between benefits and game changers are achieved.

Yu-Chun Chang, Hsin-Yi Chang, & Jui-Ying Feng. (2022). Appraisal and evaluation of the instruments measuring the nursing work environment: A systematic review. *Journal of Nursing Management*, 30(3), 670-683.
doi:<https://doi.org/10.1111/jonm.13559>

AimsTo appraise the current instruments available for measuring the nursing work environment and re-examine the definition and construct of the nursing work environment.**Background**A psychometrically sound instrument is fundamental to understanding and improving the nursing work environment. The nursing work environment is a complex construct, and its definition remains inconclusive. None of the instruments available is considered as the gold standard.**Evaluation**A comprehensive searching was undertaken in August 2021 in six databases according to PRISMA. The COSMIN and modified GRADE were applied to assess the methodological quality and measurement properties of the instruments. Instruments were categorized into three levels. The definition and construct of nursing work environment were revisited.**Key issues**Forty-one studies (19 instruments) were included. One, fourteen, and four instruments are respectively appraised as A-, B- and C-level recommendation. Definition and eight labels of nursing work environment are identified.**Conclusion**This paper provides recommendations for selecting a proper instrument for the nursing work environment.**Implications for nursing management**This study helps nurse managers to select instruments and understand the construct of the nursing work environment. The eight labels can be used as a reference for tailoring policy aimed at creating a favourable nursing work environment.

Wu, Y., Li, Y., Che, L., Du, X., & Xing, J. (2022). Citation analysis on the research frontiers and evolution of enhanced recovery after surgery. *Journal of Nursing Management*, 30(3), 827-835.
doi:<https://doi.org/10.1111/jonm.13541>

AimsTo evaluate the research frontiers and evolution laws in the field of enhanced recovery after surgery (ERAS) and to predict the next direction of development.**Background**In recent years, the clinical applications of ERAS have been widely recognized by the medical community. Nursing work is present throughout the entire process, and nurses not only play a role in multidisciplinary coordination but also maintain independent professional characteristics.**Methods**The citation analysis method was used to analyse the research documents in the Web of Science database over the last 10 years.**Results**The number of documents in the field published from 2011 to 2020 increased annually. The application in colorectal surgery was the most important research frontier. From 2016 to 2020, the research frontiers were diversified. The application in colorectal surgery remains the most important research frontier, and perioperative nursing will play an important role in the future.**Conclusions**This study used citation analysis to analyse the research frontiers and evolution of ERAS in the last 10 years.**Implications for nursing management**This research will help nursing managers to carry out research and clinical promotion plans in the ERAS field and guide the transformation of scientific research achievements into nursing practice.

Cooke, M., de la Fuente, M., Stringfield, C., Sullivan, K., Brassil, R., Thompson, J., . . . Reynolds, S. S. (2022). The impact of nurse staffing on falls performance within a health care system: A descriptive study. *Journal of Nursing*

AimThe purpose of this study was to examine the impact of nurse staffing on inpatient falls performance across a multi-hospital system.**Background**Evidence to support which staffing variables influence fall performance so that health care organizations can better allocate resources is lacking.**Method**A descriptive study design was used to analyse the impact of nurse staffing and falls performance, with units dichotomized as either high or low performing based on national benchmarking data. The impact was evaluated using 10 nurse staffing variables.**Results**A total of nine units were included (five high and four low performing). Higher performing units showed less use of sitters and travellers, had fewer overtime hours worked by nurses, and employed more expert-level clinical nurses and combined nursing assistant/health unit coordinator positions, than lower performing units.**Conclusion**Findings provide evidence of how staffing variables affect a unit's falls performance. While significant relationships were found, further evaluation is needed to explore the relationship of staffing variables and quality outcomes.**Implications for Nursing Management**Nursing managers may consider trying to reduce use of sitters and travellers, and utilize innovative staffing models, such as using combined nursing assistant/health unit coordinator positions, to help improve their falls performance.

Yung-Fang Liou, Pay-Fan Lin, Yue-Cune Chang, & Jen-Jiuan Liaw. (2022). Perceived importance of competencies by nurse managers at all levels: A cross-sectional study. *Journal of Nursing Management*, 30(3), 633-642. doi:<https://doi.org/10.1111/jonm.13545>

AimTo explore nurse managers' perceived importance of competencies for their current job at different levels and the associated factors.**Background**Little work to date has explored the perceived importance of competencies in nursing leadership and management or considered the related factors in the Taiwan healthcare context.**Methods**Data collected from a previous large study comprising a cross-sectional web-based survey were analysed. Kruskal–Wallis test, two-sided Fisher exact test and multiple linear regression models were used for statistics analysis.**Results**The mix of three skills in Katz's model indicated that human skills were equally important in all three managerial levels. Of the 23 competencies, effective communication and political astuteness were rated by nurse managers at all levels as the highest-scored ($M=4.88$, $SD=0.34$) and lowest-scored competency ($M=3.92$, $SD=0.78$), respectively. Managerial level was a significant predictor of the perceived importance of competency.**Conclusions**Relationship-based competencies were prominent in the perceived importance of competencies among nurse managers at different levels. Managerial hierarchy influences the relative importance of the different managerial competencies.**Implications for Nursing Management**This study's results provide the talent strategy framework required for improving the competencies of nurse managers at all levels.

Shuangjiang, Z., Huanhuan, H., Xu, L., Zhao, Q., & Mingzhao, X. (2022). Second victim experience and support desire among nurses working at regional levels in china. *Journal of Nursing Management*, 30(3), 767-776. doi:<https://doi.org/10.1111/jonm.13563>

AimThe aim of this study was to describe and analyse the degree of second victim syndrome and the desire for supports among nurses working in regional hospitals in China.**Background**The evidence on the prevalence of second victim among health care workers remains inconsistent and has rarely focused on the regional level.**Methods**A quantitative, descriptive, survey-based, online, cross-sectional study was conducted among 1,194 nurses in three regional hospitals.**Results**A total of 918 (76.88%) nurses, who reported have had experienced patient safety incidents, were selected for the final analysis. The mean score for the Chinese version of the Second Victim Experience and Support Tool (C-SVEST) was (65.58 ± 10.05). Psychological distress (15.91 ± 2.99) and practice distress (15.26 ± 4.32) had the highest score. The mean score for the desired form of support was (4.29 ± 0.614). The option 'the opportunity to get guidance and suggestions for future work' was rated the most desired.**Conclusion**Nurses working at the regional level reported a similar degree of second victim experience and support desire, while the prevalence was much higher.**Implications for Nursing Management**The second victim phenomenon has become increasingly complex and challenging and deserves more attention. Not only Safety-I but also Safety-II approaches are suggested to integrated to patient safety.

Alquwez, N., Cruz, J. P., & Ejercito Mangawa Balay-odao. (2022). Nurses' spiritual well-being and the COVID-19 pandemic: A thematic approach. *Journal of Nursing Management*, 30(3), 604-611. doi:<https://doi.org/10.1111/jonm.13540>

AimsThis study explores nurses' perceived spiritual well-being in the workplace during the COVID-19 pandemic.**Background**Nurses have been working heavy shifts under challenging workplace conditions during the COVID-19 pandemic, leading to anxiety and psychological stress. These various challenges at work place their spiritual well-being at risk.**Methods**An unstructured individual online interview was conducted to collect data from 18 nurses from April to August 2021. Data were analysed using the thematic approach.**Results**This study highlighted the four themes of spiritual well-being of nurses, namely, "Trust in God," "spiritual encouragement," "spiritual attributes in the workplace," and "spiritual growth."**Conclusions**The study concludes that spirituality is critical in helping nurses overcome the myriad of adversities they face as they assume their important roles during the ongoing pandemic.**Implication for Nursing Management**The study emphasizes that nurses' spiritual aspect during crises is equally important with the other aspects of a nurse's life. Moreover, policies and interventions in hospitals must be implemented to ensure excellent levels of spiritual well-being among nurses.

Zhang, W., Chen, F., Han, M., Li, C., Liu, A., & Xingfeng, L. (2022). The status and associated factors of junior nurses' transition shock: A cross-sectional study. *Journal of Nursing Management*, 30(3), 716-723. doi:<https://doi.org/10.1111/jonm.13543>

AimTo analyse junior nurses' transition shock status and its associated factors.**Background**When nurses experience transition shock, turnover intentions followed by turnover behaviour are likely, which is unfavourable for the stable development of nursing teams.**Methods**Using convenience sampling, 1,148 Chinese junior nurses were recruited. Those recruited completed a demographic questionnaire and the head nurses' humanistic care behaviour for nurses, feedback-seeking behaviour and transition shock of nurses scales. Data and associated factors of transition shock were analysed using SPSS and univariate and multivariate analyses, respectively.**Results**Head nurses' humanistic care behaviour and nurses' feedback-seeking behaviour were significantly and negatively correlated with junior nurses' transition shock (mean score: 2.87 ± 0.85). Income satisfaction, head nurses' humanistic care behaviour, night shift frequency and educational background entered the regression equation.**Conclusions**Transition shock exists not only in new nurses but also in junior nurses with ≤ 5 -year service. Those dissatisfied with their income have frequent night shifts, and higher education backgrounds have higher levels of transition shock.**Implications for Nursing Management**Head nurses need to reduce transition shock of nurses with ≤ 5 -year service by integrating humanistic care into nursing management and creating a friendly environment to stimulate feedback-seeking behaviour.

Bruyneel, A., Maes, J., Pierdomenico, L. D., Tack, J., Bogaert, M., Leclercq, P., & Pirson, M. (2022). Associations between two nursing workload scales and the cost of intensive care unit nursing staff: A retrospective study of one Belgian hospital. *Journal of Nursing Management*, 30(3), 724-732. doi:<https://doi.org/10.1111/jonm.13544>

AimsThe aim of this study was to assess associations between a general nursing funding scale and an intensive care unit specific nursing workload scale and the cost of nursing staff.**Background**Nurse staffing represents the most important cost in the intensive care unit, so it is essential to evaluate it accurately. In addition, the assessment of nursing workload is important for the daily management of the intensive care unit and to ensure quality of care.**Methods**This was a retrospective and quantitative study carried out in the intensive care unit of a Belgian hospital. The extraction of data from the Nursing Activities Score and the Minimum Hospital Summary Nursing Dataset were carried out during 2 periods of 15 days, from 1 June 2018 to 15 June 2018 and from 1 September 2018 to 15 September 2018.**Results**A total of 234 patients were included in the study. A total of 773 Nursing Activities Score and Minimum Hospital Summary Nursing Dataset recordings were analyzed in the study per intensive care unit day. A strong correlation was observed between Nursing Activities Score and Minimum Hospital Summary Nursing Dataset for the entire intensive care unit stay with a rho (95% CI) of .88 (0.83–.93); however, the correlation was moderate per intensive care unit day with a rho of .51 (0.45–0.57). A strong association was observed between the Minimum Hospital Summary Nursing Dataset and the Nursing Activities Score with the costs

of intensive care unit nurses with a rho (95% CI) of .78 (0.72–0.86) and .74 (0.65–0.84), respectively. Conclusions A general nursing funding scale in Belgium was strongly correlated with the nursing workload for the whole intensive care unit stay, but this correlation was moderate per intensive care unit day. In contrast, both scales showed a good correlation with intensive care unit nursing costs. Implications for nursing management In Belgium, a general funding scale for nurses does not allow for an assessment of the nursing workload in the intensive care unit. The Nursing Activities Score is strongly correlated with the cost of nursing staff in the intensive care unit. The authors recommend that the Belgian authorities carry out this type of study in several intensive care units in the country and eventually replace the general funding scale for nurses with the Nursing Activities Score.

Fronda, D. C., & Labrague, L. J. (2022). Turnover intention and coronaphobia among frontline nurses during the second surge of COVID-19: The mediating role of social support and coping skills. *Journal of Nursing Management*, 30(3), 612-621. doi:<https://doi.org/10.1111/jonm.13542>

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