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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	182016*

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

Indispensable outsiders: A qualitative study of the working experiences of hospital care workers in China

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To explore the working experiences of Chinese hospital care workers from their own perspectives.

Background

Many countries face an increasing demand for nursing care and an acute shortage of registered nurses. As a result, much of the care work at hospitals is delegated to assistant staff, such as care workers.

Methods

Data were collected by semi-structured interviews with 22 hospital care workers in three hospitals of Guangzhou City, China. Thematic analysis was used to analyse the data.

Results

Hospital care workers are mainly rural-to-urban migrant women, partaking in caregiver jobs to make a living. They play a significant role in the hospital to aid patients as well as nurses. Hospital care workers experience a sense of ambiguity towards their job, viewing it as “low” and “isolated”, yet at the same time, “acceptable” and “helping”.

Conclusion

Hospital care workers are a workforce that is not well supported, trained or regulated. Their working experiences suggest that attention needs to be given to protecting this vulnerable group.

Implications for Nursing Management

The working conditions of hospital care workers should be improved. Hospital care workers need improved status, increased rewards, and channels for further training and opportunities for continued career advancement.

DETAILS

Subject: Working conditions; Hospitals; Career advancement; Caregivers; Nursing; Ambiguity; Workforce; Workers; Women; Nursing administration; Migrant workers; Job satisfaction; Work environment; Nursing assistants; Qualitative research

Business indexing term: Subject: Migrant workers Job satisfaction Work environment

Location: China

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Care erosion in sedation assessment: A prospective comparison of usual care Richmond Agitation-Sedation Scale assessment with protocolized assessment for medical intensive care unit patients

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ABSTRACT (ENGLISH)

Objectives

To determine concordance between an explicit protocolized assessment of the Richmond Agitation-Sedation Scale and an assessment performed during usual care nursing practice.

Research Design

In an urban, safety-net hospital, intensive care nurses previously trained in sedation assessment recorded a bedside Richmond Agitation-Sedation Scale assessment, while study investigators used an explicit script to perform the assessment at a similar time point. Kappa indices determined concordance of the assessments. Bivariate analyses explored factors associated with discordance and unresponsiveness.

Results

Twenty-one subjects with 38 observations were analysed. Bedside nursing assessment was poorly concordant with protocolized assessment ($k = 0.21$) with the former reporting significantly lighter sedation (median -2 vs. -5 , $p = .01$). Bedside assessment was significantly less likely than protocolized assessment to categorize subjects as unresponsive (29 vs. 50%, $p = .02$).

Conclusion

Methods used in usual clinical practice to assess adequacy of sedation frequently led to oversedation. We propose that *care erosion*, the deterioration of skills over time, may help explain this finding.

Implications for Nursing Management

Results suggest sedation assessment may be particularly vulnerable to care erosion. Nurse managers should monitor for signs of care erosion and consider utilization of explicit scripts during sedation assessment and/or frequent education to ensure sedation assessment accuracy.

DETAILS

Subject:	Scripts; Sedation; Nurse managers; Agitation; Anesthesia; Nursing; Nurse led care; Intensive care; Deterioration; Nursing administration; Professional practice; Clinical medicine; Evaluation
Identifier / keyword:	care erosion; deep sedation; nursing assessment; propofol; sedatives and hypnotics
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Nursing rounds: A quality improvement project to improve outpatient satisfaction

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ABSTRACT (ENGLISH)

Aim

To implement the nursing rounds to improve the quality and patient satisfaction of the outpatient department.

Background

Patient satisfaction is one of the most critical standards for judging the quality of hospitals. Clinical daily nursing rounds significantly increase patient satisfaction and influence safety.

Method

SQUIRE guidelines directed the execution of a quality improvement project, which used the Driver Model to improve patient satisfaction in a Chinese outpatient department with 15,000 visits per day (4 million/year). Patient satisfaction based on questionnaires (1,541), pre-intervention and (1,219) post-intervention provided increased satisfaction ($p < .05$).

Results

Improvements validated were satisfaction with outpatient services from patients, effective nurse–patient communications, an increase in the quality of nursing care, doctors' satisfaction with the outpatient department operations, reduced wait time and more efficient management, all impact safety.

Conclusions

The institution of daily nursing rounds made an overall improvement in the operations of the outpatient department, which increased patient satisfaction, quality of care and safety.

Implications for Nursing Management

Nursing rounds promote patient satisfaction through assessment of operations, addressing patient and staff needs, and appropriate interventions to rectify issues and reduce adverse outcomes. Patient satisfaction impacts quality, outcomes and safety in clinical settings.

DETAILS

Subject:	Quality management; Intervention; Hospitals; Quality of care; Clinical standards; Patients; Patient satisfaction; Clinical nursing; Nursing care; Outpatient care facilities; Patient safety; Nursing administration; Quality control; Quality improvement; Patient communication
Business indexing term:	Subject: Quality control Quality improvement
Identifier / keyword:	nursing rounds; patient satisfaction; quality improvement; safety; SQUIRE
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Human-centred leadership in health care: A contemporary nursing leadership theory generated via constructivist grounded theory

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To generate a unique and contemporary leadership theory reflecting the essence of nursing within a complex health care environment.

Background

As health care faces unprecedented change and increasing complexity, a nursing leadership theory embedded within complexity science is vital for teams to be innovative, nimble and focused on human-centred care.

Methods

Constructivist grounded theory framed exploration of human issues embedded in nursing leadership. The constructivist approach sought thematic and theoretical sensitivity through the rich co-creative experience of participants, researchers, literature and data. Focus groups were convened over 18 months with 39 nurse leaders from bedside to boardroom.

Results

Constant comparative methods resulted in 15 attributes. Advanced coding positioned the 15 attributes into constructs: Awakener, Connector and Upholder. Definitions emerged through the constructivist process organically connecting attributes and constructs to the potential outcomes identified in the theory as cultures of excellence, trust and caring.

Conclusions

The final constructivist process revealed a nursing-specific theory: human-centred leadership in health care uniquely suited to assist leaders in addressing structure, process and outcomes.

Implications for nursing management

Efforts by nurse leaders to test the theory with metrics related to nursing excellence will result in validation of the theory and validation of the proposed sustained culture change.

DETAILS

Subject:	Humans; Clinical outcomes; Health care; Coding; Validity; Leadership; Nursing; Attributes; Teams; Grounded theory; Nursing administration; Qualitative research; Constructivism
Business indexing term:	Subject: Leadership
Identifier / keyword:	constructivist grounded theory; cultural change; human-centred leadership; nursing leadership
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Behavioural changes in medication safety: Consequent to an action research intervention

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the extent to which action research assists developing medication safety behaviours among emergency medicine staff.

Background

Health care staff involved in medication therapy are frequently required to implement progressive changes. To permanently improve medication safety, we must consider staff behaviour. This study utilizes action research to engage health care workers and engender behavioural changes.

Method

Two cycles of action research were implemented. Data were collected through pre- and post-medication safety surveys, unstructured interviews and field notes. Staff in the emergency department worked together to progress the

study cycles.

Results

The pre-evaluation phase revealed deficiencies in staff medication safety behaviour. Subsequent to the implementation of safety initiatives, pre- to post-evaluation comparison indicated significant improvement in medication safety behaviours. In response to qualitative reflection phase data in reflection, ward pharmacists were placed in the emergency department and a new policy on responding to medication error was developed. Analysed field notes revealed improved safe patient care, enhanced pharmaceutical knowledge and changes in the emergency department climate.

Conclusions

Through action research, this study introduced actions to improve medication safety behaviours in the emergency department. Staff involvement led to changed safety behaviours.

Implication for Nursing Management

This study advises nurse managers of the benefit of pharmacist-led medication therapy, interprofessional medication safety courses and active communication between front-line staff and managers regarding medication safety.

DETAILS

Subject:	Drug industry; Emergency medical care; Behavior; Organizational climate; Health care; Action research; Drugs; Nurse managers; Patients; Supervisor-Subordinate interactions; Safety behaviour; Medical personnel; Interdisciplinary aspects; Mental health services; Pharmacists; Drug therapy; Nursing administration; Emergency services; Behavior modification; Health services; Health research; Health behavior; Safety; Medicine; Nurses; Behavior change
Identifier / keyword:	action research; behaviour; emergency department; medication error; medication safety
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The professional activities of nurse managers in Chinese hospitals: A cross-sectional survey in hunan province

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Objective

To explore nurse managers' perceptions of the frequency and importance of professional activities performed in their daily work in public hospitals in Hunan, China.

Background

Nurse managers are responsible for the management of almost all nursing activities in Chinese hospitals. Understanding how nurse managers operationalize their role and their perceptions of the importance of each activity is essential for clarification of their role and the competencies required to perform it.

Methods

A cross-sectional questionnaire survey.

Results

A total of 1,371 nurse managers in Hunan Province completed the survey. Nursing quality/safety management and patient management were performed most frequently and perceived as most important. Nurse managers performed nursing information management frequently while perceiving it as less important. They seldom performed nursing research management and placed low value on it.

Conclusions

Patient-centred care remains central to nursing management. Nursing managers can create a leadership culture in their hospital settings that includes the effective management of information and facilitation of research knowledge to benefit nurse managers, staff and patients.

Implications for nursing management

The results provide evidence for standardization of roles and job descriptions of nurse managers and for developing their knowledge and skills to ensure quality patient care.

DETAILS

Subject:	Facilitation; Hospitals; Nurse managers; Managers; Patients; Perceptions; Supervisor-Subordinate interactions; Nursing; Polls & surveys; Research management; Information management; Leadership; Job descriptions; Standardization; Patient-centered care; Nursing administration
Identifier / keyword:	cross-sectional study; job description; nurse managers; nursing management; professional practice; public hospitals
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Differences in the effects of organisational climate on burnout according to nurses' level of experience

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To elucidate the orientation of burnout prevention in line with the experience level of nurses by examining the impact of organisational climate on burnout by nursing experience level.

Background

While the relationship between a nurse and the organisation where they work changes depending on the nurse's experience level, there is a dearth of research that takes into account the nursing experience level in exploring the relationship between organisational climate and burnout.

Method

A cross-sectional questionnaire survey was conducted with 1,102 nurses. Nursing experience was divided into six levels. Two scales for organisational climate and the Maslach burnout inventory were used.

Results

There were effects between the organisational climate and exhaustion/depersonalization, depending on the experience level. Novices with low scores for head nurses' considerations towards staff felt the highest level of emotional exhaustion. For advanced beginners, a sense of control significantly determined emotional exhaustion.

Conclusions

There was a difference in the relationship between organisational climate and burnout in experience level, suggesting different intervention directions.

Implications for Nursing Management

There is a direction of intervention suitable for each experience level, suggesting the need to respond to each accordingly.

DETAILS

Subject:	Novices; Burnout; Sense of control; Intervention; Fatigue; Nursing; Depersonalization; Nurses; Nursing administration
Business indexing term:	Subject: Burnout
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Improving the quality of nursing care in Austria: 10 years of success

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

We provide more updated and comprehensive insights, including descriptions of changes that have taken place in the quality of pressure injury care provided in hospitals over a 10-year period.

Background

Various nursing quality measurements do not present a comprehensive view on nursing-sensitive quality indicators or place a focus on one specific care problem.

Methods

It is a repeated cross-sectional multicentre study conducted annually on 1 day including comprehensive data regarding nursing-sensitive care problems and quality indicators on the structure, process and outcome levels.

Results

The prevalence of pressure injuries decreased over the years from 4.4% to 2.9%, and the frequency of interventions increased.

Conclusion

The *Nursing Quality Measurement 2.0* initiative shows considerable improvements over a 10-year period. Therefore, the maintenance of such nursing databases should be treated as a prerequisite to providing high-quality nursing care and safe nursing practice. One main benefit of creating and maintaining such databases is that allow users to screen for improvements, for example in pressure injury care. These observations can be used to develop marketing strategies and/or to empower and engage nursing staff.

Implications for Nursing Management

Participation in such quality measurements allows the comparison of data collected in wards and institutions in many different countries, enabling them to set appropriate benchmarks. Furthermore, the results can be compared over a period of time, highlighting systematic changes, trends or improvements (e.g., due to implemented innovations).

DETAILS

Subject:	Comparative studies; Quality management; Measurement; Hospitals; Innovations; Nursing care; Multicentre; Nursing; Quality of care; Nursing administration; Pressure ulcers; Injury prevention; Professional practice
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Predictors of job satisfaction of registered nurses providing care for older adults

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Background

The population worldwide is ageing. This has required the nursing profession to respond to the growing demands of providing nursing care to this population.

Purpose

To identify predictors of job satisfaction among registered nurses providing care for older adults.

Methods

A cross-sectional correlational design was used with a convenience sample of nurses. The Quality Work Competence Questionnaire, Job Satisfaction Scale and Nurses' Occupational Stress Scale were used to measure study variables. Descriptive statistics and multiple regressions were used to analyse the data.

Results

The study included 500 nurses; and 68% dissatisfied with their job. Nurses were mostly dissatisfied with the physical conditions in which they work (55.2%) and the rate of payment (50.2%). Physical strain demonstrated the highest positive correlation with nurses' satisfaction ($r = .36$). More years of experience, skills and employee development, high nurses' competence, and more physical strain predicted high job satisfaction.

Conclusion

Job dissatisfaction among nurses providing care for older adults is high and is influenced by nurses' experience, professional development, competency and physical strain.

Implications

Health care organisations should apply strategies that enhance the development of the professional competency of their nursing staff.

DETAILS

Subject:	Health status; Older people; Aging; Nursing; Job satisfaction; Competence; Nurses; Nursing care; Professional development; Occupational stress; Nursing administration
Business indexing term:	Subject: Job satisfaction
Identifier / keyword:	competence; development; job satisfaction; occupational stress; older adults; work strain
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
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Publication year:	2021
Publication date:	Mar 2021
Section:	ORIGINAL ARTICLES
Publisher:	Hindawi Limited

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DOI:	https://doi.org/10.1111/jonm.13147
ProQuest document ID:	2497567138
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The relationship between nurses' job crafting behaviours and their work engagement

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ABSTRACT (ENGLISH)

Aim

To investigate the relationship between job crafting and work engagement among hospital nurses.

Background

Job crafting is a relatively advanced job redesign concept, and few studies have investigated it among nurses.

Methods

This is a cross-sectional study. A total of 636 nurses were recruited from one hospital in Saudi Arabia. Of them, 608 (95.6%) completed self-administered, online questionnaires. The questionnaire assessed participants' socio-demographic data, job crafting and work engagement. Structured equation modelling (SEM) was used to examine the association between job crafting and work engagement.

Results

Data from 549 nurses were analysed. Most of the participants (85.1%) were females, and their mean scores of job crafting and work engagement were 3.54 ± 0.5 and 4.77 ± 1.1 , respectively. The SEM revealed that job crafting accounted for 57% of the variance of work engagement.

Conclusions

Job crafting is a significant determinant of nurses' work engagement.

Implications for nursing management

Supporting staff nurses to employ job crafting behaviours would positively improve their work engagement. This may include, but is not limited to, helping nurses to bargain a significance in their labour, reforming the work pattern in a manner that lines up with organisational objectives and employing an innovative managerial style.

DETAILS

Subject:	Questionnaires; Staff nurses; Work; Modelling; Nurses; Job redesign; Nursing administration; Occupational psychology; Job satisfaction
Business indexing term:	Subject: Occupational psychology Job satisfaction
Identifier / keyword:	job crafting; nurses; structured equation modelling; work engagement
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
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Pages:	214-219
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Factors associated with the provision of individualized care during hospitalization: A systematic review

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ABSTRACT (ENGLISH)

Aim

To analyse and integrate the existing literature on nurses' perceptions regarding factors associated with the provision of individualized care in hospital contexts.

Background

Individualized care considers the personal characteristics of patients and promotes their participation in decision-making. The application of individualized care is not standardized among professionals.

Methods

A systematic literature search was performed in Scopus, Web of Science, MEDLINE, Índice Médico Español, CUIDEN, ProQuest, PsycINFO, CINAHL and the Cochrane Library, for studies published in English or Spanish analysing nurses' perceptions on factors associated with the provision of individualized care.

Results

A total of 6,330 articles were retrieved, of which 13 fulfilled the inclusion criteria. The provision of individualized care was influenced by the nurses' personal characteristics (academic training, being a specialist, age, professional experience, personal motivation, empathy and culture) and by organisational factors (staff ratio, routinization and standardization of care, autonomous professional practice, leadership and positive work environment).

Conclusions

Nurses' perceptions on the provision of individualized care are influenced by their personal characteristics and organisational factors.

Implications for Nursing Management

Nurse managers may optimize personalization of care by encouraging positive work environments; ensuring adequate staffing; avoiding routinization or standardization of care; and promoting training, leadership and autonomy of nursing professionals.

DETAILS

Subject:	At risk youth; Personalization; Systematic review; Nurse managers; Professional training; Motivation; Work environment; Personal characteristics; Perceptions; Individualized; Nursing; Empathy; Staffing; Hospitalization; Nurses; Characteristics; Leadership; Starvation; Standardization; Autonomy; Nursing administration
Identifier / keyword:	hospitalization; individuality; nursing care; patient care planning; systematic review
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
Issue:	2
Pages:	113-132
Publication year:	2021
Publication date:	Mar 2021

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ISSN:	09660429
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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Evidence Based Healthcare, Journal Article
Publication history :	
Online publication date:	2020-10-20
Publication history :	
First posting date:	20 Oct 2020
DOI:	https://doi.org/10.1111/jonm.13150
ProQuest document ID:	2497567109
Document URL:	https://www.proquest.com/scholarly-journals/factors-associated-with-provision-individualized/docview/2497567109/se-2?accountid=211160
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Cultivating ethical leadership in the recovery of COVID-19

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To propose the necessity of fostering ethical leadership in the recovery of COVID-19.

Background

Supporting physically and emotionally exhausted nurses, whilst ensuring quality standards of care delivery in the recovery phase of COVID-19, requires careful, considerate and proactive planning.

Evaluation

Drawing on literature and utilizing Lawton and Paez Gabriunas' (2015) integrated ethical leadership framework (purpose, practices, virtues), possible practical suggestions for the operationalization of ethical leadership are proposed.

Discussion

Nurse managers must maintain ethical vigilance in order to nurture value-driven behaviour, demonstrating empathy and compassion for nurses experiencing physical and emotional exhaustion because of COVID-19. It is important that open dialogue, active listening and self-care interventions exist. Nurse managers have an essential role in inspiring and empowering nurses, and building morale and a collective commitment to safe and quality care.

Conclusion

Nurse managers need to consider ways of empowering, supporting and enabling nurses to apply ethical standards in everyday practice.

Implications for Nursing Management

Fostering ethical nurse leadership requires careful and sensitive planning, as well as charismatic, compassionate and inspirational leaders. Supporting staff through respect, empathy, role modelling and genuine conscientiousness is essential for increasing job performance and sustaining an ethical work environment.

DETAILS

Subject: Managers; Recovery; Clinical standards; Modelling; Listening; Vigilance; Morale; Leadership; Nurses; Codes of conduct; Ethics; Quality of care; Empathy; Fatigue; Nurse managers; Work environment; COVID-19; Empowerment; Conscientiousness; Charisma; Sympathy; Necessity; Job performance; Occupational stress; Medical ethics; Nursing administration; Pandemics; Burnout; Employee morale; Professional practice; Self care

Business indexing term: Subject: Leadership Occupational stress Burnout Employee morale

Identifier / keyword: COVID-19; ethical leadership; positive working environments; professional resilience; self-caring behaviours

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Language of publication:	English
Document type:	Commentary
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Document URL:	https://www.proquest.com/scholarly-journals/cultivating-ethical-leadership-recovery-covid-19/docview/2497567106/se-2?accountid=211160
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The association between supervisor support and ethical dilemmas on Nurses' intention to leave: The mediating role of the meaning of work

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To examine the association between supervisor support and ethical dilemmas on nurses' intention to leave health care organisations, both directly and through the mediating role of the meaning of work.

Background

The shortage of nurses makes it vital that organisations retain nurses and so reduce the costs associated with replacing experienced nurses.

Methods

This cross-sectional study samples 2,946 registered nurses from a selected health region in Norway. Structural equation modelling was used to test a hypothesized model.

Results

Social support from the supervisor and ethical dilemmas is associated with nurses' intention to leave, both directly and indirectly through the mediating role of the meaning of work.

Conclusion

Health care organisations should enhance social support from supervisors and the meaning of work, and reduce the level of ethical dilemmas in hospitals.

Implications for Nursing Management

Health care organisations should continuously develop and offer training in nurse manager skills, such as being empathic, understanding employees' needs and how to communicate and handle ethical dilemmas. Managers should value staff contributions, encourage staff involvement in ethical questions and highlight the impact of nurses' work on improving the welfare of others.

DETAILS

Subject: Social support; Hospitals; Health care; Meaning; Work; Modelling; Ethical dilemmas; Supervisor-Subordinate interactions; Nurses; Ethics; Supervisors; Welfare; Nursing administration; Medical ethics

Business indexing term: Subject: Supervisors

Identifier / keyword: ethical dilemmas; intention to leave; management; meaning of work; nursing

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Publication date:	Mar 2021
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Language of publication:	English
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Nursing turnover intentions: The role of leader emotional intelligence and team culture

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the influence of leader emotional intelligence on the working culture prevailing in teams that ultimately impacts nurses' intent to leave the job.

Background

Global shortages of nursing professionals have been concerning issues of extreme vitality in the delivery of superior services. Though the state-of-the-art system provides relief, the hospital management continued worrying about losing highly skilled nursing professionals due to a higher level of emotional exhaustion exhibiting progressive turnover.

Methods

A survey technique was employed for data collection from nurses. Further data were analysed by structural equation modelling in the light of 313 substantial responses by using SmartPLS.

Results

The findings revealed that leader emotional intelligence impules critical constructive effects by fulfilling the needs of nurses and has an impact on their turnover intentions simultaneously.

Conclusion

The research provides an empirical lens of leadership and culture, which noticeably explain turnover intention. This study affirmed solid connections amongst the leader emotional intelligence, team culture and turnover intentions.

Implications for nursing management

The study provides valuable insight for health management organisations to focus on factors that decrease the turnover intention of nurses. Considering a global shortage of nurses, nursing management must consider crucial aspects of the work environment and plan interventions to restrain nursing turnover intentions.

DETAILS

Subject: Culture; Fatigue; Work environment; Modelling; Relief; Shortages; Disease management; Leadership; Nursing; Teams; Nurses; Emotional intelligence; Intelligence; Nursing administration; Employee turnover

Business indexing term: Subject: Leadership Employee turnover

Identifier / keyword: health care; leader emotional intelligence; nurse; team culture; turnover intention

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Volume:	29
Issue:	2
Pages:	229-239
Publication year:	2021
Publication date:	Mar 2021
Section:	ORIGINAL ARTICLES
Publisher:	Hindawi Limited
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Country of publication:	United Kingdom, Oxford
Publication subject:	Medical Sciences--Nurses And Nursing, Business And Economics--Management
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Perspectives and experiences of Chinese nurses on quality improvement initiatives: A mixed-methods study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To investigate Chinese nurses' views and experiences in relation to quality improvement implementation, as well as to determine the impact of contextual factors on nursing quality improvement initiatives.

Background

Nurses play a major role in carrying out quality improvement initiatives. Contextual factors influence the implementation and success of quality improvement initiatives. Studies that investigated the impact of contextual factors on Chinese nurses' practice in quality improvement remain limited.

Methods

A sequential explanatory mixed-methods design was used for this study. A quantitative cross-sectional survey was used to assess the context of quality improvement initiatives. Simple random sampling was used to recruit quality improvement teams. The sample included 356 nurses from tertiary teaching hospitals; 291 (81.7%) of them completed questionnaires. Nursing managers and nurses ($n = 18$) were purposively selected to participate in semi-structured interviews; their experiences and perceptions regarding the contextual factors of quality improvement initiatives were obtained.

Results

In the quantitative phase, the "microsystem" (mean=5.24) and "QI team" (mean = 4.97) contexts were reported as supportive contexts. The organizational context was weak, with a mean score of 3.92. In the qualitative phase, three themes related to the contextual challenges emerged: (1) nurses' attitudes and satisfaction, (2) team efficacy, and (3) organizational infrastructure and culture.

Conclusions

Efforts to elevate organizational culture and reward systems are needed in Chinese hospitals. Further education aimed at increasing skills and knowledge should be provided, to ensure effective quality improvement implementation.

Implications for Nursing Management

During quality improvement initiatives, management tasks should focus on increasing nurses' satisfaction, solving skill and knowledge deficits, and clarifying nurses' roles in relation to quality improvement.

DETAILS

Subject:	Continuing education; Quality management; Corporate culture; Nurse managers; Contextual factors; Teaching; Teaching hospitals; Implementation; Nursing; Efficacy; Teams; Random sampling; Nurses; Organizational culture; Infrastructure; Nursing administration; Total quality; Quality improvement; Quality of care
Business indexing term:	Subject: Corporate culture Total quality Quality improvement
Identifier / keyword:	continuous quality improvement; health care organisation; implementation; nurse experience; nurse management
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Issue:	2
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Publisher:	Hindawi Limited
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Publication subject:	Medical Sciences--Nurses And Nursing, Business And Economics--Management
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Spiritual care competence and its relationship with self-efficacy: An online survey among nurses in mainland China

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To explore the spiritual care competence among nurses in mainland China and determine its relationships with their self-efficacy and personal characteristics.

Backgrounds

Nurses' perception of competence in spiritual care has critical effects on their own practice. Having a view of the nurses' spiritual care competence would help nurse managers recognize the weakness of spiritual practice.

Methods

A descriptive cross-sectional study using online survey methods was carried out in 2,970 Chinese nurses. Spiritual care competence scale and General Self-Efficacy Scale were used to collect the data.

Results

The total score of spiritual care competence scale was 58.5 (16.05). The highest score on competence was for *communication* (3.48 (0.97)), and the lowest was *referral to professionals* (2.25 (0.93)). Positive correlation was found between spiritual care competence and self-efficacy ($r = .490, p < .01$). Results of multiple linear regression analysis showed that self-efficacy, whether or not trained, experience of caring terminal illness patients, working experiences and first degree were the five factors associated with spiritual care competence ($F = 217.425, p < .001, R^2 = 26.7\%$).

Conclusions

Nurses showed different levels of competence in various dimensions of spiritual care. Their spiritual care competence was related to self-efficacy, whether or not received training, experience of caring terminal illness patients, working experiences and first degree of nursing education.

Implications for Nursing Management

Nurse managers have to realize that it is imperative to enhance the nurses' competence to address the spiritual care needs of patients. Appropriate ways to enhance the nurses' spiritual care competence are needed so as to improve spiritual practices.

DETAILS

Subject:	Euthanasia; Terminal illnesses; Nurse managers; Social workers; Personal characteristics; Strength; Regression analysis; Nursing; Efficacy; Polls & surveys; Competence; Nurses; Medical education; Nursing administration; Religiosity; Patients
Location:	China
Identifier / keyword:	competence; nurses; self-efficacy; spiritual care
Publication title:	Journal of Nursing Management; Oxford
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Pages:	326-332
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Publication date:	Mar 2021
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A new approach to the prevention of nursing care rationing: Cross-sectional study on positive orientation

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ABSTRACT (ENGLISH)

Aims

To assess the effects of nurses' life satisfaction and life orientation on the level of nursing care rationing.

Background

Best practice within human resource management argues that striving for a positive orientation within the workforce may create a friendly work environment that could promote the employee's development and job satisfaction in a health care organisation.

Methods

A total of 547 nurses were enrolled and assessed using three self-report scales: the *Basel Extent of Rationing of Nursing Care-R* (BERCA-R), the *Satisfaction with Life Scale* (SWLS) and the Life Orientation Test (LOT-R). Then, the data were submitted into bivariate analyses.

Results

More pessimistic nurses with low and moderate levels of life satisfaction, and those with a neutral life orientation, presented with significantly higher BERCA-R scores than those who were more optimistic and who had high levels of life satisfaction.

Conclusions

Nursing care rationing depends on psychological factors of life satisfaction and life orientation. Low levels of satisfaction with life and a more pessimistic life orientation negatively contribute towards a higher prevalence of nursing care rationing.

Implications for nursing management

Nursing management policies, including intervention management, should consider ensuring positive orientation is in place to increase job satisfaction and optimism in health care workers.

DETAILS

Subject:	Rationing; Health care; Job satisfaction; Workforce; Work environment; Optimism; Nursing care; Human resources management; Life satisfaction; Nursing; Medical personnel; Best practice; Enrolled nurses; Nurses; Psychological aspects; Nursing administration; Professional practice
Business indexing term:	Subject: Job satisfaction
Identifier / keyword:	care rationing; life orientation; life satisfaction; nurses
Publication title:	Journal of Nursing Man agement; Oxford
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A multilevel analysis of the impact of group organisational citizenship behaviour on nurse–patient relationship: The mediating effect of work engagement and the moderating effect of emotional intelligence

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the cross-level relationships between group organisational citizenship behaviour, emotional intelligence, work engagement and nurse–patient relationship.

Background

Group-level factors influencing nurse–patient relationship are seldom studied.

Method

A cross-sectional questionnaire survey was conducted among 1,246 nurses from 55 nursing groups in a 3A hospital in China, and the data were analysed by multilevel analysis.

Results

Group organisational citizenship behaviour is positively related to nurse–patient relationship with work engagement as a mediator. Emotional intelligence moderates the relationship between group organisational citizenship behaviour and nurse–patient relationship. Specifically, high emotional intelligence reduces the positive impact of group organisational citizenship behaviour on nurse–patient relationship.

Conclusions

This study provides new insights into the influencing factors of nurse–patient relationship based on the social information processing theory. In groups with high group organisational citizenship, positive work engagement and emotional intelligence, nurses are more likely to deliver better performance in patient care, leading to better nurse–patient relationships.

Implications for Nursing Management

This study suggests that influencing factors at both group and individual levels should be considered while establishing nurse–patient relationships. A positive group climate and personal ability development significantly improve patient care quality.

DETAILS

Subject:	Citizenship; Social information processing; Nursing; Quality of care; Multilevel analysis; Behavior; Patients; Emotional intelligence; Intelligence; Nursing administration; Nurse patient relationships
Identifier / keyword:	emotional intelligence; group organisational citizenship behaviour; multilevel analysis; nurse–patient relationship; work engagement
Publication title:	Journal of Nursing Management; Oxford
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Pages:	342-350
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Place of publication:	Oxford
Country of publication:	United Kingdom, Oxford
Publication subject:	Medical Sciences--Nurses And Nursing, Business And Economics--Management
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Corrigendum

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Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review

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ABSTRACT (ENGLISH)

Aim

To examine the impact of nursing leadership styles on intensive care unit quality measures.

Background

Evidence on the impact of leadership styles has direct implications for building and strengthening leadership behaviours that foster quality nursing care in intensive care units.

Evaluation

An integrative review approach was adopted. Databases including the Cumulative Index of Nursing and Allied Health Literature, PubMed, Scopus, ProQuest, Google Scholar and the Cochrane Library were searched.

Key issues(s)

Out of 253 identified studies, seven were included in the review. Leadership styles in intensive care units include transformational, considerate, exemplary, trusted and absentee leadership. Active nurse leaders who share a common vision, and advocate for their staff are perceived as more effective than those who exhibit absentee characteristics. Structural measures influenced by leadership styles include productivity and morale of nursing staff. Outcome measures such as staff outcomes (intent to stay, job satisfaction), medication errors and periventricular/intraventricular haemorrhage in neonatal intensive care units have a positive relational effect with nursing leadership style.

Conclusions

The findings highlight the link between nursing leadership styles on structural and outcome measures in intensive care units. The current literature lacks studies highlighting the impact of nursing leadership styles on process measures in intensive care units.

Implications for nursing management

Transformational, considerate, exemplary leadership practices, and trusted leadership styles when used by nurse leaders guarantee higher quality of nursing care in intensive care units. Therefore, modern leadership styles need to be supported by health care organisations and education.

DETAILS

Subject:	Leadership style; Productivity; Clinical outcomes; Health care; Drugs; Nursing care; Morale; Hemorrhage; Neonatal units; Leadership; Critical incidents; Nursing; Job satisfaction; Quality of care; Transformational leadership; Intensive care; Patient safety; Nursing administration
Business indexing term:	Subject: Leadership
Identifier / keyword:	intensive care units; leadership styles; nursing; nursing management; quality measures
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Factors associated with the psychological well-being among front-line nurses exposed to COVID-2019 in China: A predictive study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To evaluate psychological well-being and factors associated with post-traumatic stress disorder (PTSD) among front-line nurses during the coronavirus disease-2019 (COVID-19) pandemic.

Background

Coronavirus disease-2019 is a pandemic that has posed a public health emergency of international concern. Psychological well-being of front-line nurses is a big concern during the COVID-19 pandemic.

Methods

With a predictive study design, a same survey was sent separately at two time points (i.e. before and after nurses

worked at COVID-19 units) between January and March 2020 among 356 front-line nurses in First Affiliated Hospital of Bengbu Medical College, Anhui, China.

Results

Of a total 356 front-line nurses, stress level and the prevalence of PTSD were significantly increased after they worked at COVID-19 units. Nurses who had work experience less than 2 years were significantly associated with a high risk of developing PTSD. Nurses who worked in COVID-19 inpatients wards had significantly higher odds of being PTSD (odds ratio [OR] = 21.9, 95% confidence interval [CI]: 5.08; 94.5) than those who worked in other COVID-19-related units. Resilience was negatively associated with PTSD (OR = 0.96, 95% CI: 0.93; 0.99).

Conclusion

Nurses had significantly increased risk to develop PTSD during COVID-19 pandemic.

Implications for nursing management

Clinical and policy strategies to support front-line nurses' psychological well-being, particularly young nurses, in response to COVID-19 crisis are urgently needed.

DETAILS

Subject:	Public health; COVID-19; Pandemics; High risk; Nurses; Nurse led services; Work experience; Coronaviruses; Clinical nursing; Resilience; Post traumatic stress disorder; Nursing administration
Location:	China
Identifier / keyword:	a predictive study; COVID-19; Front-line nurses; psychological well-being
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Issue:	2
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DOI:	https://doi.org/10.1111/jonm.13146
ProQuest document ID:	2497566958
Document URL:	https://www.proquest.com/scholarly-journals/factors-associated-with-psychological-well-being/docview/2497566958/se-2?accountid=211160
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A qualitative exploration of the experiences of doctors, nurses and pharmacists regarding medication management in outpatient setting

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To understand how the medications are managed by the multidisciplinary team and their suggestions for nursing management, and to develop a framework for safe medication management in hospital-based outpatient.

Background

More than 80% of hospital-based outpatient visits involve medication prescriptions, indicating the importance of safe medication management there.

Methods

This was a qualitative study with face-to-face interviews with physicians, nurses and pharmacists from 11 medical outpatient units.

Results

Four themes elicited were categorized as follows: unclear professional roles and functions in outpatient medication management; intertwined communications; moving from data to wisdom; and ambiguous culture of safety. The resulting model is a collaboration of physicians, nurses, pharmacists, and patients and families integrated with hospital administrative support and information technology in a culture of safety.

Conclusions

Medication management in outpatient is critical but usually overlooked. Nursing leaders should develop a culture of safety and provide more support and training for nurses to provide comprehensive medication management for outpatients.

Implications for Nursing Management

It is important to develop outpatient nurses' role and competence in managing patient medication safety. Nurses in management would benefit from applying the 'framework of efficient and safe medication management for outpatients' to assess and identify weak areas for improvement.

DETAILS

Subject:	Culture; Professional training; Physicians; Health professional-Patient communication; Nurse led services; Nursing; Outpatients; Ambiguity; Information technology; Wisdom; Pharmacists; Prescription drugs; Nurses; Nursing administration; Multidisciplinary teams; Occupational roles
Identifier / keyword:	medication management process; outpatient department; safety culture
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
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Publication year:	2021
Publication date:	Mar 2021
Section:	ORIGINAL ARTICLES
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Predictors of toxic leadership behaviour among nurse managers: A cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To identify the predictors of toxic leadership behaviour in nurse managers.

Background

Toxic leadership is becoming increasingly prevalent in nursing; however, the literature provides very limited evidence of the different factors that promote toxic leadership behaviour in nurse managers.

Methods

A descriptive, cross-sectional design was used. Two hundred and forty nurse managers from ten hospitals in the Central Philippines were included in the study. Data were collected using the Nurse Information Form and the Toxic Leadership Behaviours of Nurse Managers Scale (ToxBH-NM). Hierarchical multiple regression was used to analyse the data collected.

Results

The mean of average item score of the ToxBH-NM was 1.250 ($SD = 0.470$). Multiple regression analyses identified the years of experience in a managerial role ($\beta = -0.165, p = .031$), job status (part time) ($\beta = 0.177, p = .002$), ward census (30 patients, 40 patients and above 40 patients) ($[\beta = 0.231, p = .005]$; $[\beta = 0.345, p < .004]$; $[\beta = 0.262, p = .012]$), number of units managed (2 units and > 3 units) ($[\beta = 0.292, p < .001]$; $[\beta = 0.235, p < .001]$), hospital type (private hospital) ($\beta = 0.271, p = .007$) and hospital level (secondary hospitals) ($\beta = 0.226, p = .036$) predicted toxic leadership behaviour in nurse managers.

Conclusions

Overall, nurse managers were appraised as non-toxic leaders. Nurse managers who held a part-time job status, those who had lower experience in the managerial role and those who were assigned to wards or units with high patient admission numbers reported increased toxic leadership behaviours. Further, nurse managers who managed more than 2 units, those who were employed in private hospitals and those who worked in secondary hospitals reported increased toxic leadership behaviours.

Implications for Nursing Management

Nurse administrators can consider the different predictors identified when planning and developing leadership interventions and organisational strategies (e.g. limiting the number of units per nurse manager, provision of full-time job employment, assignment of assistant nurse managers, formulation of policy specific to managing toxic behaviours), which may assist in the determent of toxic behaviours in nurse managers.

DETAILS

Subject:	Behavior; Leadership; Nursing; Nurse managers; Managers; Employment; Private hospitals; Hospitalization; Nursing administration; Work environment; Professional relationships; Job performance
Business indexing term:	Subject: Leadership Work environment Professional relationships
Identifier / keyword:	abusive leadership; health care; narcissism; nurse managers; toxic leadership
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Effective workforce planning: Understanding final-year nursing and midwifery students' intentions to

migrate after graduation

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To examine the factors influencing final-year nursing/midwifery students' intentions to migrate following graduation.

Background

With expanding global staff shortages, effective recruitment and retention strategies targeted at new nursing/midwifery graduates are necessary. Understanding factors that influence graduates' decisions to migrate or remain in the health care organisation that supported their education is essential but under-researched.

Methods

A cross-sectional electronic survey was distributed to graduating nursing/midwifery students across nine higher education institutions in Ireland with a 36% ($N = 407$) response rate.

Results

85% of Irish ($n = 376$) nursing/midwifery graduating students reported an intention to migrate overseas and 70% intend to return within 5 years. Pay, working conditions and career were ranked as influencing intentions to migrate. Multivariable analysis illustrated that educational opportunities and friends predict migration, while family and obligation were protective factors.

Conclusion

Nursing and midwifery leaders and policymakers must reconsider recruitment and retention strategies and embrace innovative and responsive approaches to address migration intentions and trends.

Implications for nursing/midwifery management

Strategic leadership is required to develop effective structures that support personal, professional and career opportunities for new graduates. Targeted recruitment innovations to entice graduates back into the health service are recommended.

DETAILS

Subject: Working conditions; Students; Workforce; Midwifery; Recruitment; Higher education; Protective factors; College students; Innovations; Shortages; Career opportunities; Policy making; Nursing; Friends; Health services; Leadership; Migration; Nursing administration; Workforce planning; Response rates

Business indexing term: Subject: Recruitment

Identifier / keyword:	graduates; migration; nursing and midwifery students; recruitment; retention
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
Issue:	2
Pages:	220-228
Publication year:	2021
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Nursing in the United Arab Emirates: Current challenges and opportunities

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[ProQuest document link](#)

DETAILS

Subject:	Work environment; Careers; Nursing
Business indexing term:	Subject: Work environment Careers
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Correlates of post-traumatic growth among nursing professionals: A cross-sectional analysis

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

Among nursing professionals, our aims were to examine (a) self-reported traumatic experiences, (b) differences in post-traumatic growth (i.e. positive psychological growth after experiencing a traumatic event) by nursing professional level and (c) demographic, work-related, behavioural and traumatic experience covariates of post-traumatic growth.

Background

Trauma experience among nursing professionals is higher than observed in the general population. Due to the nature of their work environment, workplace trauma rates are particularly alarming. Understanding post-traumatic growth among nursing professionals may guide interventions to enhance well-being.

Method

A secondary analysis of cross-sectional survey data from nursing professionals ($N = 299$). Demographic, work-related, behavioural, trauma experience categories and post-traumatic growth variables were examined.

Results

Advanced practice nurses and clinical nurses reported higher rates of workplace trauma, as compared to nursing assistants. Higher post-traumatic growth scores were associated with having a postgraduate degree, serving the paediatric population and lower frequency of alcohol use. Lower post-traumatic growth scores were associated with being married/widowed, being an advanced practice provider or clinical nurse, working in the intensive care unit and reporting workplace, family/personal stress and undisclosed trauma.

Conclusions

Nursing professionals have several demographic, work-related, behavioural and traumatic experience-related variables associated with and that explain variances in post-traumatic growth.

Implication for Nursing Management

Targeted screening and individualized treatment based on nursing professional level should be considered to support trauma recovery and post-traumatic growth.

DETAILS

Subject:	Psychological trauma; Alcohol use; Work environment; Occupational stress; Traumatic life events; Workplaces; Behavior; Advanced practice nurses; Nursing; Clinical nursing; Demographics; Post-traumatic growth; Post traumatic stress disorder; Nursing administration; Medical screening; Intensive care; Pediatrics; Clinical medicine
Identifier / keyword:	nursing professionals; post-traumatic growth; traumatic experiences; workplace trauma
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Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the experiences and perceptions of recent nursing graduates working in emergency departments during the COVID-19 outbreak.

Background

Overcrowding in emergency departments has been one of the most prominent issues arising in these units for more than 20 years. However, it has become even more problematic due to the novelty of the coronavirus pandemic, which has forced hospitals to recruit larger numbers of beginner nursing staff as the number of quarantined health professionals increases.

Methods

Sixteen semi-structured interviews were conducted in Spanish emergency departments, which were analysed and synthesized using content analysis.

Results

Three major themes emerged from the data analysis: (a) *Fears and concerns*, (b) *Organisational issues* and (c) *Support for novice nurses*.

Conclusions

Our findings may help to understand how shadowing periods as a learning programme for nurses, continuing professional development, evidence-based apps and better planning are needed to ensure both novice nurses' confidence in emergency departments and expert emergency room nurses' ability to cope with complications in critical situations.

Implications for Nursing Management

Training periods that include shadowing expert emergency room nurses, along with evidence-based technology, provide an opportunity to support novice nurses' transition into the workplace. These measures would provide a safety net and would increase novice nurses' confidence as well as high-quality care.

DETAILS

Subject: Emergency medical care; Hospitals; Learning; Professional training; Content analysis; COVID-19; Pandemics; Management development programmes; Workplaces; Nurse led services; Nursing; Medical personnel; Quality of care; Technology; Nurses; Professional development; Overcrowding; Nursing administration; Emergency services; Qualitative research

Identifier / keyword:	COVID-19; emergency departments; Health Services Administration; Nurses; Personnel management
Publication title:	Journal of Nursing Management; Oxford
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Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: Findings from a systematic review

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim(s)

To report review findings into interventions used to educate the health and social care workforce on the experiences and needs of LGBT+ older adults.

Background

Research demonstrates that inequalities in outcomes on health and social well-being for LGBT+ older adults are perpetuated by the cumulative disadvantages from discrimination and social exclusion throughout the life course and a lack of culturally competent workforce.

Methods

A systematic search of peer-reviewed papers published before February 2020 was conducted in electronic databases. The search resulted in a screening of 2,509 papers with nine matching the inclusion criteria, which were rated using the MERSQI quality measure.

Results

Studies demonstrated some positive outcomes of interventions, especially an increase in knowledge, but less so in skills and attitudes.

Discussion

More robust designs such as randomized controlled trials, the use of standardized measures and a focus more on the longitudinal impact of educational interventions could improve the quality of study designs.

Conclusion(s)

Diversification of intervention content and patient and public involvement in the design, delivery and evaluation of educational interventions could improve efforts and have a more sustained impact on LGBT+ ageing inequalities.

Implications for Nursing Management

Nurse managers have important roles in supporting staff education and ensuring LGBT+ inclusive practice.

DETAILS

Subject:	Citizen participation; Health disparities; Intervention; Aging; Clinical outcomes; Diversification; Systematic review; Social care; Nurse managers; Workforce; Discrimination; Cultural competence; Health status; Health education; Older people; Social exclusion; Life course; Nursing administration; Continuing education; Gays & lesbians; LGBTQ people; Clinical trials; Medical screening
Identifier / keyword:	education interventions; health practitioner; LGBT+ older adults; social care; systematic review
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Database: Publicly Available Content Database

Document 29 of 39

A concept analysis of preparedness: Application to LGBTQ considerations for nursing

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

The aim of this analysis was to investigate the concept of preparedness from literature within multiple disciplines to gain varied perspectives and establish a working definition.

Background

Preparedness is a barrier to LGBTQ considerations in nursing management and education of nursing staff. Understanding the concept of preparedness will help determine the next steps for making changes to give attention to LGBTQ needs.

Method

A concept analysis using Rodgers' evolutionary view was undertaken to evolve the concept of preparedness by evaluating literature from the disciplines of education, nursing, allied health, and business and economics.

Results

A derived definition from the multidisciplinary concept analysis was completed, and a concept map was designed to help visually conceptualize preparedness and then applied to LGBTQ attention in nursing management and nursing education.

Conclusion

Understanding preparedness is necessary for nursing management to include LGBTQ needs and ensure nurses are prepared to care for LGBTQ people to help decrease health disparities that face the LGBTQ community.

Implications for Nursing Management

Management and leadership positions in nursing must be prepared to meet the needs of LGBTQ people. Nursing management must ensure that staff are appropriately trained and policies are established to include considerations specific to LGBTQ people.

DETAILS

Subject:	Concept mapping; Health disparities; Nursing; Community nursing; Leadership; Medical education; Attention; Nursing administration; Bisexuality; Nursing education; Transgender persons; LGBTQ community; Gays & lesbians; LGBTQ people; Conceptual analysis
Identifier / keyword:	health inequities; LGBTQ; nursing education
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Sexual practices and the risk of Hepatitis A in men who have sex with men in Spain

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To determine the frequency of and identify risk factors associated with sexual practices leading to hepatitis A infection in the population of men who have sex with men in Spain.

Background

The increased incidence of hepatitis A as a result of sexual contact among this population is a public health concern and a challenge in controlling sexually transmitted infections.

Methods

This cross-sectional, online survey-based study included 881 men who have sex with men. Unprotected oro-anal and insertive-anal sex are considered to be unsafe sexual practices associated with hepatitis A infection.

Results

Of all respondents, 83.4% engaged in insertive-anal sex and 71.3% in unprotected oro-anal sex during the previous 12 months. An association was found with sociodemographic factors [living alone (OR = 2; 95%CI = 1.13–3.35)] and contextual factors of sexual behaviour [previous diagnosis of sexually transmitted infection(s) (OR = 1.74; 95%CI = 1.15–2.61) and participating in 'chemsex' (OR = 5.15; 95%CI = 1.05–25.15)].

Conclusion

The frequency of unsafe sexual practices associated with hepatitis A among men who have sex with men in Spain is high. Interventions based on sociodemographic and contextual factors of sexual behaviour should be implemented.

Implications for Nursing Management

Nurse managers should update and incorporate the support needs of men who have sex with men and take advantage of the opportunity to implement harm reduction strategies.

DETAILS

Subject:	Infections; Sexually transmitted diseases--STD; Sexual practices; Sexual behavior; Public health; Safe sexual practices; Nurse managers; Hepatitis A; Risk factors; Men who have sex with men; Medical diagnosis; Contextual factors; Sociodemographics; Unsafe; Living alone; Anal intercourse; Harm reduction; Nursing administration; Mens health; Gays & lesbians; Hepatitis
Location:	Spain
Identifier / keyword:	hepatitis A; male homosexuality; sexual behaviour; sexually transmitted diseases; unsafe sex
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Document 31 of 39

The integral role of nurses in primary care for transgender people: A qualitative descriptive study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To understand nursing activities, training and key supports needed to provide primary care to transgender individuals.

Background

Discrimination, limited practitioner knowledge and a deficiency of services contribute to health care barriers for transgender individuals. Literature demonstrating how primary care services are delivered, and more specially the role of nurses in this care, is lacking.

Methods

Qualitative description methodology and interviews were used to describe this phenomenon. Participants included nurse practitioners, registered nurses and registered practical nurses.

Results

Nurses are important in providing primary care to transgender individuals. While NPs worked to full scope of practice, RNs' and RPNs' roles could be optimized. A key challenge was lack of education; however, mentorship and collaboration contributed to competency development. Ensuring the workplace provided gender-affirming care was key to a safe and inclusive environment.

Conclusions

Supporting nurses to develop capacity and work to full scope of practice can improve access to care. Ongoing opportunities for mentorship and ensuring an inclusive workplace will aid in the provision of care for this vulnerable population.

Implications for Nursing Management

Development of organisational policies, staff training and appropriate supports, for role optimization and team collaboration, can eliminate barriers experienced by transgender individuals.

DETAILS

Subject:	Health care; Scope of practice; Collaboration; Management development; Discrimination; Transgender persons; Workplaces; Primary care; Optimization; Nursing; Mentoring; Teams; Nurse practitioners; Nurses; Nursing administration; Qualitative research
Location:	Canada
Identifier / keyword:	leadership; nursing; Ontario; primary health care; Transgender persons
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Improving the care management of trans patients: Focus groups of nursing students' perceptions

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To know the perspectives of nursing students in trans patients' care and their access to health services and how to improve the quality of care in trans patients, related to the barriers identified by nursing students.

Background

Lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) find barriers related to the health care access, including stigma, discrimination and lack of education. In addition, to the transphobia reported in some health care providers.

Methods

A descriptive qualitative study was performed through 12 focus group interviews in nursing students. Data analysis

was based on content analysis.

Results

124 first-year nursing students participated. The qualitative analysis resulted in three major themes: (a) *Exposing an invisible reality*, (b) *Interprofessional communication: a starting point to arise awareness* and (c) *Care with pride as a link between individuality and professionalism*.

Conclusions

Our findings suggest that both LGBTQ+ content and institutional resources are the cornerstone for nursing students and professionals' practice in order to develop and provide a well-informed and high-quality care delivery to these patients.

Implications for Nursing Management

Policymakers, senior charge nurses and other managers should be aware of the structural-level changes identified and ongoing mentoring needed to guarantee trans patients' privacy and safety.

DETAILS

Subject:	Health care access; Students; Nursing education; Bisexuality; Discrimination; Content analysis; Policy making; Nursing; Health services; Qualitative research; Nurse managers; Lesbianism; Stigma; Transgender persons; Charge nurses; Sexual orientation; Professionalism; Medical personnel; Interdisciplinary aspects; Privacy; Nursing administration; Quality of care; LGBTQ people; Focus groups; Health care management; Professional practice
Identifier / keyword:	attitudes; LGBTQ persons; nursing students; transgenders
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Document 33 of 39

LGBT individuals' opinions about their health care experiences: A qualitative research study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To determine the health problems of LGBT individuals and the conditions of their utilization of health care services from their own perspectives.

Background

Although the health care services have improved over the last decades, LGBT individual still face unique challenges when seeking health care services.

Method

This study was performed using the phenomenological technique as a qualitative research method. The sample consisted of 18 LGBT individuals selected using purposive sampling. Data were collected by semi-structured interviews using focus group and analysed using content analysis.

Results

Two main themes emerged as a result of the content analysis: *awareness* and *status of benefiting from health care*.

Conclusion

To obtain quality care for LGBT individuals, the health care professionals need a persistent awareness-specific knowledge of LGBT health issues.

Implications for Nursing Management

The findings of this study can be a warning for managers and policymakers to plan seriously to reform health care services infrastructures. Content about the health needs of LGBT individuals can be added to the curriculum of medical and nursing schools.

DETAILS

Subject:	Qualitative research; Still face; Content analysis; Health problems; Research methodology; Health status; Health needs; Policy making; Nursing; Medical personnel; Quality of care; Curricula; Health services utilization; Nursing administration; LGBTQ community; Patient satisfaction; LGBTQ people; Help seeking behavior
Identifier / keyword:	health care; health care professionals; LGBT
Publication title:	Journal of Nursing Management; Oxford
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Publication year:	2021
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Providing inclusive, person-centred care for LGBT+ older adults: A discussion on health and social care design and delivery

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To examine how health system design and delivery can fail to support the needs of LGBT+ older adults.

Background

LGBT+ older adults face barriers in access to care, impacting their ability to receive person-centred care in old age, which is central to the prevention and management of frailty, disability and disease.

Evaluation

Using a conceptual framework of access to care, this commentary illustrates issues LGBT+ older adults may face in accessing health and social care services in Ireland, and provides examples of how access may be improved from the published international literature.

Key issue(s)

Health policies, service design and delivery all impact on the ability of the health system to meet the needs of LGBT+ older adults across all levels and types of care.

Conclusion

Heteronormativity and discrimination must be addressed across the whole health system to achieve the health policy goal of supporting all older adults to enjoy health and well-being.

Implications for nursing management

We suggest nursing professionals use a systems perspective to address the multilevel issues relating to care for LGBT+ older adults. Researchers in gerontological nursing should include the experiences and outcomes of service utilization for LGBT+ older adults in their research agenda.

DETAILS

Subject:	Older people; Geriatrics; Clinical outcomes; Health care; Nursing; Social care; Discrimination; Disability; Access; Patient-centered care; Nursing administration; Elder care; Gays & lesbians; LGBTQ people; Heteronormativity; Health services; Health care access; Social services; Nurses; Health care policy; Social services utilization
Identifier / keyword:	cultural competency; health policy; health services accessibility; healthy ageing; sexual and gender minorities
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
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Pages:	104-108
Publication year:	2021
Publication date:	Jan 2021
Section:	COMMENTARY
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Document 35 of 39

Homeless experiences and support needs of transgender people: A systematic review of the international evidence

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To examine the experiences and support needs of homeless transgender people by synthesizing the existing

evidence.

Background

Transgender people face many challenges in society in terms of people's knowledge, understanding and acceptance of a person's gender identity. Evidence regarding the homelessness experiences and available supports to transgender people remains sparse.

Methods

A systematic review was undertaken and included qualitative and quantitative studies. A total of twelve papers were included in the review, utilizing the *PRISMA* method. Methodological quality was evaluated using the *Mixed Methods Assessment Tool* (MMAT).

Results

Following analysis, the themes that emerged were (a) pathways into homelessness, (b) experiences whilst homeless and (c) routes out of homelessness.

Conclusion

It has become increasingly clear that the distinct needs of this group are complex and multifaceted. In order to adequately address the issues and concerns comprehensively, coordinated and effective collaborations need to be in place.

Implications for nursing management

Clinical nurses need to recognize and respond to the distinct needs of trans homeless people. Nurse managers need to provide leadership to promote the needs of homeless trans people and ensure that policies and procedures are in place that are responsive to issues and concerns.

DETAILS

Subject:	Nurses; Gender identity; Systematic review; Nurse managers; Clinical nursing; Homeless people; Transgender persons; Leadership; Nursing administration; Quantitative analysis; Needs; LGBTQ rights
Identifier / keyword:	homeless; human rights; LGBTQ; social inclusion; transgender
Publication title:	Journal of Nursing Management; Oxford
Volume:	29
Issue:	1
Pages:	85-94
Publication year:	2021
Publication date:	Jan 2021
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LGBTQ+ Special Edition—Journal of Nursing Management

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[ProQuest document link](#)

DETAILS

Subject: Nursing administration; LGBTQ studies

Publication title:	Journal of Nursing Management; Oxford
Volume:	29
Issue:	1
Pages:	1-2
Publication year:	2021
Publication date:	Jan 2021
Section:	EDITORIAL
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Place of publication:	Oxford
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Publication subject:	Medical Sciences--Nurses And Nursing, Business And Economics--Management
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A phenomenological exploration of transgender people's experiences of mental health services in Ireland

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

This study sought to explore the personal experiences of transgender people with Irish mental health services.

Background

The transgender community have been identified as an underserved, under-researched community in Ireland and abroad. While there has been a surge in research carried out with the community in recent years, there is little known about the personal experiences of Irish transgender people with mental health services.

Method

Interpretative phenomenological analysis was used to inform data collection and analysis of semi-structured interviews carried out with four research participants all identifying as transgender and having experienced accessing Irish mental health services.

Results

Three themes emerged: *affirmative experiences*, *non-affirmative experiences* and *clinician relationship*.

Conclusion

Lack of information and non-affirmative experiences are contributing to poor clinician–patient relationships with transgender populations and impacting attrition.

Implications for Nursing Management

Nurse managers have a central role in supporting a transgender-positive organisational approach to care by ensuring policies, care practices and the environment are supportive of sexual and gender expression by role modelling attitudes of respect and inclusivity. In order to provide appropriate and responsive services to transgender people, there needs to be in place strategies to enable the development of confident, competent and knowledgeable staff.

DETAILS

Subject: Attrition; Nurse managers; Personal experiences; Modelling; Transgender persons; Community mental health services; Mental health; Interpretative phenomenological analysis; Underserved populations; Gender identity; Health services; Nursing administration; Mental health care; Qualitative research; Mental health services; Nurses; Data collection

Location: Ireland

Identifier / keyword:	experience; information; nursing; relationship; transgender
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LGBT + young people's perceptions of barriers to accessing mental health services in Ireland

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the barriers to accessing mental health services in the Republic of Ireland from the perspectives of young LGBT + people aged 14–25.

Background

Significant mental health disparities exist between LGBT + young people and their cisgender and heterosexual peers, yet they do not have equitable access to mental health services. Limited research has explored barriers, which exist for LGBTI + young people in accessing services, particularly from their perspectives.

Method

An anonymous online survey design, consisting of closed and open questions, was used. The study was advertised through local and national organisations and media. 1,064 LGBT + participants aged 14–25 opted to complete the survey.

Results

Most participants reported several barriers to them accessing mental health services that were interlinked across three levels: individual; sociocultural; and mental health system.

Conclusion

Cultural competency training for practitioners, which address issues and concerns pertinent to LGBT + young people, is key to addressing many of the barriers identified.

Implications for Nursing Management

Nurse managers can use the findings to advocate for practice and organisational change within their services to ensure that care and support is responsive and sensitive to the particular needs of LGBT + young people.

DETAILS

Subject:	Health disparities; Heterosexuality; Barriers; Nurse managers; Cultural competence; Sociocultural factors; Mental health; Polls & surveys; Mental health services; Health services; Organizational change; Youth; Nursing administration; Health care access; Mental health care; Gays & lesbians; Child & adolescent psychiatry; LGBTQ people; Teenagers; Health research; Nurses; Peers; Young adults; Professional practice
Location:	Ireland
Identifier / keyword:	accessibility; adolescent; mental health services; sexual and gender minorities; young adult
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Under the same rainbow: A study on homophobia and discrimination among private sector health care professionals

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ABSTRACT (ENGLISH)

Aim

To determine the homophobic and discriminatory attitudes of health care professionals and associated factors in the private sector.

Background

Examining possible homophobic and discriminatory attitudes of health care professionals is very important to

eliminate barriers such as access to and use of health services.

Method

This descriptive and cross-sectional study included 626 health professionals in 20 private hospitals throughout Turkey. The data were collected in May 2020 using an online questionnaire containing the *Hudson and Ricketts Homophobia Scale* and the *Discriminatory Attitudes Scale*.

Results

Most of the health professionals (64.4%) said that they did not know any LGBTQ+ people, almost half (44.2%) had cared LGBTQ+ people before, and most (95.4%) said that they would be willing to care them. The health professionals' homophobia score was 3.60 ($SD = 1.23$), and their discrimination score was 2.10 ($SD = 0.71$). A positive relationship was found between their homophobia and discrimination scores ($r = .642$). Significant differences in their scale scores were found to be related to their personal and professional characteristics.

Conclusions

The homophobic attitudes of health professionals were above average and had a positive relationship with discriminatory attitudes.

Implications for Nursing Management

Private hospital administrators should plan initiatives and training programmes to improve health care professionals' attitudes towards LGBTQ+ people.

DETAILS

Subject:	Homophobia; Positive thought; Medical personnel; Attitudes; Private hospitals; Health initiatives; Discrimination; Private sector; Health services; Nursing administration; LGBTQ people
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Tu, J., Xiao, M., & Chan, F. (2021). Indispensable outsiders: A qualitative study of the working experiences of hospital care workers in china. *Journal of Nursing Management*, 29(2), 268-276.
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AimsTo explore the working experiences of Chinese hospital care workers from their own perspectives.
BackgroundMany countries face an increasing demand for nursing care and an acute shortage of registered nurses. As a result, much of the care work at hospitals is delegated to assistant staff, such as care workers.
MethodsData were collected by semi-structured interviews with 22 hospital care workers in three hospitals of Guangzhou City, China. Thematic analysis was used to analyse the data.
ResultsHospital care workers are mainly rural-to-urban migrant women, partaking in caregiver jobs to make a living. They play a significant role in the hospital to aid patients as well as nurses. Hospital care workers experience a sense of ambiguity towards their job, viewing it as “low” and “isolated”, yet at the same time, “acceptable” and “helping”.
ConclusionHospital care workers are a workforce that is not well supported, trained or regulated. Their working experiences suggest that attention needs to be given to protecting this vulnerable group.
Implications for Nursing ManagementThe working conditions of hospital care workers should be improved. Hospital care workers need improved status, increased rewards, and channels for further training and opportunities for continued career advancement.

Anderson, C. C., Johnson, J. L., deBoisblanc, B. P., & Jolley, S. E. (2021). Care erosion in sedation assessment: A prospective comparison of usual care richmond Agitation-Sedation scale assessment with protocolized assessment for medical intensive care unit patients. *Journal of Nursing Management*, 29(2), 206-213.
doi:<https://doi.org/10.1111/jonm.13140>

ObjectivesTo determine concordance between an explicit protocolized assessment of the Richmond Agitation-Sedation Scale and an assessment performed during usual care nursing practice.
Research DesignIn an urban, safety-net hospital, intensive care nurses previously trained in sedation assessment recorded a bedside Richmond Agitation-Sedation Scale assessment, while study investigators used an explicit script to perform the assessment at a similar time point. Kappa indices determined concordance of the assessments. Bivariate analyses explored factors associated with discordance and unresponsiveness.
ResultsTwenty-one subjects with 38 observations were analysed. Bedside nursing assessment was poorly concordant with protocolized assessment ($k = 0.21$) with the former reporting significantly lighter sedation (median -2 vs. -5 , $p = .01$). Bedside assessment was significantly less likely than protocolized assessment to categorize subjects as unresponsive (29 vs. 50%, $p = .02$).
ConclusionMethods used in usual clinical practice to assess adequacy of sedation frequently led to oversedation. We propose that care erosion, the deterioration of skills over time, may help explain this finding.
Implications for Nursing ManagementResults suggest sedation assessment may be particularly vulnerable to care erosion. Nurse managers should monitor for signs of care erosion and consider utilization of explicit scripts during sedation assessment and/or frequent education to ensure sedation assessment accuracy.

Qing, Q. F., Xiu, Q. F., & Jin, J. F. (2021). Nursing rounds: A quality improvement project to improve outpatient satisfaction. *Journal of Nursing Management*, 29(2), 177-185. doi:<https://doi.org/10.1111/jonm.13131>

AimTo implement the nursing rounds to improve the quality and patient satisfaction of the outpatient department.
BackgroundPatient satisfaction is one of the most critical standards for judging the quality of hospitals. Clinical daily nursing rounds significantly increase patient satisfaction and influence safety.
MethodSQUIRE guidelines directed the execution of a quality improvement project, which used the Driver Model to improve patient satisfaction in a Chinese outpatient department with 15,000 visits per day (4 million/year). Patient satisfaction based on questionnaires (1,541), pre-intervention and (1,219) post-intervention provided increased satisfaction ($p < .05$).
ResultsImprovements validated were satisfaction with outpatient services from patients, effective nurse-patient communications, an increase in the quality of nursing care, doctors' satisfaction with the outpatient department operations, reduced wait time and more efficient management, all impact safety.
ConclusionsThe institution of daily nursing rounds made an overall improvement in the operations of the outpatient department,

which increased patient satisfaction, quality of care and safety. Implications for Nursing Management Nursing rounds promote patient satisfaction through assessment of operations, addressing patient and staff needs, and appropriate interventions to rectify issues and reduce adverse outcomes. Patient satisfaction impacts quality, outcomes and safety in clinical settings.

Leclerc, L., Kennedy, K., & Campis, S. (2021). Human-centred leadership in health care: A contemporary nursing leadership theory generated via constructivist grounded theory. *Journal of Nursing Management*, 29(2), 294-306. doi:<https://doi.org/10.1111/jonm.13154>

AimTo generate a unique and contemporary leadership theory reflecting the essence of nursing within a complex health care environment. **Background**As health care faces unprecedented change and increasing complexity, a nursing leadership theory embedded within complexity science is vital for teams to be innovative, nimble and focused on human-centred care. **Methods**Constructivist grounded theory framed exploration of human issues embedded in nursing leadership. The constructivist approach sought thematic and theoretical sensitivity through the rich co-creative experience of participants, researchers, literature and data. Focus groups were convened over 18 months with 39 nurse leaders from bedside to boardroom. **Results**Constant comparative methods resulted in 15 attributes. Advanced coding positioned the 15 attributes into constructs: Awakener, Connector and Upholder. Definitions emerged through the constructivist process organically connecting attributes and constructs to the potential outcomes identified in the theory as cultures of excellence, trust and caring. **Conclusions**The final constructivist process revealed a nursing-specific theory: human-centred leadership in health care uniquely suited to assist leaders in addressing structure, process and outcomes. **Implications for nursing management**Efforts by nurse leaders to test the theory with metrics related to nursing excellence will result in validation of the theory and validation of the proposed sustained culture change.

Bakhshi, F., Mitchell, R., Alireza, N. N., Varaei, S., & Hajimaghsoudi, M. (2021). Behavioural changes in medication safety: Consequent to an action research intervention. *Journal of Nursing Management*, 29(2), 152-164. doi:<https://doi.org/10.1111/jonm.13128>

AimTo explore the extent to which action research assists developing medication safety behaviours among emergency medicine staff. **Background**Health care staff involved in medication therapy are frequently required to implement progressive changes. To permanently improve medication safety, we must consider staff behaviour. This study utilizes action research to engage health care workers and engender behavioural changes. **Method**Two cycles of action research were implemented. Data were collected through pre- and post-medication safety surveys, unstructured interviews and field notes. Staff in the emergency department worked together to progress the study cycles. **Results**The pre-evaluation phase revealed deficiencies in staff medication safety behaviour. Subsequent to the implementation of safety initiatives, pre- to post-evaluation comparison indicated significant improvement in medication safety behaviours. In response to qualitative reflection phase data in reflection, ward pharmacists were placed in the emergency department and a new policy on responding to medication error was developed. Analysed field notes revealed improved safe patient care, enhanced pharmaceutical knowledge and changes in the emergency department climate. **Conclusions**Through action research, this study introduced actions to improve medication safety behaviours in the emergency department. Staff involvement led to changed safety behaviours. **Implication for Nursing Management**This study advises nurse managers of the benefit of pharmacist-led medication therapy, interprofessional medication safety courses and active communication between front-line staff and managers regarding medication safety.

Chen, W., R.N., Chen, J., R.N., Hu, J., R.N., Junqiang Zhao, R. N., Zhang, J., He, G., & Gifford, W., R.N. (2021). The professional activities of nurse managers in Chinese hospitals: A cross-sectional survey in Hunan province. *Journal of Nursing Management*, 29(2), 143-151. doi:<https://doi.org/10.1111/jonm.13110>

ObjectiveTo explore nurse managers' perceptions of the frequency and importance of professional activities performed in their daily work in public hospitals in Hunan, China. **Background**Nurse managers are responsible for the management of almost all nursing activities in Chinese hospitals. Understanding how nurse managers operationalize

their role and their perceptions of the importance of each activity is essential for clarification of their role and the competencies required to perform it. **Methods** A cross-sectional questionnaire survey. **Results** A total of 1,371 nurse managers in Hunan Province completed the survey. Nursing quality/safety management and patient management were performed most frequently and perceived as most important. Nurse managers performed nursing information management frequently while perceiving it as less important. They seldom performed nursing research management and placed low value on it. **Conclusions** Patient-centred care remains central to nursing management. Nursing managers can create a leadership culture in their hospital settings that includes the effective management of information and facilitation of research knowledge to benefit nurse managers, staff and patients. **Implications for nursing management** The results provide evidence for standardization of roles and job descriptions of nurse managers and for developing their knowledge and skills to ensure quality patient care.

Tsukamoto, N., Kudo, M., Katagiri, Y., Watanabe, A., Funaki, Y., & Hirata, A. (2021). Differences in the effects of organisational climate on burnout according to nurses' level of experience. *Journal of Nursing Management*, 29(2), 194-205. doi:<https://doi.org/10.1111/jonm.13137>

Aim To elucidate the orientation of burnout prevention in line with the experience level of nurses by examining the impact of organisational climate on burnout by nursing experience level. **Background** While the relationship between a nurse and the organisation where they work changes depending on the nurse's experience level, there is a dearth of research that takes into account the nursing experience level in exploring the relationship between organisational climate and burnout. **Method** A cross-sectional questionnaire survey was conducted with 1,102 nurses. Nursing experience was divided into six levels. Two scales for organisational climate and the Maslach burnout inventory were used. **Results** There were effects between the organisational climate and exhaustion/depersonalization, depending on the experience level. Novices with low scores for head nurses' considerations towards staff felt the highest level of emotional exhaustion. For advanced beginners, a sense of control significantly determined emotional exhaustion. **Conclusions** There was a difference in the relationship between organisational climate and burnout in experience level, suggesting different intervention directions. **Implications for Nursing Management** There is a direction of intervention suitable for each experience level, suggesting the need to respond to each accordingly.

Eglseer, D., Osmanovic, S., Hoedl, M., Lohrmann, C., & Bauer, S. (2021). Improving the quality of nursing care in Austria: 10 years of success. *Journal of Nursing Management*, 29(2), 186-193. doi:<https://doi.org/10.1111/jonm.13136>

Aims We provide more updated and comprehensive insights, including descriptions of changes that have taken place in the quality of pressure injury care provided in hospitals over a 10-year period. **Background** Various nursing quality measurements do not present a comprehensive view on nursing-sensitive quality indicators or place a focus on one specific care problem. **Methods** It is a repeated cross-sectional multicentre study conducted annually on 1 day including comprehensive data regarding nursing-sensitive care problems and quality indicators on the structure, process and outcome levels. **Results** The prevalence of pressure injuries decreased over the years from 4.4% to 2.9%, and the frequency of interventions increased. **Conclusion** The Nursing Quality Measurement 2.0 initiative shows considerable improvements over a 10-year period. Therefore, the maintenance of such nursing databases should be treated as a prerequisite to providing high-quality nursing care and safe nursing practice. One main benefit of creating and maintaining such databases is that allow users to screen for improvements, for example in pressure injury care. These observations can be used to develop marketing strategies and/or to empower and engage nursing staff. **Implications for Nursing Management** Participation in such quality measurements allows the comparison of data collected in wards and institutions in many different countries, enabling them to set appropriate benchmarks. Furthermore, the results can be compared over a period of time, highlighting systematic changes, trends or improvements (e.g., due to implemented innovations).

Abeer, M. S., Mamdouh Al- Hniti, Ayman, B. S., Maha Alkaid-Albqoor, & Ahmad, M. (2021). Predictors of job satisfaction of registered nurses providing care for older adults. *Journal of Nursing Management*, 29(2), 250-257. doi:<https://doi.org/10.1111/jonm.13147>

BackgroundThe population worldwide is ageing. This has required the nursing profession to respond to the growing demands of providing nursing care to this population.**Purpose**To identify predictors of job satisfaction among registered nurses providing care for older adults.**Methods**A cross-sectional correlational design was used with a convenience sample of nurses. The Quality Work Competence Questionnaire, Job Satisfaction Scale and Nurses' Occupational Stress Scale were used to measure study variables. Descriptive statistics and multiple regressions were used to analyse the data.**Results**The study included 500 nurses; and 68% dissatisfied with their job. Nurses were mostly dissatisfied with the physical conditions in which they work (55.2%) and the rate of payment (50.2%). Physical strain demonstrated the highest positive correlation with nurses' satisfaction ($r = .36$). More years of experience, skills and employee development, high nurses' competence, and more physical strain predicted high job satisfaction.**Conclusion**Job dissatisfaction among nurses providing care for older adults is high and is influenced by nurses' experience, professional development, competency and physical strain.**Implications**Health care organisations should apply strategies that enhance the development of the professional competency of their nursing staff.

Baghdadi, N. A., Sally Mohammed Farghaly Abd-EL Aliem, & Shuruq, K. A. (2021). The relationship between nurses' job crafting behaviours and their work engagement. *Journal of Nursing Management*, 29(2), 214-219. doi:<https://doi.org/10.1111/jonm.13141>

AimTo investigate the relationship between job crafting and work engagement among hospital nurses.**Background**Job crafting is a relatively advanced job redesign concept, and few studies have investigated it among nurses.**Methods**This is a cross-sectional study. A total of 636 nurses were recruited from one hospital in Saudi Arabia. Of them, 608 (95.6%) completed self-administered, online questionnaires. The questionnaire assessed participants' socio-demographic data, job crafting and work engagement. Structured equation modelling (SEM) was used to examine the association between job crafting and work engagement.**Results**Data from 549 nurses were analysed. Most of the participants (85.1%) were females, and their mean scores of job crafting and work engagement were 3.54 ± 0.5 and 4.77 ± 1.1 , respectively. The SEM revealed that job crafting accounted for 57% of the variance of work engagement.**Conclusions**Job crafting is a significant determinant of nurses' work engagement.**Implications for nursing management**Supporting staff nurses to employ job crafting behaviours would positively improve their work engagement. This may include, but is not limited to, helping nurses to bargain a significance in their labour, reforming the work pattern in a manner that lines up with organisational objectives and employing an innovative managerial style.

Beatriz López-Domingo, & Beatriz Rodríguez-Martín. (2021). Factors associated with the provision of individualized care during hospitalization: A systematic review. *Journal of Nursing Management*, 29(2), 113-132. doi:<https://doi.org/10.1111/jonm.13150>

AimTo analyse and integrate the existing literature on nurses' perceptions regarding factors associated with the provision of individualized care in hospital contexts.**Background**Individualized care considers the personal characteristics of patients and promotes their participation in decision-making. The application of individualized care is not standardized among professionals.**Methods**A systematic literature search was performed in Scopus, Web of Science, MEDLINE, Índice Médico Español, CUIDEN, ProQuest, PsycINFO, CINAHL and the Cochrane Library, for studies published in English or Spanish analysing nurses' perceptions on factors associated with the provision of individualized care.**Results**A total of 6,330 articles were retrieved, of which 13 fulfilled the inclusion criteria. The provision of individualized care was influenced by the nurses' personal characteristics (academic training, being a specialist, age, professional experience, personal motivation, empathy and culture) and by organisational factors (staff ratio, routinization and standardization of care, autonomous professional practice, leadership and positive work environment).**Conclusions**Nurses' perceptions on the provision of individualized care are influenced by their personal characteristics and organisational factors.**Implications for Nursing Management**Nurse managers may optimize personalization of care by encouraging positive work environments; ensuring adequate staffing; avoiding routinization or standardization of care; and promoting training, leadership and autonomy of nursing professionals.

Markey, K., Carla Aparecida, A. V., O' Donnell, C., & Doody, O. (2021). Cultivating ethical leadership in the recovery of COVID-19. *Journal of Nursing Management*, 29(2), 351-355. doi:<https://doi.org/10.1111/jonm.13191>

AimTo propose the necessity of fostering ethical leadership in the recovery of COVID-19.
BackgroundSupporting physically and emotionally exhausted nurses, whilst ensuring quality standards of care delivery in the recovery phase of COVID-19, requires careful, considerate and proactive planning.
EvaluationDrawing on literature and utilizing Lawton and Paez Gabriunas' (2015) integrated ethical leadership framework (purpose, practices, virtues), possible practical suggestions for the operationalization of ethical leadership are proposed.
DiscussionNurse managers must maintain ethical vigilance in order to nurture value-driven behaviour, demonstrating empathy and compassion for nurses experiencing physical and emotional exhaustion because of COVID-19. It is important that open dialogue, active listening and self-care interventions exist. Nurse managers have an essential role in inspiring and empowering nurses, and building morale and a collective commitment to safe and quality care.
ConclusionNurse managers need to consider ways of empowering, supporting and enabling nurses to apply ethical standards in everyday practice.
Implications for Nursing ManagementFostering ethical nurse leadership requires careful and sensitive planning, as well as charismatic, compassionate and inspirational leaders. Supporting staff through respect, empathy, role modelling and genuine conscientiousness is essential for increasing job performance and sustaining an ethical work environment.

Haaland, G. H., Olsen, E., & Mikkelsen, A. (2021). The association between supervisor support and ethical dilemmas on nurses' intention to leave: The mediating role of the meaning of work. *Journal of Nursing Management*, 29(2), 286-293. doi:<https://doi.org/10.1111/jonm.13153>

AimTo examine the association between supervisor support and ethical dilemmas on nurses' intention to leave health care organisations, both directly and through the mediating role of the meaning of work.
BackgroundThe shortage of nurses makes it vital that organisations retain nurses and so reduce the costs associated with replacing experienced nurses.
MethodsThis cross-sectional study samples 2,946 registered nurses from a selected health region in Norway. Structural equation modelling was used to test a hypothesized model.
ResultsSocial support from the supervisor and ethical dilemmas is associated with nurses' intention to leave, both directly and indirectly through the mediating role of the meaning of work.
ConclusionHealth care organisations should enhance social support from supervisors and the meaning of work, and reduce the level of ethical dilemmas in hospitals.
Implications for Nursing ManagementHealth care organisations should continuously develop and offer training in nurse manager skills, such as being empathic, understanding employees' needs and how to communicate and handle ethical dilemmas. Managers should value staff contributions, encourage staff involvement in ethical questions and highlight the impact of nurses' work on improving the welfare of others.

Majeed, N., & Jamshed, S. (2021). Nursing turnover intentions: The role of leader emotional intelligence and team culture. *Journal of Nursing Management*, 29(2), 229-239. doi:<https://doi.org/10.1111/jonm.13144>

AimTo explore the influence of leader emotional intelligence on the working culture prevailing in teams that ultimately impacts nurses' intent to leave the job.
BackgroundGlobal shortages of nursing professionals have been concerning issues of extreme vitality in the delivery of superior services. Though the state-of-the-art system provides relief, the hospital management continued worrying about losing highly skilled nursing professionals due to a higher level of emotional exhaustion exhibiting progressive turnover.
MethodsA survey technique was employed for data collection from nurses. Further data were analysed by structural equation modelling in the light of 313 substantial responses by using SmartPLS.
ResultsThe findings revealed that leader emotional intelligence impules critical constructive effects by fulfilling the needs of nurses and has an impact on their turnover intentions simultaneously.
ConclusionThe research provides an empirical lens of leadership and culture, which noticeably explain turnover intention. This study affirmed solid connections amongst the leader emotional intelligence, team culture and turnover intentions.
Implications for nursing managementThe study provides valuable insight for health management organisations to focus on factors that decrease the turnover intention of nurses. Considering a global shortage of nurses, nursing management must consider crucial aspects of the work environment and plan interventions to restrain nursing turnover intentions.

Zhan, Y., Xu, Q., Qi, X., & Shao, L. (2021). Perspectives and experiences of Chinese nurses on quality improvement initiatives: A mixed-methods study. *Journal of Nursing Management*, 29(2), 277-285. doi:<https://doi.org/10.1111/jonm.13152>

AimTo investigate Chinese nurses' views and experiences in relation to quality improvement implementation, as well as to determine the impact of contextual factors on nursing quality improvement initiatives.
BackgroundNurses play a major role in carrying out quality improvement initiatives. Contextual factors influence the implementation and success of quality improvement initiatives. Studies that investigated the impact of contextual factors on Chinese nurses' practice in quality improvement remain limited.
MethodsA sequential explanatory mixed-methods design was used for this study. A quantitative cross-sectional survey was used to assess the context of quality improvement initiatives. Simple random sampling was used to recruit quality improvement teams. The sample included 356 nurses from tertiary teaching hospitals; 291 (81.7%) of them completed questionnaires. Nursing managers and nurses (n = 18) were purposively selected to participate in semi-structured interviews; their experiences and perceptions regarding the contextual factors of quality improvement initiatives were obtained.
ResultsIn the quantitative phase, the "microsystem" (mean=5.24) and "QI team" (mean = 4.97) contexts were reported as supportive contexts. The organizational context was weak, with a mean score of 3.92. In the qualitative phase, three themes related to the contextual challenges emerged: (1) nurses' attitudes and satisfaction, (2) team efficacy, and (3) organizational infrastructure and culture.
ConclusionsEfforts to elevate organizational culture and reward systems are needed in Chinese hospitals. Further education aimed at increasing skills and knowledge should be provided, to ensure effective quality improvement implementation.
Implications for Nursing ManagementDuring quality improvement initiatives, management tasks should focus on increasing nurses' satisfaction, solving skill and knowledge deficits, and clarifying nurses' roles in relation to quality improvement.

Cheng, Q., Liu, X., Li, X., Wang, Y., Lin, Q., Qing, L., . . . Chen, Y. (2021). Spiritual care competence and its relationship with self-efficacy: An online survey among nurses in mainland China. *Journal of Nursing Management*, 29(2), 326-332. doi:<https://doi.org/10.1111/jonm.13157>

AimsTo explore the spiritual care competence among nurses in mainland China and determine its relationships with their self-efficacy and personal characteristics.
BackgroundsNurses' perception of competence in spiritual care has critical effects on their own practice. Having a view of the nurses' spiritual care competence would help nurse managers recognize the weakness of spiritual practice.
MethodsA descriptive cross-sectional study using online survey methods was carried out in 2,970 Chinese nurses. Spiritual care competence scale and General Self-Efficacy Scale were used to collect the data.
ResultsThe total score of spiritual care competence scale was 58.5 (16.05). The highest score on competence was for communication (3.48 (0.97)), and the lowest was referral to professionals (2.25 (0.93)). Positive correlation was found between spiritual care competence and self-efficacy ($r = .490$, $p < .01$). Results of multiple linear regression analysis showed that self-efficacy, whether or not trained, experience of caring terminal illness patients, working experiences and first degree were the five factors associated with spiritual care competence ($F = 217.425$, $p < .001$, $R^2 = 26.7\%$).
ConclusionsNurses showed different levels of competence in various dimensions of spiritual care. Their spiritual care competence was related to self-efficacy, whether or not received training, experience of caring terminal illness patients, working experiences and first degree of nursing education.
Implications for Nursing ManagementNurse managers have to realize that it is imperative to enhance the nurses' competence to address the spiritual care needs of patients. Appropriate ways to enhance the nurses' spiritual care competence are needed so as to improve spiritual practices.

Uchmanowicz, I., Witczak, I., Rypicz, Ł., Szczepanowski, R., Panczyk, M., Wiśnicka, A., & Cordeiro, R. (2021). A new approach to the prevention of nursing care rationing: Cross-sectional study on positive orientation. *Journal of Nursing Management*, 29(2), 317-325. doi:<https://doi.org/10.1111/jonm.13156>

AimsTo assess the effects of nurses' life satisfaction and life orientation on the level of nursing care rationing.
BackgroundBest practice within human resource management argues that striving for a positive orientation within the workforce may create a friendly work environment that could promote the employee's development and job satisfaction in a health care organisation.
MethodsA total of 547 nurses were enrolled and assessed using three

self-report scales: the Basel Extent of Rationing of Nursing Care-R (BERCA-R), the Satisfaction with Life Scale (SWLS) and the Life Orientation Test (LOT-R). Then, the data were submitted into bivariate analyses. Results More pessimistic nurses with low and moderate levels of life satisfaction, and those with a neutral life orientation, presented with significantly higher BERCA-R scores than those who were more optimistic and who had high levels of life satisfaction. Conclusions Nursing care rationing depends on psychological factors of life satisfaction and life orientation. Low levels of satisfaction with life and a more pessimistic life orientation negatively contribute towards a higher prevalence of nursing care rationing. Implications for nursing management Nursing management policies, including intervention management, should consider ensuring positive orientation is in place to increase job satisfaction and optimism in health care workers.

Li, G., Wang, G., Li, F., & Zhang, Y. (2021). A multilevel analysis of the impact of group organisational citizenship behaviour on nurse–patient relationship: The mediating effect of work engagement and the moderating effect of emotional intelligence. *Journal of Nursing Management*, 29(2), 342-350. doi:<https://doi.org/10.1111/jonm.13159>

Aim To explore the cross-level relationships between group organisational citizenship behaviour, emotional intelligence, work engagement and nurse–patient relationship. Background Group-level factors influencing nurse–patient relationship are seldom studied. Method A cross-sectional questionnaire survey was conducted among 1,246 nurses from 55 nursing groups in a 3A hospital in China, and the data were analysed by multilevel analysis. Results Group organisational citizenship behaviour is positively related to nurse–patient relationship with work engagement as a mediator. Emotional intelligence moderates the relationship between group organisational citizenship behaviour and nurse–patient relationship. Specifically, high emotional intelligence reduces the positive impact of group organisational citizenship behaviour on nurse–patient relationship. Conclusions This study provides new insights into the influencing factors of nurse–patient relationship based on the social information processing theory. In groups with high group organisational citizenship, positive work engagement and emotional intelligence, nurses are more likely to deliver better performance in patient care, leading to better nurse–patient relationships. Implications for Nursing Management This study suggests that influencing factors at both group and individual levels should be considered while establishing nurse–patient relationships. A positive group climate and personal ability development significantly improve patient care quality.

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Kiwanuka, F., Rose, C. N., Natalia Sak-Dankosky, Muwanguzi, P. A., & Kvist, T. (2021). Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review. *Journal of Nursing Management*, 29(2), 133-142. doi:<https://doi.org/10.1111/jonm.13151>

Aim To examine the impact of nursing leadership styles on intensive care unit quality measures. Background Evidence on the impact of leadership styles has direct implications for building and strengthening leadership behaviours that foster quality nursing care in intensive care units. Evaluation An integrative review approach was adopted. Databases including the Cumulative Index of Nursing and Allied Health Literature, PubMed, Scopus, ProQuest, Google Scholar and the Cochrane Library were searched. Key issues(s) Out of 253 identified studies, seven were included in the review. Leadership styles in intensive care units include transformational, considerate, exemplary, trusted and absentee leadership. Active nurse leaders who share a common vision, and advocate for their staff are perceived as more effective than those who exhibit absentee characteristics. Structural measures influenced by leadership styles include productivity and morale of nursing staff. Outcome measures such as staff outcomes (intent to stay, job satisfaction), medication errors and periventricular/intraventricular haemorrhage in neonatal intensive care units have a positive relational effect with nursing leadership style. Conclusions The findings highlight the link between nursing leadership styles on structural and outcome measures in intensive care units. The current literature lacks studies highlighting the impact of nursing leadership styles on process measures in intensive care units. Implications for nursing management Transformational, considerate, exemplary leadership practices, and trusted leadership styles when used by nurse leaders guarantee higher quality of nursing care in intensive care units. Therefore, modern leadership styles need to be supported by health care organisations and education.

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