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29 September 2023 02:23

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SEARCH STRATEGY

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

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

Validation of a Chinese version of the Analysing and Developing Adaptability and Performance in Teams to Enhance Resilience Scale in nurses in China

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ABSTRACT (ENGLISH)

Aim

This study examined the validity and reliability of the Analysing and Developing Adaptability and Performance in Teams to Enhance Resilience (ADAPTER) Scale in a sample of Chinese nurses.

Background

Nurse shortage caused by job stress in China is becoming more acute, while research on team resilience training among nurses is still rising. To accurately and consistently describe team resilience status prior to training and evaluate the effects of resilience interventions at the team level among nurses, it is critical to develop a valid and reliable Chinese measure.

Methods

This was a cross-sectional study of 838 nurses. The scale was translated into Chinese according to Brislin's guidelines. Validity was evaluated by content validity, discriminative validity, exploratory and confirmatory factor analyses and convergent validity. Reliability was estimated by item-to-total correlations, internal consistency and test-retest reliability.

Results

Exploratory and confirmatory factor analyses revealed a four-factor model. Content validity was good and discriminative validity showed a significant discriminative ability. The concurrent validity was acceptable. The reliability was demonstrated with item-to-total correlations of greater than .40, Cronbach's alpha of .97 and intraclass correlation coefficients of .946.

Conclusions

The Chinese version of the scale is a valid and reliable instrument.

Implications for Nursing Management

The scale can provide insight into nurses' team resilience and thereby inform the development of specific interventions aimed at improving the team resilience of nurses.

Frontline nurses' caring experiences in COVID-19 units: A qualitative study

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ABSTRACT (ENGLISH)

Aim

Exploring nurses' caring and communication experiences in COVID-19 units.

Background

Frontline nurses play a critical role in providing 24-h bedside nursing care to COVID-19 patients. An in-depth understanding of frontline nurses' lived experiences is necessary to establish appropriate nursing strategies during crises, such as the COVID-19 pandemic.

Methods

Qualitative descriptive design with content analysis.

Results

Fifteen nurses were interviewed, and three themes were identified: central role of therapeutic communication, compassion that deepens naturally and expansion of professionalism in nursing.

Conclusion

The nurses proactively provided care for COVID-19 patients, and they acknowledged and accepted their roles in protecting the lives and ensuring the health of their patients daily. The nurses' experiences in COVID-19 units served as an opportunity for ruminating and rediscovering the meaning of nursing.

Implications for Nursing Management

Hospital policymakers and nurse managers should strive to resolve the communication-related challenges faced by nurses. Standardizing and implementing effective communication strategies should be considered in nursing management.

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High hiring rate of nurses in Catalonia and the rest of Spain hides precarious employment from 2010 to 2019: A quantitative study

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ABSTRACT (ENGLISH)

Aim

This study aims to describe the hiring of nurses in Catalonia and the rest of Spain over 10 years.

Background

Precarious employment (PE) has negative consequences for nurses' quality of life and work performance.

Methods

Quantitative study using a retrospective, longitudinal, descriptive design. We analysed publicly available employment data from Catalonia and the rest of Spain.

Results

Nurses are among the health professionals with the lowest proportion of open-term (permanent) contracts, 25% during the first 4 years of employment. During the study period, each nurse hired had an average of 3.44 contracts per year. The proportion of nurses with a fixed-term (non-permanent) contract shrank from 25.3% in 2006 to 20.5% in 2012 and grew rapidly to 38.7% in 2018. We estimate that 14,800 nurses signed fixed-term contracts in 2018 without ever having registered as unemployed in nursing.

Conclusion

High rates of fixed-term hiring and the high number of contracts per nurse are evidence of a high level of PE for nurses in Catalonia.

Implications for Nursing Management

When policymakers and workforce planners design recruitment and retention programmes for nurses, they should consider improving working conditions by extending more open-term contracts to combat PE and, indirectly, the shortage of nurses.

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Empowerment and turnover of nurse managers before and after a major health care reform in Cyprus: A cross sectional study

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ABSTRACT (ENGLISH)

Aim

This study aimed to investigate the perceived empowerment and turnover intention of middle nurse managers before and after the implementation of a major reform of the health care system in Cyprus, which also includes the transition of public hospitals towards administrative and financial autonomy.

Background

The empowerment of nurse managers is important since previous studies have shown that it is associated with performance at work and may have an impact on their turnover intention.

Methods

A repeated cross-sectional study was conducted in March 2019 (first phase) and was repeated in March 2020 (second phase), after the introduction of major changes. The target population was all nurse managers of the public hospitals. The final sample consisted of 175 (RR 94%) participants in the first phase and 178 (RR 95.6%) in the second.

Results

Measurements at both time points revealed moderate levels of perceived empowerment among Cyprus nurse managers. Empowerment score (17.95) appeared slightly lower at the repeat measurement compared to the first empowerment score (18), but the observed difference was not statistically significant ($p=0.184$). Among the categories of empowerment *opportunities* was presenting statistically significant differences between the two phases. At the second phase, mean scores of empowerment were consistently lower among those who stated *YES* compared to those who stated *NO* in relation to (a) the intention to change department, (b) the intention to change profession and (c) the intention to change organization/hospital.

Conclusions

This study demonstrated lower levels of empowerment among nurse managers with turnover intentions. It is therefore needed to be investigated further whether lower empowerment levels are the main reason for turnover intentions. It also suggests the need for senior management to create opportunities and to develop and implement interventions which aim to maintain and further improve the empowerment of the nurse managers and assess their effectiveness in terms of turnover intention in the organization.

Implications for nursing policy

The senior management of the hospitals needs to adopt retention strategies by establishing an empowered positive working environment for nurse managers. Nurse managers need to collaborate with the senior management and seek more access to opportunities, information, support and resources which will enable them to perform their duties with efficiency and be more effective.

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Professional identity and emotional labour affect the relationship between perceived organisational justice and job performance among Chinese hospital

nurses

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ABSTRACT (ENGLISH)

Aim

To investigate the influence of perceived organisational justice, professional identity and emotional labour on nurses' job performance.

Background

Previous studies have not explored the impact of professional identity and emotional labour on the relationship between perceived organisational justice and job performance. However, how to mobilize the enthusiasm of nurses and improve their job performance is the key for nursing managers to realize the sustainable development of hospitals.

Methods

A cross-sectional survey design was conducted. A total of 951 nurses from public hospitals in China participated in the survey from March–June 2021. The descriptive statistical approach, Pearson's correlation analysis and the PROCESS Macro Model 4 and 14 in regression analysis were used to analyse the available data.

Results

The results showed that nurses' perceived organisational justice, professional identity, emotional labour and job performance were significantly positive correlations between every two variables, with coefficients ranging between .24 and .75. Professional identity played a whole mediating role in perceived organisational justice and job performance, accounting for 98.04% of the total effect; meanwhile, this process was moderated by emotional labour.

Conclusions

Perceived organisational justice positively predicted nurses' job performance; as a mediating mechanism with moderating, professional identity and emotional labour further explained how perceived organisational justice promoted the job performance of nurses.

Implications for nursing management

This study highlighted the moderated mediation role of professional identity and emotional labour between nurses' perceived organisational justice and job performance. Understanding this mechanism has guiding significance for nursing managers to improve nurses' job performance.

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Management actions for prevention and control of healthcare-associated infections: A grounded theory approach

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ABSTRACT (ENGLISH)

Aim

To understand the management actions for prevention and control of health care-associated infections (HAIs) performed by health professionals.

Background

Prevention of nosocomial infections has evidence-based practice at its essence, but not all institutions are successful in implementing prevention methodology.

Methods

Qualitative research with Grounded Theory methodological framework. The research was carried out in two southern Brazilian hospitals. Data collected were employed through open interviews with 21 health professionals and managers. This process occurred concurrently with the data analysis, through constant comparative analysis.

Results

The understanding of the co-responsibility of managerial actions emerged as a central phenomenon of the theoretical model. Management actions for the prevention and control of HAIs are a collective phenomenon, in which co-responsibility sustains the effectiveness of the offered assistance. The behaviours of health teams in the face of structural and human weaknesses influence the construction of a supportive relationship in the effectiveness of patient safety actions.

Conclusions

The sharing of responsibilities between professionals and the actions of prevention and control of HAIs arising from this conduct positively influence the promotion of safer and improved quality care.

Implications for nursing management

Nursing managers should consider applying the tools to prevent and control HAIs and generate in-depth discussion to promote institution's cultural changes.

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Posttraumatic stress disorder and related factors among nurses working during the COVID-19 pandemic

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ABSTRACT (ENGLISH)

Aim

To analyse the prevalence of posttraumatic stress disorder (PTSD) and examine its related factors among nurses who worked during the coronavirus disease 2019 (COVID-19) pandemic in Daegu, South Korea.

Background

Nurses are a high-risk population for PTSD, especially during the COVID-19 pandemic. This study was conducted to identify the nursing work environmental factors that should be addressed to reduce PTSD.

Methods

Using a cross-sectional design, 365 nurses were enrolled. Their characteristics (intrapersonal, interpersonal, organizational, and COVID-19-related) and PTSD Checklist-5 scores were analysed.

Results

The average PTSD score was 14.98 ± 15.94 , and 16.5% of the participants had a high risk of PTSD. Nurses were more likely to have PTSD if they were married (odds ratio=3.02, $p=.013$) and when nurse managers' abilities, leadership, and support of nurses were low (odds ratio=3.81, $p<.001$).

Conclusions

The nursing work environment was found to be associated with PTSD. Therefore, interventions are necessary to increase nurse managers' abilities, leadership, and support for nurses to reduce the risk of PTSD among nurses.

Implications for Nursing Management

Effective professional and social support and interventions to improve nurse managers' abilities, leadership, and support of nurses are needed to reduce PTSD.

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Determinants of the risk of burnout among nurses during the first wave of the COVID-19 pandemic in Belgium: A cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To estimate the prevalence of burnout risk among nurses during the peak of the first wave of the COVID-19

pandemic in Belgium and to identify risk groups and protective and risk factors.

Background

Nurses are at high risk of burnout, and this can have negative consequences for them, patients and health care systems. The pandemic may have changed their working conditions and increased their risk of burnout.

Methods

The risk of burnout was assessed through the Maslach Burnout Inventory Scale. Information on socio-demographic and working conditions during the pandemic was also collected. We obtained 4552 respondents through convenience sampling.

Results

A high risk of burnout was found in 70% of respondents. The main risk factors of burnout were the lack of personal protective equipment, changes in perceived workload and working with COVID-19 patients.

Conclusions

An uneven workload for nurses is an underlying problem during the COVID-19 pandemic and a significant risk factor for their burnout. The decreased workload is a risk factor for burnout as important as increased workload and repeated exposure to COVID-19.

Implications for Nursing Management

Burnout prevention and treatment interventions must target the correct risk factors and identify nurses at risk to be cost-effective.

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Servant leadership and performance of public hospitals: Trust in the leader and psychological empowerment of nurses

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

This study examines the effect of servant leadership on the performance of the hospital through the mediating effect of trust in the leader. It further analyses the moderating role of psychological empowerment.

Background

Hospitals in Pakistan experience a severe shortage of nurses. Nurses are overworked and need support to provide quality patient care. Servant leadership, which focuses on the growth and development of followers, is of relevance in such context.

Methods

A sample of 339 registered nurses from four public hospitals in Pakistan provided survey data. Instruments with

established psychometric properties and structural equation modelling were used to test the model.

Results

Servant leadership has a significant direct effect on trust in the leader and an indirect effect on the performance of the hospital through trust in the leader. A moderated mediation test reveals that the relationship between trust in the leader and the performance of the hospital is stronger when nurses report high psychological empowerment.

Conclusion

Servant leadership instils trust among nurses and elevates the organisational performance of the hospital.

Implications for Nursing Management

Hospitals should select and train nurse managers who can embody the principles of servant leadership and provide resources to increase psychological empowerment among nurses.

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Nurses' perceived work performance and health during presenteeism: Cross-sectional associations with personal and organisational factors

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ABSTRACT (ENGLISH)

Aim

To determine personal and organisational factors associated with work performance and illness outcomes during presenteeism in a cohort of nurses.

Background

Presenteeism is prevalent in nursing populations. It is known to be associated with impaired health and performance loss. Knowledge about the factors associated with presenteeism may help foster better health and performance in this group.

Methods

A survey ($N = 270$) was conducted in a population of nurses working with older adults. Hierarchical multiple regression was used to explore factors associated with performance loss and illness outcomes during presenteeism.

Results

Work performance and illness outcomes were often reported as poor during presenteeism. Less negative illness perceptions and work engagement were associated with better work performance and illness outcomes. Older age and manager support were also associated with better work performance. Non-organisational causes of illness were associated with better illness outcomes.

Conclusion

Performance levels and illness outcomes during presenteeism are associated with a combination of illness-related, individual, attitudinal and organisational factors.

Implications for nursing management

Fostering engagement, support, good relationships and a hazard-free environment may improve performance and health during presenteeism.

Managing holistic nursing practice: The need for spiritual care competence in health care practice

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The relationship between workplace incivility and turnover intention in nurses: A cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The aim of this study was to examine the relationship between workplace incivility and the turnover intention in nurses.

Background

Studies assessing the association between nurses' turnover intention and workplace incivility are limited.

Methods

The research was carried out on a total of 250 nurses working in three private hospitals in Antalya, Turkey. The data were collected using a Demographic Questionnaire, the Workplace Incivility Scale and the Turnover Intention Scale.

Results

The mean workplace incivility scores of the nurses were determined to be 6.68 ± 7.96 . The mean turnover intention scores of the nurses were 6.38 ± 3.44 . A statistically significant positive relationship was found between workplace incivility scores and turnover intention scores ($r=0.632$, $p=0.0001$). The linear regression model showed that workplace incivility, working in the emergency or intensive care unit, and dissatisfaction with the current institution were independent factors of turnover intention.

Conclusions

The results of the study demonstrated a significant relationship between workplace incivility and turnover intention in nurses. Nurses who are less exposed to workplace incivility were seen to have a lower turnover intention.

Implications for Nursing Management

Simple measures that organisations may take to reduce workplace incivility may increase nurses' workplace satisfaction, reduce turnover intention and enable them to work more efficiently. It would be useful for nursing managers to lead initiatives in institutions to reduce workplace incivility and improve the culture of civility.

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Health care managers' competence in knowledge management: A scoping review

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ABSTRACT (ENGLISH)

Aim

To identify current evidence on health care managers' competence in knowledge management.

Background

Although successful knowledge management improves the quality of care and performance of health care organisations, there is limited evidence on health care managers' competence in knowledge management

Evaluation

A scoping review was conducted by including original published and unpublished studies (qualitative, quantitative, and experimental) and review designs in English, Finnish, or Swedish. The studies were retrieved from six databases (CINAHL, ProQuest, PubMed, Scopus, Mednar, and Finnish database Medic) in November 2020 and then complemented in January 2022. Narrative synthesis was used to synthesize data.

Key issues

A total of 21 articles was included in the review. The main themes of managers' competence in knowledge management presented in these were system management, professional development, and leadership behaviour and attitude. No valid and reliable instruments were described in the included studies.

Conclusion

At present, there is a limited understanding of health care managers' competence in knowledge management. A comprehensive understanding of this topic can provide a direction for future research.

Implications for Nursing Management

The results can be utilized in the assessment and development of managers' competence in knowledge management, as well as the formulation of education and in-service training for health care managers.

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The organisation of nurse staffing in intensive care units: A qualitative study

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ABSTRACT (ENGLISH)

Aims

To examine the organisation of the nursing workforce in intensive care units and identify factors that influence how the workforce operates.

Background

Pre-pandemic UK survey data show that up to 60% of intensive care units did not meet locally agreed staffing numbers and 40% of ICUs were closing beds at least once a week because of workforce shortages, specifically nursing. Nurse staffing in intensive care is based on the assumption that sicker patients need more nursing resource than those recovering from critical illness. These standards are based on historical working, and expert professional consensus, deemed the weakest form of evidence.

Methods

Focus groups with intensive care health care professionals ($n=52$ participants) and individual interviews with critical care network leads and policy leads ($n=14$ participants) in England between December 2019 and July 2020. Data were analysed using framework analysis.

Findings

Three themes were identified: the constraining or enabling nature of intensive care and hospital structures; whole team processes to mitigate nurse staffing shortfalls; and the impact of nurse staffing on patient, staff and intensive care flow outcomes. Staff made decisions about staffing throughout a shift and were influenced by a combination of factors illuminated in the three themes.

Conclusions

Whilst nurse:patient ratios were clearly used to set the nursing establishment, it was clear that rostering and allocation/re-allocation during a shift took into account many other factors, such as patient and family nursing needs, staff well-being, intensive care layout and the experience, and availability, of other members of the multi-professional team. This has important implications for future planning for intensive care nurse staffing and highlights important factors to be accounted for in future research studies.

Implications for Nursing Management

In order to safeguard patient and staff safety, factors such as the ICU layout need to be considered in staffing decisions and the local business case for nurse staffing needs to reflect these factors. Patient safety in intensive care may not be best served by a blanket 'ratio' approach to nurse staffing, intended to apply uniformly across health services.

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Experience and views of nurses on nursing services and personal protective equipment in Covid-19 pandemic the case of Turkey: A cross-sectional study

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ABSTRACT (ENGLISH)

Background

During the COVID-19 pandemic, there were difficulties in planning the nursing workforce and personal protective equipment.

Aim

The purpose of this study was to identify the experiences and views of nurses on personal protective equipment use and nursing workforce planning in Turkey.

Methods

This descriptive and cross-sectional study was conducted between 23 December 2020 and 3 May 2021, among 362 nurses who agreed to participate in this study voluntarily.

Results

The findings showed that the satisfaction scores were significantly higher for those nurses who worked in 8-h shifts, were not assigned to different clinics, were notified by an official letter and 1 week or month in advance before assignment compared with nurses in other categories.

Conclusions

The problems that have arisen in the COVID-19 pandemic process have made it clear that there is a need for a nursing services management model in the event of an epidemic.

Implications for Nursing Management

This study reveals the need for the 'Nursing Services Management Model in the Event of an Epidemic' by discussing the problems of nurse workforce planning and protective personal equipment management from the perspective of nurses who experienced these problems at first hand.

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Development of Student Survey on Writing Nursing Care Plan: An exploratory sequential mixed-methods study

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ABSTRACT (ENGLISH)

Aim

To come up with a newly developed survey tool that will measure the students' level of quality in writing nursing care plans (NCPs).

Background

Exploring various challenges of students in writing NCP would enlighten educators to design innovative strategies on how to mitigate gaps between nursing education and practice.

Methods

This study utilized an exploratory sequential mixed-methods design in three stages. In phase 1, qualitative semi-structured interviews of 22 students were conducted, and the data were analysed using the Colaizzi method. In phase 2, qualitative results were transformed into survey components, constructs and items, and the data were developed into a new survey tool based on the nursing process system (NPS) model. In phase 3, a quantitative cross-sectional survey of 195 nursing students was conducted to measure their level of quality in writing NCP, and the data were analysed using descriptive statistics of the SPSS software.

Results

In the first (qualitative) phase, five themes emerged from various challenges of nursing students in writing care plans: (a) data gathering; (b) identifying clients' problems; (c) formulating sustainable goals; (d) providing appropriate

interventions; and (5) recognizing client's outcomes. In the second phase, a valid and reliable tool called the *Student Survey on Writing Nursing Care Plan* (SSW-NCP) was developed and tested. Lastly, in the third (quantitative) phase, the nursing students have shown a 'very good' level of quality in writing NCP.

Conclusion

Determining students' level of quality in writing NCP would come up with comprehensive ways of improving student competencies in patient care management.

Implications for Nursing Management

The survey tool that is formulated from the study will provide relevant information for nurse educators and managers in managing students' and registered nurses' capabilities in writing an excellent care plan.

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Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence

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ABSTRACT (ENGLISH)

Aim

To analyse patient factors and nurse staffing-related issues involving hospital-acquired pressure ulcers in patients at two types of hospital.

Background

Hospital-acquired pressure ulcers are important for the safety of hospitalized patients. Hospital-acquired pressure ulcers not only cause health problems, but also pose an economic burden to patients. In addition to patient factors such as mobility and skin integrity, hospital factors such as nurse staffing can also affect the management of such patients.

Methods

This study is a retrospective review of patient data and analysis of factors related to hospital-acquired pressure ulcers using stratified Cox proportional hazards regression.

Results

A total of 53,923 patients were included. The incidence of hospital-acquired pressure ulcers was 0.98 per 1,000 days. Hospital-acquired pressure ulcers were affected by gender, age, previous falls, low oxygen levels, positioning and toilet use. When the levels of nurse staffing were determined as one of the hospital factors, the daily hours of patient care was increased thereby contributing to the reduced incidents of hospital-acquired pressure ulcers.

Conclusion

Strategies for preventing hospital-acquired pressure ulcers should be based on the analysis of risk factors.

Implications for Nursing Management

Most individual risk factors for hospital-acquired pressure ulcers identified cannot be modified easily in a short time. Nurse staffing should be set at adequate levels to prevent hospital-acquired pressure ulcers.

Experiences and mediating factors in nurses' responses to electronic device alarms: A phenomenological study

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ABSTRACT (ENGLISH)

Aim

This study aims to explore the experiences and mediating factors of nurses' responses to electronic device alarms in critical care units (CCUs).

Background

Alarm fatigue occasionally has adverse consequences for patient safety.

Methods

This qualitative study was designed and analysed following Giorgi's descriptive phenomenological approach. Seventeen nurses were theoretically sampled, reaching information saturation. Semistructured interviews were used to collect the data.

Results

Three central themes explained nurses' experiences: general perceptions about alarms (basic equipment of the CCU), strategies to reduce false alarms (training in the configuration of monitors, customization of the alarms to fit the patient's condition, teamwork and taking advantage of the development of technology) and key elements of the response to alarms (information about patient's condition, nurses' clinical experience, type of CCU, 'cry-wolf' phenomenon and nurse/patient ratio).

Conclusions

To reduce false alarms, nurses need further postgraduate training, training on monitors and customizing alarms to fit the patient's health status. The complex process of deciding to respond to an alarm includes environmental, professional variables and patient status.

Implications for Nursing Management

Nurse managers should ensure that nurses have sufficient experience and training in the CCU, improve the nurse/patient ratio, promote teamwork and ensure that the devices are the latest generation.

Associations between perceived overqualification, organisational commitment and work passion of nurses: A multicentre cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To investigate the associations between perceived overqualification, organisational commitment and work passion of nurses.

Background

Few studies have considered the effects of perceived overqualification and organisational commitment on work passion of nurses, especially in developing countries.

Methods

This is a multicentre cross-sectional study. A total of 4511 nurses from eight tertiary hospitals were recruited. The Scale of Perceived OverQualification (SPOQ), the Organizational Commitment Scale (OCS) and the Work Passion Scale (WPS) were used to collect the data. Hierarchical multiple regression were employed.

Results

Perceived overqualification and organisational commitment were the main predictors for both harmonious and obsessive passions (each $p < .001$). The unique effect of organisational commitment ($\beta_{\text{harmonious}} = .608$, $\beta_{\text{obsessive}} = .556$) on work passion were six to eight times larger than these of perceived overqualification ($\beta_{\text{harmonious}} = -.079$, $\beta_{\text{obsessive}} = .085$).

Conclusion

Our findings indicate that high perceived overqualification clearly reduces nurses' harmonious passion and increases their obsessive passion, whereas high organisational commitment significantly promotes nurses' harmonious and obsessive passions.

Implications for nursing management

Nurse managers should distinguish the different effects of perceived overqualification and organisational commitment on work passion. Effective intervention should be developed to release nurses' potential abilities and improve their organisational commitment and work passion.

Chinese Clinical Trial Registry: ChiCTR2100047974.

Cultural competence and decision-making of nurse leaders in a university hospital in Saudi Arabia: A descriptive correlational study

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ABSTRACT (ENGLISH)

Aims

The aim of this study is to determine the quality of decision-making and cultural competence in terms of cultural competence behaviour and cultural awareness and sensitivity of nurse leaders. Furthermore, this study explores the relationships between selected demographic profiles, cultural awareness and sensitivity, cultural competence behaviour and quality of decision-making.

Background

Diversity contributes to varying beliefs and practices in the workplace. Leaders with cultural competence, awareness and sensitivity can evaluate alternatives for the decision-making process and develop effective strategies to implement decisions.

Methods

A descriptive correlational design was utilized. The respondents ($n=122$) completed the Cultural Competence Assessment instrument and Decision Making Quality Scale questionnaire.

Results

Cultural awareness and sensitivity are significantly related to the Middle Eastern race. Furthermore, cultural competence behaviour is significantly related to years of experience in Saudi Arabia and leadership positions. Quality of decision-making is significantly related to years of experience in Saudi Arabia. Cultural awareness, sensitivity and cultural competence behaviour are significantly related to the quality of decision-making.

Conclusions

Culturally aware, sensitive and competent nurse leaders are more likely to adhere to the quality decision-making criteria.

Implications for Nursing Management

Promoting training and continuing education for nurse leaders are crucial to ensure they possess the right cultural knowledge and skills.

Development of a taxonomy of activities in health prevention and promotion for primary care

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ABSTRACT (ENGLISH)

Aim

To develop a taxonomy of activities in health prevention and promotion for primary care.

Background

Despite health promotion being considered a keystone for population health and health care sustainability, its implementation remains insufficient. Customized evaluation tools are needed to address prevention and promotion omissions in primary care.

Method

A taxonomy was designed using documentary analysis. Documents describing frontline primary care professionals' health prevention and promotion activities or omissions were identified and analysed using framework analysis.

Results

The 'Taxonomy of Activities in Health Prevention and Promotion for Primary Care' (TaxoPromo) includes 43 activities grouped into eight categories: planification, situational analysis, capacity building, development of awareness/public opinion, advocacy, development of networks, development of partnerships and intervention strategies.

Conclusion

By contrasting the usual practices with the activities collected in the TaxoPromo, opportunities for improvement can be unveiled.

Implications for Nursing Management

The TaxoPromo can be used at organisational and system levels to identify actions to integrate health prevention and promotion activities into a systematic, data-driven process; design implementation plans and tailor-made strategies for capacity building; enable benchmarking; and address omissions. The TaxoPromo can serve as a catalyst tool for the clarification and expansion of the nursing role in health prevention and promotion.

Perceptions of Australian remote area nurses about why they stay or leave: A qualitative study

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ABSTRACT (ENGLISH)

Aim

The aim of this study was to examine the perspectives of experienced Australian remote area nurses about remote nursing staff retention strategies.

Background

There is low retention of remote area nurses in remote Australia. Retention of remote area nurses can be improved by a supportive environment including good management, professional development and supervision.

Method

This is a qualitative study using in-depth interviews with seven registered nurses with a minimum of 3 years remote area nursing experience. Participants were interviewed by phone, with the interviews audio-recorded then transcribed and analysed thematically.

Results

Participants had on average 12 years of experience as a remote area nurse. They valued teamwork, effective and flexible management practices and the ability to maintain their own cultural and social connectedness. A flexible service model with regular short breaks, filled by returning agency nurses to enable continuity of care and cultural connections, was seen as a viable approach.

Conclusion

Flexible management practices that encourage short breaks for remote area nurses may increase retention. This would need to occur within a supportive management framework.

Implications for Nursing Management

Management strategies that reduce isolation from personal and social networks can increase the retention of skilled remote area nurses.

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A cross sectional study of the impact of psychological capital on organisational citizenship behaviour among nurses: Mediating effect of work engagement

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ABSTRACT (ENGLISH)

Aims

To examine relationships between psychological capital, work engagement and organisational citizenship behaviour among nurses.

Background

Psychological capital, work engagement and organisational citizenship behaviour are all positive variables associated with work. Clarifying the relationship between the variables can help nursing managers implement tailored and effective intervention strategies to improve individual and organisational performance and quality of care.

Design

A quantitative cross-sectional study was designed.

Methods

The study was carried out from June 2021 to September 2021 in Sichuan Province, China. A total of 606 nurses working at six tertiary hospitals were selected with convenience sampling. Participants were investigated using demographic, work-related information questionnaire, Psychological Capital Questionnaire, Utrecht Work Engagement Scale and Organizational Citizenship Behavior Questionnaire.

Results

The scores of psychological capital, work engagement and organisational citizenship behaviour were 102.56 ± 15.47 , 67.96 ± 21.71 and 101.57 ± 11.57 , respectively. The multiple linear regression model explained 7.3% of the total variance in organisational citizenship behaviour related to demographic and work-related factors. There was a significant positive correlation between psychological capital, work engagement and nurses' organisational citizenship behaviour. Additionally, structural equation modeling showed that work engagement mediated the relationship between psychological capital and organisational citizenship behaviour with the partial mediating effect of 0.093. The final model explained 28% of organisational citizenship behaviour.

Conclusion

Our results suggest that both psychological capital and work engagement are facilitators for organisational citizenship behaviour in nurses. Managers can increase nurses' organisational citizenship behaviour through developing psychological capital and improving the work engagement.

Implications for nursing management

This study indicates that both psychological capital and work engagement are protective factors of organisational citizenship behaviour, which provide proof for optimizing human resources management from a positive psychology perspective. Our finding can help managers correctly understand the mechanism of the relationship among work engagement, psychological capital and organisational citizenship behaviour and adopt effective intervention

Emergency care nurses' perceived self-competence in palliative care and its predictors: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

The aim of this study is to describe the prevalence of perceived self-competence in palliative care among emergency care nurses and explore its predictors.

Background

Emergency care nurses have a responsibility to develop palliative care competence to enhance the quality of life of dying patients and their families in the emergency department.

Methods

With a convenience sample, a cross-sectional study was conducted among 415 emergency care nurses from 22 hospitals in China. Descriptive analysis, Spearman correlation analysis and multivariate linear stepwise regression were performed.

Results

Variables including marital status (single), emergency department not implementing palliative care, no palliative care training and true cooperation dimension were selected as independent predictors and explained 19.9% of variation in the regression model.

Conclusions

Interventions to improve healthy work environments, offering palliative care training, advocating for policies in palliative care and offering support to unmarried nurses can advance nurses' palliative care competence.

Implications for nursing management

This is the first study of emergency care nurses in China aimed at identifying predictors associated with palliative care self-competence. It is significant in that palliative care training and a cooperative work environment are required to encourage the development of palliative care.

Professional quality of life in nurses on the frontline against COVID-19

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

This study aimed to investigate professional quality of life (ProQOL) in nurses who were fighting against COVID-19 in Wuhan and its related factors.

Background

COVID-19 epidemic is a major threat to public health. Frontline nurses have engaged in infection prevention and control, isolation, containment and public health. However, available data on ProQOL in these nurses are limited.

Methods

From 15 to 21 March 2020, the Chinese version of ProQOL was utilized to survey a total of 102 nurses through an electronic questionnaire. The stepwise regression analysis was performed to determine which factors (e.g. demographic and work-related factors) were related to ProQOL.

Results

The scores of compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS) were 38.09 ± 5.22 , 21.77 ± 4.92 and 20.75 ± 6.27 , respectively. The STS and CS scores were higher than the critical value. None of the nurses reported a low level of CS or a high level of BO and STS. Nurses' ProQOL was related to working hours, workload, job satisfaction and salary satisfaction.

Conclusions

Nurses who were fighting against COVID-19 had better CS and BO, whereas STS was relatively worse. Nurses who worked for long hours had more severe STS. BO of nurses with heavy workload and dissatisfaction with their salary was more severe. Nurses who were unsatisfied with their job had poor CS.

Implications for Nursing Management

It is believed that these results may help nurse managers to improve ProQOL of nurses who were fighting against COVID-19 by minimizing working hours, reducing workload and improving job satisfaction and rewards.

Evaluation of nurses' experiences with digital storytelling workshop: New way to engage, connect, and empower

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ABSTRACT (ENGLISH)

Aim

The aim of this work is to evaluate nurses' experiences, barriers, and facilitators in participating in digital storytelling workshops

Background

Nurses face ever-increasing demands and work time spent in isolation, leading to burnout. Storytelling—narrative skills of listening and creativity—may encourage meaningful connections with others, especially during the COVID-19 pandemic. However, evaluation of the user experiences of storytelling among nurses has been limited.

Method

The methods used are semistructured individual interviews with 13 nurses from a public health nursing organization who participated in a 3-day digital storytelling workshop in 2019. The interviews were audio-recorded, transcribed verbatim, and thematically analysed using NVivo12.

Results

All participants were women and half were white. Healing, human connection, and nursing pedagogy were the three main themes. Participants highlighted the organizational support in providing a safe and dedicated “space” for nurses' well-being. They also expressed desire and willingness to participate in additional workshops outside of work hours.

Conclusion

Further studies using a larger sample are needed to examine the scalability and efficacy of storytelling at work.

Implications for Nursing Management

Nurses rated storytelling positively and suggested a brief version to be incorporated into nursing practice. Establishing the culture of organizational support and psychological safety was identified as the necessary antecedents.

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Correlation between patients' power distance and their willingness to participate in patients' safety: A cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

This study aimed to explore the correlation between patient power distance and their willingness to participate in patient safety.

Background

The positive significance of patient participation in patient safety has been widely recognized worldwide, but in clinical practice, patients' willingness to participate is uneven and lack of initiative.

Methods

This study is a cross-sectional survey of hospitalized patients ($n=660$) from six tertiary hospitals in Shanghai. Pearson's correlation analysis analyzed data.

Results

Patients have a higher power distance (4.08 ± 0.59). The willingness of patients to participate in patient safety was moderate (3.50 ± 1.03). Pearson's correlation analysis shows that patients' power distance negatively and slightly affected their willingness of participation ($r = -.134, p < .001$). The perceived authority dimension of patients' power distance has no significant correlation with patients' willingness of participation ($p > .05$). The emotional communication dimension of patients' power distance negatively affects patients' disease-related willingness ($r = -.077, p < .001$). The decision-making participation dimension of patients' power distance negatively affects patients' willingness ($R = -.201, p < .001$).

Conclusions

Medical staff should focus on patients' power distance in medical activities. In addition, appropriate communication methods should be selected according to patients' power distance, so as to help them improve their willingness of participation.

Implications for Nursing Management

Nurse managers should educate nurses on the knowledge of power distance and its importance. By evaluating patients' power distance, humanistic care and meticulous communication are implemented to encourage patients to actively participate in patient safety.

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Implementing inclusive strategies to deliver high-quality LGBTQ+ care in health care systems

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

There is a growing recognition of the need to provide inclusive care for LGBTQ+ individuals. Our aim is to provide guidance for nurse managers contemplating similar inclusive changes in their workplace. The role of nurse managers as change agents is discussed based on our experience transforming a traditional suburban health care

system to one that is now more LGBTQ+ inclusive.

Background

LGBTQ+ individuals require and deserve high-quality care. Nurse managers can serve as patient advocates by recognizing their capacity to initiate and sustain changes in care settings.

Methods

From our reflective nursing practice, we detail essential components that enabled an incorporation of LGBTQ+ inclusive care practices. To undertake structural changes, we highlight the significance of organisational buy-in, customer service and engagement, changes to physical environment, forms and data collection, initiating staff training and a review of health system policies.

Results

Systemic change in health care is daunting but is achievable. With support from key stakeholders, nurse managers should be capable of initiating organisational changes that would benefit a patient population in receiving optimal care.

Implications for Nursing Management

Nurse managers are in optimum positions to initiate practice changes for inclusive LGBTQ+ health care. This commentary can serve as a template for meaningful organisational changes.

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Impact of COVID-19 on professional nursing practice environments and patient safety culture

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ABSTRACT (ENGLISH)

Aim

To analyse the impact of COVID-19 on professional nursing practice environments and patient safety culture.

Background

The relationship between work environments and patient safety has been internationally recognized. In 2020, the pandemic imposed enormous challenges, yet the impact on these variables remains unknown.

Method

This is a quantitative observational study, conducted in a Portuguese hospital, with 403 registered nurses. A self-completion questionnaire was used.

Results

The impact on the *Structure* and *Outcome* components of nursing professional practice environments was positive. Although the *Process* component remained favourable to quality of care, a negative trend was confirmed in almost all dimensions. The results regarding safety culture showed weaknesses; 'teamwork within units' was the only dimension that maintained a positive culture.

Conclusion

Positive responses regarding patient safety were significantly associated with the quality of the nursing professional practice environment. The need to invest in all dimensions of safety culture emerges to promote positive professional environments.

Implications for nursing management

Improving professional nursing practice environments can be achieved through managers' investment in the participation and involvement of nurses in the policies and functioning of institutions, as well as promoting an open, fair and participatory safety culture that encourages reporting events and provides adequate support for professionals.

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Effects of a learning programme for nurse managers to connect their experience: A quasi-experimental study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The present study aimed to examine the effects of a learning programme for nurse managers on connecting learning with their own experiences and fostering competence.

Background

In Japan, second-level programmes for certified nurse administrators represent the main opportunity for formal training for nurse managers. However, it is difficult for nurse managers to transfer second-level programme learning to their workplace.

Methods

This quasi-experimental study used a two-group pretest–posttest design with purposive sampling and non-random assignment of 29 consenting Japanese nurse managers who were participating in a second-level programme through a prefectural nursing association. The programme provided reflection papers and feedback from a researcher, as well as reflective group sessions. The outcome measure was the Japanese First-Line Nurse Managers Competence Inventory (JNMCI) score.

Results

The intervention group showed significant improvement in JNMCI scores after participating in the programme. A significant difference in JNMCI scores was also observed between the intervention and comparison groups.

Conclusion

This learning programme led to improved competency among nurse managers.

Implications for Nursing Management

Nurse manager development programmes should include reflection papers and feedback, as well as reflective group sessions, to improve competency among nurse managers.

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Factors affecting the professional functioning of health care workers during the COVID-19 pandemic: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To examine personal and organisational factors related to professional functioning of nurses and physicians during the COVID-19 pandemic.

Background

Exposure to COVID-19-related stressors has been associated with lower self-reported professional functioning among health care workers.

Methods

A cross-sectional study among 115 hospital workers during the COVID-19 pandemic in Israel was designed to explore (a) personal professional functioning, (b) clarity of guidelines, (c) work organisation by the management, and (d) health care workers' feeling of contribution to a global effort.

Results

A feeling of contribution to a global effort while treating patients with COVID-19 mediated the relationships between work organisation by the management and professional functioning ($\beta = .05, p < .05$). The clarity of guidelines for routine procedures ($\beta = .21, p < .05$) and a feeling of contribution to a global effort ($\beta = .34, p < .01$) positively predicted professional functioning of nurses and physicians during COVID-19 pandemic ($R^2 = .19, p < .01$).

Conclusions

In order to achieve optimal functioning of health care workers in an emergency, managers should provide clear guidelines and promote workers' feelings of contribution to a global effort.

Implications for Nursing Management

The provision of clear guidelines and protocols is essential for efficient emergency management. Expressing appreciation for health care workers and providing positive feedback may improve professional functioning.

Corrigendum

[ProQuest document link](#)

The impact of resilience on turnover among newly graduated nurses: A 1-year follow-up study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

This study aimed to analyse the impact of resilience on turnover among newly graduated nurses.

Background

Nurse turnover is a major issue in nurse management that results in economic losses and affects patient and nurse outcomes. Newly graduated nurses experience stress and burnout during their transition period, leaving their job due to contextual and personal factors. Nurses' resilience affects turnover directly and indirectly through the mediating effect of stress and burnout.

Methods

We conducted a 1-year follow-up study to investigate factors influencing the turnover of newly graduated nurses. Survival analysis was used to analyse factors influencing the turnover.

Results

Turnover probability increased steadily and was approximately 0.20 within 2 years. Resilience was a significant factor affecting newly graduated nurses leaving their job in a short period of time.

Conclusion

Newly graduated nurses' resilience is a significant factor influencing the turnover within a short period of time. Personal resources such as resilience and work environment should be considered for retaining newly graduated nurses.

Implications for nursing management

Nurse managers should recognize the impact of resilience on newly graduated nurses' turnover during the transitional period and establish strategies to enhance such resilience to promote a smooth transition and ultimately reduce turnover.

Perspectives of nursing directors on emergency nurse deployment during the pandemic of COVID-19: A nationwide cross-sectional survey in mainland China

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ABSTRACT (ENGLISH)

Aims

The aim of this study is to investigate the situation and perceptions of nursing directors about emergency nursing staff deployment in designated hospitals during the pandemic of COVID-19 in mainland China.

Background

The pandemic of COVID-19 has significantly depleted health care resources, leading to increased burden of nursing care and staffing and exacerbating the crisis in health care facilities. Currently, how to effectively plan and schedule nursing staffing in the pandemic still remains unknown.

Methods

From 14 July 2020 to 8 September 2020, 62 nursing directors of designated hospitals in mainland China were invited to participate in a cross-sectional online survey for their perceptions of nursing human-resource allocation during the pandemic of COVID-19.

Results

A total of 55 valid questionnaires were collected, showing that 96.36% of the hospitals had emergency nursing organizations and management systems during the pandemic, 96.36% had well-established scheduling principles for nursing human resources and 54.55% of hospitals had human-resource scheduling platforms. All the hospitals had trained emergency nursing staff in infection control (55, 100%), work process (51, 92.73%) and emergency skills (50, 90.91%). Most of the participants were satisfied with the nursing staffing deployments at their institutions (52, 94.55%). However, more than two thirds of them believed that their human-resource deployment plans need further improvements (39, 70.91%).

Conclusions

Most of the designated hospitals investigated had established emergency nursing organizations, and management systems, and related regulations for the epidemic. However, the contents mentioned above still need to be further standardized.

Implications for nursing management

The surge of patients in the epidemic was considerable challenge for the emergency capacity of hospitals. In the future, we should pay more attention to the following aspects: building emergency nursing staffing platforms, increasing emergency human-resource reserves, establishing reliable communication channels for emergency response teams, improving the rules and regulations of emergency human-resource management, offering more training and drills for emergency-related knowledge and skills and giving more focus on bio-psycho-social wellbeing of nurses.

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Reliability and validity of the Mandarin version of the Trust in Nurses Scale

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

This study aimed to translate and validate the Trust in Nurses Scale (TINS) and then test and implement the tool.

Background

Trust is the core feature of the nurse–patient relationship, and a simple and universal instrument to measure patients' trust in nurses in China is lacking.

Methods

Exploratory and confirmatory factor analyses (EFA and CFA) were performed to verify structural validity. Content validity and reliability analyses were also conducted.

Results

The Cronbach's alpha of the TINS was .817, and the test–retest reliability coefficient was .852. EFA revealed two factors and explained 59.702% of the total variation. CFA proved that all the goodness-of-fit indicators were acceptable.

Conclusion

The TINS exhibited satisfactory reliability and validity, and it can be universally applied to survey Chinese patients' trust in nurses.

Implications for Nursing Management

The TINS can be used by nursing managers to assess patients' trust in nurses, and appropriate programmes can be developed to improve patients' trust.

Bibliography

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

Wang, Z., Liu, H., Huang, J., Li, S., Yan, Z., & Luan, X. (2022). Validation of a Chinese version of the Analysing and Developing Adaptability and Performance in Teams to Enhance Resilience Scale in Nurses in China. *Journal of Nursing Management*, 30(5), 1324-1336. doi:<https://doi.org/10.1111/jonm.13628>

AimThis study examined the validity and reliability of the Analysing and Developing Adaptability and Performance in Teams to Enhance Resilience (ADAPTER) Scale in a sample of Chinese nurses. **Background**Nurse shortage caused by job stress in China is becoming more acute, while research on team resilience training among nurses is still rising. To accurately and consistently describe team resilience status prior to training and evaluate the effects of resilience interventions at the team level among nurses, it is critical to develop a valid and reliable Chinese measure. **Methods**This was a cross-sectional study of 838 nurses. The scale was translated into Chinese according to Brislin's guidelines. Validity was evaluated by content validity, discriminative validity, exploratory and confirmatory factor analyses and convergent validity. Reliability was estimated by item-to-total correlations, internal consistency and test-retest reliability. **Results**Exploratory and confirmatory factor analyses revealed a four-factor model. Content validity was good and discriminative validity showed a significant discriminative ability. The concurrent validity was acceptable. The reliability was demonstrated with item-to-total correlations of greater than .40, Cronbach's alpha of .97 and intraclass correlation coefficients of .946. **Conclusions**The Chinese version of the scale is a valid and reliable instrument. **Implications for Nursing Management**The scale can provide insight into nurses' team resilience and thereby inform the development of specific interventions aimed at improving the team resilience of nurses.

Shin, S., & Hye, J. Y. (2022). Frontline nurses' caring experiences in COVID-19 units: A qualitative study. *Journal of Nursing Management*, 30(5), 1087-1095. doi:<https://doi.org/10.1111/jonm.13607>

AimExploring nurses' caring and communication experiences in COVID-19 units. **Background**Frontline nurses play a critical role in providing 24-h bedside nursing care to COVID-19 patients. An in-depth understanding of frontline nurses' lived experiences is necessary to establish appropriate nursing strategies during crises, such as the COVID-19 pandemic. **Methods**Qualitative descriptive design with content analysis. **Results**Fifteen nurses were interviewed, and three themes were identified: central role of therapeutic communication, compassion that deepens naturally and expansion of professionalism in nursing. **Conclusion**The nurses proactively provided care for COVID-19 patients, and they acknowledged and accepted their roles in protecting the lives and ensuring the health of their patients daily. The nurses' experiences in COVID-19 units served as an opportunity for ruminating and rediscovering the meaning of nursing. **Implications for Nursing Management**Hospital policymakers and nurse managers should strive to resolve the communication-related challenges faced by nurses. Standardizing and implementing effective communication strategies should be considered in nursing management.

Paola Galbany-Estragués, Pere Millán-Martínez, Joan-Carles Casas-Baroy, Mireia Subirana-Casacuberta, & Anna Ramon-Aribau. (2022). High hiring rate of nurses in Catalonia and the rest of Spain hides precarious employment from 2010 to 2019: A quantitative study. *Journal of Nursing Management*, 30(5), 1337-1344. doi:<https://doi.org/10.1111/jonm.13632>

AimThis study aims to describe the hiring of nurses in Catalonia and the rest of Spain over 10 years. **Background**Precarious employment (PE) has negative consequences for nurses' quality of life and work performance. **Methods**Quantitative study using a retrospective, longitudinal, descriptive design. We analysed publicly available employment data from Catalonia and the rest of Spain. **Results**Nurses are among the health professionals with the lowest proportion of open-term (permanent) contracts, 25% during the first 4 years of employment. During the study period, each nurse hired had an average of 3.44 contracts per year. The proportion of nurses with a fixed-term (non-permanent) contract shrank from 25.3% in 2006 to 20.5% in 2012 and grew rapidly to 38.7% in 2018. We estimate that 14,800 nurses signed fixed-term contracts in 2018 without ever having registered as unemployed in nursing. **Conclusion**High rates of fixed-term hiring and the high number of contracts per nurse are evidence of a high level of PE for nurses in Catalonia. **Implications for Nursing Management**When policymakers and workforce planners design recruitment and retention programmes for nurses, they should consider improving working conditions by

extending more open-term contracts to combat PE and, indirectly, the shortage of nurses.

Leontiou, I., Papastavrou, E., Middleton, N., & Merkouris, A. (2022). Empowerment and turnover of nurse managers before and after a major health care reform in cyprus: A cross sectional study. *Journal of Nursing Management*, 30(5), 1196-1205. doi:<https://doi.org/10.1111/jonm.13606>

AimThis study aimed to investigate the perceived empowerment and turnover intention of middle nurse managers before and after the implementation of a major reform of the health care system in Cyprus, which also includes the transition of public hospitals towards administrative and financial autonomy.
BackgroundThe empowerment of nurse managers is important since previous studies have shown that it is associated with performance at work and may have an impact on their turnover intention.
MethodsA repeated cross-sectional study was conducted in March 2019 (first phase) and was repeated in March 2020 (second phase), after the introduction of major changes. The target population was all nurse managers of the public hospitals. The final sample consisted of 175 (RR 94%) participants in the first phase and 178 (RR 95.6%) in the second.
ResultsMeasurements at both time points revealed moderate levels of perceived empowerment among Cyprus nurse managers. Empowerment score (17.95) appeared slightly lower at the repeat measurement compared to the first empowerment score (18), but the observed difference was not statistically significant ($p=0.184$). Among the categories of empowerment opportunities was presenting statistically significant differences between the two phases. At the second phase, mean scores of empowerment were consistently lower among those who stated YES compared to those who stated NO in relation to (a) the intention to change department, (b) the intention to change profession and (c) the intention to change organization/hospital.
ConclusionsThis study demonstrated lower levels of empowerment among nurse managers with turnover intentions. It is therefore needed to be investigated further whether lower empowerment levels are the main reason for turnover intentions. It also suggests the need for senior management to create opportunities and to develop and implement interventions which aim to maintain and further improve the empowerment of the nurse managers and assess their effectiveness in terms of turnover intention in the organization.
Implications for nursing policyThe senior management of the hospitals needs to adopt retention strategies by establishing an empowered positive working environment for nurse managers. Nurse managers need to collaborate with the senior management and seek more access to opportunities, information, support and resources which will enable them to perform their duties with efficiency and be more effective.

Jing-Fen Yu, Yue-Ming Ding, Rui-Ying Jia, Dan-Dan Liang, Wu, Z., Guang-Li Lu, & Chao-Ran Chen. (2022). Professional identity and emotional labour affect the relationship between perceived organisational justice and job performance among chinese hospital nurses. *Journal of Nursing Management*, 30(5), 1252-1262. doi:<https://doi.org/10.1111/jonm.13608>

AimTo investigate the influence of perceived organisational justice, professional identity and emotional labour on nurses' job performance.
BackgroundPrevious studies have not explored the impact of professional identity and emotional labour on the relationship between perceived organisational justice and job performance. However, how to mobilize the enthusiasm of nurses and improve their job performance is the key for nursing managers to realize the sustainable development of hospitals.
MethodsA cross-sectional survey design was conducted. A total of 951 nurses from public hospitals in China participated in the survey from March–June 2021. The descriptive statistical approach, Pearson's correlation analysis and the PROCESS Macro Model 4 and 14 in regression analysis were used to analyse the available data.
ResultsThe results showed that nurses' perceived organisational justice, professional identity, emotional labour and job performance were significantly positive correlations between every two variables, with coefficients ranging between .24 and .75. Professional identity played a whole mediating role in perceived organisational justice and job performance, accounting for 98.04% of the total effect; meanwhile, this process was moderated by emotional labour.
ConclusionsPerceived organisational justice positively predicted nurses' job performance; as a mediating mechanism with moderating, professional identity and emotional labour further explained how perceived organisational justice promoted the job performance of nurses.
Implications for nursing managementThis study highlighted the moderated mediation role of professional identity and emotional labour between nurses' perceived organisational justice and job performance. Understanding this mechanism has guiding significance for nursing managers to improve nurses' job performance.

Engel, F. D., Kamylla dos, S. C., Aline Lima Pestana Magalhães, Betina Horner, S. M., & Ana Lúcia Schaefer Ferreira, de Mello. (2022). Management actions for prevention and control of healthcare-associated infections: A grounded theory approach. *Journal of Nursing Management*, 30(5), 1355-1365. doi:<https://doi.org/10.1111/jonm.13605>

AimTo understand the management actions for prevention and control of health care-associated infections (HAIs) performed by health professionals.
BackgroundPrevention of nosocomial infections has evidence-based practice at its essence, but not all institutions are successful in implementing prevention methodology.
MethodsQualitative research with Grounded Theory methodological framework. The research was carried out in two southern Brazilian hospitals. Data collected were employed through open interviews with 21 health professionals and managers. This process occurred concurrently with the data analysis, through constant comparative analysis.
ResultsThe understanding of the co-responsibility of managerial actions emerged as a central phenomenon of the theoretical model. Management actions for the prevention and control of HAIs are a collective phenomenon, in which co-responsibility sustains the effectiveness of the offered assistance. The behaviours of health teams in the face of structural and human weaknesses influence the construction of a supportive relationship in the effectiveness of patient safety actions.
ConclusionsThe sharing of responsibilities between professionals and the actions of prevention and control of HAIs arising from this conduct positively influence the promotion of safer and improved quality care.
Implications for nursing managementNursing managers should consider applying the tools to prevent and control HAIs and generate in-depth discussion to promote institution's cultural changes.

Soon, Y. B., Hyo-Jeong Yoon, Kim, Y., & Kim, J. (2022). Posttraumatic stress disorder and related factors among nurses working during the COVID-19 pandemic. *Journal of Nursing Management*, 30(5), 1096-1104. doi:<https://doi.org/10.1111/jonm.13615>

AimTo analyse the prevalence of posttraumatic stress disorder (PTSD) and examine its related factors among nurses who worked during the coronavirus disease 2019 (COVID-19) pandemic in Daegu, South Korea.
BackgroundNurses are a high-risk population for PTSD, especially during the COVID-19 pandemic. This study was conducted to identify the nursing work environmental factors that should be addressed to reduce PTSD.
MethodsUsing a cross-sectional design, 365 nurses were enrolled. Their characteristics (intrapersonal, interpersonal, organizational, and COVID-19-related) and PTSD Checklist-5 scores were analysed.
ResultsThe average PTSD score was 14.98 ± 15.94 , and 16.5% of the participants had a high risk of PTSD. Nurses were more likely to have PTSD if they were married (odds ratio=3.02, $p=.013$) and when nurse managers' abilities, leadership, and support of nurses were low (odds ratio=3.81, $p<.001$).
ConclusionsThe nursing work environment was found to be associated with PTSD. Therefore, interventions are necessary to increase nurse managers' abilities, leadership, and support for nurses to reduce the risk of PTSD among nurses.
Implications for Nursing ManagementEffective professional and social support and interventions to improve nurse managers' abilities, leadership, and support of nurses are needed to reduce PTSD.

Khan, Y., Bruyneel, A., & Smith, P. (2022). Determinants of the risk of burnout among nurses during the first wave of the COVID-19 pandemic in Belgium: A cross-sectional study. *Journal of Nursing Management*, 30(5), 1125-1135. doi:<https://doi.org/10.1111/jonm.13624>

AimsTo estimate the prevalence of burnout risk among nurses during the peak of the first wave of the COVID-19 pandemic in Belgium and to identify risk groups and protective and risk factors.
BackgroundNurses are at high risk of burnout, and this can have negative consequences for them, patients and health care systems. The pandemic may have changed their working conditions and increased their risk of burnout.
MethodsThe risk of burnout was assessed through the Maslach Burnout Inventory Scale. Information on socio-demographic and working conditions during the pandemic was also collected. We obtained 4552 respondents through convenience sampling.
ResultsA high risk of burnout was found in 70% of respondents. The main risk factors of burnout were the lack of personal protective equipment, changes in perceived workload and working with COVID-19 patients.
ConclusionsAn uneven workload for nurses is an underlying problem during the COVID-19 pandemic and a significant risk factor for their burnout. The decreased workload is a risk factor for burnout as important as increased workload and repeated exposure to

COVID-19. Implications for Nursing Management Burnout prevention and treatment interventions must target the correct risk factors and identify nurses at risk to be cost-effective.

Saleem, S., Tourigny, L., Muhammad, M. R., Shaheen, S., & Goher, A. (2022). Servant leadership and performance of public hospitals: Trust in the leader and psychological empowerment of nurses. *Journal of Nursing Management*, 30(5), 1206-1214. doi:<https://doi.org/10.1111/jonm.13622>

Aims This study examines the effect of servant leadership on the performance of the hospital through the mediating effect of trust in the leader. It further analyses the moderating role of psychological empowerment. **Background** Hospitals in Pakistan experience a severe shortage of nurses. Nurses are overworked and need support to provide quality patient care. Servant leadership, which focuses on the growth and development of followers, is of relevance in such context. **Methods** A sample of 339 registered nurses from four public hospitals in Pakistan provided survey data. Instruments with established psychometric properties and structural equation modelling were used to test the model. **Results** Servant leadership has a significant direct effect on trust in the leader and an indirect effect on the performance of the hospital through trust in the leader. A moderated mediation test reveals that the relationship between trust in the leader and the performance of the hospital is stronger when nurses report high psychological empowerment. **Conclusion** Servant leadership instils trust among nurses and elevates the organisational performance of the hospital. **Implications for Nursing Management** Hospitals should select and train nurse managers who can embody the principles of servant leadership and provide resources to increase psychological empowerment among nurses.

Fiorini, L. A., Houdmont, J., & Griffiths, A. (2022). Nurses' perceived work performance and health during presenteeism: Cross-sectional associations with personal and organisational factors. *Journal of Nursing Management*, 30(5), O37-O45. doi:<https://doi.org/10.1111/jonm.13065>

Aim To determine personal and organisational factors associated with work performance and illness outcomes during presenteeism in a cohort of nurses. **Background** Presenteeism is prevalent in nursing populations. It is known to be associated with impaired health and performance loss. Knowledge about the factors associated with presenteeism may help foster better health and performance in this group. **Methods** A survey (N = 270) was conducted in a population of nurses working with older adults. Hierarchical multiple regression was used to explore factors associated with performance loss and illness outcomes during presenteeism. **Results** Work performance and illness outcomes were often reported as poor during presenteeism. Less negative illness perceptions and work engagement were associated with better work performance and illness outcomes. Older age and manager support were also associated with better work performance. Non-organisational causes of illness were associated with better illness outcomes. **Conclusion** Performance levels and illness outcomes during presenteeism are associated with a combination of illness-related, individual, attitudinal and organisational factors. **Implications for nursing management** Fostering engagement, support, good relationships and a hazard-free environment may improve performance and health during presenteeism.

Dobrowolska, B., Whelan, J., & Timmins, F. (2022). Managing holistic nursing practice: The need for spiritual care competence in health care practice. *Journal of Nursing Management*, 30(5), 1083-1086. doi:<https://doi.org/10.1111/jonm.13538>

Bahar Dündar Kavaklı, & Yildirim, N. (2022). The relationship between workplace incivility and turnover intention in nurses: A cross-sectional study. *Journal of Nursing Management*, 30(5), 1235-1242. doi:<https://doi.org/10.1111/jonm.13594>

Aim The aim of this study was to examine the relationship between workplace incivility and the turnover intention in nurses. **Background** Studies assessing the association between nurses' turnover intention and workplace incivility are limited. **Methods** The research was carried out on a total of 250 nurses working in three private hospitals in Antalya, Turkey. The data were collected using a Demographic Questionnaire, the Workplace Incivility Scale and the Turnover Intention Scale. **Results** The mean workplace incivility scores of the nurses were determined to be 6.68 ± 7.96 . The mean turnover intention scores of the nurses were 6.38 ± 3.44 . A statistically significant positive

relationship was found between workplace incivility scores and turnover intention scores ($r=0.632$, $p=0.0001$). The linear regression model showed that workplace incivility, working in the emergency or intensive care unit, and dissatisfaction with the current institution were independent factors of turnover intention. **Conclusions** The results of the study demonstrated a significant relationship between workplace incivility and turnover intention in nurses. Nurses who are less exposed to workplace incivility were seen to have a lower turnover intention. **Implications for Nursing Management** Simple measures that organisations may take to reduce workplace incivility may increase nurses' workplace satisfaction, reduce turnover intention and enable them to work more efficiently. It would be useful for nursing managers to lead initiatives in institutions to reduce workplace incivility and improve the culture of civility.

Karsikas, E., Meriläinen, M., Anna-Maria Tuomikoski, Koivunen, K., Jarva, E., Mikkonen, K., . . . Kanste, O. (2022). Health care managers' competence in knowledge management: A scoping review. *Journal of Nursing Management*, 30(5), 1168-1187. doi:<https://doi.org/10.1111/jonm.13626>

Aim To identify current evidence on health care managers' competence in knowledge management. **Background** Although successful knowledge management improves the quality of care and performance of health care organisations, there is limited evidence on health care managers' competence in knowledge management. **Evaluation** A scoping review was conducted by including original published and unpublished studies (qualitative, quantitative, and experimental) and review designs in English, Finnish, or Swedish. The studies were retrieved from six databases (CINAHL, ProQuest, PubMed, Scopus, Mednar, and Finnish database Medic) in November 2020 and then complemented in January 2022. Narrative synthesis was used to synthesize data. **Key issues** A total of 21 articles was included in the review. The main themes of managers' competence in knowledge management presented in these were system management, professional development, and leadership behaviour and attitude. No valid and reliable instruments were described in the included studies. **Conclusion** At present, there is a limited understanding of health care managers' competence in knowledge management. A comprehensive understanding of this topic can provide a direction for future research. **Implications for Nursing Management** The results can be utilized in the assessment and development of managers' competence in knowledge management, as well as the formulation of education and in-service training for health care managers.

Endacott, R., Pattison, N., Dall'Ora, C., Griffiths, P., Richardson, A., & Pearce, S. (2022). The organisation of nurse staffing in intensive care units: A qualitative study. *Journal of Nursing Management*, 30(5), 1283-1294. doi:<https://doi.org/10.1111/jonm.13611>

Aims To examine the organisation of the nursing workforce in intensive care units and identify factors that influence how the workforce operates. **Background** Pre-pandemic UK survey data show that up to 60% of intensive care units did not meet locally agreed staffing numbers and 40% of ICUs were closing beds at least once a week because of workforce shortages, specifically nursing. Nurse staffing in intensive care is based on the assumption that sicker patients need more nursing resource than those recovering from critical illness. These standards are based on historical working, and expert professional consensus, deemed the weakest form of evidence. **Methods** Focus groups with intensive care health care professionals ($n=52$ participants) and individual interviews with critical care network leads and policy leads ($n=14$ participants) in England between December 2019 and July 2020. Data were analysed using framework analysis. **Findings** Three themes were identified: the constraining or enabling nature of intensive care and hospital structures; whole team processes to mitigate nurse staffing shortfalls; and the impact of nurse staffing on patient, staff and intensive care flow outcomes. Staff made decisions about staffing throughout a shift and were influenced by a combination of factors illuminated in the three themes. **Conclusions** Whilst nurse:patient ratios were clearly used to set the nursing establishment, it was clear that rostering and allocation/re-allocation during a shift took into account many other factors, such as patient and family nursing needs, staff well-being, intensive care layout and the experience, and availability, of other members of the multi-professional team. This has important implications for future planning for intensive care nurse staffing and highlights important factors to be accounted for in future research studies. **Implications for Nursing Management** In order to safeguard patient and staff safety, factors such as the ICU layout need to be considered in staffing decisions and the local business case for nurse staffing needs to reflect these factors. Patient safety in intensive care may not be best served by a blanket 'ratio' approach to nurse staffing, intended to apply uniformly across health services.

Çelik, S. Ş., Azize Atli Özbaş, Mustafa Sabri Kovancı, Savaş, H., & Çelik, Y. (2022). Experience and views of nurses on nursing services and personal protective equipment in Covid-19 pandemic the case of turkey: A cross-sectional study. *Journal of Nursing Management*, 30(5), 1136-1146. doi:<https://doi.org/10.1111/jonm.13625>

BackgroundDuring the COVID-19 pandemic, there were difficulties in planning the nursing workforce and personal protective equipment.**Aim**The purpose of this study was to identify the experiences and views of nurses on personal protective equipment use and nursing workforce planning in Turkey.**Methods**This descriptive and cross-sectional study was conducted between 23 December 2020 and 3 May 2021, among 362 nurses who agreed to participate in this study voluntarily.**Results**The findings showed that the satisfaction scores were significantly higher for those nurses who worked in 8-h shifts, were not assigned to different clinics, were notified by an official letter and 1 week or month in advance before assignment compared with nurses in other categories.**Conclusions**The problems that have arisen in the COVID-19 pandemic process have made it clear that there is a need for a nursing services management model in the event of an epidemic.**Implications for Nursing Management**This study reveals the need for the 'Nursing Services Management Model in the Event of an Epidemic' by discussing the problems of nurse workforce planning and protective personal equipment management from the perspective of nurses who experienced these problems at first hand.

Salvador, J. T., Alqahtani, F. M., Sauce, B. R. J., Alvarez, M. O. C., Rosario, A. B., Reyes, L. D., . . . Schonewille, M. A. P. (2022). Development of student survey on writing nursing care plan: An exploratory sequential mixed-methods study. *Journal of Nursing Management*, 30(5), O23-O36. doi:<https://doi.org/10.1111/jonm.12996>

AimTo come up with a newly developed survey tool that will measure the students' level of quality in writing nursing care plans (NCPs).**Background**Exploring various challenges of students in writing NCP would enlighten educators to design innovative strategies on how to mitigate gaps between nursing education and practice.**Methods**This study utilized an exploratory sequential mixed-methods design in three stages. In phase 1, qualitative semi-structured interviews of 22 students were conducted, and the data were analysed using the Colaizzi method. In phase 2, qualitative results were transformed into survey components, constructs and items, and the data were developed into a new survey tool based on the nursing process system (NPS) model. In phase 3, a quantitative cross-sectional survey of 195 nursing students was conducted to measure their level of quality in writing NCP, and the data were analysed using descriptive statistics of the SPSS software.**Results**In the first (qualitative) phase, five themes emerged from various challenges of nursing students in writing care plans: (a) data gathering; (b) identifying clients' problems; (c) formulating sustainable goals; (d) providing appropriate interventions; and (5) recognizing client's outcomes. In the second phase, a valid and reliable tool called the Student Survey on Writing Nursing Care Plan (SSW-NCP) was developed and tested. Lastly, in the third (quantitative) phase, the nursing students have shown a 'very good' level of quality in writing NCP.**Conclusion**Determining students' level of quality in writing NCP would come up with comprehensive ways of improving student competencies in patient care management.**Implications for Nursing Management**The survey tool that is formulated from the study will provide relevant information for nurse educators and managers in managing students' and registered nurses' capabilities in writing an excellent care plan.

Kim, J., Jai-Yon Lee, & Lee, E. (2022). Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *Journal of Nursing Management*, 30(5), O1-O9. doi:<https://doi.org/10.1111/jonm.12928>

AimTo analyse patient factors and nurse staffing-related issues involving hospital-acquired pressure ulcers in patients at two types of hospital.**Background**Hospital-acquired pressure ulcers are important for the safety of hospitalized patients. Hospital-acquired pressure ulcers not only cause health problems, but also pose an economic burden to patients. In addition to patient factors such as mobility and skin integrity, hospital factors such as nurse staffing can also affect the management of such patients.**Methods**This study is a retrospective review of patient data and analysis of factors related to hospital-acquired pressure ulcers using stratified Cox proportional hazards regression.**Results**A total of 53,923 patients were included. The incidence of hospital-acquired pressure ulcers was 0.98 per 1,000 days. Hospital-acquired pressure ulcers were affected by gender, age, previous falls, low oxygen levels, positioning and toilet use. When the levels of nurse staffing were determined as one of the hospital factors,

the daily hours of patient care was increased thereby contributing to the reduced incidents of hospital-acquired pressure ulcers. Conclusion Strategies for preventing hospital-acquired pressure ulcers should be based on the analysis of risk factors. Implications for Nursing Management Most individual risk factors for hospital-acquired pressure ulcers identified cannot be modified easily in a short time. Nurse staffing should be set at adequate levels to prevent hospital-acquired pressure ulcers.

Fidel López-Espuela, Beatriz Rodríguez-Martin, Jesús Lavado García, Rosaura Toribio-Felipe, Francisco Javier Amarilla-Donoso, Rodríguez Almagro, J. J., . . . José María Moran-García. (2022). Experiences and mediating factors in nurses' responses to electronic device alarms: A phenomenological study. *Journal of Nursing Management*, 30(5), 1303-1316. doi:https://doi.org/10.1111/jonm.13614

Aim This study aims to explore the experiences and mediating factors of nurses' responses to electronic device alarms in critical care units (CCUs). **Background** Alarm fatigue occasionally has adverse consequences for patient safety. **Methods** This qualitative study was designed and analysed following Giorgi's descriptive phenomenological approach. Seventeen nurses were theoretically sampled, reaching information saturation. Semistructured interviews were used to collect the data. **Results** Three central themes explained nurses' experiences: general perceptions about alarms (basic equipment of the CCU), strategies to reduce false alarms (training in the configuration of monitors, customization of the alarms to fit the patient's condition, teamwork and taking advantage of the development of technology) and key elements of the response to alarms (information about patient's condition, nurses' clinical experience, type of CCU, 'cry-wolf' phenomenon and nurse/patient ratio). **Conclusions** To reduce false alarms, nurses need further postgraduate training, training on monitors and customizing alarms to fit the patient's health status. The complex process of deciding to respond to an alarm includes environmental, professional variables and patient status. **Implications for Nursing Management** Nurse managers should ensure that nurses have sufficient experience and training in the CCU, improve the nurse/patient ratio, promote teamwork and ensure that the devices are the latest generation.

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