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SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S1	journal of nursing management	Ebook Central, Public Health Database, Publicly Available Content Database	182016*

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

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

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ABSTRACT (ENGLISH)

Aims

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

Background

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

Methods

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

Results

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

Conclusion

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

Implications for Nursing Management

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

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

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ABSTRACT (ENGLISH)

Objectives

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

Research Design

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

Results

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

Conclusion

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

Implications for Nursing Management

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

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Nursing rounds: A quality improvement project to improve outpatient satisfaction

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Method

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

Results

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

Conclusions

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

Implications for Nursing Management

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

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Human-centred leadership in health care: A contemporary nursing leadership theory generated via constructivist grounded theory

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for nursing management

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

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Behavioural changes in medication safety: Consequent to an action research intervention

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Method

Two cycles of action research were implemented. Data were collected through pre- and post-medication safety

surveys, unstructured interviews and field notes. Staff in the emergency department worked together to progress the study cycles.

Results

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

Conclusions

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

Implication for Nursing Management

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

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The professional activities of nurse managers in Chinese hospitals: A cross-sectional survey in Hunan province

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ABSTRACT (ENGLISH)

Objective

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

Background

Nurse managers are responsible for the management of almost all nursing activities in Chinese hospitals.

Understanding how nurse managers operationalize their role and their perceptions of the importance of each activity is essential for clarification of their role and the competencies required to perform it.

Methods

A cross-sectional questionnaire survey.

Results

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

Conclusions

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

Implications for nursing management

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

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Differences in the effects of organisational climate on burnout according to nurses' level of experience

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Method

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

Results

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

Conclusions

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

Implications for Nursing Management

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

Improving the quality of nursing care in Austria: 10 years of success

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ABSTRACT (ENGLISH)

Aims

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

Background

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

Methods

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

Results

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

Conclusion

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

Implications for Nursing Management

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

Predictors of job satisfaction of registered nurses providing care for older adults

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ABSTRACT (ENGLISH)

Background

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

Purpose

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

Methods

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

Results

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

Conclusion

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

Implications

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

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The relationship between nurses' job crafting behaviours and their work engagement

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for nursing management

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

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Factors associated with the provision of individualized care during hospitalization: A systematic review

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

A total of 6,330 articles were retrieved, of which 13 fulfilled the inclusion criteria. The provision of individualized care

was influenced by the nurses' personal characteristics (academic training, being a specialist, age, professional experience, personal motivation, empathy and culture) and by organisational factors (staff ratio, routinization and standardization of care, autonomous professional practice, leadership and positive work environment).

Conclusions

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

Implications for Nursing Management

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

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Cultivating ethical leadership in the recovery of COVID-19

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Evaluation

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

Discussion

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

Conclusion

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

Implications for Nursing Management

Fostering ethical nurse leadership requires careful and sensitive planning, as well as charismatic, compassionate and inspirational leaders. Supporting staff through respect, empathy, role modelling and genuine conscientiousness

is essential for increasing job performance and sustaining an ethical work environment.

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The association between supervisor support and ethical dilemmas on Nurses' intention to leave: The mediating role of the meaning of work

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusion

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

Implications for Nursing Management

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

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Nursing turnover intentions: The role of leader emotional intelligence and team culture

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusion

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

Implications for nursing management

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

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Perspectives and experiences of Chinese nurses on quality improvement initiatives: A mixed-methods study

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for Nursing Management

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

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Spiritual care competence and its relationship with self-efficacy: An online survey among nurses in mainland China

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ABSTRACT (ENGLISH)

Aims

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

Backgrounds

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

Methods

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

Results

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

Conclusions

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

Implications for Nursing Management

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

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A new approach to the prevention of nursing care rationing: Cross-sectional study on positive orientation

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ABSTRACT (ENGLISH)

Aims

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for nursing management

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

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A multilevel analysis of the impact of group organisational citizenship behaviour on nurse–patient relationship: The mediating effect of work engagement and the moderating effect of emotional intelligence

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Method

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

Results

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

Conclusions

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

Implications for Nursing Management

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

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Corrigendum

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

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

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

Background

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

Evaluation

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

Key issues(s)

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

Conclusions

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

Implications for nursing management

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

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Factors associated with the psychological well-being among front-line nurses exposed to COVID-2019 in China: A predictive study

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ABSTRACT (ENGLISH)

Aims

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

Background

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

Methods

With a predictive study design, a same survey was sent separately at two time points (i.e. before and after nurses worked at COVID-19 units) between January and March 2020 among 356 front-line nurses in First Affiliated Hospital of Bengbu Medical College, Anhui, China.

Results

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

Conclusion

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

Implications for nursing management

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

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A qualitative exploration of the experiences of doctors, nurses and pharmacists regarding medication management in outpatient setting

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for Nursing Management

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

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Predictors of toxic leadership behaviour among nurse managers: A cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

A descriptive, cross-sectional design was used. Two hundred and forty nurse managers from ten hospitals in the

Central Philippines were included in the study. Data were collected using the Nurse Information Form and the Toxic Leadership Behaviours of Nurse Managers Scale (ToxBH-NM). Hierarchical multiple regression was used to analyse the data collected.

Results

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

Conclusions

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

Implications for Nursing Management

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

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Effective workforce planning: Understanding final-year nursing and midwifery students' intentions to migrate after graduation

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

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

Background

With expanding global staff shortages, effective recruitment and retention strategies targeted at new

nursing/midwifery graduates are necessary. Understanding factors that influence graduates' decisions to migrate or remain in the health care organisation that supported their education is essential but under-researched.

Methods

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

Results

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

Conclusion

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

Implications for nursing/midwifery management

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

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Nursing in the United Arab Emirates: Current challenges and opportunities

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Correlates of post-traumatic growth among nursing professionals: A cross-sectional analysis

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ABSTRACT (ENGLISH)

Aims

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

Background

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

Method

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

Results

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

Conclusions

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

Implication for Nursing Management

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

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Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study

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ABSTRACT (ENGLISH)

Aim

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

Background

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

Methods

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

Results

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

Conclusions

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

Implications for Nursing Management

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

Bibliography

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

Tu, J., Xiao, M., & Chan, F. (2021). Indispensable outsiders: A qualitative study of the working experiences of hospital care workers in china. *Journal of Nursing Management*, 29(2), 268-276.
doi:<https://doi.org/10.1111/jonm.13149>

AimsTo explore the working experiences of Chinese hospital care workers from their own perspectives.
BackgroundMany countries face an increasing demand for nursing care and an acute shortage of registered nurses. As a result, much of the care work at hospitals is delegated to assistant staff, such as care workers.
MethodsData were collected by semi-structured interviews with 22 hospital care workers in three hospitals of Guangzhou City, China. Thematic analysis was used to analyse the data.
ResultsHospital care workers are mainly rural-to-urban migrant women, partaking in caregiver jobs to make a living. They play a significant role in the hospital to aid patients as well as nurses. Hospital care workers experience a sense of ambiguity towards their job, viewing it as “low” and “isolated”, yet at the same time, “acceptable” and “helping”.
ConclusionHospital care workers are a workforce that is not well supported, trained or regulated. Their working experiences suggest that attention needs to be given to protecting this vulnerable group.
Implications for Nursing ManagementThe working conditions of hospital care workers should be improved. Hospital care workers need improved status, increased rewards, and channels for further training and opportunities for continued career advancement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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