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TABLE OF CONTENTS

Search Strategy.....	iii
1. Exploring the nurse navigator role: A thematic analysis.....	1
2. Advanced practice registered nurses' work environment perceptions in hospitals: A cross-sectional survey.....	1
3. Design and evaluation of the bed-cleaning mobile application.....	2
4. Advanced practice nurses' experiences and well-being: Baseline demographics from a cohort study.....	3
5. Application of inter-professional care model in patients with aneurysmal subarachnoid haemorrhage.....	4
6. A hermeneutic–phenomenological study of paediatric intensive care unit nurses' professional identity following hospital redesign: Lessons learned for managers.....	5
7. General phenomenon and communication experience of physician and nurse in night shift communication: A qualitative study.....	6
8. Translation and psychometric validation of the Chinese version of the Emotional Labour Scale for nurses	7
9. Nurses' perceptions of systems thinking and safe nursing care: A cross-sectional study.....	7
10. Nurses' views on workload, care rationing and work environments.....	8
11. A case-crossover study of age group differences in objective working-hour characteristics and short sickness absence.....	9
12. Nurses' work characteristics and self-assessment of the work environment—Explorative cross-sectional study.....	10
13. British South Asian male nurses' views on the barriers and enablers to entering and progressing in nursing careers.....	11
14. Strategies for controlling violence against health care workers: Application of fuzzy analytical hierarchy process and fuzzy additive ratio assessment.....	12
15. The methodology for developing nursing clinical practice guidelines over recent decades in China: A critical appraisal using AGREE II.....	13
16. Generational preferences in the nursing work environment: A dimensional concept analysis.....	14
17. Development and psychometric testing of the toxic leadership behaviors of nurse managers (ToxBH-NM) scale.....	14
18. A study on the relationship between nurses' compulsory citizenship behaviours and job stress.....	15
19. Can brand theory help re-position the brand image of nursing?.....	16
20. Effects of social undermining in families on deviant workplace behaviours in Pakistani nurses.....	17
21. New graduate registered nurses' experiences with psychological safety.....	18
22. Factors associated with workplace fatigue among midwives in southern China: A multi-centre cross-sectional study.....	19
23. Positive spiritual climate supports transformational leadership as means to reduce nursing burnout and intent to leave.....	20
24. Leading nursing beyond 2020 – the challenge and the opportunity.....	21
Bibliography.....	22

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.

Exploring the nurse navigator role: A thematic analysis

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ABSTRACT (ENGLISH)

Background

Patients with complex chronic conditions experience fragmentation of care, unnecessary hospitalization and reduced quality of life, with an increased incidence of poor health outcomes.

Aim(s)

The aim of this paper was to explore how nurse navigators manage client care. This was achieved through an examination of narratives provided by the nurse navigator that evaluated their scope of practice.

Method(s)

All nurse navigators employed by Queensland Health were invited to participate in a study evaluating the effectiveness of the service. Eighty-four self-reported vignettes were thematically analysed to understand the work from the nurses' perspectives.

Results

Two themes emerged from the vignettes. Theme 1, the layers of complexity, is comprised of three sub-themes: the complex patient, the complex system and patient outcomes. Theme 2, professional attributes, has two sub-themes: person-centred care and clinical excellence.

Conclusion

Navigators innovatively integrate services and address the fragmented nature of the health system. They apply expert clinical and social skills, through consistent and robust communication, to meet the needs of those with multiple chronic conditions.

Implications for nursing management

Results provide insight into the new role, illuminating the work they achieve, despite system complexities.

Advanced practice registered nurses' work environment perceptions in hospitals: A cross-sectional survey

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ABSTRACT (ENGLISH)

Aim

To examine work environment differences between hospital certified nurse practitioners (CNPs) and certified registered nurse anaesthetists (CRNAs).

Background

Nurse work environments impact patient and nurse outcomes. How differing advanced practice nurse (APRN) roles influence work environments is unknown.

Methods

Multi-level cross-sectional survey design. APRNs ($n = 490$) completed the APRN Organizational Climate Questionnaire and Psychological Ownership Questionnaire. Nurse executives ($N = 24$) reported on Scope of Practice and Institutional Voice. Descriptive, t test, chi-square and linear and mixed-effects regression statistical analyses were employed.

Results

CNPs reported better organisational climate and job ownership than CRNAs. The largest effects involved relationships with physicians, control over practice and independent practice. Among CNPs, a significant positive relationship was observed between relations with physicians and work engagement. In CRNAs, a similar positive relationship between physician relations and work engagement was only observed for those working in higher scope of practice settings, not for those working in more restrictive settings.

Conclusions

Significant differences exist in the perceived work environments between CNPs and CRNAs that may be related to differences in job design and historical relations with physician colleagues.

Implications for Nursing Management

Efforts to improve APRN work environments in hospital settings should consider differing CRNA and CNP perspectives.

Document 3 of 24

Design and evaluation of the bed-cleaning mobile application

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ABSTRACT (ENGLISH)

Aim

To develop a mobile application (App) that enhances bed-cleaning management.

Background

Bed cleaning affects clinical work in hospitals. The nursing department needed an App to enhance bed-cleaning management, especially one on the status of all beds to be cleaned.

Methods

Bed-Cleaning App (BedCApp) was developed. Then, a survey was administered to 50 BedCApp users.

Results

BedCApp helped the administrative staff and nurse managers in adjusting their workload effectively. A complete presentation of beds to be cleaned and reminders were found to be the most satisfactory features. The average time from receiving the notice to completing bed cleaning was shortened by 25.5 min. The user satisfaction survey comprised 50 valid questionnaires, with a satisfaction rate of 3.6/5.

Conclusion

BedCApp provides the actual workload status; therefore, the administrative staff and nurse managers can optimize the workload during rush hours. The software is user-oriented, with good user acceptance.

Implications for Nursing Management

Proactive workload management would improve outcomes during rush hours and avoid interference in clinical care. The user interfaces for the elderly staff has special design—simple to use, larger font size than that in the interface for non-elderly staff and workflow reminders.

Document 4 of 24

Advanced practice nurses' experiences and well-being: Baseline demographics from a cohort study

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ABSTRACT (ENGLISH)

Aims

To create a cohort of advanced practice nurses from across the UK and to report the initial questionnaire including demographics, work experiences and well-being.

Background

In the UK, advanced nursing practice is not regulated. This has led to the concern that advanced nurses are working in very different ways with different levels of autonomy and support.

Methods

Participants were recruited via university and Royal College of Nursing mailing lists, and social media adverts. They completed the initial questionnaire about their background and workplace, work experiences, credentialing and well-being.

Results

A total of 143 nurses were recruited to the cohort and 86 completed the survey. Over 40 job titles were reported, across five pay bands. Job title was not correlated with pay band ($p = .988$). Participant well-being was not significantly different from the UK general population, but they reported high rates of work-related stress (44.2%) compared with the National Health Service national average (37.9%).

Conclusion

There is a wide disparity in pay, which is not reflected in title or setting. The high levels of work-related stress require further exploration.

Implications for nursing management

The range of experiences reported here should encourage managers to evaluate whether title, pay and support mechanisms for Advanced Practice Nurses in their organisations align with suggested national standards set by Royal Colleges and government departments.

Document 5 of 24

Application of inter-professional care model in patients with aneurysmal subarachnoid haemorrhage

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Objective

To explore the feasibility and effect of the inter-professional care model in patients with aneurysmal subarachnoid haemorrhage.

Methods

A convenient sampling method was used to recruit inpatients of a hospital as subjects from July 2016 to July 2018. According to the even/odd attribute of admission number, subjects were divided into a control group and an observation group. The number of recruited subjects was 311: the control group comprised 135 participants and the observation group 176. The average length of hospital stay, hospital fees, quality of life, and satisfaction with the quality of nursing were compared between the two groups. SPIRIT checklist was completed (see File S1).

Results

After intervention, patients in the observation group had shorter average hospital stay (15.98 ± 2.7), lower hospital fees ($81,018 \pm 1.3$), higher satisfaction with the quality of nursing (98.3%), lower incidence of complications (19.89%), improved ability to perform activities of daily living, and lower rate of disease outcome and re-admission,

with statistically significant differences from the control group ($p < .05$).

Conclusion

The application of inter-professional care model in single disease patients with aneurysmal subarachnoid haemorrhage can shorten the average hospital stay, reduce hospital fees, improve the quality of life of patients, and increase patients' satisfaction with the quality of nursing, which is worthy of clinical promotion and application.

Implications for nursing management section

Nursing managers can use this model to improve the ability to ensure coordination between medical professionals and integrate the ability of nursing problems, the ability to make rational distribution of nursing human resources, and the ability of critical thinking. It can be used as reference to improve the nursing management of all kinds of single diseases.

Document 6 of 24

A hermeneutic–phenomenological study of paediatric intensive care unit nurses' professional identity following hospital redesign: Lessons learned for managers

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ABSTRACT (ENGLISH)

Aim

To provide insights for health care managers by exploring paediatric intensive care unit nurses' lived experience of professional identity in the context of organisational change.

Background

While professional identity improves retention of nurses and provision of quality care, outcomes of importance for managers, organisational change perturbs this identity.

Method

The study used a hermeneutic–phenomenological design. Data were collected via individual interviews, photographs, participant observation and document review. A purposive sampling strategy was used to recruit paediatric intensive care unit nurses ($n = 15$) in a large Canadian paediatric hospital.

Results

Nurses' critical care identity eroded in this organisation due to the interplay between hospital redesign and new eligibility criteria for patient admissions.

Conclusion

Interactions between multiple projects and the unit context, as well as nursing professional identity, need to be considered early on during project planning. This study fills an important gap in research concerning the management challenges brought about by the intersection of multiple changes.

Implications for Nursing Management

The results from this study bring to light three important lessons for nurse managers: 1) the specific unit context should be evaluated before a project is initiated; 2) the physical environment needs to be considered when determining staffing requirements; and 3) identity transitions need to be managed.

Document 7 of 24

General phenomenon and communication experience of physician and nurse in night shift communication: A qualitative study

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ABSTRACT (ENGLISH)

Aim

This paper explored the general phenomenon and psychological experience of the special background communication in night shift medical staff and provides better reference for night shift communication between doctors and nurses.

Background

Physician–nurse communication has always been an important agenda for health care work and an important concept in nursing theory. During night shifts, effective doctor and nurse communication can enhance mutual trust, provide timely and appropriate medical services to patients, reduce adverse events and enhance patient safety.

Design

A qualitative study was conducted.

Methods

Husserl's descriptive phenomenology method and semi-structured in-depth interviews were used to collect data from 8 nurses and 5 doctors. Colaizzi's method was used to analyse data using MAXQDA 12. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was followed (see Appendix S1).

Results

Three themes were extracted after sorting out and refining: the need to achieve goals in night-time physician–nurse communication; obstacles in night-time physician–nurse communication; and relationship culture in night-time physician–nurse communication.

Conclusion

Attention should be paid to the particularity of night shift and efficiency of achieving the goal of communication between doctors and nurses on night shift, and the hidden obstacles behind communication between doctors and nurses. Managers should pay attention to the cultural construction of night shift communication in the system, form a good night shift communication process and regularly train doctors' and nurses' related communication skills. And they should also study relationship culture rationally to improve the communication efficiency of night shift.

Implications for nursing management

The experiences described in this study contribute to a better understanding of obstacles hidden behind night shift

physician–nurse communication. This also provides valuable information to professional managers who develop good doctor–nurse relationship culture.

Document 8 of 24

Translation and psychometric validation of the Chinese version of the Emotional Labour Scale for nurses

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Objective

To translate and psychometrically validate the Emotional Labour Scale (ELS) for nurses in China.

Background

Emotional labour is an indispensable component of nursing practice. We currently lack a standard instrument to assess nurses' emotional labour that fits the nursing context in China.

Method

Using convenience sampling, 561 nurses were recruited from five tertiary comprehensive hospitals. Internal consistency reliability, test–retest reliability, split-half reliability, face validity, content validity, criterion validity and construct validity were used to evaluate the psychometric attributes of the scale.

Results

Exploratory factor analysis verified a three-factor scale structure with a cumulative variance contribution of the factors of 61.281%. The three factors were 'emotional control effort in profession,' 'patient-focused emotional suppression' and 'emotional pretence by norms.' Cronbach's alpha values were 0.881, 0.807 and 0.764, respectively. Confirmatory factor analysis results indicated that the three factors were consistent with the original scale structure.

Conclusion

The C-ELS for nurses is a reliable and valid instrument with satisfactory psychometric properties. Future studies should recruit a more representative sample of nurses in China to verify the applicability of the scale.

Implications for nursing management

A reliable and quantitative instrument is available for leaders to evaluate clinical nurses' emotional labour and establish effective emotional labour management strategies based on the measurement results.

Document 9 of 24

Nurses' perceptions of systems thinking and safe nursing care: A cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To assess nurses' perceptions of systems thinking, safe nursing care and the correlation between them.

Background

Systems thinking and safe nursing care are the key elements of quality improvement approaches, such as accreditation and patient safety programmes. However, these two variables have not been well studied in different health care settings.

Methods

In this cross-sectional study, 300 nurses were selected using the stratified random sampling method. The data were collected using a demographic data form, systems thinking scale and assessment of safe nursing care questionnaire.

Results

The scores of nurses' perceptions of systems thinking (63.25 ± 9.20) and safe nursing care (4.13 ± 0.60) were above average. A positive correlation was found between systems thinking and safe nursing care ($r = .66, p < .001$), and its dimensions: nursing skills ($r = .61, p < .001$), psychological needs ($r = .56, p < .001$), physical needs ($r = .51, p < .001$) and teamwork ($r = .56, p < .001$).

Conclusion

Regarding the correlation between systems thinking and safe nursing care, nurses and other medical professionals, especially novices, are recommended to strengthen their systems thinking skills to improve the safe nursing care.

Implications for Nursing Management

Nurse managers should deal with organisational condition and factors affecting some poor aspects of systems thinking and safe nursing care. They must lead, support and allocate resources to the foundations of systems thinking to achieve safe nursing care.

Document 10 of 24

Nurses' views on workload, care rationing and work environments

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ABSTRACT (ENGLISH)

Aims

The article examines nurses' experiences to institutionally enforced choices they must make regarding what patient care will be left undone. Cognitive dissonance theory is used to discuss how missed care is reconciled with the nurses' sense of professionalism and feelings of compassion.

Background

Research into missed nursing care and care rationing is increasing, with an awareness that it impacts on nurses' coping ability.

Methods

In-depth video and telephone interviews were conducted with four experienced nurses who were asked to describe how they made choices regarding required patient care and how they managed care under workload pressures.

Results

Thematic analysis of interview narratives revealed four key themes describing the experiences of nurses managing their work: compromising care; incongruity between professional standards and organisational resources; emotional exhaustion; and depersonalization.

Conclusions

Nurses expressed concerns that their professional values regarding patient care are being lost in a quest to achieve financial targets. It raises questions regarding ethical and psychological dilemmas created for workers by work intensification.

Implications for Nursing Management

Financial effectiveness negatively impacts on nurses' emotional and clinical well-being cannot be easily dismissed, given that cognitive dissonance arises from attempting to provide quality care of patients whilst meeting organisational financial targets.

Document 11 of 24

A case-crossover study of age group differences in objective working-hour characteristics and short sickness absence

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To investigate age group differences in objective working-hour characteristics and their associations with short (1–3 days) sickness absence.

Background

Irregular working hours, that is shift work with non-standard schedule, may influence sickness absence rates in hospital workers.

Methods



We collected daily working hours and the first incidence of short sickness absence from the employers' electronic records from 2008 to 2017. A case-crossover study compared the characteristics of the working hours 28 days preceding the sickness absence (exposure window) and 28 days earlier (control window) across 10-year age groups (conditional logistic regression for odds ratios (OR) with 95% confidence intervals (95% CI)).

Results

Younger employees had longer working hours and more night and consecutive shifts. Extended weekly working hours were associated with short sickness absence in all age groups. Age-related differences were few: extended working hours among oldest age group (OR: 1.01, 95% CI: 1.00–1.01) and daily working hours in the youngest and middle-age groups (Ors: 1.14–1.17) were associated with increased sickness absence.

Conclusions

Length of working hours, and night and consecutive shifts differed between age, but the associations with short sickness absence were similar across all age groups.

Implications for Nursing Management

Among older employees, the length of working hours should be paid special attention.

Document 12 of 24

Nurses' work characteristics and self-assessment of the work environment—Explorative cross-sectional study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The aim of the study was to explore the characteristics of nursing work and the correlation with the conditions in nurses' work environment.

Background

Although the correlation between nurses' work characteristics and the safety of health care provision has been confirmed, nurses continue to work in discouraging environments.

Method

A cross-sectional study was conducted. A total of 1,744 nurses from 16 Slovenian hospitals participated. Variables included the following: work characteristics, ergonomic conditions at work, the prevalence of low back pain and self-assessment of conditions in the work environment.

Results

One nurse was responsible for 17.90 patients per shift ($SD = 13.615$), shifts were understaffed in 42.9% of cases, and technical assistive devices were available in 30% of cases. Job demands were explained with number of patients/shift ($p < .001$), job satisfaction ($p < .001$), availability of assistive devices ($p = .001$) and the female gender ($p = .001$). Decision authority was low and explained with a non-leadership position ($p < .001$), educational achievement ($p < .001$), dissatisfaction with the job ($p < .001$) and the male gender ($p = .008$).

Conclusion

A safe patient-to-nurse ratio, job satisfaction, availability of assistive devices and fostering decision authority turned out to be important in our study.

Implications for Nursing Management

Europe is facing an increasing shortage of nurses, so actions for reducing nurse overload and encouraging decision authority are extremely important both for nurses and for patients. Participative leadership and ensuring gender equality in nursing are vital.

Document 13 of 24

British South Asian male nurses' views on the barriers and enablers to entering and progressing in nursing careers

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To ascertain British South Asian male nurses' views on the barriers and enablers to entering and progressing in nursing education and careers.

Background

There is a shortage of men from Black, Asian and Minority Ethnic groups in the National Health Service nursing workforce. There is a dearth of evidence on the views of British south Asian men on this subject.

Methods

A qualitative interpretative intersectional approach was used to carry out one-to-one interviews ($n = 5$) with British South Asian male nurses using a semi-structured topic guide. Interviews took place between July 2018 and February 2019, across England. A framework analysis approach was used to analyse the interview transcripts.

Results

The main themes emerging as barriers were as follows: poor pay and conditions; negative immediate, extended family, community views; and a lack of knowledge and awareness of the nursing profession. The main themes emerging as enablers were as follows: personal circumstances (including role models) and ethnicity (including the role of religion and masculinity).

Conclusion

Findings suggest that the intersection between ethnicity and gender presents as an important enabler, as well as inhibitor, for British South Asian men. Nursing careers and salient barriers exist at a systemic level and include institutional racism.

Implications for Nursing Management

- Managers review policies and practice on unconscious bias and institutional racism in the recruitment, retention and progression of British South Asian men.

- Employers provide continuous professional development including mentoring support to help career progression for these men.
- Human resources colleagues develop culturally specific interventions to reduce the stigma associated with the nursing profession in the British South Asian community.
- Nurse recruitment colleagues consider places of worship as venues for delivery of these interventions when promoting nursing.

Document 14 of 24

Strategies for controlling violence against health care workers: Application of fuzzy analytical hierarchy process and fuzzy additive ratio assessment

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ABSTRACT (ENGLISH)

Objective

The present study aimed to identify and prioritize control measures of violence against health care workers (HWs) using the fuzzy analytical hierarchy process (FAHP) and fuzzy additive ratio assessment (ARAS-F).

Background

Occupational violence is a pervasive problem in health care centres. Reducing violence against staff is one of the challenges for health care managers.

Method

At the first stage, the most common criteria and control options for violence against HWs were identified and extracted using a review of previous studies. At the next stage, criteria for selection of control measures were prioritized using the FAHP. Finally, control measures of workplace violence were prioritized using the ARAS-F method.

Results

Results of the FAHP indicated that safety and efficiency were the most important criteria. Results of the ARAS-F also revealed that 'increasing number of security personnel' and 'training staff' were the best recommendations for controlling violence against HWs.

Conclusion

Based on expert's opinions, administrative measures are the optimal ways to control violence at health centres;

therefore, it is suggested that violence control programmes should be more focused on administrative measures.

Implications for Nursing Management

These results could assist nursing management to take best strategies for controlling occupational violence based on multi-criteria decision-making methods.

Document 15 of 24

The methodology for developing nursing clinical practice guidelines over recent decades in China: A critical appraisal using AGREE II

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To appraise the quality of current nursing clinical practice guidelines (N-CPGs) in China and explore the methodology for N-CPGs development.

Background

Implementation of quality improvement projects based on N-CPGs has becoming an hot topic for nursing with proliferation in the number of N-CPGs in China in recent years. The methodology for developing N-CPGs is worthy of exploration.

Methods

A systematic literature search was performed using PubMed, CINAHL, Web of Science, CNKI, Wanfang, VIP and CBM and relevant representative guidelines repositories from inception to July 31, 2019. Two authors independently selected eligible guidelines and performed data extraction. Four appraisers independently assessed the quality of the N-CPGs using the AGREE II tool.

Results

20 N-CPGs were eventually included in this review. After AGREE II appraisal, the final domain scores ranged between 0.00 and 83.33%. When comparing the total domain scores, "Scope and purpose" and "Clarity of presentation" scored highest with a total of 63.89 (59.37–69.79) (%), median, interquartile range (IQR)), and 63.89 (58.33–75.70) (%), respectively. "Editorial independence" obtained the lowest ranking with a total score of 0 (0–81.25) (%). The total scores of "Stakeholder involvement", "Rigour of development", "applicability" and "editorial independence" were lower than 50%.

Conclusion

The quality of N-CPGs in China is not very high and the process of guideline development still needs to improve.

Implications for Nursing Management

N-CPGs are important documents used to guide nursing quality improvement. High quality N-CPGs are beneficial for nursing management.

Document 16 of 24

Generational preferences in the nursing work environment: A dimensional concept analysis

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The purpose of this dimensional concept analysis was to identify preferences for favourable nursing work environments by Baby Boomer, Generation X and Millennial nurses.

Background

Favourable nursing work environments have been associated with better nurse and patient outcomes. Researchers have reported differences among generations related to the work environment, but the extent to which there are differences in preferences, not just perceptions, is less certain.

Method

A dimensional concept analysis was performed, in which one concept was analysed from multiple points of view. Articles were obtained from PubMed, CINAHL and PsycINFO. Articles published in the last ten years were included if they reported preferences, desires or ideals for the nursing work environment and were categorized by generational cohort. Eight articles qualified for review.

Results

Four major themes were identified: nursing practice/unit characteristics, managers/leadership, team/professional interactions and pay/benefits. An additional theme of personal/self emerged among Millennials.

Conclusions

All generations reported preferences related to benefits/pay, manager/leadership, nursing practice/unit characteristics and team/interactions. Only Millennials reported aspects related to self.

Implications for nursing management

All generations desired the first four themes. To address each, nursing leaders should consider the following: (a) ensure adequate staffing and resources are in place for nursing staff; (b) obtain input from all generations about their level of satisfaction with benefits/pay and examine ways to provide better benefits or pay when possible; (c) encourage leadership self-development, such as educational opportunities and mentorship; and (d) determine opportunities to improve interactions among staff members. For Millennials, the only group who had expectations in the area of 'self', provide individualized attention and opportunities that allow them to create a better work-life balance, such as self-scheduling.

Document 17 of 24

Development and psychometric testing of the toxic leadership behaviors of nurse managers (ToxBH-NM) scale

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ABSTRACT (ENGLISH)

Aim

This paper describes the development and testing of the psychometric property of the Toxic Leadership Behaviors of Nurse Managers (ToxBH-NM) Scale.

Background

Toxic leadership is growing increasingly pervasive in the field of nursing. However, the current literature lacks comprehensive attempts to explain how toxic leadership disrupts work processes in the field of nursing, a reality confounded in part by the absence of a reliable and a valid scale on which to examine toxic leadership behaviours in nurse managers.

Methods

An exploratory sequential research design was used to formulate and evaluate the psychometric property of ToxBH-NM Scale. The content validity was examined by experts in nursing administration. A sample of 313 nurses from selected hospitals was recruited to assess the scale's reliability and validity. The factor structure of the newly developed scale was determined by exploratory factor analysis (EFA).

Results

Exploratory factor analysis for ToxBH-NM Scale revealed 30 items loading on four factors. The overall Cronbach's α coefficient of the scale was 0.975, and Cronbach's α coefficient ranged from 0.895 to 0.965 for the four factors. Corrected item-to-total (0.310–0.69) and item-to-item correlations (0.47–0.66) were acceptable. The Scale-content Validity Index was 0.957, and the Item-content Validity Index ranged from 0.833 to 1.000. The test-retest reliability coefficient of ToxBH-NM Scale was 0.801, with a reliability coefficient that ranged from 0.745 to 0.911 for the four factors. The four factors explained 71.84% of the observed variance.

Conclusions

ToxBH-NM Scale shows good psychometric properties and can be used to evaluate toxic leadership behaviours among nurse managers.

Implications for Nursing Management

The use of ToxBH-NM Scale can aid nurse managers in better understanding and managing their own leadership behaviours within their organisations and in fostering desirable work outcomes among employees, a positive work climate and overall organisational success.

A study on the relationship between nurses' compulsory citizenship behaviours and job stress

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ABSTRACT (ENGLISH)

Aim

To determine whether there is a relationship between compulsory citizenship behaviours and job stress among nurses working at public hospitals.

Background

Nurses may face strong pressure from their managers or peers to perform role behaviours beyond what is found in their job definition. When mandated, these extra duties are called compulsory citizenship behaviours.

Method

This descriptive study included 569 nurses who work in three hospitals. Data were analysed using descriptive statistical analyses, linearity test, Pearson's correlation analysis, simple linear regression analysis and parametric and nonparametric tests.

Results

There was a significant, strong and positive relationship between the nurses' job stress and compulsory citizenship behaviours. Statistically significant differences were found between the nurses' job stress scores according to the institution and unit they worked in and their professional experience duration.

Conclusion

This study found that nurses display compulsory citizenship behaviours and experience job stress at a high level. A significant relationship was found between these two variables.

Implications for Nursing Management

Special training programmes should be held informing managers and nurses about the negative outcomes of compulsory citizenship behaviours and positive outcomes of organisational citizenship behaviours. Appropriate opportunities and resources should be provided to cope with stress in hospital settings.

Document 19 of 24

Can brand theory help re-position the brand image of nursing?

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ABSTRACT (ENGLISH)

Aim

The current vs desired brand position of the nursing profession is examined using brand theory.

Background

The nursing brand has a long and revered image with various stakeholder groups. However, the current image frequently represents nurses as caring advocates rather than Influential Leaders who deliver, manage and administer health care services.

Evaluation

Recent quantitative field research describes perceptions of nurses' current vs desired brand position. A perceptual map illustrated a gap on the axes of *Patient-Centered Caregivers* and *Leaders in Healthcare*. Empirical literature provided the foundation for prescriptive advice, which could address potential threats and opportunities for the brand.

Key Issue

Brand theory is used to describe how nurses' current image seems at odds with nurses' role in contemporary society. The largest gap on the perceptual map was on the 'Leadership Axis', suggesting more effort is needed to change perceptions of the essential leadership role of nurses in various health care systems.

Implications for Nursing Management

The nursing profession needs to implement branding strategies, which close the gap between the current and desired brand positions. The central brand position of nurses as leaders should thread throughout practice, education, research and professional associations for effective brand repositioning to occur.

Document 20 of 24

Effects of social undermining in families on deviant workplace behaviours in Pakistani nurses

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To examine whether *negative emotions* could mediate the association linking *social undermining in families* (i.e. negative judgements that prevent the maintenance of positive familial ties) to nurses' *deviant workplace behaviours* (i.e. behaviours that disrupt the normal functioning of organisations), and whether *neuroticism* could moderate the association linking *social undermining in families* to *negative emotions* by adopting the spillover theory.

Background

This study tested a moderated mediation model based on the hospital industry in Pakistan. Negative familial stressors can disrupt work-related behaviours, but it remains unknown as to how negative emotions and personality traits can affect this family-to-work relationship.

Method

Temporally segregated survey data were collected from nurses ($n = 325$ dyads) working in the hospitals of Pakistan.

Results

Findings showed that *social undermining in families* triggered *deviant workplace behaviours* in Pakistani nurses through the mediating effect of *negative emotions*. High levels of *neuroticism* strengthened the association linking *social undermining in families* to *negative emotions*.

Conclusion

Our moderated mediated model showed that family-related stressors can “spill over” to the workplace and disrupt employee behaviours under the mediating effect of negative emotions. The perception of family-related negative emotions can also be increased among individuals with high levels of neuroticism.

Implications for Nursing Management

We recommend the establishment of social support networks and workshops for nurses to cope with the negative emotions they experienced from family and non-work domains.

Document 21 of 24

New graduate registered nurses' experiences with psychological safety

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ABSTRACT (ENGLISH)

Aim

The purpose of this study was to gain insight into new graduate registered nurses' experiences with psychological safety.

Background

Organizational learning allows acute care hospitals to consistently provide high-quality patient care. Psychological safety is critical for organizational learning. New graduate nurses in particular need to feel psychologically safe as they transition into professional nursing practice. Understanding new graduate registered nurses' experiences of psychological safety can guide leaders and others to create work environments that foster psychological safety and

organizational learning.

Method

Semi-structured interviews were conducted with 13 newly graduated registered nurses working in inpatient hospital settings. Interviews were analyzed using thematic analysis.

Results

Four primary themes featured prominently in the new graduate nurses' experiences of psychological safety: building credibility, making personal connections, feeling supported and seeking safety.

Conclusion

Understanding these themes will help nursing education programmes, nurse managers, nurse colleagues and new graduate registered nurses foster psychological safety and create environments conducive to organisational learning.

Implications for Nursing Management

All members of the health care team involved in the new graduate registered nurses' transition to practice have a role in fostering psychological safety. Additional research is needed to better understand psychological safety and how to foster it.

Document 22 of 24

Factors associated with workplace fatigue among midwives in southern China: A multi-centre cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To identify the level of workplace fatigue among midwives and factors influencing their fatigue.

Background

Midwives who play an important role in medical care are prone to experience workplace fatigue, which negatively affects their well-being and work quality.

Methods

A multi-centre cross-sectional study was conducted among 666 Chinese midwives from 38 hospitals in March 2019. Data were collected by four questionnaires of self-designed demographic questions, the Pittsburgh Sleep Quality Index, the Social Support Self-Rating Scale and the 14-item Fatigue Scale. Descriptive statistics, univariate analysis and multiple linear regression were used to analyse the data.

Results

Midwives had moderate levels of fatigue with the mean scores of physical fatigue, mental fatigue and total fatigue being 9.53, 6.25 and 15.79, respectively. Multiple linear regression results showed that sleep quality, social support,

job satisfaction, occupational injuries, adverse life events, frequency of irregular meals and employment type were statistically significant factors influencing fatigue among the participants.

Conclusions

Physical and mental fatigue were generally common among midwives and were affected by personal-related and work-related factors, sleep quality and social support.

Implications for Nursing Management

Nurse administrators have the opportunity to advocate for improved health policy under the two children rule to prevent workplace fatigue amongst midwives.

Document 23 of 24

Positive spiritual climate supports transformational leadership as means to reduce nursing burnout and intent to leave

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ABSTRACT (ENGLISH)

Aim

To explore the relationship between spiritual climate and transformational leadership, and examine their impact on nurses perceived emotional exhaustion and intentions to quit.

Background

Transformational leadership is known to have a significant positive effect on work environment and job satisfaction. Additionally, promoting spiritual climate amongst staff can benefit workers by increasing self-worth. The relationship between the two is unknown.

Methods

Nurse clinicians from 2 sites in the Jiangsu Province of China completed self-report questionnaires based on spiritual climate, emotional exhaustion, clinical leadership and Turnover Intention Scales. Mediation analysis was applied to evaluate impact of spiritual climate.

Results

Perceived positive spirituality amongst nurse clinicians reinforces transformational leadership to reduce emotional

exhaustion (indirect effect of -0.089 , $p < .01$). Burnout and intention to leave showed significantly positive correlation with lower levels of perceived spirituality ($r = .545$, $p < .01$).

Conclusion

Transformational leadership in the workplace can reduce nurses' burnout, and a positive spiritual climate increases meaningfulness in their work. This may help in nurse retention.

Implications for Nursing Management

Health care leaders must look beyond transformational leadership to maintain a positive and supportive clinical climate, and this may involve acknowledgement of nurses' spiritual needs.

Document 24 of 24

Leading nursing beyond 2020 – the challenge and the opportunity

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doi:<https://doi.org/10.1111/jonm.12997>

BackgroundPatients with complex chronic conditions experience fragmentation of care, unnecessary hospitalization and reduced quality of life, with an increased incidence of poor health outcomes.
Aim(s)The aim of this paper was to explore how nurse navigators manage client care. This was achieved through an examination of narratives provided by the nurse navigator that evaluated their scope of practice.
Method(s)All nurse navigators employed by Queensland Health were invited to participate in a study evaluating the effectiveness of the service. Eighty-four self-reported vignettes were thematically analysed to understand the work from the nurses' perspectives.
ResultsTwo themes emerged from the vignettes. Theme 1, the layers of complexity, is comprised of three sub-themes: the complex patient, the complex system and patient outcomes. Theme 2, professional attributes, has two sub-themes: person-centred care and clinical excellence.
ConclusionNavigators innovatively integrate services and address the fragmented nature of the health system. They apply expert clinical and social skills, through consistent and robust communication, to meet the needs of those with multiple chronic conditions.
Implications for nursing managementResults provide insight into the new role, illuminating the work they achieve, despite system complexities.

Schirle, L., & Dietrich, M. S. (2020). Advanced practice registered nurses' work environment perceptions in hospitals: A cross-sectional survey. *Journal of Nursing Management*, 28(4), 919-926.
doi:<https://doi.org/10.1111/jonm.13020>

AimTo examine work environment differences between hospital certified nurse practitioners (CNPs) and certified registered nurse anaesthetists (CRNAs).
BackgroundNurse work environments impact patient and nurse outcomes. How differing advanced practice nurse (APRN) roles influence work environments is unknown.
MethodsMulti-level cross-sectional survey design. APRNs (n = 490) completed the APRN Organizational Climate Questionnaire and Psychological Ownership Questionnaire. Nurse executives (N = 24) reported on Scope of Practice and Institutional Voice. Descriptive, t test, chi-square and linear and mixed-effects regression statistical analyses were employed.
ResultsCNPs reported better organisational climate and job ownership than CRNAs. The largest effects involved relationships with physicians, control over practice and independent practice. Among CNPs, a significant positive relationship was observed between relations with physicians and work engagement. In CRNAs, a similar positive relationship between physician relations and work engagement was only observed for those working in higher scope of practice settings, not for those working in more restrictive settings.
ConclusionsSignificant differences exist in the perceived work environments between CNPs and CRNAs that may be related to differences in job design and historical relations with physician colleagues.
Implications for Nursing ManagementEfforts to improve APRN work environments in hospital settings should consider differing CRNA and CNP perspectives.

Li-Chuan Hung, Jen-Yu Yang, Mei-Chun Chen, Hsiu-Lan Chang, Chiou-Yun Ku, & Ting-Wei Hou. (2020). Design and evaluation of the bed-cleaning mobile application. *Journal of Nursing Management*, 28(4), 771-776.
doi:<https://doi.org/10.1111/jonm.12900>

AimTo develop a mobile application (App) that enhances bed-cleaning management.
BackgroundBed cleaning affects clinical work in hospitals. The nursing department needed an App to enhance bed-cleaning management, especially one on the status of all beds to be cleaned.
MethodsBed-Cleaning App (BedCApp) was developed. Then, a survey was administered to 50 BedCApp users.
ResultsBedCApp helped the administrative staff and nurse managers in adjusting their workload effectively. A complete presentation of beds to be cleaned and reminders were found to be the most satisfactory features. The average time from receiving the notice to completing bed cleaning was shortened by 25.5 min. The user satisfaction survey comprised 50 valid questionnaires, with a satisfaction rate of 3.6/5.
ConclusionBedCApp provides the actual workload status; therefore, the administrative staff and nurse managers can optimize the workload during rush hours. The software is user-oriented, with good user

acceptance. Implications for Nursing Management Proactive workload management would improve outcomes during rush hours and avoid interference in clinical care. The user interfaces for the elderly staff has special design—simple to use, larger font size than that in the interface for non-elderly staff and workflow reminders.

Wood, E., King, R., Robertson, S., Allmark, P., Senek, M., Tod, A., & Ryan, T. (2020). Advanced practice nurses' experiences and well-being: Baseline demographics from a cohort study. *Journal of Nursing Management, 28*(4), 959-967. doi:<https://doi.org/10.1111/jonm.13030>

AimsTo create a cohort of advanced practice nurses from across the UK and to report the initial questionnaire including demographics, work experiences and well-being. **Background**In the UK, advanced nursing practice is not regulated. This has led to the concern that advanced nurses are working in very different ways with different levels of autonomy and support. **Methods**Participants were recruited via university and Royal College of Nursing mailing lists, and social media adverts. They completed the initial questionnaire about their background and workplace, work experiences, credentialing and well-being. **Results**A total of 143 nurses were recruited to the cohort and 86 completed the survey. Over 40 job titles were reported, across five pay bands. Job title was not correlated with pay band ($p = .988$). Participant well-being was not significantly different from the UK general population, but they reported high rates of work-related stress (44.2%) compared with the National Health Service national average (37.9%). **Conclusion**There is a wide disparity in pay, which is not reflected in title or setting. The high levels of work-related stress require further exploration. **Implications for nursing management**The range of experiences reported here should encourage managers to evaluate whether title, pay and support mechanisms for Advanced Practice Nurses in their organisations align with suggested national standards set by Royal Colleges and government departments.

Xu, J., Wu, J., & Yan, H. (2020). Application of inter-professional care model in patients with aneurysmal subarachnoid haemorrhage. *Journal of Nursing Management, 28*(4), 797-803. doi:<https://doi.org/10.1111/jonm.12993>

ObjectiveTo explore the feasibility and effect of the inter-professional care model in patients with aneurysmal subarachnoid haemorrhage. **Methods**A convenient sampling method was used to recruit inpatients of a hospital as subjects from July 2016 to July 2018. According to the even/odd attribute of admission number, subjects were divided into a control group and an observation group. The number of recruited subjects was 311: the control group comprised 135 participants and the observation group 176. The average length of hospital stay, hospital fees, quality of life, and satisfaction with the quality of nursing were compared between the two groups. SPIRIT checklist was completed (see File S1). **Results**After intervention, patients in the observation group had shorter average hospital stay (15.98 ± 2.7), lower hospital fees ($81,018 \pm 1.3$), higher satisfaction with the quality of nursing (98.3%), lower incidence of complications (19.89%), improved ability to perform activities of daily living, and lower rate of disease outcome and re-admission, with statistically significant differences from the control group ($p < .05$). **Conclusion**The application of inter-professional care model in single disease patients with aneurysmal subarachnoid haemorrhage can shorten the average hospital stay, reduce hospital fees, improve the quality of life of patients, and increase patients' satisfaction with the quality of nursing, which is worthy of clinical promotion and application. **Implications for nursing management section**Nursing managers can use this model to improve the ability to ensure coordination between medical professionals and integrate the ability of nursing problems, the ability to make rational distribution of nursing human resources, and the ability of critical thinking. It can be used as reference to improve the nursing management of all kinds of single diseases.

Frchette, J., Bitzas, V., Kilpatrick, K., Aubry, M., & Mélanie Lavoie-Tremblay. (2020). A hermeneutic–phenomenological study of paediatric intensive care unit nurses' professional identity following hospital redesign: Lessons learned for managers. *Journal of Nursing Management, 28*(4), 872-880. doi:<https://doi.org/10.1111/jonm.13012>

AimTo provide insights for health care managers by exploring paediatric intensive care unit nurses' lived experience of professional identity in the context of organisational change. **Background**While professional identity improves

retention of nurses and provision of quality care, outcomes of importance for managers, organisational change perturbs this identity. **Method**The study used a hermeneutic–phenomenological design. Data were collected via individual interviews, photographs, participant observation and document review. A purposive sampling strategy was used to recruit paediatric intensive care unit nurses (n = 15) in a large Canadian paediatric hospital. **Results**Nurses' critical care identity eroded in this organisation due to the interplay between hospital redesign and new eligibility criteria for patient admissions. **Conclusion**Interactions between multiple projects and the unit context, as well as nursing professional identity, need to be considered early on during project planning. This study fills an important gap in research concerning the management challenges brought about by the intersection of multiple changes. **Implications for Nursing Management**The results from this study bring to light three important lessons for nurse managers: 1) the specific unit context should be evaluated before a project is initiated; 2) the physical environment needs to be considered when determining staffing requirements; and 3) identity transitions need to be managed.

Li, L., Hou, Y., Kang, F., Li, S., & Zhao, J. (2020). General phenomenon and communication experience of physician and nurse in night shift communication: A qualitative study. *Journal of Nursing Management*, 28(4), 903-911. doi:<https://doi.org/10.1111/jonm.13018>

AimThis paper explored the general phenomenon and psychological experience of the special background communication in night shift medical staff and provides better reference for night shift communication between doctors and nurses. **Background**Physician–nurse communication has always been an important agenda for health care work and an important concept in nursing theory. During night shifts, effective doctor and nurse communication can enhance mutual trust, provide timely and appropriate medical services to patients, reduce adverse events and enhance patient safety. **Design**A qualitative study was conducted. **Methods**Husserl's descriptive phenomenology method and semi-structured in-depth interviews were used to collect data from 8 nurses and 5 doctors. Colaizzi's method was used to analyse data using MAXQDA 12. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was followed (see Appendix S1). **Results**Three themes were extracted after sorting out and refining: the need to achieve goals in night-time physician–nurse communication; obstacles in night-time physician–nurse communication; and relationship culture in night-time physician–nurse communication. **Conclusion**Attention should be paid to the particularity of night shift and efficiency of achieving the goal of communication between doctors and nurses on night shift, and the hidden obstacles behind communication between doctors and nurses. Managers should pay attention to the cultural construction of night shift communication in the system, form a good night shift communication process and regularly train doctors' and nurses' related communication skills. And they should also study relationship culture rationally to improve the communication efficiency of night shift. **Implications for nursing management**The experiences described in this study contribute to a better understanding of obstacles hidden behind night shift physician–nurse communication. This also provides valuable information to professional managers who develop good doctor–nurse relationship culture.

Yao, Y., Wei, W., Hu, Y., Zhang, Y., & Chen, M. (2020). Translation and psychometric validation of the chinese version of the emotional labour scale for nurses. *Journal of Nursing Management*, 28(4), 948-958. doi:<https://doi.org/10.1111/jonm.13029>

ObjectiveTo translate and psychometrically validate the Emotional Labour Scale (ELS) for nurses in China. **Background**Emotional labour is an indispensable component of nursing practice. We currently lack a standard instrument to assess nurses' emotional labour that fits the nursing context in China. **Method**Using convenience sampling, 561 nurses were recruited from five tertiary comprehensive hospitals. Internal consistency reliability, test–retest reliability, split-half reliability, face validity, content validity, criterion validity and construct validity were used to evaluate the psychometric attributes of the scale. **Results**Exploratory factor analysis verified a three-factor scale structure with a cumulative variance contribution of the factors of 61.281%. The three factors were 'emotional control effort in profession,' 'patient-focused emotional suppression' and 'emotional pretence by norms.' Cronbach's alpha values were 0.881, 0.807 and 0.764, respectively. Confirmatory factor analysis results indicated that the three factors were consistent with the original scale structure. **Conclusion**The C-ELS for nurses is a reliable and valid instrument with satisfactory psychometric properties. Future studies should recruit a more representative sample of

nurses in China to verify the applicability of the scale. Implications for nursing management A reliable and quantitative instrument is available for leaders to evaluate clinical nurses' emotional labour and establish effective emotional labour management strategies based on the measurement results.

Moazez, M., Miri, S., Foroughameri, G., & Farokhzadian, J. (2020). Nurses' perceptions of systems thinking and safe nursing care: A cross-sectional study. *Journal of Nursing Management*, 28(4), 822-830.

doi:<https://doi.org/10.1111/jonm.13000>

AimTo assess nurses' perceptions of systems thinking, safe nursing care and the correlation between them. **Background**Systems thinking and safe nursing care are the key elements of quality improvement approaches, such as accreditation and patient safety programmes. However, these two variables have not been well studied in different health care settings. **Methods**In this cross-sectional study, 300 nurses were selected using the stratified random sampling method. The data were collected using a demographic data form, systems thinking scale and assessment of safe nursing care questionnaire. **Results**The scores of nurses' perceptions of systems thinking (63.25 ± 9.20) and safe nursing care (4.13 ± 0.60) were above average. A positive correlation was found between systems thinking and safe nursing care ($r = .66, p < .001$), and its dimensions: nursing skills ($r = .61, p < .001$), psychological needs ($r = .56, p < .001$), physical needs ($r = .51, p < .001$) and teamwork ($r = .56, p < .001$). **Conclusion**Regarding the correlation between systems thinking and safe nursing care, nurses and other medical professionals, especially novices, are recommended to strengthen their systems thinking skills to improve the safe nursing care. **Implications for Nursing Management**Nurse managers should deal with organisational condition and factors affecting some poor aspects of systems thinking and safe nursing care. They must lead, support and allocate resources to the foundations of systems thinking to achieve safe nursing care.

Harvey, C., Thompson, S., Otis, E., & Willis, E. (2020). Nurses' views on workload, care rationing and work environments. *Journal of Nursing Management*, 28(4), 912-918. doi:<https://doi.org/10.1111/jonm.13019>

AimsThe article examines nurses' experiences to institutionally enforced choices they must make regarding what patient care will be left undone. Cognitive dissonance theory is used to discuss how missed care is reconciled with the nurses' sense of professionalism and feelings of compassion. **Background**Research into missed nursing care and care rationing is increasing, with an awareness that it impacts on nurses' coping ability. **Methods**In-depth video and telephone interviews were conducted with four experienced nurses who were asked to describe how they made choices regarding required patient care and how they managed care under workload pressures. **Results**Thematic analysis of interview narratives revealed four key themes describing the experiences of nurses managing their work: compromising care; incongruity between professional standards and organisational resources; emotional exhaustion; and depersonalization. **Conclusions**Nurses expressed concerns that their professional values regarding patient care are being lost in a quest to achieve financial targets. It raises questions regarding ethical and psychological dilemmas created for workers by work intensification. **Implications for Nursing Management**Financial effectiveness negatively impacts on nurses' emotional and clinical well-being cannot be easily dismissed, given that cognitive dissonance arises from attempting to provide quality care of patients whilst meeting organisational financial targets.

Ropponen, A., Koskinen, A., Puttonen, S., & Härmä, M. (2020). A case-crossover study of age group differences in objective working-hour characteristics and short sickness absence. *Journal of Nursing Management*, 28(4), 787-796.

doi:<https://doi.org/10.1111/jonm.12992>

AimTo investigate age group differences in objective working-hour characteristics and their associations with short (1–3 days) sickness absence. **Background**Irregular working hours, that is shift work with non-standard schedule, may influence sickness absence rates in hospital workers. **Methods**We collected daily working hours and the first incidence of short sickness absence from the employers' electronic records from 2008 to 2017. A case-crossover study compared the characteristics of the working hours 28 days preceding the sickness absence (exposure window) and 28 days earlier (control window) across 10-year age groups (conditional logistic regression for odds ratios (OR) with 95% confidence intervals (95% CI)). **Results**Younger employees had longer working hours and more

night and consecutive shifts. Extended weekly working hours were associated with short sickness absence in all age groups. Age-related differences were few: extended working hours among oldest age group (OR: 1.01, 95% CI: 1.00–1.01) and daily working hours in the youngest and middle-age groups (Ors: 1.14–1.17) were associated with increased sickness absence. Conclusions Length of working hours, and night and consecutive shifts differed between age, but the associations with short sickness absence were similar across all age groups. Implications for Nursing Management Among older employees, the length of working hours should be paid special attention.

Brigita Skela-Savič, Dobnik, M., & Sedina Kalender-Smajlović. (2020). Nurses' work characteristics and self-assessment of the work environment—Explorative cross-sectional study. *Journal of Nursing Management*, 28(4), 860-871. doi:<https://doi.org/10.1111/jonm.13010>

AimThe aim of the study was to explore the characteristics of nursing work and the correlation with the conditions in nurses' work environment. **Background**Although the correlation between nurses' work characteristics and the safety of health care provision has been confirmed, nurses continue to work in discouraging environments. **Method**A cross-sectional study was conducted. A total of 1,744 nurses from 16 Slovenian hospitals participated. Variables included the following: work characteristics, ergonomic conditions at work, the prevalence of low back pain and self-assessment of conditions in the work environment. **Results**One nurse was responsible for 17.90 patients per shift (SD = 13.615), shifts were understaffed in 42.9% of cases, and technical assistive devices were available in 30% of cases. Job demands were explained with number of patients/shift ($p < .001$), job satisfaction ($p < .001$), availability of assistive devices ($p = .001$) and the female gender ($p = .001$). Decision authority was low and explained with a non-leadership position ($p < .001$), educational achievement ($p < .001$), dissatisfaction with the job ($p < .001$) and the male gender ($p = .008$). **Conclusion**A safe patient-to-nurse ratio, job satisfaction, availability of assistive devices and fostering decision authority turned out to be important in our study. **Implications for Nursing Management**Europe is facing an increasing shortage of nurses, so actions for reducing nurse overload and encouraging decision authority are extremely important both for nurses and for patients. Participative leadership and ensuring gender equality in nursing are vital.

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