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## Report Information from ProQuest

29 September 2023 02:52

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## TABLE OF CONTENTS

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Search Strategy.....	iv
1. Exploring user empowerment and service improvement within an Irish epilepsy service using Checkland's 'Soft Systems' approach.....	1
2. Homecare nurses' length of conversation and intention to remain at the workplace: A multilevel analysis.....	1
3. Workplace bullying, knowledge hiding and time theft: Evidence from the health care institutions in Pakistan.....	2
4. The reflective risk assessment model of professional quality of life in Chinese nurses.....	3
5. The role of structural empowerment in predicting computer use among Jordanian nurses: A cross-sectional study.....	4
6. Role and application of self-awareness in managerial practice: A qualitative study of nurse managers.....	5
7. Reaching a tipping point: Perioperative nurse managers' narratives about reasons for leaving their employment—A qualitative study.....	6
8. Including administrators in curricular redesign: How the academic–practice relationship can bridge the practice–theory gap.....	6
9. Impact of clinical leadership in advanced practice roles on outcomes in health care: A scoping review.....	7
10. Workaholism, engagement and family interaction: Comparative study in Portuguese and Spanish nurses.....	8
11. Influence of nurse managers' toxic leadership behaviours on nurse-reported adverse events and quality of care.....	9
12. Validity and reliability of the Turkish version of the General Work Stress Scale.....	10
13. Second victim experiences of nurses in obstetrics and gynaecology: A Second Victim Experience and Support Tool Survey.....	11
14. Longitudinal evaluation of a programme for safety culture change in a mental health service.....	12
15. Nurses' perception regarding patient safety climate and quality of health care in general hospitals in Japan.....	13
16. Testing the structural equation model of the influence of nurses' spiritual well-being and caring behaviour on their provision of spiritual care to patients.....	13
17. Turnover intention linking compulsory citizenship behaviours to social loafing in nurses: A mediation analysis.....	14
18. Leveraging momentum of 2020—Reflections from an International Conference.....	15
19. Critical care nurses' communication challenges during handovers: A systematic review and qualitative meta-synthesis.....	16
20. Changes in nurse job outcomes after 4 years of a Best Practice Spotlight Organization ® programme implementation in the Spanish National Health Context.....	17
21. Relationship between eHealth literacy and psychological status during COVID-19 pandemic: A survey of Chinese residents.....	17
22. Don't forget the leadership in advanced practice.....	18

## TABLE OF CONTENTS

---

23. Qualitative perspectives of nurse managers on mixed-gender accommodation in a regional hospital in Australia.....	19
24. Meeting the Canadian strength training recommendations: Implications for the cardiometabolic, psychological and musculoskeletal health of nurses.....	20
25. Evidence-based practice nurses' competency: Spanish national survey and establishment of a scale of the EBP-COQ-Prof©.....	21
26. Relationships between the components of nurse managers' transformational leadership and organisational learning subprocesses in a hospital ward: A cross-sectional study.....	22
27. Defining a set of potentially preventable complications relevant to nursing: A Delphi Study among head nurses.....	23
28. The influence of learning circumstances and on-the-job opportunities for professional growth on perceived person–environment fit among hospital nurses: A longitudinal study.....	24
Bibliography.....	25

## SEARCH STRATEGY

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

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

# Exploring user empowerment and service improvement within an Irish epilepsy service using Checkland's 'Soft Systems' approach

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## ABSTRACT (ENGLISH)

### Aim

To illustrate the value of Checkland's 'Soft Systems' approach to explore and analyse the interaction of human and organisational factors that affect service delivery and patient experience in one specialist epilepsy service.

### Background

Checkland's approach is underutilized in relation to health service improvement. One epilepsy service in Ireland is used as an example to illustrate the value of his approach to improve service delivery, particularly when what needs to change is not clear.

### Method

Checkland's 'Soft Systems' seven-stage approach was used collaboratively to explore patients' and clinicians' experience of service delivery and how to improve it.

### Results

The research identified the practice of empowerment affected the quality of the service experience. Checkland's concept of a human activity system was particularly pertinent in identifying this issue and providing a 'map' for change.

### Conclusion

Wider inferences for the use of Checkland's approach by nurse managers are discussed, as is the value of using Checkland's approach to improve services.

### Implications for Nursing Management

Checkland's 'Soft Systems' is an underutilized approach in health care that could be used by managers to initiate and embed change within a health care service.

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# Homecare nurses' length of conversation and intention to remain at the workplace: A multilevel analysis

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## ABSTRACT (ENGLISH)

### Aims

To examine the relationship between homecare nurses' length of conversation with nurse managers and colleagues and intention to remain at the workplace.

### Background

Nurse turnover is an important issue. Previous studies focused on the perceived function of communication. However, we do not know the contribution of homecare nurses' actual conversations to nurse turnover prevention.

### Methods

We conducted a cross-sectional study in 330 homecare nurse organisations in Japan. We recruited 2,315 homecare nurses and analysed the data of 608 nurses. We used a questionnaire to investigate participants' intention to remain.

### Results

Nearly 68% had the intention to remain. The mean length of conversation was 34 min/day with the manager and 68 min/day with colleagues. Multilevel logistic regression analysis showed that long conversations with the nurse manager (20 min and more) and colleagues (40 min and more) were significantly related to the intention to remain.

### Conclusions

Ensuring the time of conversation with a manager and colleagues may contribute to preventing potentially avoidable nurse turnover.

### Implications for Nursing Management

Nurse managers should encourage homecare nurses to have daily conversations of 20 min or more with the nurse manager and 40 min or more with colleagues to continue working at their current workplace.

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Document 3 of 28

# Workplace bullying, knowledge hiding and time theft: Evidence from the health care institutions in Pakistan

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## ABSTRACT (ENGLISH)

### Aim(s)

This paper examined the impact of workplace bullying (WPB) on mild aggressive deviant behaviour, such as knowledge hiding and employee time theft, in Pakistani health care institutions. Additionally, this study investigated the mediating role of negative emotions on the relationship between WPB and its outcomes.

### Background

Although mild deviant behaviour has been proven to affect the health care sector, its antecedents are still untapped.

### Method

Data were collected from 233 nurses working in hospitals located across Pakistan via self-administered questionnaires in three time lags to test both the direct and indirect effects of WPB. The hypothesized correlations were tested using structural equation modelling (SEM).

### Results

The results revealed that WPB increased knowledge hiding and employee time theft amongst nurses. The indirect effect of negative emotions was established on the aforementioned relationships.

### Conclusion

This study contributes to the existing literature by concentrating on predictors that trigger deviant behaviour amongst nurses. It also assessed the mediating impact of emotions, wherein such endeavour is essential for researchers and practitioners.

### Implications for Nursing Management

The study outcomes are significant for the hospital sector to improve their strategies, such as implementing resilience during stressful events to address WPB and deviant behaviour amongst nurses.

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Document 4 of 28

# The reflective risk assessment model of professional quality of life in Chinese nurses

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## ABSTRACT (ENGLISH)

### Aim

To apply the reflective risk assessment model in a Chinese health care setting to investigate the relationships between professional quality of life and mental health risk profiles.

### Background

Few studies have connected the quality of work life with contributing and coexisting factors such as depression, anxiety and stress, but none to date in a Chinese health care setting.

## Method

A cross-sectional survey of 950 registered Chinese nurses was employed.

## Results

299 of 861 participants (34.7%) were categorized into four of five professional quality of life risk profiles, consistent with the reflective risk assessment model. Significant differences were seen with large-sized effects in the mean scores of stress, anxiety and depression among the participants, with participants of the very distressed profile having significantly higher mean scores in stress, anxiety and depression, followed by the at-risk profile group.

## Conclusion

The reflective risk assessment model and professional quality of life five risk profiles are supported by this study.

## Implications for Nursing Management

The reflective risk assessment model can be used to detect risk factors for mental health in nurses and for the design of interventions that promote nurses' mental health.

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Document 5 of 28

# The role of structural empowerment in predicting computer use among Jordanian nurses: A cross-sectional study

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## ABSTRACT (ENGLISH)

### Aim

The study aimed to examine the relationship between structural empowerment and attitudes towards computer use among nurses.

### Background

Empowering organizational structure is a significant factor affecting employees' attitudes and behaviours towards using organizational resources. Health information technologies were proven to improve health care quality. No previous studies examined the relationship between structural empowerment and attitudes towards computer use.

### Methods

A cross-sectional correlational design was used. Self-reported questionnaires were completed by 200 Jordanian nurses. Descriptive statistics, Pearson r correlation and linear regression analyses were used to address the research aim.

### Results

Structural empowerment was significantly and positively associated with attitudes towards computer use. Dimensions in structural empowerment that predict positive attitude towards computer use were access to opportunity ( $\beta = 0.382, p = .000$ ), formal power ( $\beta = -0.252, p = .006$ ) and informal power ( $\beta = 0.176, p = .046$ ).



## Conclusions

Strengthening access to empowerment structures is essential to increase nurses' work efficiency. Improving empowering structures can be achieved by enhancing opportunities to increase professional knowledge and skills towards computerization.

## Implications for Nursing Management

Nurse managers should promote work conditions that motivate nurses towards positive recognition of innovation through efficient collaborations with the information technology teams.

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Document 6 of 28

# Role and application of self-awareness in managerial practice: A qualitative study of nurse managers

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## ABSTRACT (ENGLISH)

### Aims

To explore the nurse managers' perspectives about the role and application of self-awareness in managerial practice.

### Background

Effectively accomplishing complex roles and maintaining a healthy work environment requires nurse managers to be resilient and sustain positive relationships with nurses and interdisciplinary teams. Self-awareness is an essential attribute for building relationships and creating a healthier work environment.

### Methods

A descriptive qualitative design was used. We conducted semi-structured interviews with a purposive sample of ten managers working in two tertiary hospitals. Reflexive thematic analysis was used for data analysis.

### Results

Four themes were generated: "maximizing potential for overseeing complex management issues; becoming a conscientious and thoughtful manager; using experiential learning for nurturing managerial capabilities; and utilizing self and others' appraisal for discerning practical managerial approaches".

### Conclusions

Implementing self-awareness in complex situations is beneficial for nurse managers. It allows them to overcome negative emotions and factors and incorporate ethical and moral reasoning, thereby preventing them from ineffectual management.

### Implications for Nursing Management

Nurse managers should focus on assessing their temperaments and managerial abilities in each complex situation. They should use experiential learning from past experiences for discerning effective actions for managing complex

situations.

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Document 7 of 28

# Reaching a tipping point: Perioperative nurse managers' narratives about reasons for leaving their employment—A qualitative study

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## ABSTRACT (ENGLISH)

### Aim

To describe reasons why nurse managers in perioperative settings decide to leave their employment.

### Background

Current literature has shown that perioperative nurse managers' reasons to leave their positions are formed through an interaction of factors.

### Methods

Individual in-depth interviews were performed with seven nurse managers, all women, in perioperative settings in Sweden. Data were analysed using systematic text condensation.

### Results

Five key themes were identified: (a) to end where I started, as a frontline nurse; (b) I wanted to develop further to the next level in my career; (c) I ran out of ideas; (d) I lost trust in my head manager and did not believe in the new organisation and (e) I had had enough of being offended by my superior manager and my employees.

### Conclusion

Nurse managers experienced feeling forced into a decision to leave because of being offended by their superiors or their employees. Furthermore, the findings indicate that nurse managers should be offered support from superior managers and the organisation together with time for discussions.

### Implications in Nursing Management

The most essential element should be the influence of caritative leadership and the obvious expectation of being treated with dignity, respect and appreciation.

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Document 8 of 28

# Including administrators in curricular redesign: How the academic–practice relationship can bridge the practice–theory gap

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## ABSTRACT (ENGLISH)

### Aim

Health care administrators provided information through semi-structured interviews as to how one faculty of nursing (FoN) was preparing students for practice.

### Background

There is a long-standing disconnect between the nursing education and the clinical arena known as the theory–practice gap. The FoN wanted to redevelop their curriculum to better prepare students for practice and bridge the gap.

### Method

Using developmental evaluation, 36 administrators were interviewed and asked about their expectations of newly graduated nurses, the FoN curriculum, and changes to be made.

### Results

Four themes were identified: entry to programme; curricular content, delivery and structure; clinical recommendations; and stronger relationships.

### Conclusion

Strong academic–practice partnerships are still needed. The current lack of communication and partnership has compromised students' quality of education and their transition into the workforce.

### Implications for Nursing Management

Leaders in both the education and practice settings can better prepare newly graduated nurses and bridge the theory–practice gap by co-creating a joint committee and creating more touchpoints with one another. A joint committee can develop appropriate entry-to-programme guidelines, discuss relevant trends in practice and shape the curriculum. Clinical experiences for students may also act as extra touchpoints whereby the two groups can discuss clinical mentorship needs and build stronger academic–practice relationships.

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Document 9 of 28

# Impact of clinical leadership in advanced practice roles on outcomes in health care: A scoping review

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## ABSTRACT (ENGLISH)

### Aim

To undertake a scoping review of the literature exploring the impact of clinical leadership in advanced practice roles in relation to patient, staff and organisational outcomes.

### Background

An increasing number of publications as well as job specifications have identified clinical leadership as a cornerstone of advanced practice roles. However, it is unclear whether embedding clinical leadership in such roles has led to improvements in patient, staff or organisational outcomes. Therefore, identifying the extent to which clinical leadership in advanced practice roles relates to patient, staff and organisational outcomes is needed.

### Method

A scoping review examining the relationship between clinical leadership in advanced practice roles and health care outcomes. Searching in SCOPUS, PubMed, Psychinfo and CINAHL Plus and Web of Science identified 765 potential articles. Independent selection, data extraction tabulation of findings and analysis were completed.

### Results

Seven studies were identified that met the inclusion criteria. Only studies reporting on nurses in advanced practice roles were included; no studies were identified that reported on the advanced practice roles of allied health professionals. The results indicate that there is no objective evidence of the impact of advanced practitioners' clinical leadership on patient, staff or organisational outcomes.

### Conclusion

There is a paucity of objective evidence to identify the extent to which clinical leadership is enacted in advanced practice roles. The review indicates a need for closer alignment of AP clinical leadership policy aspirations and formal operational leadership opportunities for APs.

### Implications for Nursing Management

Nurse managers have a key role in supporting and equipping APs with leadership competencies and opportunities to enable both capability and capacity building of such roles. Nurse managers should involve APs in health care leadership at an organisational level to maximize their contribution to health, quality practice environments and health care reform. Additionally, a distinct involvement in staff development, change, operational strategic decisions and policy development should be part of the AP role, which is facilitated by management.

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Document 10 of 28

## Workaholism, engagement and family interaction: Comparative study in Portuguese and Spanish nurses

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## ABSTRACT (ENGLISH)

### Aim

To identify and compare workaholism, engagement and family interaction levels among Portuguese and Spanish nurses.

### Background

The contribution of nursing management and leadership to workers' health and well-being is cardinal to ensure a healthy work environment. However, factors such as workaholism, engagement and family interaction can strongly influence nurses' performance, well-being and safety.

### Method

A multicentre, comparative and cross-sectional study using 333 Portuguese (54.1%) and Spanish (45.9%) nurses working in hospitals.

### Results

Portuguese nurses showed higher levels for workaholism, negative work–family interaction and negative family–work interaction, while Spanish nurses presented higher levels of engagement, positive work–family interaction and positive family–work interaction. Gender, age, job experience time, academic training, working schedule and type of employment contract influenced workaholism, engagement and work–family interaction among nurses from both countries.

### Conclusion

During their professional practice, nurses perceived their stress differently according to each country, with Portuguese nurses presenting worst psychological conditions than Spanish nurses, namely higher workaholism, negative work–family interactions and lower engagement.

### Implications for Nursing Management

Workaholism, engagement and work–family interaction are important areas in which nursing managers must invest to better respond to the new challenges of work contexts.

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Document 11 of 28

# Influence of nurse managers' toxic leadership behaviours on nurse-reported adverse events and quality of care

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## ABSTRACT (ENGLISH)

### Aim

To assess the impact of toxic leadership behaviours among nurse managers on nurse-reported adverse events and quality of care.

### Background

Toxic leadership, a form of ineffective leadership, is increasingly becoming rampant in the field of nursing and has been strongly linked to poor nurse job outcomes including job dissatisfaction, higher stress levels, and increased turnover intention. To date, no studies have been conducted to examine how this type of leadership behaviours

affects patient outcomes and care quality.

### Methods

A multicentre, cross-sectional study. This study involved a sample of 1,053 registered nurses working in 20 hospitals in the Philippines. Three standardized scales were deployed, including the Toxic Leadership Behaviors of Nurse Managers Scale, the Adverse Patient Events Scale and the single-item quality-of-care-measure.

### Results

Overall, nurses (96.2%) appraised the quality of care of their respective units as 'good to excellent' and cited complaints from patients and their families as the most commonly reported adverse events. Toxic leadership behaviours in nurse managers were strongly associated with increased nurse-reported adverse events including reports of complaints ( $\beta = .619$ ;  $p < .001$ ) and verbal mistreatment from patients and their families ( $\beta = .407$ ;  $p < .001$ ), patient falls ( $\beta = .834$ ;  $p < .001$ ), health care-associated infections ( $\beta = .629$ ;  $p < .001$ ) and errors in administering medication ( $\beta = .708$ ;  $p < .001$ ) and with decreased quality of care ( $\beta = -.216$ ;  $p < .001$ ).

### Conclusion

Nurses who experience working under a nurse manager exhibiting toxic behaviours reported an increased frequency of nurse-reported adverse events and poorer quality of care in the unit.

### Implications for Nursing Management

Organizational measure to reduce the occurrence of adverse events and enhance the quality of care provided in medical units may include intervention to develop positive leadership practices among nurse managers.

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Document 12 of 28

# Validity and reliability of the Turkish version of the General Work Stress Scale

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## ABSTRACT (ENGLISH)

### Aim

To test the validity and reliability of the Turkish version of the General Work Stress Scale.

### Background

Nursing is one of the most stressful professions. The primary measure that should be taken to ensure that nurses can cope with stress is determining their stress levels.

### Method

The General Work Stress Scale was translated into Turkish via back-translation. Its reliability and validity were analysed via item analyses, content and construct validities, exploratory and confirmatory factor analyses, Cronbach's alpha and Spearman–Brown reliability coefficients. Average and standard deviations of the scale items and the overall scale were calculated.

### Results

The study was conducted with 276 nurses. The Cronbach's alpha of the whole scale was 0.91, and the Spearman–Brown reliability coefficient was 0.89. According to the resulting one-dimensional structure, the factor loadings of the scale items were between 0.67 and 0.82, and this structure alone explained 58.72% of the total variance. The confirmatory factor analysis revealed perfect and good-fit indices ( $\chi^2/df = 1.96$ ; RMSA = 0.06;

CFI = 0.99; IFI = 0.99; GFI = 0.97; RMR = 0.04; NFI = 0.99). The mean total score was  $2.55 \pm 0.87$ , while the items' means ranged from  $2.10 \pm 1.15$  to  $3.33 \pm 1.13$ .

### Conclusion

The Turkish version of the General Work Stress Scale is a valid and reliable tool for assessing nurses' general work stress. Nurses largely feel that their work makes them so stressed that they wish they had a different job. The items with high means suggest opportunities for improvement.

### Implications for practice

The nurses or nursing services and units with low or high stress levels can be determined with the General Work Stress Scale. If necessary, measures aimed at eliminating or reducing the negative effects of those nurses or nursing services and units with high stress levels can be taken in a timely manner.

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Document 13 of 28

## Second victim experiences of nurses in obstetrics and gynaecology: A Second Victim Experience and Support Tool Survey

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### ABSTRACT (ENGLISH)

#### Aim (s)

To investigate second victim experiences and supportive resources for nurses in obstetrics and gynaecology.

#### Background

Nurses are at risk of developing second victim experiences after exposure to work related events.

#### Methods

Nurses at a single institution were invited to participate in an anonymous survey that included the validated Second Victim Experience and Support Tool to assess symptoms related to second victim experiences and current and desired supportive resources.

#### Results

Of 310 nurses, 115 (37.1%) completed the survey; 74.8% had not heard of the term 'second victim'. Overall, 47.8% reported feeling like a second victim during their career and 19.1% over the previous 12 months. As a result of a second victim experience, 18.4% experienced psychological distress, 14.3% turnover intentions, 13.0% decreased professional self-efficacy, and 12.2% felt that institutional support was poor. Both clinical and non-clinical events were reported as possible triggers for second victim experiences. Peer support was the most desired form of support as reported by 95.5%.

#### Conclusion(s)

Nurses in obstetrics and gynaecology face clinical and non-clinical situations that lead to potential second victim experiences.

### Implications for Nursing Management

The second victim experiences of nurses should be acknowledged, and resources should be implemented to navigate it. Educational opportunities and peer supportive interventions specific to second victim experiences should be encouraged.

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Document 14 of 28

# Longitudinal evaluation of a programme for safety culture change in a mental health service

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## ABSTRACT (ENGLISH)

### Aim

To evaluate whether a two-part culture improvement programme aimed at nurses in clinical and managerial positions in an inpatient mental health service was associated with culture change, and safety-related behaviour and knowledge improvements.

### Background

Due to serious failings in the delivery of physiological care to mentally disordered inpatients, it was deemed important that interventions be applied to improve service culture.

### Methods

A pre-test and post-test study was conducted to evaluate change associated with a mandated intervention aimed at culture change. Nurses in clinical and managerial positions at all levels attended relevant sessions. All were invited to participate in evaluation measures.

### Results

$N = 241$  nurses participated in the evaluation ( $n = 137$  and  $n = 104$ , pre-test and post-test, respectively). There was a small but significant change in organisational culture indicating greater *adhocracy* and less *clan* culture in the second survey period and a small decline in reported safety behaviour. Measures of safety culture, knowledge and emergency-related educational satisfaction were unchanged.

### Conclusion

Only a small change in measured culture was associated with the programme.

### Implications for Nursing Management

Attempts to evaluate culture change need to align anticipated outcomes with appropriate outcome measures. A mandated programme of culture change had little tangible effect on the outcomes measured.



# Nurses' perception regarding patient safety climate and quality of health care in general hospitals in Japan

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## ABSTRACT (ENGLISH)

### Aim

To clarify perceptions of nurses towards patient safety climate and quality of health care in Japan.

### Background

Nurses' perceptions of patient safety climate and quality of health care services are not well-known.

### Method

The survey was conducted at general hospitals with 200 beds or more using the Patient Safety Climate Scale and the Modified multiple-item scale for consumer perceptions of health care service quality.

### Results

Significant positive correlations were found among nurses' perception towards patient safety and health care service quality. The experience of nurses as members of the committee on patient safety and their employment position did not show any significant difference in the perception towards patient safety and health care services quality. Perceptions of health care service quality were lower among those with 6– to 10-year experience than with over 21 years.

### Conclusion

In the perception of nurses and nurse managers' continuous improvement, perceptions towards patient safety were related to reliability, assurance, responsiveness and empathy in health care service quality.

### Implications for Nursing Management

Generalist nurses with 21 years or more experiences in multiple departments showed high perception towards health care service quality. Experienced nurses' perceptions of activities to improve patient safety and quality of health care services are important.

# Testing the structural equation model of the influence of nurses' spiritual well-being and caring

# behaviour on their provision of spiritual care to patients

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## ABSTRACT (ENGLISH)

### Aim

To test a proposed model that determined the effects of nurses' spiritual well-being and caring behaviour on their provision of spiritual care to patients.

### Background

The spiritual dimension of caring gained attention in the recent past as it is recognized to bring positive patient outcomes.

### Methods

A cross-sectional, descriptive, correlational design was used in the study. Data were collected from 300 registered nurses working in the hospitals in Pampanga, Philippines. Partial least square structural equation modelling was used to test the model.

### Results

Nurses had a high level of ideal and lived perspectives of spiritual well-being. They perceived their caring behaviour to be *always* manifested and *occasionally* engaged in spiritual activities that supported patient spirituality.

### Conclusions

The structural equation model provided a feasible model that was either caring behaviour-laden spiritual well-being or spiritual well-being-infused caring behaviour.

### Implications for Nursing Management

Nursing administrators may develop guidelines for practice within their institutions that are considerate of the proposed model. They may focus on caring behaviour-laden spiritual well-being model of nursing practice or spiritual well-being-infused caring behaviour model of nursing practice.

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Document 17 of 28

# Turnover intention linking compulsory citizenship behaviours to social loafing in nurses: A mediation analysis

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## ABSTRACT (ENGLISH)

### Aims

To propose a theoretical model of social loafing behaviours and to examine the effects of compulsory citizenship behaviours and turnover intention on nurses' social loafing behaviour.

### Method

This cross-sectional study included 264 nurses working in public hospitals in Istanbul, Turkey. The data were gathered by using a snowball sampling method and analysed using descriptive statistical analyses, *F* test, *t* test, Pearson's correlation analysis and multiple and hierarchical linear regression analyses.

### Results

Results indicated that compulsory citizenship behaviours were positively associated with turnover intention and social loafing. Turnover intention fully mediated the relationship between compulsory citizenship behaviours and social loafing.

### Conclusion

Nurses who exhibit compulsory citizenship behaviours have developed turnover intentions to conserve their well-being, which led to social loafing as a resource recovery tactic.

### Implications for Nursing Management

Training should be provided for managers and nurses to raise awareness about the possible negative effects of compulsory citizenship behaviours. To manage social loafing and turnover intention, effective and proactive solution-oriented strategies should be implemented.

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Document 18 of 28

# Leveraging momentum of 2020—Reflections from an International Conference

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## ABSTRACT (ENGLISH)

### Purpose

This Commentary illustrates how innovative clinical and research initiatives highlight the ingenuity and creativity of nursing and midwifery professions thus leveraging the momentum of 2020 that commenced with the Year of the Nurse and Midwife and the Nursing Now Challenge.

### Background

Speakers demonstrated through vision, creativity and policy generation how the world is now in a different place due to COVID-19 and how the global crisis will change and shape the future of health care delivery.

### Evaluation

Speakers were invited because of their reputation as international leaders in global health and population. Participants evaluated content and its relevance to research, education and practice in group discussions.

### Key Issues

The current global crisis determines that the capabilities and capacity of nurses and midwives will become more

crucial than ever to the delivery of universal health coverage (UHC) and population health by 2030.

### **Conclusions**

Global leaders and policymakers must seek the knowledge and skills they need to support their work during a global crisis.

### **Implications for Nursing Management**

Achieving population health and equitable access to health care is dependent on an adequate health workforce.

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Document 19 of 28

# Critical care nurses' communication challenges during handovers: A systematic review and qualitative meta-synthesis

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## **ABSTRACT (ENGLISH)**

### **Aims**

To review and synthesize qualitative studies to gain a deeper understanding of critical care nurses' inter-departmental and shift-to-shift handover challenges.

### **Background**

Good-quality nurse-to-nurse handover promotes patient safety, while poor handover has been associated with medical errors. However, systematic reviews of qualitative approaches for better understanding the handover experiences of critical care nurses are lacking.

### **Evaluation**

Systematic review methods incorporating meta-synthesis were used. A comprehensive search of seven databases was conducted. Two independent reviewers performed data extraction and evaluated ten studies using the Critical Appraisal Screening Program. Findings were analysed and synthesized using thematic analysis. The transactional model of communication was used to guide the analysis.

### **Key issues**

A total of 10 qualitative studies were included. Seven major handover themes were identified: (a) expectations of perfection, (b) need for partnership, (c) unilateral communication, (d) obstacles to information acquisition, (e) lack of pertinent patient information, (f) need for a structured handover and (g) interruptions/distractions.

### **Conclusions**

Handovers should be considered an essential part of patient-centred care for ensuring continuity of care.

### **Implications for Nursing Management**

Poor communication during a handover could increase the nurse's burden or stress and adversely affect patient care. Therefore, training should be provided on explicit handover communication.

# Changes in nurse job outcomes after 4 years of a Best Practice Spotlight Organization<sup>®</sup> programme implementation in the Spanish National Health Context

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## ABSTRACT (ENGLISH)

### Aim

To evaluate the changes produced after the application of the Best Practice Spotlight Organization<sup>®</sup> (BPSO<sup>®</sup>) Program on the attitude towards the evidence-based practice, the nurses' perception of the organisational climate and nurse outcomes in a health area of the Spanish National Health System.

### Background

There is limited research that associates strategies of evidence-based practice implementation with changes on the work environment and nurse outcomes.

### Methods

Cross-sectional study that compared data on the nurses' perception of the work environment. Five guidelines were implemented between 2012 and 2015 in a health area. Data were collected in 2012 and 2016/2017, using a questionnaire consisting of five previously validated tools.  $\chi^2$ , *t* test, ANOVA and multivariate analysis were carried out.

### Results

A total of 451 nurses participated. Compared with the baseline evaluation in 2012, several outcomes changed significantly ( $p < .001$ ), nurses were younger and were more satisfied with "salary", "annual leaves" and "sick leave". The rest of the nurse outcomes were not modified.

### Conclusions

Nurses' perception of the work environment is favourable, although the application of the BPSO<sup>®</sup> Program has not produced any major changes.

### Implications for Nursing Management

Measures are suggested that are oriented towards the planning of staffing and the increase in the participation of the nursing staff in programmes of implementation of guidelines.

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# Relationship between eHealth literacy and psychological status during COVID-19 pandemic: A survey of Chinese residents

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## ABSTRACT (ENGLISH)

### Aims

To investigate the eHealth literacy and the psychological status of Chinese residents during the COVID-19 pandemic and explore their interrelationship.

### Background

The COVID-19 outbreak has placed intense psychological pressure on community residents. Their psychological status may be affected by eHealth literacy due to home isolation during this rampant pandemic.

### Methods

This is a Web-based cross-sectional survey conducted on the JD Health platform, which resulted in 15,000 respondents having participated in this survey. The eHealth Literacy Questionnaire (EHLQ), Patient Health Questionnaire-9 (PHQ-9), Insomnia Severity Index (ISI) and Impact of Event Scale-Revised (IES-R) were used. The Pearson correlation was used to analyse the relationship between eHealth literacy and depression, insomnia and post-traumatic stress disorder.

### Results

The score of eHealth literacy was  $48.88 \pm 8.46$ , and 11.4%, 6.8% and 20.1% of respondents experienced moderate to severe depression, insomnia and post-traumatic stress disorder. eHealth literacy negatively correlated with depression ( $r = -0.331$ ), insomnia ( $r = -0.366$ ) and post-traumatic stress disorder ( $r = -0.320$ ).

### Conclusion

eHealth literacy is closely related to psychological status. Improving eHealth literacy may contribute to maintaining good psychological well-being.

### Implications for Nursing Management

It is necessary to strengthen the education of primary health care providers to enhance their ability to help community residents effectively use eHealth information.

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Document 22 of 28

## Don't forget the leadership in advanced practice

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## ABSTRACT (ENGLISH)

Although the advanced practice role primarily focuses on delivering the clinical aspects of patient care, the other pillars of advanced practice (research, education and leadership/management) should not be overlooked as they are key to the success of the advanced practice role. Interestingly, the International Council of Nursing definition of nurse practitioners includes the importance of certain characteristics, 'expert knowledge base, complex decision-making skills and clinical competencies', but does not include the other pillars of advanced practice (International Council of Nurses, 2020).

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Document 23 of 28

# Qualitative perspectives of nurse managers on mixed-gender accommodation in a regional hospital in Australia

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## ABSTRACT (ENGLISH)

### Aims

To explore and analyse the current bed management processes and understand the perspectives of nurse managers on mixed-gender accommodation in a regional hospital in Australia.

### Background

Mixed-gender accommodation was introduced to help manage the increasing demand for hospital beds. Yet, some health services identify same-gender accommodation better aligns with patient-centredness.

### Method

This qualitative research was conducted at a public hospital in regional Australia and focused on the experience in the general wards. Eight nurse managers were selected using purposeful sampling. Data were collected through face-to-face semi-structured interviews and thematically analysed.

### Results

Three main themes were identified: current admission processes—managing admissions, bed allocation considerations, patient involvement and managing mixed-gender rooms; impacts on patients—participant views, patient experience and bathrooms; and barriers and facilitators—capacity, infrastructure, safety and risk, bed swapping and organisational factors.

## Conclusions

The study demonstrates a lack of structure and patient-centredness with mixed-gender allocation processes. Local organisational guidelines are suggested to support improvement in patient-centred inpatient hospital accommodation.

## Implications for Nursing Management

The findings of this study will help nursing leaders drive positive change concerning bed allocations and support advocacy for patient rights. Future studies should explore the patient perspective of mixed-gender accommodation.

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Document 24 of 28

# Meeting the Canadian strength training recommendations: Implications for the cardiometabolic, psychological and musculoskeletal health of nurses

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## ABSTRACT (ENGLISH)

### Aim

To examine the proportion of nurses meeting the strength training recommendation and its associated cardiometabolic, psychological and musculoskeletal benefits.

### Background

Strength training targets poor physical and mental health often reported by nurses; however, it is unknown whether nurses are meeting the strength training guidelines.

### Methods





Nurses from 14 hospitals completed a 7-day physical activity log. Nurses were considered meeting the recommendation if they reported  $\geq 2$  strength training sessions per week. Cardiometabolic, psychological and musculoskeletal health, and levels of motivation were compared between nurses meeting and not meeting the guidelines.

### Results

Of the 307 nurses (94% female; age:  $43 \pm 12$  years), 29 (9.4%) met the strength training recommendation. These nurses had lower body mass index ( $24.1 \pm 2.6$  vs.  $27.3 \pm 5.5$  kg/m<sup>2</sup>,  $p = .007$ ) and waist circumference ( $73.8 \pm 8.3$  vs.  $81.1 \pm 11.7$  cm,  $p = .017$ ); and higher vigour-activity ( $18.0 \pm 5.8$  vs.  $15.6 \pm 6.5$  points,  $p = .046$ ) and self-determined motivation (relative autonomic index:  $54.9 \pm 20.3$  vs.  $45.0 \pm 23.8$  points,  $p = .042$ ) scores than nurses not meeting the recommendation.

### Conclusion

While the proportion of nurses meeting the strength training recommendation was small (<10%), they had lower body mass and waist circumference, and higher vigour-activity.

### Implications for nursing management

Strategies to increase the strength training engagement may improve the cardiometabolic health and increase vigour among nurses.

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Document 25 of 28

# Evidence-based practice nurses' competency: Spanish national survey and establishment of a scale of the EBP-COQ-Prof©

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## ABSTRACT (ENGLISH)

### Aims

To discover the level of evidence-based practice competency of Spanish nurses, to develop a scale of the EBP-COQ-Prof© and to analyse the influence of different variables on the level of competency.

### Background

The evidence-based practice competency has previously been assessed using a wide variety of instruments, although these have methodological limitations and lack associated scales that allow for the interpretation of the score obtained.

### Method

Observational, cross-sectional, national study. Using an online questionnaire, data were obtained between January and March 2020 from nurses working in the National Health System. An ANOVA was performed along with multiple regression analyses. The *T*-score and percentiles were calculated to obtain the scale of the EBP-COQ-Prof©.

### Results

2,942 nurses participated. The score for the evidence-based practice competency was 130.29 (standard deviation 17.55). The multiple regression analysis showed a model comprised of 8 variables that explained 33% of the variance.

### **Conclusions**

The Spanish nurses have a moderate level of evidence-based practice competency. The scale classifies the subjects into 3 levels: low, moderate and high competency.

### **Implications for Nursing Management**

The scale proposed for the EBP-COQ-Prof© could be utilized to facilitate the diagnosis of evidence-based practice competency, and to monitor and plan individual and collective strategies to improve this competency.

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Document 26 of 28

# Relationships between the components of nurse managers' transformational leadership and organisational learning subprocesses in a hospital ward: A cross-sectional study

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## **ABSTRACT (ENGLISH)**

### **Aims**

To investigate the association between the five components of nurse managers' transformational leadership and each process of organisational learning in a hospital ward.

### **Background**

Elucidating the components of nurse managers' transformational leadership that promote organisational learning is needed.

### **Methods**

In 2018, 591 self-report questionnaires from two hospitals in Japan were analysed, using the measurement scale for Organizational Learning Subprocesses and Multifactor Leadership Questionnaire. Hierarchical linear modelling was conducted using the wards' mean scores of five components of transformational leadership and five subprocesses of organisational learning.

### **Results**

None of the transformational leadership components were significantly associated with information acquisition, but all five were significantly positively associated with information distribution and information integration. Only some of the five components showed a significant association with information interpretation and organisational memory.

### **Conclusion**

Transformational leadership may be effective to promote the four organisational learning processes other than information acquisition.

### **Implications for Nursing Management**

A nurse manager should exercise leadership other than transformational leadership, or use other strategies to promote information acquisition. However, particular behaviours of transformational leadership, such as intellectually stimulating behaviours and personal considerations, could be effective in promoting the understanding of information among the members and establishing new routines.

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Document 27 of 28

# Defining a set of potentially preventable complications relevant to nursing: A Delphi Study among head nurses

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## ABSTRACT (ENGLISH)

### Aim

To establish a list of potentially preventable complications as a tool for nursing management.

### Background

Different outcome parameters have been used in patient safety research. However, they have mainly been used for medical and administrative goals. The role of nurses in achieving patient safety outcomes has been given little attention.

### Method

A three-round Web-based modified Delphi study was conducted in four hospitals, using the list of potentially preventable complications (PPCs) as a starting point. Consensus on a shortlist of nursing relevant complications was the endpoint.

### Results

This study revealed a shortlist 12 PPCs relevant to the nursing profession, based on the expert opinion of more than sixty head nurses from different wards and hospitals. An overall consensus of 77.58% was reached. In surgical, medical and geriatric wards, a consensus of 95.7% was achieved.

### Conclusion

This is the first study that points out which PPCs are related to nursing. The shortlist contains some of the most studied complications and can serve a wide variety of hospital wards.

### Implications for Nursing Management

Prevention of complications reduces harm to patients and avoids the nursing work and costs to treat them. This list provides nursing managers with a powerful tool to raise awareness for risk assessment and preventive measures among nurses. It offers an instrument to facilitate the documentation and handover of patient safety outcomes in nursing. This shortlist can also serve as an assessment tool for patient safety interventions.

# The influence of learning circumstances and on-the-job opportunities for professional growth on perceived person–environment fit among hospital nurses: A longitudinal study

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## ABSTRACT (ENGLISH)

### Aims

The study aimed to determine the influence of learning circumstances (learning inside and outside hospitals, and communication about the nursing practice with colleagues) and on-the-job opportunities for professional growth on each dimension of person–environment fit (needs–supplies, demands–abilities, person–organisation and person–group fit) among nurses.

### Background

It is desirable for each dimension of person–environment fit to be high, as it links to many work-related outcomes.

### Methods

A longitudinal survey using a questionnaire was conducted in February 2019 (Time 1) and October 2019 (Time 2). A simple linear regression analysis and a multiple linear regression analysis were conducted, using data from 324 nurses.

### Results

The results of the simple regression analysis showed that three variables related to learning circumstances at Time 1 were positively related to each dimension of person–environment fit at Time 2. The multiple regression analysis showed on-the-job opportunities for professional growth at Time 1 related to person–environment fit at Time 2.

### Conclusions

To achieve high person–environment fit, nurses should be aware of on-the-job opportunities for professional growth.

### Implications for Nursing Management

To achieve high person–environment fit, nurse managers should evaluate nurses' abilities and assign them jobs that would help improve their nursing skills.

## Bibliography

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

Bennett, L., Bergin, M., & Wells, J. S. G. (2021). Exploring user empowerment and service improvement within an Irish epilepsy service using Checkland's 'Soft systems' approach. *Journal of Nursing Management*, 29(4), 844-854. doi:<https://doi.org/10.1111/jonm.13227>

**Aim**To illustrate the value of Checkland's 'Soft Systems' approach to explore and analyse the interaction of human and organisational factors that affect service delivery and patient experience in one specialist epilepsy service. **Background** Checkland's approach is underutilized in relation to health service improvement. One epilepsy service in Ireland is used as an example to illustrate the value of his approach to improve service delivery, particularly when what needs to change is not clear. **Method** Checkland's 'Soft Systems' seven-stage approach was used collaboratively to explore patients' and clinicians' experience of service delivery and how to improve it. **Results** The research identified the practice of empowerment affected the quality of the service experience. Checkland's concept of a human activity system was particularly pertinent in identifying this issue and providing a 'map' for change. **Conclusion** Wider inferences for the use of Checkland's approach by nurse managers are discussed, as is the value of using Checkland's approach to improve services. **Implications for Nursing Management** Checkland's 'Soft Systems' is an underutilized approach in health care that could be used by managers to initiate and embed change within a health care service.

Maiko Noguchi-Watanabe, Noriko Yamamoto-Mitani, Nagami, Y., Eltaybani, S., Inagaki, A., & Taniguchi, Y. (2021). Homecare nurses' length of conversation and intention to remain at the workplace: A multilevel analysis. *Journal of Nursing Management*, 29(4), 721-730. doi:<https://doi.org/10.1111/jonm.13212>

**Aims** To examine the relationship between homecare nurses' length of conversation with nurse managers and colleagues and intention to remain at the workplace. **Background** Nurse turnover is an important issue. Previous studies focused on the perceived function of communication. However, we do not know the contribution of homecare nurses' actual conversations to nurse turnover prevention. **Methods** We conducted a cross-sectional study in 330 homecare nurse organisations in Japan. We recruited 2,315 homecare nurses and analysed the data of 608 nurses. We used a questionnaire to investigate participants' intention to remain. **Results** Nearly 68% had the intention to remain. The mean length of conversation was 34 min/day with the manager and 68 min/day with colleagues. Multilevel logistic regression analysis showed that long conversations with the nurse manager (20 min and more) and colleagues (40 min and more) were significantly related to the intention to remain. **Conclusions** Ensuring the time of conversation with a manager and colleagues may contribute to preventing potentially avoidable nurse turnover. **Implications for Nursing Management** Nurse managers should encourage homecare nurses to have daily conversations of 20 min or more with the nurse manager and 40 min or more with colleagues to continue working at their current workplace.

Fatima, D., Muhammad Bin, A. G., Zakariya, R., Muhammad, L., & Sarwar, A. (2021). Workplace bullying, knowledge hiding and time theft: Evidence from the health care institutions in Pakistan. *Journal of Nursing Management*, 29(4), 813-821. doi:<https://doi.org/10.1111/jonm.13222>

**Aim(s)** This paper examined the impact of workplace bullying (WPB) on mild aggressive deviant behaviour, such as knowledge hiding and employee time theft, in Pakistani health care institutions. Additionally, this study investigated the mediating role of negative emotions on the relationship between WPB and its outcomes. **Background** Although mild deviant behaviour has been proven to affect the health care sector, its antecedents are still untapped. **Method** Data were collected from 233 nurses working in hospitals located across Pakistan via self-administered questionnaires in three time lags to test both the direct and indirect effects of WPB. The hypothesized correlations were tested using structural equation modelling (SEM). **Results** The results revealed that WPB increased knowledge hiding and employee time theft amongst nurses. The indirect effect of negative emotions was established on the aforementioned relationships. **Conclusion** This study contributes to the existing literature by concentrating on predictors that trigger deviant behaviour amongst nurses. It also assessed the mediating impact of emotions, wherein such endeavour is essential for researchers and practitioners. **Implications for Nursing Management** The

study outcomes are significant for the hospital sector to improve their strategies, such as implementing resilience during stressful events to address WPB and deviant behaviour amongst nurses.

Wendy, W. L., West, C., & Xie, G. (2021). The reflective risk assessment model of professional quality of life in Chinese nurses. *Journal of Nursing Management*, 29(4), 767-775. doi:<https://doi.org/10.1111/jonm.13217>

**Aim**To apply the reflective risk assessment model in a Chinese health care setting to investigate the relationships between professional quality of life and mental health risk profiles.  
**Background**Few studies have connected the quality of work life with contributing and coexisting factors such as depression, anxiety and stress, but none to date in a Chinese health care setting.  
**Method**A cross-sectional survey of 950 registered Chinese nurses was employed.  
**Results**299 of 861 participants (34.7%) were categorized into four of five professional quality of life risk profiles, consistent with the reflective risk assessment model. Significant differences were seen with large-sized effects in the mean scores of stress, anxiety and depression among the participants, with participants of the very distressed profile having significantly higher mean scores in stress, anxiety and depression, followed by the at-risk profile group.  
**Conclusion**The reflective risk assessment model and professional quality of life five risk profiles are supported by this study.  
**Implications for Nursing Management**The reflective risk assessment model can be used to detect risk factors for mental health in nurses and for the design of interventions that promote nurses' mental health.

Ta'an, W.,F., Mohammed Munther Al-Hammouri, Aldalaykeh, M. K., Suliman, M. M., & Almutti, R. (2021). The role of structural empowerment in predicting computer use among Jordanian nurses: A cross-sectional study. *Journal of Nursing Management*, 29(4), 759-766. doi:<https://doi.org/10.1111/jonm.13216>

**Aim**The study aimed to examine the relationship between structural empowerment and attitudes towards computer use among nurses.  
**Background**Empowering organizational structure is a significant factor affecting employees' attitudes and behaviours towards using organizational resources. Health information technologies were proven to improve health care quality. No previous studies examined the relationship between structural empowerment and attitudes towards computer use.  
**Methods**A cross-sectional correlational design was used. Self-reported questionnaires were completed by 200 Jordanian nurses. Descriptive statistics, Pearson r correlation and linear regression analyses were used to address the research aim.  
**Results**Structural empowerment was significantly and positively associated with attitudes towards computer use. Dimensions in structural empowerment that predict positive attitude towards computer use were access to opportunity ( $\beta = 0.382$ ,  $p = .000$ ), formal power ( $\beta = -0.252$ ,  $p = .006$ ) and informal power ( $\beta = 0.176$ ,  $p = .046$ ).  
**Conclusions**Strengthening access to empowerment structures is essential to increase nurses' work efficiency. Improving empowering structures can be achieved by enhancing opportunities to increase professional knowledge and skills towards computerization.  
**Implications for Nursing Management**Nurse managers should promote work conditions that motivate nurses towards positive recognition of innovation through efficient collaborations with the information technology teams.

Younas, A., Subia, P. R., Mehmood, F., & Inayat, S. (2021). Role and application of self-awareness in managerial practice: A qualitative study of nurse managers. *Journal of Nursing Management*, 29(4), 785-793. doi:<https://doi.org/10.1111/jonm.13219>

**Aims**To explore the nurse managers' perspectives about the role and application of self-awareness in managerial practice.  
**Background**Effectively accomplishing complex roles and maintaining a healthy work environment requires nurse managers to be resilient and sustain positive relationships with nurses and interdisciplinary teams. Self-awareness is an essential attribute for building relationships and creating a healthier work environment.  
**Methods**A descriptive qualitative design was used. We conducted semi-structured interviews with a purposive sample of ten managers working in two tertiary hospitals. Reflexive thematic analysis was used for data analysis.  
**Results**Four themes were generated: "maximizing potential for overseeing complex management issues; becoming a conscientious and thoughtful manager; using experiential learning for nurturing managerial capabilities; and utilizing self and others' appraisal for discerning practical managerial approaches".  
**Conclusions**Implementing self-awareness in complex situations is beneficial for nurse managers. It allows them to overcome negative emotions and factors and incorporate ethical and moral reasoning, thereby preventing them from ineffectual management.  
**Implications for**

Nursing Management Nurse managers should focus on assessing their temperaments and managerial abilities in each complex situation. They should use experiential learning from past experiences for discerning effective actions for managing complex situations.

Arakelian, E., & Rudolfsson, G. (2021). Reaching a tipping point: Perioperative nurse managers' narratives about reasons for leaving their employment—A qualitative study. *Journal of Nursing Management*, 29(4), 664-671. doi:<https://doi.org/10.1111/jonm.13202>

**Aim**To describe reasons why nurse managers in perioperative settings decide to leave their employment.  
**Background**Current literature has shown that perioperative nurse managers' reasons to leave their positions are formed through an interaction of factors.  
**Methods**Individual in-depth interviews were performed with seven nurse managers, all women, in perioperative settings in Sweden. Data were analysed using systematic text condensation.  
**Results**Five key themes were identified: (a) to end where I started, as a frontline nurse; (b) I wanted to develop further to the next level in my career; (c) I ran out of ideas; (d) I lost trust in my head manager and did not believe in the new organisation and (e) I had had enough of being offended by my superior manager and my employees.  
**Conclusion**Nurse managers experienced feeling forced into a decision to leave because of being offended by their superiors or their employees. Furthermore, the findings indicate that nurse managers should be offered support from superior managers and the organisation together with time for discussions.  
**Implications in Nursing Management**The most essential element should be the influence of caritative leadership and the obvious expectation of being treated with dignity, respect and appreciation.

Kalogirou, M. R., Chauvet, C., & Yonge, O. (2021). Including administrators in curricular redesign: How the academic–practice relationship can bridge the practice–theory gap. *Journal of Nursing Management*, 29(4), 635-641. doi:<https://doi.org/10.1111/jonm.13209>

**Aim**Health care administrators provided information through semi-structured interviews as to how one faculty of nursing (FoN) was preparing students for practice.  
**Background**There is a long-standing disconnect between the nursing education and the clinical arena known as the theory–practice gap. The FoN wanted to redevelop their curriculum to better prepare students for practice and bridge the gap.  
**Method**Using developmental evaluation, 36 administrators were interviewed and asked about their expectations of newly graduated nurses, the FoN curriculum, and changes to be made.  
**Results**Four themes were identified: entry to programme; curricular content, delivery and structure; clinical recommendations; and stronger relationships.  
**Conclusion**Strong academic–practice partnerships are still needed. The current lack of communication and partnership has compromised students' quality of education and their transition into the workforce.  
**Implications for Nursing Management**Leaders in both the education and practice settings can better prepare newly graduated nurses and bridge the theory–practice gap by co-creating a joint committee and creating more touchpoints with one another. A joint committee can develop appropriate entry-to-programme guidelines, discuss relevant trends in practice and shape the curriculum. Clinical experiences for students may also act as extra touchpoints whereby the two groups can discuss clinical mentorship needs and build stronger academic–practice relationships.

Duignan, M., Drennan, J., & McCarthy, V. J. C. (2021). Impact of clinical leadership in advanced practice roles on outcomes in health care: A scoping review. *Journal of Nursing Management*, 29(4), 613-622. doi:<https://doi.org/10.1111/jonm.13189>

**Aim**To undertake a scoping review of the literature exploring the impact of clinical leadership in advanced practice roles in relation to patient, staff and organisational outcomes.  
**Background**An increasing number of publications as well as job specifications have identified clinical leadership as a cornerstone of advanced practice roles. However, it is unclear whether embedding clinical leadership in such roles has led to improvements in patient, staff or organisational outcomes. Therefore, identifying the extent to which clinical leadership in advanced practice roles relates to patient, staff and organisational outcomes is needed.  
**Method**A scoping review examining the relationship between clinical leadership in advanced practice roles and health care outcomes. Searching in SCOPUS, PubMed, Psycinfo and CINAHL Plus and Web of Science identified 765 potential articles. Independent selection, data

extraction tabulation of findings and analysis were completed. Results Seven studies were identified that met the inclusion criteria. Only studies reporting on nurses in advanced practice roles were included; no studies were identified that reported on the advanced practice roles of allied health professionals. The results indicate that there is no objective evidence of the impact of advanced practitioners' clinical leadership on patient, staff or organisational outcomes. Conclusion There is a paucity of objective evidence to identify the extent to which clinical leadership is enacted in advanced practice roles. The review indicates a need for closer alignment of AP clinical leadership policy aspirations and formal operational leadership opportunities for APs. Implications for Nursing Management Nurse managers have a key role in supporting and equipping APs with leadership competencies and opportunities to enable both capability and capacity building of such roles. Nurse managers should involve APs in health care leadership at an organisational level to maximize their contribution to health, quality practice environments and health care reform. Additionally, a distinct involvement in staff development, change, operational strategic decisions and policy development should be part of the AP role, which is facilitated by management.

Elisabete Maria das, N. B., Carlos Alberto da, C. S., Leite Queirós, C. M., & Maria Pilar Mosteiro-Díaz. (2021). Workaholism, engagement and family interaction: Comparative study in portuguese and spanish nurses. *Journal of Nursing Management*, 29(4), 731-740. doi:<https://doi.org/10.1111/jonm.13213>

Aim To identify and compare workaholism, engagement and family interaction levels among Portuguese and Spanish nurses. Background The contribution of nursing management and leadership to workers' health and well-being is cardinal to ensure a healthy work environment. However, factors such as workaholism, engagement and family interaction can strongly influence nurses' performance, well-being and safety. Method A multicentre, comparative and cross-sectional study using 333 Portuguese (54.1%) and Spanish (45.9%) nurses working in hospitals. Results Portuguese nurses showed higher levels for workaholism, negative work-family interaction and negative family-work interaction, while Spanish nurses presented higher levels of engagement, positive work-family interaction and positive family-work interaction. Gender, age, job experience time, academic training, working schedule and type of employment contract influenced workaholism, engagement and work-family interaction among nurses from both countries. Conclusion During their professional practice, nurses perceived their stress differently according to each country, with Portuguese nurses presenting worst psychological conditions than Spanish nurses, namely higher workaholism, negative work-family interactions and lower engagement. Implications for Nursing Management Workaholism, engagement and work-family interaction are important areas in which nursing managers must invest to better respond to the new challenges of work contexts.

Labrague, L. J. (2021). Influence of nurse managers' toxic leadership behaviours on nurse-reported adverse events and quality of care. *Journal of Nursing Management*, 29(4), 855-863. doi:<https://doi.org/10.1111/jonm.13228>

Aim To assess the impact of toxic leadership behaviours among nurse managers on nurse-reported adverse events and quality of care. Background Toxic leadership, a form of ineffective leadership, is increasingly becoming rampant in the field of nursing and has been strongly linked to poor nurse job outcomes including job dissatisfaction, higher stress levels, and increased turnover intention. To date, no studies have been conducted to examine how this type of leadership behaviours affects patient outcomes and care quality. Methods A multicentre, cross-sectional study. This study involved a sample of 1,053 registered nurses working in 20 hospitals in the Philippines. Three standardized scales were deployed, including the Toxic Leadership Behaviors of Nurse Managers Scale, the Adverse Patient Events Scale and the single-item quality-of-care-measure. Results Overall, nurses (96.2%) appraised the quality of care of their respective units as 'good to excellent' and cited complaints from patients and their families as the most commonly reported adverse events. Toxic leadership behaviours in nurse managers were strongly associated with increased nurse-reported adverse events including reports of complaints ( $\beta = .619$ ;  $p < .001$ ) and verbal mistreatment from patients and their families ( $\beta = .407$ ;  $p < .001$ ), patient falls ( $\beta = .834$ ;  $p < .001$ ), health care-associated infections ( $\beta = .629$ ;  $p < .001$ ) and errors in administering medication ( $\beta = .708$ ;  $p < .001$ ) and with decreased quality of care ( $\beta = -.216$ ;  $p < .001$ ). Conclusion Nurses who experience working under a nurse manager exhibiting toxic behaviours reported an increased frequency of nurse-reported adverse events and poorer quality of care in the unit. Implications for Nursing Management Organizational measure to reduce the occurrence of adverse events and enhance the quality of care provided in medical units may include intervention to develop positive



leadership practices among nurse managers.

Teleş, M. (2021). Validity and reliability of the turkish version of the general work stress scale. *Journal of Nursing Management*, 29(4), 710-720. doi:<https://doi.org/10.1111/jonm.13211>

**Aim**To test the validity and reliability of the Turkish version of the General Work Stress Scale.**Background**Nursing is one of the most stressful professions. The primary measure that should be taken to ensure that nurses can cope with stress is determining their stress levels.**Method**The General Work Stress Scale was translated into Turkish via back-translation. Its reliability and validity were analysed via item analyses, content and construct validities, exploratory and confirmatory factor analyses, Cronbach's alpha and Spearman–Brown reliability coefficients. Average and standard deviations of the scale items and the overall scale were calculated.**Results**The study was conducted with 276 nurses. The Cronbach's alpha of the whole scale was 0.91, and the Spearman–Brown reliability coefficient was 0.89. According to the resulting one-dimensional structure, the factor loadings of the scale items were between 0.67 and 0.82, and this structure alone explained 58.72% of the total variance. The confirmatory factor analysis revealed perfect and good-fit indices ( $\chi^2/df = 1.96$ ; RMSA = 0.06; CFI = 0.99; IFI = 0.99; GFI = 0.97; RMR = 0.04; NFI = 0.99). The mean total score was  $2.55 \pm 0.87$ , while the items' means ranged from  $2.10 \pm 1.15$  to  $3.33 \pm 1.13$ .**Conclusion**The Turkish version of the General Work Stress Scale is a valid and reliable tool for assessing nurses' general work stress. Nurses largely feel that their work makes them so stressed that they wish they had a different job. The items with high means suggest opportunities for improvement.**Implications for practice**The nurses or nursing services and units with low or high stress levels can be determined with the General Work Stress Scale. If necessary, measures aimed at eliminating or reducing the negative effects of those nurses or nursing services and units with high stress levels can be taken in a timely manner.

Finney, R. E., Torbenson, V. E., Riggan, K. A., Weaver, A. L., Long, M. E., Allyse, M. A., & Enid Y Rivera-Chiauzzi. (2021). Second victim experiences of nurses in obstetrics and gynaecology: A second victim experience and support tool survey. *Journal of Nursing Management*, 29(4), 642-652. doi:<https://doi.org/10.1111/jonm.13198>

**Aim (s)**To investigate second victim experiences and supportive resources for nurses in obstetrics and gynaecology.**Background**Nurses are at risk of developing second victim experiences after exposure to work related events.**Methods**Nurses at a single institution were invited to participate in an anonymous survey that included the validated Second Victim Experience and Support Tool to assess symptoms related to second victim experiences and current and desired supportive resources.**Results**Of 310 nurses, 115 (37.1%) completed the survey; 74.8% had not heard of the term 'second victim'. Overall, 47.8% reported feeling like a second victim during their career and 19.1% over the previous 12 months. As a result of a second victim experience, 18.4% experienced psychological distress, 14.3% turnover intentions, 13.0% decreased professional self-efficacy, and 12.2% felt that institutional support was poor. Both clinical and non-clinical events were reported as possible triggers for second victim experiences. Peer support was the most desired form of support as reported by 95.5%.**Conclusion(s)**Nurses in obstetrics and gynaecology face clinical and non-clinical situations that lead to potential second victim experiences.**Implications for Nursing Management**The second victim experiences of nurses should be acknowledged, and resources should be implemented to navigate it. Educational opportunities and peer supportive interventions specific to second victim experiences should be encouraged.

Dickens, G. L., Salamonson, Y., Johnson, A., Ramjan, L., Steel, K., Taylor, M., & Everett, B. (2021). Longitudinal evaluation of a programme for safety culture change in a mental health service. *Journal of Nursing Management*, 29(4), 690-698. doi:<https://doi.org/10.1111/jonm.13205>

**Aim**To evaluate whether a two-part culture improvement programme aimed at nurses in clinical and managerial positions in an inpatient mental health service was associated with culture change, and safety-related behaviour and knowledge improvements.**Background**Due to serious failings in the delivery of physiological care to mentally disordered inpatients, it was deemed important that interventions be applied to improve service culture.**Methods**A pre-test and post-test study was conducted to evaluate change associated with a mandated intervention aimed at culture change. Nurses in clinical and managerial positions at all levels attended relevant sessions. All were invited

to participate in evaluation measures. Results N = 241 nurses participated in the evaluation (n = 137 and n = 104, pre-test and post-test, respectively). There was a small but significant change in organisational culture indicating greater adhocracy and less clan culture in the second survey period and a small decline in reported safety behaviour. Measures of safety culture, knowledge and emergency-related educational satisfaction were unchanged. Conclusion Only a small change in measured culture was associated with the programme. Implications for Nursing Management Attempts to evaluate culture change need to align anticipated outcomes with appropriate outcome measures. A mandated programme of culture change had little tangible effect on the outcomes measured.

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