



Report Information from ProQuest

29 September 2023 03:18

TABLE OF CONTENTS

Search Strategy.....	iv
1. Factors influencing the self-perceived competencies in spiritual care of nurses in the long-term care facilities.....	1
2. Predictors of patient-centered care provision among nurses in acute care setting.....	1
3. Factors that affect the health status of health care providers—A cross-sectional design.....	2
4. Relationship between patient safety culture and job burnout in Iranian nurses: Assessing the mediating role of second victim experience using structural equation modelling.....	3
5. A comparison of middle managers' and paediatric nurses' satisfaction with organisational communication	4
6. Validation of the Warwick-Edinburgh Mental Well-being Scale among nursing students in Slovenia.....	5
7. Organisational and professional turnover intention among nurse managers: A cross-sectional study.....	5
8. Korean nurses' participation in health care policy reform: A phenomenological study.....	6
9. Benefits of applying for hospital accreditation: The perspective of staff.....	7
10. A qualitative model for evaluating and improving nursing governance in medium- and long-term intermediate care.....	8
11. The influence of spiritual leadership on the subjective well-being of Chinese registered nurses.....	9
12. Nursing and spirituality: A discussion paper on intertwining metaparadigms.....	9
13. Implementing person-centred key performance indicators to strengthen leadership in community nursing: A feasibility study.....	10
14. Nurse managers in perioperative settings and their reasons for remaining in their jobs: A qualitative study.....	11
15. Factors associated with absenteeism of nursing professionals in university outpatient clinics in Brazil....	12
16. Exploration of the expected and achieved competency levels of new graduate nurses.....	13
17. Challenges and opportunities for the multicultural aged care workforce: A systematic review and meta-synthesis.....	14
18. Corrigendum.....	15
19. Collaborative strategic initiative between a university and hospital network group: Advanced nurse/midwife practice forum.....	15
20. What makes experienced nurses stay in their position? A qualitative interview study.....	16
21. Realising 2020 as 'International Year of the Nurse': Is nursing management part of the problem, or part of the solution?.....	17
22. Development and validation of two aspiration prediction models in patients receiving nasogastric feeding	17
23. Correlations between emergency code awareness and disaster nursing competencies among clinical nurses: A cross-sectional study.....	18
24. The importance of strategy in health care.....	19
25. Professional characteristics and work attitudes of hospital nurses who leave compared with those who stay.....	19

TABLE OF CONTENTS

26. Experiences and responses of nursing students as second victims of patient safety incidents in a clinical setting: A mixed-methods study.....	20
27. Workplace verbal abuse, nurse-reported quality of care and patient safety outcomes among early-career hospital nurses.....	21
28. Effects of a person-centred care intervention in an intensive care unit: Using mixed methods to examine nurses' perspectives.....	21
29. Implementing advance directives—An international literature review of important considerations for nurses.....	22
30. Competencies of military nurse managers: A scoping review and unifying framework.....	23
31. Nurses' experiences of Organisational learning: A qualitative descriptive study.....	24
32. Senior nurses' perceptions of junior nurses' incident reporting: A qualitative study.....	25
33. Leading unique cultures in departments with low turnover of nurses. A positive deviance approach study.....	25
34. Experiences of clinical first-line nurses treating patients with COVID-19: A qualitative study.....	26
35. Nurses' preparation for transitioning into positions of leadership—A Caribbean perspective.....	27
Bibliography.....	29

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.

Factors influencing the self-perceived competencies in spiritual care of nurses in the long-term care facilities

Mei-Li Chen ¹
; Yi-Heng Chen ²
; Li-Chan Lin ³
; Li-Lan Chuang ⁴

¹ School of Nursing, National Taipei University of Nursing and Health Science, Taipei City, Taiwan ² Department of Nursing, Institute of Long-term Care, Mackay Medical College, New Taipei City, Taiwan ³ Department of Nursing, Asia University, Taichung, Taiwan ⁴ Department of Nursing, Chang Gung University of Science and Technology, Taoyuan City, Taiwan

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To identify key factors influencing institutional nurses' self-perceived competencies in spiritual care.

Background

In the past decade, interest in spiritual care has been increasing; however, in long-term care facilities, limited knowledge is available about nurses' competencies in spiritual care.

Methods

The cross-sectional study was conducted with 202 nurses in 11 long-term care facilities. Data were collected in a survey using the Spirituality and Spiritual Care Rating Scale, the Nurse Spiritual Care Therapeutics Scale, the Spiritual Care Competence Scale and demographic questions. Data were analysed using stepwise linear regression.

Results

Study findings revealed that nurses' perceptions of spirituality and spiritual care, frequency of spiritual care provision and self-satisfaction with the spiritual care given all significantly predicted overall spiritual care competence, which together explain 58% of the total variance.

Conclusions

Improving nurses' perceptions of spirituality and spiritual care and encouraging the performance of spiritual care may be an effective pathway to enhance the spiritual care competence of institutional nurses.

Implications for Nursing Management

Additional continuing education on spiritual care topics and the establishment of clear guidance and support from institutional administrators are required to enable nurses to deal with spiritual issues as they arise and improve the quality of holistic care.

Predictors of patient-centered care provision among nurses in acute care setting

Alhalal, Eman ¹

; Laila Mohammad Alrashidi ²; Abdulrahman Nayir Alanazi ³ ¹ Nursing College, King Saud University, Riyadh, Saudi Arabia ² Maternity & Child Hospital, Ministry of Health, Hail, Saudi Arabia ³ Eradah Complex for Mental Health, Ministry of Health, Arar, Saudi Arabia

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The study was conducted to assess the predictors of patient-centred care provision among nurses working in an acute care setting. We hypothesized that higher structural empowerment and compassion satisfaction and lower burnout would predict the provision of patient-centred care.

Background

Patient-centred care is a crucial aspect of quality health care and the heart of nursing care. Although previous studies have highlighted some determinants of patient-centred care provision among nurses, there remains a gap in understanding the factors that predict the provision of patient-centred care.

Methods

A cross-sectional predictive design was used. Through random sampling, 255 nurses were recruited from five hospitals providing acute care services in Saudi Arabia.

Results

Multiple linear regression revealed that compassion satisfaction ($\beta = 0.260$ [95% CI: 0.201–0.645]), burnout ($\beta = -0.266$ [95% CI: -0.998 to -0.403]) and structural empowerment ($\beta = 0.273$ [95% CI: 0.462–1.427]) jointly explained significant variance (27.5%) in the provision of patient-centred care by nurses.

Conclusions

The study findings reveal that lower burnout, higher compassion satisfaction and structural empowerment increase nurses' provision of patient-centred care.

Implications for Nursing Management

Leadership and managerial strategies that not only address compassion satisfaction and burnout but also empower nurses are crucial for the provision of patient-centred care by nurses.

Document 3 of 35

Factors that affect the health status of health care providers—A cross-sectional design

Ya-Ting Ke ¹; Chich-Hsiu Hung ²

¹ Department of Nursing, Chi-Mei Medical Center, Tainan, Taiwan; College of Humanities and Social Sciences, Southern Taiwan University of Science and Technology, Tainan, Taiwan ² School of Nursing, Kaohsiung Medical University, Kaohsiung, Taiwan; Department of Medical Research, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the factors that affect the health status of health care providers.

Background

There is a lack of studies that address the stress, resilience, social support and health status of health care providers.

Methods

Using a cross-sectional study design, 500 participants were recruited from three hospitals which were operated by one entity in southern Taiwan. Data were collected with structured questionnaires. A logistic regression analysis was performed to explore the factors that might affect the health status of health care providers.

Results

Among the 500 health care providers, 345 were healthy and 155 were unhealthy. Health status was not significantly correlated with any demographic characteristics, but was significantly correlated with work stress, resilience and social support, with work stress being an important factor influencing the health status of health care providers.

Conclusions

Health care providers with health issues had higher work stress, less resilience and less social support than did healthy medical personnel. Moreover, work stress was the main factor affecting the health of health care providers.

Implications for Nursing Management

Hospital administrators should conduct a series of health management programmes to identify high-risk employees who might need assistance. Such programmes promoting healthy workplaces are necessary, as well as studies that examine the effectiveness of such strategies.

Document 4 of 35

Relationship between patient safety culture and job burnout in Iranian nurses: Assessing the mediating role of second victim experience using structural equation modelling

Habibzadeh, Hossein ¹

; Baghaei, Rahim ²

; Ajoudani, Fardin ¹

¹ School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran ² Patient Safety Research Centre, Urmia University of Medical Sciences, Urmia, Iran

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The study examined the mediating effect of the second victim experience between safety culture and burnout in Iranian nurses.

Methods

A convenience sample of 298 nurses from five teaching hospitals of Urmia participated in the study. Hospital Survey on Patient Safety Culture, Maslach Burnout Inventory and The Second Victim Experience and Support Tool were used to measure the major variables. We adopted structural equation modelling to examine the hypotheses.

Results

Safety culture was significantly associated with second victim experience and burnout ($p < .01$). Second victim experience had a partial mediating role on the relationship between safety culture and burnout ($p < .01$). The mediating model including major variables showed satisfactory fitness ($\chi^2/df = 2.11$, $p < .01$, Comparative Fit Index = 0.94, root-mean-square error of approximation = 0.062).

Conclusions

Establishing a safety culture is crucial for decreasing job burnout, and second victim experience has an intervening role clarifying how high level of safety culture reduces burnout.

Implications for Nursing Management

Managers should plan to promote safety culture and provide sufficient support to staff involved in the patient safety incident, which could reduce staff burnout.

Document 5 of 35

A comparison of middle managers' and paediatric nurses' satisfaction with organisational communication

Doleman, Gemma ¹

; Twigg, Di ²; Bayes, Sara ² ¹ School of Nursing and Midwifery, Edith Cowan University, Joondalup, WA, Australia; Centre for Nursing Research, Sir Charles Gardiner Hospital, Nedlands, WA, Australia ² School of Nursing and Midwifery, Edith Cowan University, Joondalup, WA, Australia

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To explore the differences in organisational communication satisfaction between ward paediatric nurses and middle managers, and to assess whether there is a difference in organisational communication satisfaction between paediatric nurses and middle managers with different educational levels, years of nursing and managerial experience, contracted hours, area of work, age and gender.

Background

Previous studies reported a connection between job satisfaction, work commitment and organisational communication; however, nurses' and nursing middle managers' satisfaction with organisational communication has not been extensively studied in recent years and not at all among paediatric nurses.

Methods

A cross-sectional quantitative research design using online and hard copy self-reported questionnaires was used. Data were collected at one point in time from paediatric nurses and middle (nursing) managers working in a tertiary paediatric hospital in Australia. Statistical methods were employed for data analysis.

Results

The middle management group were significantly more dissatisfied with organisational communication than the paediatric ward nurse group. Middle managers were found in this study to effectively manage and maintain communication lines with the personnel who reported to them; however, communication within the management cohort itself was found to be suboptimal.

Conclusion

Further research to understand how horizontal and vertical communications at the nurse manager and executive

level can be optimised is required.

Implications for nursing management

It is anticipated that the findings from this study may increase the understanding of communication satisfaction between paediatric nurses and middle managers. The study has highlighted the need for improvement with information flow in the management cohort with the addition of extra managerial support and empowerment.

Document 6 of 35

Validation of the Warwick-Edinburgh Mental Well-being Scale among nursing students in Slovenia

Cilar, Leona ¹

; Majda Pajnkihar ¹; Štiglic, Gregor ¹ ¹ Faculty of Health Sciences, University of Maribor, Maribor, Slovenia

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

The aim of this study was to assess the validity of the Warwick-Edinburgh Mental Well-being Scale used for measuring mental well-being.

Background

Nursing students' mental well-being is often poor due to various academic and personal stressors. Nursing students are involved in clinical practice and are facing birth, death, health, diseases and other stressful situations. They may be exposed to higher levels of stress than students from other study programmes.

Methods

A cross-sectional study was conducted among nursing students in Slovenia. We performed a 6-step analysis of the psychometric properties of the Warwick-Edinburgh Mental Well-being Scale. Moreover, content validity of the scale was assessed.

Results

The scale formed a unidimensional scale with good homogeneity ($H < 0.40$) and reliability ($\alpha = 0.91$; $\beta = 0.87$; $\lambda = 0.92$; $\omega = 0.91$). The confirmatory factor analysis suggested that the WEMWBS was suitable for use as a single scale (RMSEA = 0.085, CFI = 0.907; TLI = 0.891) and measures one construct, mental well-being. I-CVI is acceptable for all 14 items, kappa coefficient was excellent, and S-CVI was assessed as acceptable.

Conclusions

The Slovenian version of the scale achieved good validity and reliability in a sample of nursing students and is recommended for future usage.

Implications for Nursing Management

The validated questionnaire can be used by nurse managers to assess nursing students' mental well-being during their clinical placement.

Document 7 of 35

Organisational and professional turnover intention among nurse managers: A cross-sectional study

Labrague, Leodoro J ¹

¹ Sultan Qaboos University, Muscat, Oman

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

We sought to examine factors associated with organisational and professional turnover intention among nurse managers.

Background

Turnover among nurse managers is an ongoing problem in many health care institutions worldwide. While many studies exist that have examined factors contributing to organisational turnover intention, surprisingly, little is known about which factors contribute to nurse managers' decisions to quit the profession.

Methods

This cross-sectional study involved 240 nurse managers working in 17 hospitals in the central Philippines. Five validated standardized scales were used for data collection.

Results

The composite scores of the organisational and professional turnover intention measures were 2.75 and 1.97, respectively (Likert range: 1/strongly disagree to 5/strongly agree). Work–Family Conflict ($\beta = 0.127$; $p < .05$) and job satisfaction ($\beta = -0.315$; $p < .001$) were strongly associated with organisational turnover intention. Job stress was correlated with stronger professional ($\beta = 0.200$, $p < .01$) and organisational turnover intentions ($\beta = 0.281$; $p < .001$).

Conclusion

Nurse managers reported a moderate level of organisational turnover intention and a low level of professional turnover intention. Job satisfaction, job stress, and Work–Family Conflict were identified as significant predictors of organisational and professional turnover intentions.

Implications for Nursing Management

Turnover intention among nurse managers can be best addressed by exploring organisational measures such as a structured transition programme (e.g. nurse manager orientation, coaching, mentorship or preceptorship), leadership programme for new nurse managers and stress management interventions. Further, through provision of a work- and family-friendly workplace and consistent career growth opportunities, retention of nurse managers may be enhanced.

Document 8 of 35

Korean nurses' participation in health care policy reform: A phenomenological study

Han, NamKyung ¹

¹ Executive of Korean Aging Friendly Industry Association, Gimhae, South Korea; Department of Nursing, Gyeongbuk College of Health, Gimcheon, South Korea

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the health care policy reform activities of Korean nurses engaged in civic organisations.

Background

Nursing professionals must lead health care policy reforms to create a health care environment that improves the public health outcomes as the change in population and disease structure accelerates.

Methods

Using Colaizzi's phenomenological analysis, this study conducted in-depth interviews with seven Korean civic activist nurses who had led successful health care policy reforms through policy interventions.

Results

Five themes were identified and validated: recognition of social responsibilities and limitations faced; becoming a health care professional; social solidarity beyond nursing; political influence outside the political arena; and leading reform by entering the political arena.

Conclusion

Participants had the experience of exerting political influence and successfully leading health care policy reforms through civic organisations and social solidarity to solve problems related to nursing.

Implications for Nursing Management

The findings of this study can inform educational curricula or interventional programmes for enhancing general nurses' political competencies and policy interventions.

Document 9 of 35

Benefits of applying for hospital accreditation: The perspective of staff

Algunmeeyn, Abdullah ¹

; Alrawashdeh, Mervat ²; Alhabashneh, Hala ¹ ¹ School of Nursing, Isra University, Amman, Jordan ²
Royal Medical Service, Amman, Jordan

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

This investigation aimed to explore the benefits associated with implementing an accreditation programme in hospitals in Jordan, from the perspective of doctors and nursing staff.

Background

Although Jordan is one of the first Arab countries in the Middle East to adopt accreditation standards, little has been identified with regard to the benefits of implementing accreditation for the quality of health care in Jordanian hospitals.

Method

A qualitative approach was employed in this project. Face-to-face interviews were therefore conducted with 10 nurses at different levels and 10 doctors, including different specialists from two Jordanian hospitals (one private and one public).

Result

Four key benefits of accreditation were recognized in the sampled hospitals: quality improvement, patient satisfaction, patient safety, cost-effectiveness and improved reputation.

Conclusion

This study has tried to offer an in-depth understanding of the impact of this programme. The results reveal that while professionals project a positive attitude to accreditation, their opinions are built on substantial information and supported by evidence-based study or monitoring plans, which could determine and quantify the precise benefits of accreditation in terms of quality.

Implications for Nursing Management

This investigation may be important for nurses, especially in managerial positions. Recommendations for implementing accreditation in Jordanian hospitals were derived from this examination.

Document 10 of 35

A qualitative model for evaluating and improving nursing governance in medium- and long-term intermediate care

Cobo, Montserrat Rodó ¹

; Medina Moya, José Luís ²; Eva Garrido Aguilar ³; Montserrat Solà Pola ³ ¹ University School of Nursing and Occupational Therapy of Terrassa, Autonomous University of Barcelona, Barcelona, Spain ² Faculty of Education, University of Barcelona, Barcelona, Spain ³ School of Nursing, University of Barcelona, Barcelona, Spain

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To evaluate nursing governance in intermediate care in Catalonia Spain and propose improvements.

Background

Drawing on two existing models, the Magnet model and the corporate governance model, we propose that good nursing governance requires nursing leaders to apply the following dimensions: transformational leadership, transformational culture, commitment and sustainability, authority, scientific evidence, transparency and communication, and teamwork.

Method

A qualitative, exploratory study conducted in two phases. First, we asked nursing leaders in intermediate care to describe their opinions and experiences in each of the dimensions. Next, we observed governance practices at two intermediate care centres and conducted interviews with their nursing leaders. Content analysis was used.

Results

Our participants' behaviour corresponded closely to the model in the dimensions of transformational culture and commitment and sustainability but failed to meet the model in the dimensions of scientific evidence and transparency and communication.

Conclusions

Participants had a leadership style focused on transforming their surroundings. According to the model, the leaders in our sample should draw more on scientific evidence and improve their internal communication about outcomes.

Implications for Nursing Management

Establishing committees of nurses to address areas in which governance does not adhere to the model would create

The influence of spiritual leadership on the subjective well-being of Chinese registered nurses

Zou, Wenchi ¹

; Zeng, Yuru ¹ ; Peng, Qiqi ² ; Yongjie Xin ³ ; Chen, Jiabin ³ ; Houghton, Jeffery D ⁴

¹ School of Business, Macau University of Science and Technology, Macau, China ² The Third Affiliated Hospital of Guangzhou Medical University, Guangzhou, China ³ Zhuhai People's Hospital, Zhuhai, China ⁴ John Chambers College of Business and Economics, West Virginia University, Morgantown, WV, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Background

Challenging working conditions and job characteristics can result in nurses experiencing significant workplace stress and adversity.

Aim

To examine how and why spiritual leadership may have a positive influence on nurses' subjective well-being.

Method

A total of 339 registered nurses from five public hospitals in Mainland China participated in this study. Hypotheses were tested using the PROCESS macro.

Results

Spiritual leadership influenced the subjective well-being indirectly through workplace spirituality. The interaction between spiritual leadership and power distance orientation on workplace spirituality was significant. Power distance orientation moderates the indirect effect of spiritual leadership on the subjective well-being through workplace spirituality, and this indirect effect is more positive for nurse with lower power distance orientation.

Conclusions

Spiritual leadership is a significant contextual factor in the workplace that may influence the nurses' workplace spirituality and subjective well-being. Based on their power distance orientation, nurses may have different responses to spiritual leadership, resulting in differing levels of workplace spirituality.

Implications for Nursing Management

Spirituality can satisfy the internal needs of nurses. Spiritual leadership can facilitate a spiritual working context for sustaining the subjective well-being of nurses. Hospitals should provide training programmes to help existing leaders engage in spiritual leadership.

Nursing and spirituality: A discussion paper on intertwining metaparadigms

Marta Domingo-Osle ¹

; Domingo, Rafael ²

¹ Practical Teaching Unit, School of Nursing, University of Navarra Clinic, University of Navarra, Pamplona, Spain ² Law and Religion, Emory University, Atlanta, GA, USA; Institute of Culture and Society, University of Navarra, Pamplona, Spain

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore connections between spiritual metaparadigm and the nursing metaparadigm and advocate for a progressive spiritualization of nursing management.

Background

Relationship between the spiritual *holistic* metaparadigm of *love, communion and gift* and the *holonic* nursing metaparadigm of *care, relationship and practice* is not completely understood.

Method

The construction of a theoretical explanation on the basis of accumulated knowledge in the fields of nursing and spirituality (especially Christian spirituality) for the purpose of constructing a meaningful description.

Results

Deep connectivity between the elements of both metaparadigms: love and care, communion and relationship, and gift and practice.

Conclusion

The connection between the spiritual and nursing metaparadigms is real in nursing education, practice and management because of the holistic character of spirituality. In collective intentions and cultural values are the main channels of interaction between the nursing and the spiritual metaparadigms.

Implications for nursing management

Spirituality influences nursing management by, among other things, (a) providing meaning and purpose; (b) promoting cohesion in health communities; (c) fostering respect for ethics; (d) stimulating innovation; (e) encouraging leadership; and (f) illuminating the workplace.

Document 13 of 35

Implementing person-centred key performance indicators to strengthen leadership in community nursing: A feasibility study

McCance, Tanya ¹

; Dickson, Caroline A W ²; Daly, Laura ³; Boomer, Christine A ⁴; Brown, Donna ⁵; Lynch, Brighide ⁵

; MacArthur, Juliet ⁶; Mountain, Kristina ⁷; McCormack, Brendan ⁸ ¹ Nursing Research & Development, School of Nursing/Institute of Nursing & Health Research, Ulster University, Newtownabbey, UK ²

Community Nursing, Centre for Person-centred Practice Research, Queen Margaret University, Musselburgh, UK ³ Queen Margaret University, Musselburgh, UK ⁴ South Eastern Health and Social

Care Trust, Newtownabbey, UK; School of Nursing/Institute of Nursing & Health Research, Ulster University, Newtownabbey, UK ⁵ School of Nursing/Institute of Nursing & Health Research, Ulster University, Newtownabbey, UK ⁶ Research and Development, NHS Lothian, Royal Infirmary of

Edinburgh, UK ⁷ School of Nursing/Institute of Nursing & Health Research, Ulster University, Newtownabbey, UK ⁸ Research and Development, NHS Lothian, Royal Infirmary of Edinburgh, UK

ABSTRACT (ENGLISH)

Aims

To explore the utility and feasibility of implementing eight person-centred nursing key performance indicators in supporting community nurses to lead the development of person-centred practice.

Background

Policy advocates person-centred health care, but few quality indicators exist that explicitly focus on evaluating person-centred practice in community nursing. Current quality measurement frameworks in the community focus on incidences of poor or missed opportunities for care, with few mechanisms to measure how clients perceive the care they receive.

Methods

An evaluation approach derived from work of the Medical Research Council was used, and the study was underpinned by the Person-centred Practice Framework. Participatory methods were used, consistent with person-centred research.

Results

Data were thematically analysed, revealing five themes: giving voice to experience; talking the language of person-centredness; leading for cultural change; proud to be a nurse; and facilitating engagement.

Conclusions

The findings suggest that implementing the eight person-centred nursing key performance indicators (KPIs) and the measurement framework is feasible and offers a means of evidencing person-centredness in community nursing.

Implications for Nursing Management

Person-centred KPI data, used alongside existing quality indicators, will enable nurse managers to evidence a high standard of care delivery and assist in the development of person-centred practice.

Document 14 of 35

Nurse managers in perioperative settings and their reasons for remaining in their jobs: A qualitative study

Arakelian, Erebouni ¹

; Wålinder, Robert ²; Anna Rask-Andersen ²; Rudolfsson, Gudrun ³ ¹ Department of Surgical Sciences, Uppsala University, Uppsala University Hospital, Uppsala, Sweden ² Department of Medical Sciences, Occupational and Environmental Medicine, Uppsala University, Uppsala, Sweden ³ Faculty of Nursing and Health Sciences, Nord University, Bodø, Norway; Division of Nursing, Department of Health Sciences, University West, Trollhättan, Sweden

ABSTRACT (ENGLISH)

Aim

The study describes what helps nurse managers maintain the strength to keep going as leaders.

Background

Good leadership is important for the quality of patient care, patient satisfaction in care and efficiency. Many nurse managers stay on despite challenges at work.

Methods

Twelve nurse managers were interviewed. Data were analysed by systematic text condensation according to Malterud.

Results

The results were as follows: A—Walking side by side with my employees; B—Knowing that I mean something to my employees; C—Talking to myself—asking myself tough questions; D—Having someone to talk to, to decrease the feeling of being alone; E—Leading and managing in my own way—the fear of not succeeding is my motivation.

Conclusion

The nurse managers built their own strategies to get through and get on when difficult situations arose. In order to succeed in leading their employees, the nurse managers gathered their inner strength through moving caritatively back and forth between the 'secret room' and the 'staff room' in the house of leadership.

Implications in Nursing Management

The manuscript gives insights into where nurse managers found sources of strengths in their everyday work. To realize their employees' strengths and motivation made a difference for nurse managers as a driving force. By having someone to talk to and by asking themselves tough questions, they were prepared for the challenges that came.

Document 15 of 35

Factors associated with absenteeism of nursing professionals in university outpatient clinics in Brazil

Tracera, Gisele ¹

; Katerine dos Santos ²

; Nascimento, Flaviana ³

; Sousa, Kayo Henrique ³

; Portela, Luciana ⁴

; Zeitoune, Regina Célia ³

¹ Escola de Enfermagem Anna Nery/EEAN, Universidade Federal do Rio de Janeiro/UFRJ, Rio de Janeiro, Brasil; Maternidade Escola/ME, Universidade Federal do Rio de Janeiro/UFRJ, Rio de Janeiro, Brasil; Policlínica Piquet Carneiro/PPC, Universidade do Estado do Rio de Janeiro/UERJ, Rio de Janeiro, Brasil ² Escola de Enfermagem Anna Nery/EEAN, Universidade Federal do Rio de Janeiro/UFRJ, Rio de Janeiro, Brasil; Instituto de Atenção à Saúde São Francisco de Assis/HESA, Universidade Federal do Rio de Janeiro/UFRJ, Rio de Janeiro, Brasil; Hospital Universitário Gafrée & Guinle/HUGG, Universidade Federal do Estado do Rio de Janeiro/UNIRIO, Rio de Janeiro, Brasil ³ Escola de Enfermagem Anna Nery/EEAN, Universidade Federal do Rio de Janeiro/UFRJ, Rio de Janeiro, Brasil ⁴ Instituto Nacional de Infectologia Evandro Chagas, INI. Fundação Oswaldo Cruz/FIOCRUZ, Rio de Janeiro, Brasil

ABSTRACT (ENGLISH)

Objective

To analyse the sociodemographic, occupational and health profile of nursing professionals working in university outpatient services and their relationship with absenteeism.

Background

The organisation and working conditions in outpatient services may be directly related to the illness and absenteeism in the nursing profession.

Method

Analytical cross-sectional study was conducted in 11 outpatient clinics in the city of Rio de Janeiro/Brazil with nursing professionals. A self-applicable data collection tool was used for sociodemographic, occupational and health characterization. The analyses were performed using chi-square tests, odds ratio calculation and a 95% confidence interval.

Results

Absenteeism due to illness in the previous 12 months was reported by 35.9% of workers. Sociodemographic and occupational characteristics were not significantly associated with absenteeism, having a positive association only among workers who had two or more jobs. In health-related variables, self-rated health was significantly associated with long absenteeism. Individuals with four or more chronic diseases had a 187% higher chance of being absent for more days.

Conclusion

The analysis of factors associated with absenteeism must take into account the context of outpatient nursing work and its consequences for the health-disease process.

Implications for nursing management

This allows for rethinking proposals for interventions based on the reality of workers' health.

Document 16 of 35

Exploration of the expected and achieved competency levels of new graduate nurses

Hyun, Areum ¹

; Tower, Marion ¹

; Catherine Turner ²

¹ School of Nursing, Midwifery & Social Work, University of Queensland, Brisbane, QLD, Australia ² College of Nursing and Midwifery, Charles Darwin University, Casuarina, NT, Australia, Catherine Turner

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the expected and achieved competency levels of new graduate nurses.

Background

There are global concerns about a perceived disconnect between the educational preparation of new graduates and

the expectations of employers about their work readiness. It is important to understand competency levels expected and achieved of new graduate nurses.

Method(s)

The study was conducted in three phases: the identification of competencies, development of a survey instrument and exploration of levels of competency from the perspectives of key stakeholders.

Results

New graduates were well prepared for demonstrating respect to patients, but needed to be closely supported when providing emergency care. Results highlighted that new graduates felt less competent than graduating students in those competencies related to legal and ethical practice. Importantly, expectations about new graduates' competency varied between educators and managers.

Conclusion(s)

The findings provide important information about new graduates' competency levels, revealing a mismatch in the perception of key stakeholders about competency levels. This has important implications for building new graduates readiness for practice and highlights the importance of collaboration between key stakeholders to address competency gaps.

Implications for Nursing Management

Supportive opportunities should be provided to new graduate nurses to fill gaps in beginner competency.

Document 17 of 35

Challenges and opportunities for the multicultural aged care workforce: A systematic review and meta-synthesis

Chen, Li ¹

; Xiao, Lily D ¹

; Han, Weifeng ¹

; Meyer, Claudia ²

; Müller, Amanda ¹

¹ College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia ² Bolton Clarke Research Institute, Kelvin Grove, Vic., Australia; Rehabilitation, Ageing and Independent Living (RAIL) Research Centre, Monash University, Clayton, Vic., Australia

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To identify (a) the challenges for multicultural aged care teams; (b) the opportunities to facilitate teamwork; and (c) the strategies to assist team members in a multicultural work environment.

Background

High-income countries have an increasingly culturally diverse aged care workforce. Fostering teamwork in such an environment is challenging.

Methods

This systematic review of qualitative studies followed the Joanna Briggs Institute (JBI) meta-aggregation approach. Six databases were searched. Retrieved articles were screened by two reviewers. This review identified 111 findings

that were aggregated into 15 categories and five themes.

Findings

Aged care workers' awareness of cultural diversity varies, and their knowledge of each other's cultural background is limited. However, cultural skills are demonstrated, contributing to teamwork. Their experience in cross-cultural encounters is broad, and enhanced team cohesion is desired.

Conclusions

The cultural competence of the aged care workforce shapes team building, peer support opportunities and positive cross-cultural experiences.

Implications for Nursing Management

Recommendations are provided for the adaptation of aged care workers to culturally diverse teams, fostering teamwork to enhance care outcomes for clients. Interventions for improvements in cross-cultural leadership and management, and staff experience of cross-cultural encounters are much needed.

Document 18 of 35

Corrigendum

[ProQuest document link](#)

Document 19 of 35

Collaborative strategic initiative between a university and hospital network group: Advanced nurse/midwife practice forum

Carney, Marie ¹

; Kearns, Thomas ²; Greene, Karen ³ ¹ Faculty of Nursing and Midwifery, RCSI Network Group Hospitals, Dublin, Ireland ² Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland ³ Beaumont University Hospital, Dublin, Ireland

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Background

The Faculty of Nursing and Midwifery, one of a few nursing and midwifery faculties worldwide, was established in 1974 by Ms Mary Frances Crowley, for postgraduate nursing education, and is situated within the Royal College of Surgeons in Ireland, University of Medicine and Health Sciences. The RCSI operates through a network group of university hospitals: Beaumont, Connolly, Drogheda, Cavan, Monaghan and the Rotunda. Combined these hospitals have 120 registered and candidate ANP/AMPs and caters for general, psychiatric, children and maternity patients/clients. The drive to establish the forum between the faculty and the six Dublin hospitals was to build capacity among advanced nurse practitioners and advanced midwife practitioners (ANP/AMPs) who are seen as intelligent consumers of evidence-based research and safe practice. The SCAPE report identified research as the

single domain that was underdeveloped within the ANP role, in the study exploring the role of ANPs and CNSs. Latterly, the Nursing and Midwifery Board of Ireland highlighted research as a vital component of the ANP/AMP role in its standards for advanced nurse and midwife practice. The faculty acted collaboratively to introduce an ANP/AMP forum to support advanced practitioners working in the university hospital group in their education and professional development, support the expansion of their knowledge base through practice-based enquiry and research and act as a conduit for interactions between ANPs/AMPs by keeping them up to date with practice and research.

Methods

The *Initiation* phase was undertaken through a survey of needs; *Implementation* phase by extensive literature review and research-based newsletters sent to individuals by the forum coordinator; and the *Evaluation* phase through focus groups.

Document 20 of 35

What makes experienced nurses stay in their position? A qualitative interview study

Loft, Mia Ingerslev ¹

; Jensen, Claus Sixtus ²

¹ Department of Neurology, Rigshospitalet, Glostrup, Denmark ² Department of Paediatrics and Adolescent Medicine, Aarhus University Hospital, Aarhus N, Denmark; Research Center for Emergency Medicine, Aarhus University Hospital, Aarhus N, Denmark; Department of Clinical Medicine, Aarhus University, Health, Aarhus N, Denmark

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore which factors are important in experienced nurses' intention to stay in the clinical setting and to learn which factors affect their job satisfaction.

Background

Nursing turnover is a challenge for health care quality outcomes, and retaining nursing expertise at the bedside is of great importance. Thus, we must understand why nurses choose to stay employed in their clinical settings.

Method(s)

Twenty-eight nurses participated in a qualitative interview study. The data were analysed using inductive content analysis.

Results

The analysis revealed seven themes: being an experienced nurse, the importance of the speciality, management, professional challenges, good colleagues, balancing family and work-life and change in organisations.

Conclusion(s)

Many factors affect experienced nurses' job satisfaction and their intention to stay in their jobs and the profession. The factors were not particularly linked to the nurses' specialties. Nursing managers play a vital role in influencing these factors.

Implications for nursing management

This study contributes important knowledge useful for development of policies and strategies for nursing retention, hence contributing to the enhancement of nursing practice. Nursing managers need to consider their roles in retaining experienced nurses as this study underscores the importance of job satisfaction in the nurses' intention to

stay.

Document 21 of 35

Realising 2020 as 'International Year of the Nurse': Is nursing management part of the problem, or part of the solution?

Darbyshire, Philip ¹

; Thompson, David R ²

; McIntosh, Nichole ³

¹ Philip Darbyshire Consulting Ltd, Adelaide, Australia ² School of Nursing and Midwifery, Queen's University Belfast, Belfast, UK ³ Nichole McIntosh, London, UK

[ProQuest document link](#)

Document 22 of 35

Development and validation of two aspiration prediction models in patients receiving nasogastric feeding

Sun, Wenjing ¹

; Xie, Liling ²; Chen, Limei ²; Xiao, Mingzhao ¹; Zhao, Qinghua ¹; Zeng, Jingjie ³; Peng, Yihang ¹;

Shu, Lingzhi ¹; Mao, Jiayi ¹ ¹ Department of Nursing, The First Affiliated Hospital of Chongqing Medical

University, Chongqing, China ² Department of Nursing, First Branch of the First Affiliated Hospital of

Chongqing Medical University, Chongqing, China ³ School of Microelectronics and Communication

Engineering, Chongqing University, Chongqing, China

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To develop and validate two aspiration prediction models in patients receiving nasogastric feeding.

Background

Aspiration is one of the most serious complications of nasogastric feeding. However, there is a lack of aspiration prediction models for nasogastric feeding.

Methods

A total of 515 patients receiving nasogastric feeding were randomly selected for this unmatched case–control study, with 103 patients in the case group and 412 patients in the control group. Logistic regression was used to develop

nomogram and Classification And Regression Tree (CART) models. The performances of the models were internally validated using 1,000 bootstrapped samples.

Results

The predictive accuracy of the CART model (94.5%) was higher than that of the nomogram model (89.1%). The area under the receiver operating characteristic curve of the CART model (0.96) was slightly higher than that of the nomogram model (0.93).

Conclusions

The intubation depth, number of comorbidities, aspiration history, indwelling days, food type and the use of sedative-hypnotics may be used to identify aspiration risk.

Implications for Nursing Management

Two aspiration prediction models are provided for nurses to evaluate aspiration risk and increase the quality of nursing management.

Document 23 of 35

Correlations between emergency code awareness and disaster nursing competencies among clinical nurses: A cross-sectional study

Jeong, Suhee ¹

; Lee, Ogcheol ²

¹ Department of Nursing, Chung-Ang Medical Center, Seoul, Korea ² Red Cross College of Nursing, Chung-Ang University, Seoul, Korea

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

This study identified clinical nurses' awareness of emergency codes and disaster nursing competencies and investigated the relationships between these variables.

Background

Nurses are on the front lines of disaster and emergency response; however, they report not feeling confident about their disaster preparedness.

Methods

Participants included 234 nurses working at a general hospital in Korea. Emergency code awareness was measured by recognition of and self-confidence in eight emergency codes, and disaster nursing competencies were measured using the Disaster Nursing Preparedness Response Competency Scale. Data were collected from 17 to 23 October 2019.

Results

The recognition rate of emergency codes was 87.4%, whereas the level of self-confidence was 3.30 out of 5. Nurses scored 2.98 out of 5 on disaster preparedness competencies and 3.37 out of 5 on disaster response competencies. Emergency code recognition was positively correlated with self-confidence and disaster nursing competencies ($p < .05$).

Conclusion

Higher recognition of emergency codes among clinical nurses was associated with higher self-confidence and disaster nursing competencies. Further studies need to develop strategies to improve nurses' awareness and

confidence concerning emergency codes.

Implications for Nursing Management

Nurse managers should pay attention to provide more opportunities for disaster education to improve nurses' self-confidence and disaster nursing competencies.

Document 24 of 35

The importance of strategy in health care

Carney, Marie ¹ ¹ Advanced Nurse and Midwife Practice Co Ordinator Royal College of Surgeons in Ireland Hospital Group, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, 123 St Stephen's Green, Dublin 2, Ireland

[ProQuest document link](#)

Document 25 of 35

Professional characteristics and work attitudes of hospital nurses who leave compared with those who stay

Kerzman, Hana ¹ ; Dina Van Dijk ² ; Maya Siman-Tov ³ ; Friedman, Shoshy ⁴ ; Goldberg, Shoshy ⁵ ¹ Nursing Division, Chaim Sheba Medical Center, Tel-Hashomer, Tel-Hashomer, Israel ² Department of Health Systems Management, Ben-Gurion University of the Negev, Beer Sheva, Israel ³ School of Public Health, Tel-Aviv University, Tel-Aviv, Israel ⁴ Wolfson Medical Center, Holon, Israel ⁵ Nursing Administration at the Ministry of Health, Jerusalem, Israel

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To compare characteristics and attitudes of nurses who resigned and those who remained in two Israeli hospitals and assess the reasons for leaving.

Background

Nurse turnover is a current global problem in health care system, especially given the severe nurse shortages. Retention of nurses requires an understanding of the characteristics of the resigning nurses, their attitudes and their reasons for leaving.

Methods

A matching case-control study was conducted among 100 resigning nurses and 200 matched remaining nurses. Questionnaires were used to survey the professional characteristics and attitudes of the participating nurses. In addition, exit interviews were used to assess the reasons to leave of resigning nurses.

Results

Resigning nurses had higher education, less seniority and fewer managerial positions compared with remaining nurses. In addition, resigning nurses had lower professional autonomy and higher aspirations for professional advancement. The reasons to leave cited by the resigning nurses were distance of the workplace from home and working conditions as well as aspiring for professional advancement.

Conclusions

The interface between high education and having few opportunities for advanced positions may lead to resignation.

Implications for Nursing Management

We recommend organisational interventions for training new hospital nurses through professional career path development, such as mentoring programme.

Document 26 of 35

Experiences and responses of nursing students as second victims of patient safety incidents in a clinical setting: A mixed-methods study

Huang, Huanhuan ¹

; Chen, Jiaojiao ²

; Xiao, Mingzhao ²; Cao, Songmei ¹; Zhao, Qinghua ¹ ¹ Department of Nursing, The First Affiliated Hospital of Chongqing Medical University, Chongqing, China ² Department of Urology, The First Affiliated Hospital of Chongqing Medical University, Chongqing, China

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To investigate the degree of second victim syndrome among nursing students in clinical practice and determine the rehabilitation process.

Background

Empirical evidence suggests that health care providers who are considered second victims suffer from various difficulties. Nursing students in a clinical setting could be potential second victims, but few studies have quantitatively investigated the experiences and explored their response processes.

Methods

A mixed-methods design was used. A questionnaire was sent to nursing students via a link to an electronic survey, and a semi-structured interview was conducted to explore their response process as second victims.

Results

The quantitative results showed that nursing students in the clinical setting suffered second victim-related distress and that the most significant influences were psychological distress and professional efficacy. Four stages of rehabilitation experiences emerged from the qualitative data.

Conclusion

Being a second victim for nursing students in a clinical setting is psychological suffering, and although they can be expected to recover, an impact on professional efficacy is inevitable.

Implications for Nursing Management

Nursing managers must be aware that nursing students in a clinical setting might experience difficult situations after patient safety incidents and that developing appropriate programmes to support at-risk students is important.

Workplace verbal abuse, nurse-reported quality of care and patient safety outcomes among early-career hospital nurses

Cho, Hyeonmi ¹

; Pavek, Katie ¹; Steege, Linsey ¹ ¹ School of Nursing, University of Wisconsin - Madison, Madison, WI, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aims

To examine the differences in early-career nurses' verbal abuse experiences based on their sociodemographic characteristics, and to investigate the associations of verbal abuse experiences with nurse-reported care quality and patient safety outcomes.

Background

Few studies have examined the relationships between early-career nurses' verbal abuse experiences and nurse-reported patient care quality and safety outcomes.

Methods

Cross-sectional survey data from 799 early-career hospital nurses in the United States were analysed. Items assessed verbal abuse experiences from patients or their families, physicians and other employees. Associations between verbal abuse experiences and nurse-reported care quality and patient safety outcomes were examined using multiple logistic regression analyses.

Results

There were significant differences in verbal abuse experiences by age, gender and work unit. Nurses who experienced verbal abuse, regardless of the perpetrator, were less likely to report high-quality care and a favourable safety grade. Nurses who experienced verbal abuse specifically from physicians or other employees were also less likely to feel comfortable reporting safety problems.

Conclusion

Managing verbal abuse may be important for improving patient care quality and safety. Future intervention study is needed to reduce verbal abuse.

Implications for Nursing Management

To optimize patient safety, managers should thoroughly monitor verbal abuse and organisations' need to establish clear expectations and ramifications for when verbal abuse occurs.

Effects of a person-centred care intervention in an intensive care unit: Using mixed methods to examine nurses' perspectives

Hye Jin Yoo ¹

; Shim, JaeLan ²

¹ Department of Nursing, Asan Medical Center, Seoul, South Korea ² Department of Nursing, College of Medicine, Dongguk University, Gyeongju, South Korea

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

We identified nurses' experiences and changes in person- and family-centred care (PFCC) after applying a family-visiting programme in an intensive care unit (ICU).

Background

Critical care provision is shifting to include communication among patients, families and health care providers.

Methods

We used mixed methodology and a group pre- and post-test design. In 2019, 30 ICU nurses completed an 8-week programme, including keeping a diary and completing fundamental care activities. A survey of PFCC nursing performance was completed pre- and post-programme, and 15 nurses were interviewed post-programme. Performance differences were examined through paired *t* tests; qualitative data were analysed by thematic analysis.

Results

The pre- and post-scores were 3.06 ± 0.34 and 4.00 ± 0.29 , respectively ($t = 17.38$, $p = .000$), and five main themes and 13 subtopics were revealed. Most nurses 'discovered the importance of nursing through a truthful relationship with ICU patients' families'.

Conclusion

For effective PFCC, changes in nurses' perceptions and hospital organisation are required, such as improving the ICU working environment, assigning suitable health care personnel to provide care and implementing open-visit programmes.

Implications for Nursing Management

Hospital policymakers and nurse managers should take care to provide staff support and high-quality patient care to realize effective PFCC.

Document 29 of 35

Implementing advance directives—An international literature review of important considerations for nurses

Dowling, Teresa ¹

; Kennedy, Sara ¹

; Foran, Sinead ¹

¹ Department of Nursing & Healthcare, Waterford Institute of Technology, Waterford, Ireland

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim(s)

To review the global literature on the implementation of advance health care directives to date, and the experiences of the health care professionals who must initiate the discussions around advance care planning, as well as support patients' ultimate decisions.

Background

Ireland's Assisted Decision-Making (Capacity) Act 2015 legalizes advance health care directives. It promotes the autonomy of the person and enables them to have treatment in accordance with their will and preferences. However, there is professional uncertainty on how to support and integrate assisted decision-making.

Evaluation

16 studies featuring the views of health care professionals are included and evaluated using a framework of 'benefits versus challenges'.

Key issue(s)

Four themes clearly emerge during the review process: the concept of capacity and who decides; autonomy versus paternalism—conflict among the health care professional/patient/family caregiver triad; barriers to advance directives; and timing issues.

Conclusion(s)

Significant benefits of advance health care directives exist for all parties including less stress for patients and families alike, less burden and less residual guilt for surviving relatives, and an over-arching prevention of 'crisis' decision-making.

Implications for Nursing Management

This review highlights the central role of the nurse in empowering patients to express their wills and preferences, supporting patients' capacity to make decisions about their own care, initiating end-of-life care discussions and advocating to have advance health care directives acknowledged. Moreover, it identifies the challenges ahead for all nurse managers in implementing this new mandate.

Document 30 of 35

Competencies of military nurse managers: A scoping review and unifying framework

Ma, Huijuan¹; Chihava, Theodora Nomusa¹; Fu, Jingjing¹; Zhang, Suofei¹; Lei, Lei¹; Tan, Jing¹; Li, Lin¹; Luo, Yu¹

¹ School of Nursing, Third Military Medical University, Chongqing, China

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim(s)

To identify competencies of military nurse managers and develop a unifying framework of military nurse managers' competencies.

Background

Military nurse managers shoulder multiple responsibilities because of duality roles, and they should possess competencies that enable them to manage human and material resources during peacetime and wartime. Therefore, nursing management within military context is demanding, such that a comprehensive understanding of their competencies is needed for effective military nursing management. Although relevant studies have focused on

different military branches and different levels of managers, there is no standard evaluation framework.

Evaluation

A scoping review of studies focusing on competencies of military nurse managers from seven databases was carried out.

Key issues

Nine studies were included in this review, and a framework consisting of six domains of military nurse managers' competencies was identified: clinical expertise, role model, leadership competencies, human competencies, financial competencies and deployment competencies.

Conclusion

Existing knowledge of competencies of military nurse managers is limited, and a comprehensive understanding of this topic can provide direction for future work.

Implications for Nursing Management

Military nurse managers play substantial roles within the military nursing context. A unifying framework can facilitate personnel recruitment and competency measurement, as well as training protocol development.

Document 31 of 35

Nurses' experiences of Organisational learning: A qualitative descriptive study

Lyman, Bret ¹

; Biddulph, Marisa E ¹; Hopper, V Grace ¹; Brogan, Julie L ^{2 1} College of Nursing, Brigham Young University, Provo, UT, USA ² Utah Valley Hospital, Provo, UT, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the validity of and expand upon a model of organisational learning in hospitals.

Background

Organisational learning is a positive change in an organisation's collective knowledge, cognition and/or action, leading to improved hospital performance. A current model offers an evidence-based, theoretical representation of organisational learning in hospitals, yet the intricacies of organisational learning in clinical practice are not fully understood. Additional guidance is needed to effectively foster and study organisational learning.

Method

Semi-structured interviews were used to gather 15 first-hand experiences of organisational learning from 14 nurses. Data were analysed via deductive thematic analysis.

Results

Organisational learning was more effective when aligned closely with the model and less effective when alignment was poor. The nurses' experiences illustrate relationships among elements of the model and underscore the importance of leadership and psychological safety in organisational learning.

Conclusion

This study helps validate the model and offers new insights into organisational learning. Additional research is needed to explore the role of leadership and psychological safety in organisational learning.

Implications for Nursing Management

Nurse managers can use the Organisational Learning in Hospitals model to evaluate organisational learning. Nurse

managers have the opportunity to develop effective leadership practices designed to cultivate psychological safety within their teams.

Document 32 of 35

Senior nurses' perceptions of junior nurses' incident reporting: A qualitative study

Atwal, Anita ¹

; Phillip, Miriam ²; Moorley, Calvin ³ ¹ School of Health and Social Care, London South Bank University, London, UK ² Imperial College HealthCare NHS Trust, St Marys Hospital, London, UK ³ School of Health and Social Care/Adult Nursing and Midwifery Studies, London South Bank University, London, UK

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To develop an understanding of senior nurses' ranking and perceptions of incident reporting by junior nurses.

Background

Nurses must be encouraged to report incidents to nursing management. It is important to ascertain how senior nurses perceive their concerns, as it is crucial to ensuring that patient safety is managed.

Method

Qualitative study. Four focus groups explored senior nurses' perceptions of risks identified by nurses from a live incident reporting database. Data were analysed using framework analysis.

Results

Five themes emerged demonstrating the differences in opinions in relation to the classification of events by senior and non-senior nurses. Senior nurses held the view that some junior nurses use incident reporting to '*vent frustration*'.

Conclusion

There is a mismatch between senior nurses' and junior nurses' perceptions of safety incidents. Nurses need to develop the writing style and use language that red flags incidents when reporting incidents. Senior nurses need to create a positive culture where risk from incident reporting is used to improve patient safety and subsequently a positive work environment.

Implications for Nursing Management

Our research identified the need for joint training to promote a shared understanding among nurses as to how incident report should be completed to promote patient safety.

Document 33 of 35

Leading unique cultures in departments with low turnover of nurses. A positive deviance approach study

Bibi Hølge-Hazelton ¹

; Berthelsen, Connie B ¹ ¹ Zealand University Hospital, Roskilde, Denmark; Institute of Regional Studies, University of Southern Denmark, Odense, Denmark

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To investigate nurse leaders' experiences and strategies for turnover in relation to culture and work environment in hospital departments with low nurse turnover.

Background

Nursing shortage is a global problem, and numerous turnover strategies have been utilized to attempt to address this shortage.

Design/Methods

Four regional hospital departments with the lowest nurse turnover were included. Data were constructed with nine nurse leaders through individual interviews and were analysed using directed content analysis.

Results

The findings presented in two categories, 'The culture is unique' and 'Maintaining, protecting or re-establishing a unique culture', summarize how leaders navigated authentically in different contexts, operationalizing clear values and visions both for their departmental culture and in turnover strategies.

Conclusion

Even though all the nurse leaders interviewed were concerned about the current recruitment situation, they were confident in their leadership roles, targeted towards supporting the unique culture in their departments.

Implications for Nursing Management

Leaders with clear cultural awareness and visions for the context in which they operate may be positively associated with lower turnover of nurses. Including the perspectives of leaders from departments with low turnover of nurses has the potential to create new knowledge about improving nurse retention.

Document 34 of 35

Experiences of clinical first-line nurses treating patients with COVID-19: A qualitative study

Tan, Rong ¹

; Yu, Ting ²; Luo, Kaiyan ¹; Teng, Fen ³; Liu, Yilan ⁴; Luo, Jian ⁴; Hu, Deying ⁴ ¹ Department of Orthopedics, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China ² School of Nursing, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China ³ Department of Nursing, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China ⁴ Department of Nursing, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the work experience of clinical first-line nurses treating patients with coronavirus disease 2019 (COVID-19).

Background

COVID-19 has been listed as an international public health emergency. Clinical first-line nurses are at a high risk of infection, and they face a lack of experience and inadequate preparation for COVID-19, leading to physical and psychological disorders.

Methods

A qualitative study was conducted from January to February 2020 at a COVID-19-designated hospital in Wuhan, China. Thirty nurses were selected for the study using a purposive sampling method. Data were collected by semi-structured interviews and analysed using content analysis.

Results

Two main categories were defined in the study from the perspective of nurses: negative experiences during clinical first-line work and positive impacts of clinical first-line work. Under the first category, two subcategories were included: psychological experiences of clinical first-line work and difficulties faced during clinical first-line work. The analysis further yielded two subcategories for the second category: the needs of clinical first-line work and the impact of clinical first-line work on professional attitudes.

Conclusions

The results demonstrate that success depends upon strengthening emergency training and knowledge of infectious diseases for nurses, providing adequate protective equipment and improving the emergency response plans of hospitals for public health emergencies.

Implications for Nursing Management

It is believed that our findings will guide hospital managers to make improvements in personal, administrative and institutional areas and that they will provide a reference and inspiration for nurses with regard to public health emergencies in the future.

Document 35 of 35

Nurses' preparation for transitioning into positions of leadership—A Caribbean perspective

Ocho, Oscar Noel ¹

; Wheeler, Erica ²; Sheppard, Claudine ¹; Lu-Ann Caesar-Greasley ¹; Rigby, Janet ³; Gail Tomblin Murphy ⁴ ¹ University of the West Indies School of Nursing (UWISoN), St Augustine, Trinidad and Tobago ² Pan American Health Organization, Country Office, Port of Spain, Trinidad and Tobago ³ Centre for Clinical Research, Nova Scotia Health Authority, Halifax, NS, USA ⁴ Centre for Clinical Research, Nova Scotia Health Authority, Halifax, NS, USA; WHO/PAHO Collaborating Centre on Health Workforce Planning & Research, Dalhousie University, Halifax, NS, Canada

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore perspectives of nurse managers about their preparation for transitioning into positions of leadership.

Background



There have been serious concerns about the level of preparation as well as availability of support systems for transitioning of nurses into positions of authority.

Methods

This was a quantitative study conducted in four Caribbean countries targeting nurses promoted to leadership positions within the last 5 years. Data were collected using a 30-item questionnaire. Ethical approvals were received from the University of the West Indies and the participating countries.

Results

Most participants were female, had 15 or more years' experience and an associate degree/diploma in nursing. They felt prepared through training and acting opportunities although many were not preceptored/mentored into the position. Preparation by training was positively correlated to acting opportunities, preceptorship programme and having a preceptor.

Conclusion

Transitioning into positions of leadership requires readiness from a personal as well as an organisational perspective. There must be investment in the development opportunities to support nurses' transition into leadership positions.

Implications for Nursing Management

Organisational continuity and effectiveness will be dependent on a balance between investing in experienced nursing personnel while encouraging personal development of less-experienced nurses. Peer mentorship must be utilized to facilitate nurse transition.

Bibliography

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

Mei-Li Chen, Yi-Heng Chen, Li-Chan Lin, & Li-Lan Chuang. (2020). Factors influencing the self-perceived competencies in spiritual care of nurses in the long-term care facilities. *Journal of Nursing Management*, 28(6), 1286-1294. doi:<https://doi.org/10.1111/jonm.13080>

AimsTo identify key factors influencing institutional nurses' self-perceived competencies in spiritual care.
BackgroundIn the past decade, interest in spiritual care has been increasing; however, in long-term care facilities, limited knowledge is available about nurses' competencies in spiritual care.
MethodsThe cross-sectional study was conducted with 202 nurses in 11 long-term care facilities. Data were collected in a survey using the Spirituality and Spiritual Care Rating Scale, the Nurse Spiritual Care Therapeutics Scale, the Spiritual Care Competence Scale and demographic questions. Data were analysed using stepwise linear regression.
ResultsStudy findings revealed that nurses' perceptions of spirituality and spiritual care, frequency of spiritual care provision and self-satisfaction with the spiritual care given all significantly predicted overall spiritual care competence, which together explain 58% of the total variance.
ConclusionsImproving nurses' perceptions of spirituality and spiritual care and encouraging the performance of spiritual care may be an effective pathway to enhance the spiritual care competence of institutional nurses.
Implications for Nursing ManagementAdditional continuing education on spiritual care topics and the establishment of clear guidance and support from institutional administrators are required to enable nurses to deal with spiritual issues as they arise and improve the quality of holistic care.

Alhalal, E., Laila, M. A., & Abdulrahman, N. A. (2020). Predictors of patient-centered care provision among nurses in acute care setting. *Journal of Nursing Management*, 28(6), 1400-1409. doi:<https://doi.org/10.1111/jonm.13100>

AimThe study was conducted to assess the predictors of patient-centred care provision among nurses working in an acute care setting. We hypothesized that higher structural empowerment and compassion satisfaction and lower burnout would predict the provision of patient-centred care.
BackgroundPatient-centred care is a crucial aspect of quality health care and the heart of nursing care. Although previous studies have highlighted some determinants of patient-centred care provision among nurses, there remains a gap in understanding the factors that predict the provision of patient-centred care.
MethodsA cross-sectional predictive design was used. Through random sampling, 255 nurses were recruited from five hospitals providing acute care services in Saudi Arabia.
ResultsMultiple linear regression revealed that compassion satisfaction ($\beta = 0.260$ 95% CI: 0.201–0.645], burnout ($\beta = -0.266$ 95% CI: -0.998 to -0.403]) and structural empowerment ($\beta = 0.273$ 95% CI: 0.462–1.427]) jointly explained significant variance (27.5%) in the provision of patient-centred care by nurses.
ConclusionsThe study findings reveal that lower burnout, higher compassion satisfaction and structural empowerment increase nurses' provision of patient-centred care.
Implications for Nursing ManagementLeadership and managerial strategies that not only address compassion satisfaction and burnout but also empower nurses are crucial for the provision of patient-centred care by nurses.

Ya-Ting Ke, & Chich-Hsiu Hung. (2020). Factors that affect the health status of health care providers—A cross-sectional design. *Journal of Nursing Management*, 28(6), 1199-1206. doi:<https://doi.org/10.1111/jonm.13057>

AimTo explore the factors that affect the health status of health care providers.
BackgroundThere is a lack of studies that address the stress, resilience, social support and health status of health care providers.
MethodsUsing a cross-sectional study design, 500 participants were recruited from three hospitals which were operated by one entity in southern Taiwan. Data were collected with structured questionnaires. A logistic regression analysis was performed to explore the factors that might affect the health status of health care providers.
ResultsAmong the 500 health care providers, 345 were healthy and 155 were unhealthy. Health status was not significantly correlated with any demographic characteristics, but was significantly correlated with work stress, resilience and social support, with work stress being an important factor influencing the health status of health care providers.
ConclusionsHealth care providers with health issues had higher work stress, less resilience and less social support than did healthy medical personnel. Moreover, work stress was the main factor affecting the health of health care providers.
Implications for Nursing ManagementHospital administrators should conduct a series of health management programmes to identify high-risk employees who might need assistance. Such programmes promoting healthy workplaces are necessary,

as well as studies that examine the effectiveness of such strategies.

Habibzadeh, H., Baghaei, R., & Ajoudani, F. (2020). Relationship between patient safety culture and job burnout in Iranian nurses: Assessing the mediating role of second victim experience using structural equation modelling. *Journal of Nursing Management*, 28(6), 1410-1417. doi:<https://doi.org/10.1111/jonm.13102>

AimThe study examined the mediating effect of the second victim experience between safety culture and burnout in Iranian nurses.**Methods**A convenience sample of 298 nurses from five teaching hospitals of Urmia participated in the study. Hospital Survey on Patient Safety Culture, Maslach Burnout Inventory and The Second Victim Experience and Support Tool were used to measure the major variables. We adopted structural equation modelling to examine the hypotheses.**Results**Safety culture was significantly associated with second victim experience and burnout ($p < .01$). Second victim experience had a partial mediating role on the relationship between safety culture and burnout ($p < .01$). The mediating model including major variables showed satisfactory fitness ($\chi^2/df = 2.11$, $p < .01$, Comparative Fit Index = 0.94, root-mean-square error of approximation = 0.062).**Conclusions**Establishing a safety culture is crucial for decreasing job burnout, and second victim experience has an intervening role clarifying how high level of safety culture reduces burnout.**Implications for Nursing Management**Managers should plan to promote safety culture and provide sufficient support to staff involved in the patient safety incident, which could reduce staff burnout.

Doleman, G., Twigg, D., & Bayes, S. (2020). A comparison of middle managers' and paediatric nurses' satisfaction with organisational communication. *Journal of Nursing Management*, 28(6), 1223-1232. doi:<https://doi.org/10.1111/jonm.13064>

AimsTo explore the differences in organisational communication satisfaction between ward paediatric nurses and middle managers, and to assess whether there is a difference in organisational communication satisfaction between paediatric nurses and middle managers with different educational levels, years of nursing and managerial experience, contracted hours, area of work, age and gender.**Background**Previous studies reported a connection between job satisfaction, work commitment and organisational communication; however, nurses' and nursing middle managers' satisfaction with organisational communication has not been extensively studied in recent years and not at all among paediatric nurses.**Methods**A cross-sectional quantitative research design using online and hard copy self-reported questionnaires was used. Data were collected at one point in time from paediatric nurses and middle (nursing) managers working in a tertiary paediatric hospital in Australia. Statistical methods were employed for data analysis.**Results**The middle management group were significantly more dissatisfied with organisational communication than the paediatric ward nurse group. Middle managers were found in this study to effectively manage and maintain communication lines with the personnel who reported to them; however, communication within the management cohort itself was found to be suboptimal.**Conclusion**Further research to understand how horizontal and vertical communications at the nurse manager and executive level can be optimised is required.**Implications for nursing management**It is anticipated that the findings from this study may increase the understanding of communication satisfaction between paediatric nurses and middle managers. The study has highlighted the need for improvement with information flow in the management cohort with the addition of extra managerial support and empowerment.

Cilar, L., Pajnkihar, M., & Štiglic, G. (2020). Validation of the Warwick-Edinburgh mental Well-being scale among nursing students in slovenia. *Journal of Nursing Management*, 28(6), 1335-1346. doi:<https://doi.org/10.1111/jonm.13087>

AimThe aim of this study was to assess the validity of the Warwick-Edinburgh Mental Well-being Scale used for measuring mental well-being.**Background**Nursing students' mental well-being is often poor due to various academic and personal stressors. Nursing students are involved in clinical practice and are facing birth, death, health, diseases and other stressful situations. They may be exposed to higher levels of stress than students from other study programmes.**Methods**A cross-sectional study was conducted among nursing students in Slovenia. We performed a 6-step analysis of the psychometric properties of the Warwick-Edinburgh Mental Well-being Scale.

Moreover, content validity of the scale was assessed. Results The scale formed a unidimensional scale with good homogeneity ($H < 0.40$) and reliability ($\alpha = 0.91$; $\beta = 0.87$; $\lambda = 0.92$; $\omega = 0.91$). The confirmatory factor analysis suggested that the WEMWBS was suitable for use as a single scale (RMSEA = 0.085, CFI = 0.907; TLI = 0.891) and measures one construct, mental well-being. I-CVI is acceptable for all 14 items, kappa coefficient was excellent, and S-CVI was assessed as acceptable. Conclusions The Slovenian version of the scale achieved good validity and reliability in a sample of nursing students and is recommended for future usage. Implications for Nursing Management The validated questionnaire can be used by nurse managers to assess nursing students' mental well-being during their clinical placement.

Labrague, L. J. (2020). Organisational and professional turnover intention among nurse managers: A cross-sectional study. *Journal of Nursing Management*, 28(6), 1275-1285. doi:<https://doi.org/10.1111/jonm.13079>

Aim We sought to examine factors associated with organisational and professional turnover intention among nurse managers. Background Turnover among nurse managers is an ongoing problem in many health care institutions worldwide. While many studies exist that have examined factors contributing to organisational turnover intention, surprisingly, little is known about which factors contribute to nurse managers' decisions to quit the profession. Methods This cross-sectional study involved 240 nurse managers working in 17 hospitals in the central Philippines. Five validated standardized scales were used for data collection. Results The composite scores of the organisational and professional turnover intention measures were 2.75 and 1.97, respectively (Likert range: 1/strongly disagree to 5/strongly agree). Work-Family Conflict ($\beta = 0.127$; $p < .05$) and job satisfaction ($\beta = -0.315$; $p < .001$) were strongly associated with organisational turnover intention. Job stress was correlated with stronger professional ($\beta = 0.200$, $p < .01$) and organisational turnover intentions ($\beta = 0.281$; $p < .001$). Conclusion Nurse managers reported a moderate level of organisational turnover intention and a low level of professional turnover intention. Job satisfaction, job stress, and Work-Family Conflict were identified as significant predictors of organisational and professional turnover intentions. Implications for Nursing Management Turnover intention among nurse managers can be best addressed by exploring organisational measures such as a structured transition programme (e.g. nurse manager orientation, coaching, mentorship or preceptorship), leadership programme for new nurse managers and stress management interventions. Further, through provision of a work- and family-friendly workplace and consistent career growth opportunities, retention of nurse managers may be enhanced.

Han, N. (2020). Korean nurses' participation in health care policy reform: A phenomenological study. *Journal of Nursing Management*, 28(6), 1347-1355. doi:<https://doi.org/10.1111/jonm.13088>

Aim To explore the health care policy reform activities of Korean nurses engaged in civic organisations. Background Nursing professionals must lead health care policy reforms to create a health care environment that improves the public health outcomes as the change in population and disease structure accelerates. Methods Using Colaizzi's phenomenological analysis, this study conducted in-depth interviews with seven Korean civic activist nurses who had led successful health care policy reforms through policy interventions. Results Five themes were identified and validated: recognition of social responsibilities and limitations faced; becoming a health care professional; social solidarity beyond nursing; political influence outside the political arena; and leading reform by entering the political arena. Conclusion Participants had the experience of exerting political influence and successfully leading health care policy reforms through civic organisations and social solidarity to solve problems related to nursing. Implications for Nursing Management The findings of this study can inform educational curricula or interventional programmes for enhancing general nurses' political competencies and policy interventions.

Algunmeeyn, A., Alrawashdeh, M., & Alhabashneh, H. (2020). Benefits of applying for hospital accreditation: The perspective of staff. *Journal of Nursing Management*, 28(6), 1233-1240. doi:<https://doi.org/10.1111/jonm.13066>

Aim This investigation aimed to explore the benefits associated with implementing an accreditation programme in hospitals in Jordan, from the perspective of doctors and nursing staff. Background Although Jordan is one of the first Arab countries in the Middle East to adopt accreditation standards, little has been identified with regard to the

benefits of implementing accreditation for the quality of health care in Jordanian hospitals. Method A qualitative approach was employed in this project. Face-to-face interviews were therefore conducted with 10 nurses at different levels and 10 doctors, including different specialists from two Jordanian hospitals (one private and one public). Result Four key benefits of accreditation were recognized in the sampled hospitals: quality improvement, patient satisfaction, patient safety, cost-effectiveness and improved reputation. Conclusion This study has tried to offer an in-depth understanding of the impact of this programme. The results reveal that while professionals project a positive attitude to accreditation, their opinions are built on substantial information and supported by evidence-based study or monitoring plans, which could determine and quantify the precise benefits of accreditation in terms of quality. Implications for Nursing Management This investigation may be important for nurses, especially in managerial positions. Recommendations for implementing accreditation in Jordanian hospitals were derived from this examination.

Cobo, M. R., Medina Moya, J. L., Eva, G. A., & Montserrat Solà Pola. (2020). A qualitative model for evaluating and improving nursing governance in medium- and long-term intermediate care. *Journal of Nursing Management*, 28(6), 1391-1399. doi:<https://doi.org/10.1111/jonm.13096>

Aim To evaluate nursing governance in intermediate care in Catalonia Spain and propose improvements. Background Drawing on two existing models, the Magnet model and the corporate governance model, we propose that good nursing governance requires nursing leaders to apply the following dimensions: transformational leadership, transformational culture, commitment and sustainability, authority, scientific evidence, transparency and communication, and teamwork. Method A qualitative, exploratory study conducted in two phases. First, we asked nursing leaders in intermediate care to describe their opinions and experiences in each of the dimensions. Next, we observed governance practices at two intermediate care centres and conducted interviews with their nursing leaders. Content analysis was used. Results Our participants' behaviour corresponded closely to the model in the dimensions of transformational culture and commitment and sustainability but failed to meet the model in the dimensions of scientific evidence and transparency and communication. Conclusions Participants had a leadership style focused on transforming their surroundings. According to the model, the leaders in our sample should draw more on scientific evidence and improve their internal communication about outcomes. Implications for Nursing Management Establishing committees of nurses to address areas in which governance does not adhere to the model would create sustainable benefits for patients and nurses in intermediate care.

Zou, W., Zeng, Y., Peng, Q., Xin, Y., Chen, J., & Houghton, J. D. (2020). The influence of spiritual leadership on the subjective well-being of Chinese registered nurses. *Journal of Nursing Management*, 28(6), 1432-1442. doi:<https://doi.org/10.1111/jonm.13106>

Background Challenging working conditions and job characteristics can result in nurses experiencing significant workplace stress and adversity. Aim To examine how and why spiritual leadership may have a positive influence on nurses' subjective well-being. Method A total of 339 registered nurses from five public hospitals in Mainland China participated in this study. Hypotheses were tested using the PROCESS macro. Results Spiritual leadership influenced the subjective well-being indirectly through workplace spirituality. The interaction between spiritual leadership and power distance orientation on workplace spirituality was significant. Power distance orientation moderates the indirect effect of spiritual leadership on the subjective well-being through workplace spirituality, and this indirect effect is more positive for nurse with lower power distance orientation. Conclusions Spiritual leadership is a significant contextual factor in the workplace that may influence the nurses' workplace spirituality and subjective well-being. Based on their power distance orientation, nurses may have different responses to spiritual leadership, resulting in differing levels of workplace spirituality. Implications for Nursing Management Spirituality can satisfy the internal needs of nurses. Spiritual leadership can facilitate a spiritual working context for sustaining the subjective well-being of nurses. Hospitals should provide training programmes to help existing leaders engage in spiritual leadership.

Marta Domingo-Osle, & Domingo, R. (2020). Nursing and spirituality: A discussion paper on intertwining metaparadigms. *Journal of Nursing Management*, 28(6), 1268-1274. doi:<https://doi.org/10.1111/jonm.13076>

AimTo explore connections between spiritual metaparadigm and the nursing metaparadigm and advocate for a progressive spiritualization of nursing management.
BackgroundRelationship between the spiritual holistic metaparadigm of love, communion and gift and the holonic nursing metaparadigm of care, relationship and practice is not completely understood.
MethodThe construction of a theoretical explanation on the basis of accumulated knowledge in the fields of nursing and spirituality (especially Christian spirituality) for the purpose of constructing a meaningful description.
ResultsDeep connectivity between the elements of both metaparadigms: love and care, communion and relationship, and gift and practice.
ConclusionThe connection between the spiritual and nursing metaparadigms is real in nursing education, practice and management because of the holistic character of spirituality. In collective intentions and cultural values are the main channels of interaction between the nursing and the spiritual metaparadigms.
Implications for nursing managementSpirituality influences nursing management by, among other things, (a) providing meaning and purpose; (b) promoting cohesion in health communities; (c) fostering respect for ethics; (d) stimulating innovation; (e) encouraging leadership; and (f) illuminating the workplace.

McCance, T., Dickson, C. A. W., Daly, L., Boomer, C. A., Brown, D., Lynch, B., . . . McCormack, B. (2020). Implementing person-centred key performance indicators to strengthen leadership in community nursing: A feasibility study. *Journal of Nursing Management*, 28(6), 1443-1452. doi:<https://doi.org/10.1111/jonm.13107>

AimsTo explore the utility and feasibility of implementing eight person-centred nursing key performance indicators in supporting community nurses to lead the development of person-centred practice.
BackgroundPolicy advocates person-centred health care, but few quality indicators exist that explicitly focus on evaluating person-centred practice in community nursing. Current quality measurement frameworks in the community focus on incidences of poor or missed opportunities for care, with few mechanisms to measure how clients perceive the care they receive.
MethodsAn evaluation approach derived from work of the Medical Research Council was used, and the study was underpinned by the Person-centred Practice Framework. Participatory methods were used, consistent with person-centred research.
ResultsData were thematically analysed, revealing five themes: giving voice to experience; talking the language of person-centredness; leading for cultural change; proud to be a nurse; and facilitating engagement.
ConclusionsThe findings suggest that implementing the eight person-centred nursing key performance indicators (KPIs) and the measurement framework is feasible and offers a means of evidencing person-centredness in community nursing.
Implications for Nursing ManagementPerson-centred KPI data, used alongside existing quality indicators, will enable nurse managers to evidence a high standard of care delivery and assist in the development of person-centred practice.

Arakelian, E., Wålinder, R., Anna Rask-Andersen, & Rudolfsson, G. (2020). Nurse managers in perioperative settings and their reasons for remaining in their jobs: A qualitative study. *Journal of Nursing Management*, 28(6), 1191-1198. doi:<https://doi.org/10.1111/jonm.13054>

AimThe study describes what helps nurse managers maintain the strength to keep going as leaders.
BackgroundGood leadership is important for the quality of patient care, patient satisfaction in care and efficiency. Many nurse managers stay on despite challenges at work.
MethodsTwelve nurse managers were interviewed. Data were analysed by systematic text condensation according to Malterud.
ResultsThe results were as follows: A—Walking side by side with my employees; B—Knowing that I mean something to my employees; C—Talking to myself—asking myself tough questions; D—Having someone to talk to, to decrease the feeling of being alone; E—Leading and managing in my own way—the fear of not succeeding is my motivation.
ConclusionThe nurse managers built their own strategies to get through and get on when difficult situations arose. In order to succeed in leading their employees, the nurse managers gathered their inner strength through moving caritatively back and forth between the 'secret room' and the 'staff room' in the house of leadership.
Implications in Nursing ManagementThe manuscript gives insights into where nurse managers found sources of strengths in their everyday work. To realize their employees' strengths and motivation made a difference for nurse managers as a driving force. By having someone to talk to and by asking themselves tough questions, they were prepared for the challenges that came.

Tracera, G., Katerine, d. S., Nascimento, F., Sousa, K. H., Portela, L., & Zeitoune, R. C. (2020). Factors associated with absenteeism of nursing professionals in university outpatient clinics in brazil. *Journal of Nursing Management*, 28(6), 1259-1267. doi:<https://doi.org/10.1111/jonm.13073>

ObjectiveTo analyse the sociodemographic, occupational and health profile of nursing professionals working in university outpatient services and their relationship with absenteeism.**Background**The organisation and working conditions in outpatient services may be directly related to the illness and absenteeism in the nursing profession.**Method**Analytical cross-sectional study was conducted in 11 outpatient clinics in the city of Rio de Janeiro/Brazil with nursing professionals. A self-applicable data collection tool was used for sociodemographic, occupational and health characterization. The analyses were performed using chi-square tests, odds ratio calculation and a 95% confidence interval.**Results**Absenteeism due to illness in the previous 12 months was reported by 35.9% of workers. Sociodemographic and occupational characteristics were not significantly associated with absenteeism, having a positive association only among workers who had two or more jobs. In health-related variables, self-rated health was significantly associated with long absenteeism. Individuals with four or more chronic diseases had a 187% higher chance of being absent for more days.**Conclusion**The analysis of factors associated with absenteeism must take into account the context of outpatient nursing work and its consequences for the health-disease process.**Implications for nursing management**This allows for rethinking proposals for interventions based on the reality of workers' health.

Hyun, A., Tower, M., & Turner, C. (2020). Exploration of the expected and achieved competency levels of new graduate nurses. *Journal of Nursing Management*, 28(6), 1418-1431. doi:<https://doi.org/10.1111/jonm.13105>

AimTo explore the expected and achieved competency levels of new graduate nurses.**Background**There are global concerns about a perceived disconnect between the educational preparation of new graduates and the expectations of employers about their work readiness. It is important to understand competency levels expected and achieved of new graduate nurses.**Method(s)**The study was conducted in three phases: the identification of competencies, development of a survey instrument and exploration of levels of competency from the perspectives of key stakeholders.**Results**New graduates were well prepared for demonstrating respect to patients, but needed to be closely supported when providing emergency care. Results highlighted that new graduates felt less competent than graduating students in those competencies related to legal and ethical practice. Importantly, expectations about new graduates' competency varied between educators and managers.**Conclusion(s)**The findings provide important information about new graduates' competency levels, revealing a mismatch in the perception of key stakeholders about competency levels. This has important implications for building new graduates readiness for practice and highlights the importance of collaboration between key stakeholders to address competency gaps.**Implications for Nursing Management**Supportive opportunities should be provided to new graduate nurses to fill gaps in beginner competency.

Chen, L., Xiao, L. D., Han, W., Meyer, C., & Müller, A. (2020). Challenges and opportunities for the multicultural aged care workforce: A systematic review and meta-synthesis. *Journal of Nursing Management*, 28(6), 1155-1165. doi:<https://doi.org/10.1111/jonm.13067>

AimsTo identify (a) the challenges for multicultural aged care teams; (b) the opportunities to facilitate teamwork; and (c) the strategies to assist team members in a multicultural work environment.**Background**High-income countries have an increasingly culturally diverse aged care workforce. Fostering teamwork in such an environment is challenging.**Methods**This systematic review of qualitative studies followed the Joanna Briggs Institute (JBI) meta-aggregation approach. Six databases were searched. Retrieved articles were screened by two reviewers. This review identified 111 findings that were aggregated into 15 categories and five themes.**Findings**Aged care workers' awareness of cultural diversity varies, and their knowledge of each other's cultural background is limited. However, cultural skills are demonstrated, contributing to teamwork. Their experience in cross-cultural encounters is broad, and enhanced team cohesion is desired.**Conclusions**The cultural competence of the aged care workforce shapes team building, peer support opportunities and positive cross-cultural experiences.**Implications for Nursing Management**Recommendations are provided for the adaptation of aged care workers to culturally diverse teams,

fostering teamwork to enhance care outcomes for clients. Interventions for improvements in cross-cultural leadership and management, and staff experience of cross-cultural encounters are much needed.

Corrigendum. (2020). Journal of Nursing Management, 28(6), 1461. doi:<https://doi.org/10.1111/jonm.13103>

Database copyright © 2023 ProQuest LLC. All rights reserved.

[Terms and Conditions](#) [Contact ProQuest](#)