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29 September 2023 02:43

TABLE OF CONTENTS

Search Strategy.....	v
1. An integrative review on interventions for strengthening professional governance in nursing.....	1
2. Managing the theory-practice gap in nursing education and practice: Hearing the voices of nursing students in the United Arab Emirates.....	1
3. A systematic review exploring the impact of focal leader behaviours on health care team performance....	2
4. Relationships of professional identity and psychological reward satisfaction with subjective well-being among Chinese nurses.....	3
5. Unit work environment, psychological empowerment and support for patient activation among nurses.....	4
6. Professional autonomy in nursing: An integrative review.....	5
7. Critical care nursing service costs: Comparison of the top-down versus bottom-up micro-costing approach in Brazil.....	6
8. Surveys conducted pre- and post-implementation of a synergy tool: Giving voice to emergency teams....	7
9. Nurses' voice behaviour: The influence of humble leadership, affective commitment and job embeddedness in China.....	8
10. Nurse perspectives in the emergency department: The synergy tool in workload management and work engagement.....	8
11. Information technology on hand hygiene compliance among health care professionals: A systematic review and meta-analysis.....	9
12. Scale for the Environment Evaluation of Professional Nursing Practice: Construct validation.....	10
13. Nurses' turnover intention and associated factors in general hospitals in China: A cross-sectional study	11
14. Nurse manager communication and outcomes for nursing: An integrative review.....	12
15. Professional Nursing Communication Competence: Theoretical procedures for instrument development and pilot test.....	13
16. Comparing nurse leader and manager perceptions of and strategies for nurse engagement using a positive deviance approach: A qualitative analysis.....	14
17. Is the PhD well for nursing faculty running dry?.....	15
18. The demotivating impact of absenteeism in nursing homes.....	15
19. Machine learning-based patient classification system for adult patients in intensive care units: A cross-sectional study.....	16
20. Association between psychological capital and spiritual care competencies of clinical nurses: A multicentre cross-sectional study.....	17
21. The relationship between mental workload and job performance among Iranian nurses providing care to COVID-19 patients: A cross-sectional study.....	18
22. Morality traits for an ideal nurse manager: A multicentre cross-sectional study.....	19
23. Emergency preparedness during the COVID-19 pandemic: Perceptions of oncology professionals and implications for nursing management from a qualitative study.....	20
24. The impact of nurse leadership education on clinical practice: An integrative review.....	20
25. Developing and validating the transition status scale for newly graduated nurses in China.....	21

TABLE OF CONTENTS

26. Ward-level nurse turnover and related workplace factors in long-term care hospitals: A cross-sectional survey.....	22
27. Strength use and nurses' depressive symptoms: The mediating role of basic psychological needs satisfaction.....	23
28. Exploring the governance practices of nurse managers in the Greater Accra Region of Ghana.....	24
29. Challenges and opportunities in health care and nursing management research in times of COVID-19 outbreak.....	24
30. Adaptation and validation of the Turkish version of the Caring Culture Survey.....	25
31. Nurse managers' competencies: A scoping review.....	26
32. Intentions of frontline nurses regarding COVID-19 patient care: A cross-sectional study in Korea.....	27
33. Structural empowerment, formal and informal power, and job performance quality: A moderated mediation analysis.....	28
34. Nursing professionals' mental well-being and workplace impairment during the COVID-19 crisis: A Network analysis.....	29
35. Preceptorship as part of the recruitment and retention strategy for nurses? A qualitative interview study	29
36. Missed nursing care in the Malaysian context: A cross-sectional study from nurses' perspective.....	30
37. The effectiveness of spiritual interventions in the workplace for work-related health outcomes: A systematic review and meta-analysis.....	31
38. Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff.....	32
39. Linking nurses' job security to job satisfaction and turnover intention during reform and privatization: A cross-sectional survey.....	33
40. How are empowering leadership, self-efficacy and innovative behavior related to nurses' agency in distributed leadership in Denmark, Italy and Israel?.....	33
41. A qualitative study on the experiences of the first nurses assigned to COVID-19 units in Turkey.....	34
42. Impact of engagement factors on nurses' intention to leave hospital employment.....	35
43. Willingness to participate in front-line work during the COVID-19 pandemic: A cross-sectional study of nurses from a province in South-West China.....	36
44. The influence of team mindfulness on nurses' presenteeism: A cross-sectional study from the perspective of sensemaking.....	37
45. The experience of nursing leadership in a crisis: A hermeneutic phenomenological study.....	38
46. Initial testing of the use of the Safer Nursing Care Tool in a Canadian acute care context.....	38
47. Identifying the evidence base of interventions supporting mental health nurses to cope with stressful working environments: A scoping review.....	39
48. Measuring social support for novice nurses: Development of the supportive relationship inventory and perceived availability of post-error support tool.....	40
49. The mediating role of resilience between work-family conflict and career development among Chinese nurses: A cross-sectional study.....	41

TABLE OF CONTENTS

50. Clinical nurse managers' leadership practices in Saudi Arabian hospitals: A descriptive cross-sectional study.....	42
51. A Phenomenological Study of Nurse Managers' and Assistant Nurse Managers' Experiences during the COVID-19 Pandemic in the United States.....	43
52. Scope of nursing practice on a surgery ward: A time-motion study.....	43
53. New graduate nurses' satisfaction, adaptation and intention to leave in their first year: A descriptive study.....	44
54. Building workforce well-being capability: The findings of a wellness self-care programme.....	45
Bibliography.....	47

SEARCH STRATEGY

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

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

An integrative review on interventions for strengthening professional governance in nursing

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ABSTRACT (ENGLISH)

Aim

To identify the interventions for strengthening professional nursing governance and describe their outcomes.

Background

The ever-changing health care environment requires empowering governance structures and shared decision-making. The costly nature of reshaping governance makes the identification of effective interventions vital.

Evaluation

An integrative review was carried out between January 2007 and May 2020 in the CINAHL, PubMed, Scopus, PsycINFO, Business source, Cochrane and Medic databases. The quality of the 12 included studies was evaluated with the Joanna Briggs Institute critical appraisal tools.

Key issues

Eight studies reported that the implemented interventions had positively influenced organisation regarding creating positive work environments, building new leadership competencies and increasing personnel's ability to take part in decision-making. The overall quality of the evidence was judged to be moderate.

Conclusion

Comprehensive decision-making structures, efficient teamwork and transformational leadership competencies among nurse leaders enable personnel to participate in decision-making. Further research is needed to identify the most effective interventions for improving professional governance.

Implications for Nursing Management

Nurse leaders have to ensure that personnel have adequate opportunities to congregate and decide over matters concerning their work. Positive organisational climate and relational leadership style, along with highly functioning teams, are important prerequisites to nursing councils producing the desired outcomes.

Managing the theory-practice gap in nursing education and practice: Hearing the voices of nursing students in the United Arab Emirates

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ABSTRACT (ENGLISH)

Aim

The aim of this study is to explore factors contributing to the theory-practice gap in nursing education in the United Arab Emirates.

Background

The gap between what is taught in nursing classrooms and what is practised in clinical settings creates challenges for nursing students, practitioners, managers and educators. This has important implications for the United Arab Emirates and other developing countries as their healthcare systems require a permanent nursing taskforce that is well supplied with ready to practice graduates.

Methods

A qualitative descriptive approach was used, whereby 25 senior student nurses were interviewed about their perceptions of the theory-practice gap.

Results

The major theme that emerged in this study was the 'tripod of clinical practice', with three subthemes: prepared students, aware and supportive preceptors and qualified clinical faculty. The other theme that emerged was 'real life outside the simulated lab', with two subthemes: various and unfamiliar psychomotor skills and communication with real patients.

Conclusion

The tripod of clinical practice must be achieved for quality clinical practice. Further, attention should be directed to development of skills (e.g., communicating with real patients) that are difficult to acquire while dealing with simulated patients.

Implications for Nursing Management

Nursing students need longer immersion in simulated clinical settings, coupled with experienced clinical faculty and supportive, aware and prepared preceptors.

Document 3 of 54

A systematic review exploring the impact of focal leader behaviours on health care team performance

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ABSTRACT (ENGLISH)

Aim

The aim of this study is to understand how the behaviour of focal leaders impacts health care team performance and effectiveness.

Background

Despite recent shifts towards more collectivistic leadership approaches, hierarchical structures that emphasize the role of an individual focal leader (i.e., the formal appointed leader) are still the norm in health care. Our understanding of the effect of focal leader behaviours on health care team performance remains unclear.

Evaluation

A systematic review was conducted. Five electronic databases were searched using key terms. One thousand forty-seven records were retrieved. Data extraction, quality appraisal and narrative synthesis were conducted in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Key issues

Fifty papers met the criteria for inclusion, were reviewed and synthesized under the following categories: *task-focused leadership*, *directive leadership*, *empowering leadership* and *relational focused leadership*.

Conclusions

Categories are discussed in relation to team performance outcomes, safety specific outcomes, individual-level outcomes and outcomes related to interpersonal dynamics. Emerging themes are explored to examine and reflect on how leadership is enacted in health care, to catalogue best practices and to cascade these leadership practices broadly.

Implications for Nursing Management

Empowering and relational leadership styles were associated with positive outcomes for nursing team performance. This underscores the importance of training and encouraging nursing leaders to engage in more collaborative leadership behaviours.

Document 4 of 54

Relationships of professional identity and psychological reward satisfaction with subjective well-being among Chinese nurses

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ABSTRACT (ENGLISH)

Aim

This study aimed at exploring the impact of professional identity and psychological reward satisfaction on subjective well-being and clarifying the effect of psychological reward satisfaction on this relationship.

Background

People know little about the effect of psychological reward satisfaction on the relationship between professional identity and subjective well-being.

Methods

A cross-sectional survey was carried out on 1,009 nurses from Qiqihar City, Heilongjiang Province of China. Professional Identity Scale, Psychological Reward Satisfaction Scale and General Well-Being Schedule were used to assess professional identity, psychological reward satisfaction and subjective well-being, respectively. Associations were explored by using structural equation modelling.

Results

The subjective well-being of 436 (43.2%) nurses was at low and moderate levels. After the adjustment of potential confounding factors, professional identity was still associated with subjective well-being ($B = 3.035$, $\beta = 0.215$, $p < .001$). Professional identity ($r = .308$) and psychological reward satisfaction ($r = .309$) were positively correlated with subjective well-being. Psychological reward satisfaction mediated the association between professional identity and subjective well-being (effect = 0.114, $p < .001$).

Conclusion

This study suggested that the subjective well-being of nurses should be improved by paying special attention to them and taking targeted support measures.

Implications for Nursing Management

Nursing managers can help enhance the professional identity of nurses by organising nursing education activities, and pay more attention to psychological reward satisfaction to improve the subjective well-being of nurses.

Document 5 of 54

Unit work environment, psychological empowerment and support for patient activation among nurses

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ABSTRACT (ENGLISH)

Aims

To investigate the relationship between the unit work environment and psychological empowerment of nurses and their perceptions of patient activation.

Background

Nurses' support for active patient roles in the care process is critical for better patient outcomes. The factors influencing nurses' support for patient activation should be thoroughly investigated.

Methods

This study was a cross-sectional secondary data analysis using the survey data of 1,042 nurses in 98 units at six hospitals in Korea.

Results

Nurses with perceptions that their work was valuable and autonomy in their work were more likely to work in units where managers had greater managerial and leadership skills and staffing and resources were sufficient. Those with confidence in their work were more likely to work in units with adequate staffing and resources. Nurses who worked with adequate staffing and resources and considered their work meaningful were more likely to perceive patient activation as more important.

Conclusion

Favourable work environments at unit level and psychological empowerment at nurse level can strengthen nurses' support for patient activation.

Implications for Nursing Management

To strengthen nurses' support for active patient roles, organisations should ensure optimal staffing and resources to each unit and help nurses find value in their work.

Document 6 of 54

Professional autonomy in nursing: An integrative review

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ABSTRACT (ENGLISH)

Aim

To summarize knowledge of professional autonomy in nursing.

Background

Professional autonomy is associated with experienced meaningfulness of the work. This refers to participation in decision-making and the ability to influence working practices.

Evaluation

In an integrative review, relevant studies were retrieved from four databases. Quality was systematically evaluated using critical appraisal tools. PRISMA guidelines were followed. Inductive content analysis was used to analyse current knowledge of the focal subject.

Key issues

The search identified 27 relevant studies published between 2000 and 2019. Elements describing nurses' professional autonomy were independence in decision-making and ability to utilize one's own competence. Themes relating to nurses' professional autonomy were shared leadership, professional skills, inter- and intra-professional collaboration and healthy work environment.

Conclusion

Understanding the multidimensional nature of professional autonomy is essential to create attractive work environments. It is important to enable nurses to participate in decision-making and develop nursing through shared leadership to enhance the recruitment and retention of a skilled workforce.

Implications for Nursing Management

The findings have anticipated utility for supporting nursing practice and nurse leaders' understanding of approaches to foster nurses' professional autonomy.

Document 7 of 54

Critical care nursing service costs: Comparison of the top-down versus bottom-up micro-costing approach in Brazil

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ABSTRACT (ENGLISH)

Aim

To estimate the nursing service costs using a top-down micro-costing approach and to compare it with a bottom-up micro-costing approach.

Background

Accurate data of nursing cost can contribute to reliable resource management.

Method

We employed a retrospective cohort design in an adult intensive care unit in São Paulo. A total of 286 patient records were included. Micro-costing analysis was conducted in two stages: a top-down approach, whereby nursing costs were allocated to patients through apportionment, and a bottom-up approach, considering actual nursing care hours estimated by the Nursing Activities Score (NAS).

Results

The total mean cost by the top-down approach was US\$1,640.4 ± 1,484.2/patient. The bottom-up approach based on a total mean NAS of 833 ± 776 points (equivalent to 200 ± 86 hr of nursing care) yielded a mean cost of US\$1,487.2 ± 1,385.7/patient. In the 268 patients for whom the top-down approach estimated higher costs than the bottom-up approach, the total cost discrepancy was US\$4,427.3, while for those costed higher based on NAS, the total discrepancy was US\$436.9. The top-down methodology overestimated costs for patients requiring lower intensity of care, while it underestimated costs for patients requiring higher intensity of care (NAS >100).

Conclusions

The top-down approach may yield higher estimated ICU costs compared with a NAS-based bottom-up approach.

Implications for nursing management

These findings can contribute to an evidence-based approach to budgeting through reliable costing methods based

Surveys conducted pre- and post-implementation of a synergy tool: Giving voice to emergency teams

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To investigate the impact of a patients' needs assessment (synergy tool) on emergency department nurses' perceptions of quality, safe care delivery and morale.

Background

The synergy tool provides real-time data on types of patients, their arrival, management and discharge. This tool was introduced to two urban emergency departments in response to government priorities to reduce emergency department wait times and improve patient flow.

Method

This survey, a component of participatory action research, measures perceptions of 158 nurses pre-introduction and 91 nurses post-introduction of the synergy tool.

Result

Responses were consistent regarding intent to leave, workload/staffing, spirit at work and quality/safety. One question describing staff as working in 'crisis mode' indicated a significant improvement.

Conclusion

Critical patient care may be missed during periods of overload, placing patients and staff at risk, leading to an increase in intent to leave. The synergy tool provides an objective means in real time for staff to identify their patients' care needs, assisting management with staffing decisions. Ongoing staff and management communication using tools such as the synergy tool may reduce perceptions of working in 'crisis mode'.

Implications for Nursing Management

This research suggests that when managers employ a collaborative process and use evidence-based tools and approaches to addressing nurses' workload concerns, nurses' perceptions of working in 'crisis mode' diminish.

Nurses' voice behaviour: The influence of humble leadership, affective commitment and job embeddedness in China

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To test the influence of humble leadership, job embeddedness and affective commitment on the voice behaviour of nurses.

Background

A nurse's voice behaviour is regarded as an important measure to identify and solve problems in medical institutions, and improve patients' satisfaction. It is urgent to pay sufficient attention to nurses' advice to determine which factors can stimulate enthusiasm in this area.

Methods

This study is a cross-sectional study involving 598 nurses.

Results

The results showed that humble leadership, job embeddedness, affective commitment and voice behaviour were significantly positively correlated. Job embeddedness played a partial mediating role in humble leadership and affective commitment; meanwhile, affective commitment also partially mediated the influence of job embeddedness on voice behaviour.

Conclusions

Humble leadership was the key to improve the voice behaviour of nurses; as a mediating mechanism, job embeddedness and affective commitment further explained how humble leadership promoted the voice behaviour of nurses.

Implications for Nursing Management

The effects of humble leadership, job embeddedness and affective commitment to voice behaviour could be used to guide the management of clinical nurses. In particular, the humble leadership style perceived by nurses and the enhanced emotional connection with the organisation would contribute to the generation of voice behaviour.

Nurse perspectives in the emergency department: The synergy tool in workload management and work engagement

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ABSTRACT (ENGLISH)

Aim

To explore emergency nurses' perceptions of how a nurse-driven patient needs assessment tool, the synergy tool, influenced their workload management.

Background

Quadruple Aim, particularly the fourth aim of improved staff work experiences, served as the conceptual framework to engage nurses in a participatory action research project. This project took place between 2017 and 2020 in two tertiary care emergency departments in one large Canadian city.

Method

This study employed a qualitative descriptive component, focus group interviews and nurse comments on two open-ended survey questions.

Results

Use of the synergy tool heightened nurses' awareness of patients' holistic care needs. Nurses also stated how patient needs assessment data helped them identify unsafe workloads.

Conclusions

The synergy tool, adapted for emergency department use by nurses, was a means to engage and empower nurses. Patient needs assessment data from the tool identified staffing gaps, resulting in additional nursing staff for both emergency departments.

Implications for Nursing Management

A focus on patient needs assessment can be an effective way to address nurses' workload concerns.

Document 11 of 54

Information technology on hand hygiene compliance among health care professionals: A systematic review and meta-analysis

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ABSTRACT (ENGLISH)

Aim

To determine the effectiveness of information technology interventions on hand hygiene compliance among health care professionals.

Background

Performing hand hygiene is the optimal approach to prevent the transmission of health care-associated infections. However, results regarding the effectiveness of information technology interventions on hand hygiene compliance were inconsistent to date.

Evaluation

A search for studies published up to May 2020 was undertaken. A meta-analysis was conducted using RevMan 5.3 software.

Key issues

The most commonly used information technology systems were as follows: automated training, electronic counting devices and remote monitoring, real-time hand hygiene reminders and feedback, and automated monitoring. These four types of technology systems can significantly improve hand hygiene compliance among health care professionals (odds ratio = 3.06, $p < .001$).

Conclusion

The four types of information technology can be effectively used to change the hand hygiene behaviour. Because the information systems can monitor personnel and conduct statistical analyses automatically, they save labour costs of human monitors, are more time efficient and eliminate accompanying human error.

Implications for Nursing Management

The use of the four types of information technology is convenient and could reduce health care-associated infections; thus, they could be widely used in the future as the key to increase hand hygiene compliance rate.

Document 12 of 54

Scale for the Environment Evaluation of Professional Nursing Practice: Construct validation

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ABSTRACT (ENGLISH)

Aim

Testing the validity and reliability of the Scale for the Environments Evaluation of Professional Nursing Practice (SEE-Nursing Practice).

Background

The environment of professional nursing practice is key to achieve better results for clients, nurses and institutions. Therefore, instruments enabling the assessment of all its attributes are required.

Method

Cross-sectional methodological study. The SEE-Nursing Practice, based on a previous qualitative study and literature review, was applied as a questionnaire. Exploratory and confirmatory factor analyses were used to assess construct validity.

Results

A total of 752 nurses participated in the study. Exploratory factor analysis of the SEE-Nursing Practice led to a factor solution with 93 items and three subscales. The Structure, Process and Outcome subscales, respectively, have 43, 37 and 13 items, loaded in 6 factors, 6 factors and 2 factors and explaining 62.6%, 59.2% and 67.4% of the total variance. Cronbach's alpha of the overall scale and of the 3 subscales was greater than 0.90. Confirmatory factor analysis showed a good fit.

Conclusion

SEE-Nursing Practice is a good valid and reliable instrument.

Implications for nursing management

The SEE-Nursing Practice enables assessing practice environments and is a tool for nursing managers in the definition of strategies ensuring favourable environments for nursing care quality.

Document 13 of 54

Nurses' turnover intention and associated factors in general hospitals in China: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To measure nurses' turnover intention and identify associated factors in general hospitals in China.

Background

Understanding nurses' turnover intention is important to retain nurses, but factors associated with turnover intention require elucidation.

Method

A cross-sectional survey was conducted across 23 hospitals in China to investigate nurses' ($N = 12,291$) turnover intention and its associated factors. Associated factors were explored by univariate and multilevel multiple logistic regression analysis.

Results

The mean total score for nurses' turnover intention was 13.97 ± 3.63 . High proactive personality score, a seriously ill family member, experience of negative workplace events, high work pressure and high work–family conflict increased the risk for turnover intention. A low turnover intention was associated with being a non-local resident nurse, position title, high salary level, good person–organisation fit and person–group fit, and high family–work facilitation.

Conclusion

Nurses with a proactive personality, heavy family care burden, experience of negative workplace events, no position title and a low salary may merit special consideration.

Implications for Nursing Management

Nurses' personality traits should be further focused on, and it is important to build a nurse-oriented organisation atmosphere, including protecting nurses from workplace violence, establishing friendly relationships with their families and expanding career paths.

Document 14 of 54

Nurse manager communication and outcomes for nursing: An integrative review

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To evaluate literature on the importance of good communication between managers and nurses, and its influence on nurses and patient care.

Background

In the nursing scenario, concepts such as engagement and job satisfaction are tied to manager communication and influence the care provided (Kunie et al., 2017). It is crucial to recognize the importance of manager communication on the nurses and patient care. The evaluation was guided by this question: in the review of post-2014 quantitative

studies, is there evidence that nurse managers with high communication competence have better patient/staff outcomes than those with lower competencies?

Evaluation

We evaluated current research through an evidence review on the day-to-day influence of nurse manager communication. We conducted our search using common health databases. Since the American Organization for Nurse Leadership developed nurse manager competencies in 2014, we only included articles published after that year. Further inclusion criteria included primary, quantitative and peer-reviewed research.

Key Issues

Thirty articles remained after the application of inclusion/exclusion criteria with five themes emerging: patient safety and quality, job satisfaction, leadership styles, innovative practice and general management skills.

Conclusion

Research associates positive patient and staff outcomes with a leader who exhibits communication competences.

Implications for Nursing Management

Assessment of current competence levels in communication in nurse managers is needed. Education for improving communication skills is also needed.

Document 15 of 54

Professional Nursing Communication Competence: Theoretical procedures for instrument development and pilot test

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ABSTRACT (ENGLISH)

Aims

To describe the theoretical procedures for the development of the Professional Nursing Communication Competence instrument, determine the content validity and describe the pilot test application.

Background

Measuring instruments must be developed in accordance with the context and communication process by adopting theoretical procedures based on competence structures to support quality patient-centred care and nursing management.

Methods

A methodological study was employed. The instrument was developed by using content-validated theoretical construct in accordance with 33 communication theories followed by semantic analysis and content validity by experts. The instrument was tested over three phases: before the lecture on professional nursing communication competence, after the simulation scenario experience and after debriefing.

Results

The instrument showed an extremely high agreement (CVI = 0.99). Linear regression suggested three domains of the 46-item content-validated instrument comprising knowledge (18 items), skills (12 items) and attitudes (16 items).

Conclusion

The instrument was found to measure professional communication competence with a high theoretical reliability of the contexts and processes through a simulation strategy.

Implications for Nursing Management

Nursing educators, managers and staff can adopt the Professional Nursing Communication Competence (IMC-CPE) instrument to improve the effectiveness level of knowledge, skills and attitudes to reduce misunderstanding among team members and health care errors.

Document 16 of 54

Comparing nurse leader and manager perceptions of and strategies for nurse engagement using a positive deviance approach: A qualitative analysis

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ABSTRACT (ENGLISH)

Aims

To understand nurse leader and manager perspectives on employee engagement and their own role to foster engagement. To examine differences between managers of units with high versus low engagement.

Background

Health systems recognize the impact of employee engagement, yet alignment of leader and frontline-manager perspectives remains unclear.

Methods

A qualitative study at the Veteran Affairs New England Healthcare System. Leaders at five facilities ($N = 13$) and managers of units with high and low nurse engagement ($N = 31$) were interviewed.

Results

Nurse leaders almost universally conceptualized staff engagement as involvement in quality improvement service, while managers defined engagement as either commitment to excellence in direct patient care or involvement in

quality improvement efforts. Intra- and interprofessional attitude contagion, and organisational factors of staffing—time—workload and senior leadership support were most common to support or detract from nurse engagement. A variety of strategies were identified, including protecting nurses as people and professionals. Differences in perceived roles and constraints to engaging nurse staff exist between managers of units with high versus low engagement.

Conclusion

Nurse managers and leaders perceive engagement differently; strategies exist to facilitate engagement.

Implications for Nursing Management

Leader and manager partnerships are needed to provide clarity on and resources for engagement.

Document 17 of 54

Is the PhD well for nursing faculty running dry?

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Document 18 of 54

The demotivating impact of absenteeism in nursing homes

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ABSTRACT (ENGLISH)

Aim

The study explores how prevailing absenteeism frustrates or thwarts nurses' and nursing assistants' basic psychological needs (autonomy, competence and relatedness), using self-determination theory.

Background

Our study responds to the call to investigate how organisational characteristics influence employees' psychological need, satisfaction and their attitudes and behaviours.

Method

We conducted a semantic analysis of the discourse of 42 nurses and nursing assistants working in nursing homes for older dependent people in France.

Results

The analysis subdivides participants' discourse into four themes: short-term absenteeism, lack of competence, lack of recognition and work overload. These themes are all linked to participants' perceived deficits or threats concerning their psychological needs.

Conclusions

The prevailing absenteeism has a harmful spiral impact on nurses' and nursing assistants' attitudes and behaviours, and, ultimately, on the quality of care received by the patients.

Implications for Nursing Management

Our study confirms the need to adopt various managerial actions to address the following interrelated issues: controlling short-term absences, reducing work overload and giving training and recognition.

Document 19 of 54

Machine learning-based patient classification system for adult patients in intensive care units: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

This study aimed to develop a patient classification system that stratifies patients admitted to the intensive care unit based on their disease severity and care needs.

Background

Classifying patients into homogenous groups based on clinical characteristics can optimize nursing care. However, an objective method for determining such groups remains unclear.

Methods

Predictors representing disease severity and nursing workload were considered. Patients were clustered into subgroups with different characteristics based on the results of a clustering algorithm. A patient classification system was developed using a partial least squares regression model.

Results

Data of 300 patients were analysed. Cluster analysis identified three subgroups of critically patients with different levels of clinical trajectories. Except for blood potassium levels ($p = .29$), the subgroups were significantly different according to disease severity and nursing workload. The predicted value ranges of the regression model for Classes A, B and C were <1.44 , $1.44-2.03$ and >2.03 . The model was shown to have good fit and satisfactory prediction

efficiency using 200 permutation tests.

Conclusions

Classifying patients based on disease severity and care needs enables the development of tailored nursing management for each subgroup.

Implications for Nursing Management

The patient classification system can help nurse managers identify homogeneous patient groups and further improve the management of critically ill patients.

Document 20 of 54

Association between psychological capital and spiritual care competencies of clinical nurses: A multicentre cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To investigate the status of spiritual care competencies among clinical nurses and their relationships with psychological capital.

Background

Limited knowledge is about the influence of positive personal characteristics on nurses' spiritual care competencies.

Methods

A multicentre cross-sectional study. A total of 1717 nurses were recruited from nine separate Chinese hospitals. Online questionnaires were delivered through a local nursing association to assess socio-demographics, spiritual care competencies and psychological capital of nurses.

Results

Nurses had mild-to-moderate levels of spiritual care competencies and moderate levels of psychological capital. Psychological capital and its two metrics (self-efficacy and hope), spiritual care education, professional qualification and shift work were the main predictors of spiritual care competencies (each $p < .05$).

Conclusion

The findings of the study show a positive relationship between psychological capital and spiritual care competencies of clinical nurses. Strengthening nurses' psychological capital could improve their spiritual care competencies.

Implications for nursing managers

Nurse managers and hospital administrators should better understand the value of psychological capital for nurses'

capacity development. Effective interventions need to be implemented separately or combined with spiritual care education programmes to improve nurses' psychological capital and spiritual care competencies.

Document 21 of 54

The relationship between mental workload and job performance among Iranian nurses providing care to COVID-19 patients: A cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To evaluate the relationship between mental workload and job performance among nurses providing care to patients with COVID-19, and to explain the factors predicting their performance.

Background

The increased workload of health care workers in the COVID-19 pandemic affects their job performance, causes medical errors, contributes to patients' mortality and is a major concern for all health care organisations in the world.

Methods

This cross-sectional study recruited 139 nurses selected from the ICUs, infectious disease wards and emergency units of two hospitals in Iran. The NASA-Task Load Index and Paterson's job performance questionnaire were used.

Results

Mean scores of mental workload and job performance of the nurses were 67.14 ± 30.53 and 37.37 ± 7.36 , respectively. A total of 71.95% and 96.4% of the nurses had high mental workload and job performance levels, respectively. The results indicated a weak positive correlation between mental workload and the mean score of job performance ($r = .057$). Unlike the mental demand ($r = .175, p = .04$) and temporal demand ($r = .307, p < .001$) that had a significant positive correlation with job performance, frustration had a significant negative correlation with job performance ($r = -.183, p = .032$). The following variables explained 33% of the variance of nurses' job performance: age, gender, type of ward, working shift, experience of providing care to patients with COVID-19 and frustration.

Conclusion

The nurses' mental workload increased during the COVID-19 pandemic. Given the negative effect of mental workload on the nurses' behaviour and performance, the rise in their job performance and its weak positive correlation with their mental workload should be further addressed.

Implications for Nursing Management

The present study results support the need for focusing on implementing strategies such as providing social and psychological support to moderate mental workload and improve job performance of nurses who provide care to patients with COVID-19.

Morality traits for an ideal nurse manager: A multicentre cross-sectional study

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ABSTRACT (ENGLISH)

Aims

To investigate which morality traits are more important for nurses to determine positive opinions of their nurse manager.

Background

People selected morality more often than sociability and competence when forming a positive opinion towards an ideal or a newcomer manager.

Methods

A multicentre, cross-sectional study was carried out by administering two questionnaires to 775 nurses on the influence of morality, sociability and competence traits on their impression formation processes.

Results

Regarding nurses' perceptions about the morality, sociability and competence traits of an ideal nurse manager, the total score for morality was 20.0; for sociability, it was 14.2; and for competence, it was 19.6. For nurses' opinions about a new nurse manager, the total score of the morality section was 16.2, which was very similar to the total score of the competence section (mean = 16.1).

Conclusion

Morality positively influences nurses' initial impression of an ideal manager, and though it seems to be a necessary condition, it is not sufficient by itself to support the nursing staff's perception towards a new manager.

Implications for Nursing Management

Our findings could be useful in better understanding the role of morality in social perceptions and behavioural consequences of staff nurses towards their nurse manager.

Emergency preparedness during the COVID-19 pandemic: Perceptions of oncology professionals and implications for nursing management from a qualitative study

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ABSTRACT (ENGLISH)

Aim

To explore oncology health care professionals' perceptions of the COVID-19 pandemic response.

Background

The pandemic has created health care delivery challenges globally and many countries have exhibited low readiness and emergency preparedness.

Methods

A descriptive design using a qualitative approach was employed. Semi-structured interviews, which were completed via telephone, were audio recorded and transcribed verbatim. A thematic analysis was conducted.

Results

Participants ($N=30$) were mostly registered nurses (70%). Three themes emerged: (1) ability to adapt and operationalize disaster planning, training and restructure nursing models (subtheme: reactive vs. proactive approach to emergency preparedness); (2) COVID-19 task forces and professional organisations were critical for valid information surrounding the pandemic; and (3) recommendations for emergency preparedness/planning for future pandemics.

Conclusion

Oncology organisations adapted during the pandemic, but policies and procedures were perceived as reactive and not proactive. Recommendations for planning for future pandemics included (1) adequate personal protective equipment, (2) developing cancer-specific guidelines/algorithms and (3) telehealth training related to billing/reimbursement. Professional organisations were reliable resources of information during the pandemic, but oncology professionals ultimately trusted employers and administration to distribute information needed for safe patient care.

Implications for nursing management

Frontline nurses should hold positions on task forces to develop future emergency preparedness.

The impact of nurse leadership education on clinical practice: An integrative review

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ABSTRACT (ENGLISH)

Aim

The aim of this paper is to critically evaluate the literature investigating the impact of nurse leadership education on clinical practice.

Background

Effective leadership is vital for high-quality patient care. Leadership education is designed to support nurses to develop the appropriate skills and behaviors to become clinical leaders. However, to date, the impact of such education on subsequent clinical practice is unclear.

Evaluation

An integrative review was conducted. Ten papers were included related to the experiences of nurses undertaking leadership education.

Key issue

Analysis of the included papers indicated that leadership education contributed to improving clinical practice in two ways. These two key themes were; impact on the individual and impact on others.

Conclusion

While there is a plethora of literature reviewing nurse leadership and clinical practice, there is a gap in understanding how nurse leadership education can contribute to changed practice.

Implications for Nursing Management

Nurse managers can use this information to guide future leadership education programs to ensure that they promote positive work environments and high-quality care that improves clinical outcomes.

Document 25 of 54

Developing and validating the transition status scale for newly graduated nurses in China

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ABSTRACT (ENGLISH)

Aim

The present study aimed to develop and examine the psychometric properties of the Transition Status Scale for Newly Graduated Nurses.

Methods

Three phases were conducted: Phase I involved a qualitative research to explore and establish the potential items pool; Phase II reduced the items using the item analysis with a sample of 73 nurses. Phase III evaluated the psychometric properties of the final scale. Data from 814 valid questionnaires were analysed using exploratory factor analysis and confirmatory factor analysis.

Results

Five factors, including 'Interpersonal integration', 'Profession-related positive emotion', 'Competence for nursing work', and 'Active coping strategies', 'Balance between work and life', accounted for 68.87% of total variance. Cronbach's α was 0.891. Confirmatory factor analysis indicated acceptable model fitness.

Conclusions

The Transition Status Scale for Newly Graduated Nurses has good psychometric properties. It can be used to measure the transition status conveniently and effectively.

Implications for Nursing Management

The assessment result with the Transition Status Scale for Newly Graduated Nurses can provide information about the transition status of new nurses, thereby providing reference to guide the specific nursing interventions to smooth the transition process. It can also work as an alternative instrument to compare the effectiveness of different transition programs.

Document 26 of 54

Ward-level nurse turnover and related workplace factors in long-term care hospitals: A cross-sectional survey

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ABSTRACT (ENGLISH)

Aim

To explore the association between the ward-level nurse turnover rate and the ward's organisational, patient and nurse characteristics in long-term care (LTC) hospitals.

Background

Nurse turnover adversely impacts not only LTC hospitals through higher recruitment and replacement costs but also resident health outcomes.

Methods

This study employed a cross-sectional design with secondary analyses. Participants were 199 ward managers and

2,508 nurses in LTC hospitals across Japan. Data were collected between September and November 2015.

Results

The wards with higher nurse turnover were significantly associated with a non-12-hr work shift, higher rate of patients with intravenous hyperalimantation (IVH), lower average of nurse emotional exhaustion, lower average of nurse-perceived quality of the care process and lower rate of employment stability as the reason for choosing the workplace.

Conclusions

Actual ward-level nurse turnover can be influenced by factors related to the organisation (e.g. shift style and employment stability), patient (e.g. patients with IVH) and nurse attributions (e.g. burnout, perceived care quality).

Implications for Nursing Management

To minimize nurse turnover in LTC hospitals, multifactorial ward-level interventions would be possible, such as adjusting for shift work, attending to medical procedures or improving nurses' emotional exhaustion and perceptions regarding care quality.

Document 27 of 54

Strength use and nurses' depressive symptoms: The mediating role of basic psychological needs satisfaction

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ABSTRACT (ENGLISH)

Aims

This study aimed to reveal the role of satisfying basic psychological needs in the relationship between strength use and depressive symptoms in nurses.

Background

There is a high prevalence of depressive symptoms among nurses. Previous studies on different groups have reported that strength use is beneficial for alleviating individuals' depressive symptoms.

Method

A total of 475 participating Chinese nurses completed questionnaires. Hypotheses were tested using the PROCESS macro.

Results

Strength use was positively correlated with basic psychological needs satisfaction overall and negatively correlated with depressive symptoms. Furthermore, autonomy and relatedness satisfaction acted as mediating mechanisms through which strength use influenced depressive symptoms.

Conclusions

Autonomy and relatedness satisfaction can mediate the influence of strength use on depressive symptoms in nurses.

Implications for Nursing Management

Focus should be placed on improving nurses' strength use level to reduce their depressive symptoms. Hospital managers should create an organisational environment conducive to meeting nurses' basic psychological needs and

thereby reduce their depressive symptoms.

Document 28 of 54

Exploring the governance practices of nurse managers in the Greater Accra Region of Ghana

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ABSTRACT (ENGLISH)

Aim

The study aim was to examine governance practices of nurse managers at the unit level in the Greater Accra Region of Ghana.

Background

Health care managers are encouraging authorities of hospitals to appoint knowledgeable and experienced nurse managers to better coordinate and carry out the delivery of health care services. Nurse managers' governance practices have been identified as essential in ensuring quality health care delivery. This study investigated nurse managers' governance practices at the unit level.

Methods

The study employed a quantitative cross-sectional design to gather data from 522 nurses in 19 selected hospitals in the Greater Accra Region of Ghana. Data were analysed using descriptive statistics and linear regression analyses.

Results

The study findings showed that nurse managers exhibited a moderate level of governance practices. Qualification, training in management, experience as a nurse and experience as nurse manager together had no significant influence on governance practice ($R^2 = .012$, $p = .180$). The only experience as a nurse manager was a significant predictor in the model ($B = 0.037$, $p = .023$).

Conclusion

Nurse managers' roles and responsibilities continue to evolve within the complex health care system. It is important to empower nurse managers to enhance their governance practices through a well-structured programme such as coaching and mentorship to improve efficiency and effectiveness at the unit level.

Implication for nursing management

Governance practices of nurse managers to create a favourable environment is essential to ensure efficiency, quality and unit outcomes. Experience as a nurse manager predicted governance practices, this implies that nurse managers should be assisted to enable them to gain experiences in governance practices.

Document 29 of 54

Challenges and opportunities in health care and nursing management research in times of COVID-19 outbreak

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ABSTRACT (ENGLISH)

Aim

To reflect upon the concrete implications of the COVID-19 outbreak regarding ongoing health service and nursing management research (NMR) and to identify possible research priorities for the current and post-pandemic era.

Background

Health service research and the nursing management research debate have received little attention to date, despite their relevance in responding to the increased demand of care during the COVID-19 outbreak.

Methods

A critical analysis on experiences was performed while leading international-funded studies at different degrees of complexity and targets, involving nurse managers, nurses, care processes and health care services in the last year.

Results

Ongoing research projects have been profoundly affected by the COVID-19 outbreak in their aims, methods, management processes, feasibility and outcomes.

Conclusions

The COVID-19 outbreak is an unprecedented stress test for the health care sector and for the nursing services. Its onset and persistence have rendered more easily to see what prevails in terms of effectiveness and what fails in our health care services.

Implications for Nursing Management

Nurse managers have lived and are still living through this crisis, given their omnipresence in the health care systems. Therefore, setting NMR priorities and working together to imagine and design the post-COVID-19 era is essential.

Document 30 of 54

Adaptation and validation of the Turkish version of the Caring Culture Survey

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ABSTRACT (ENGLISH)

Aim

To assess the validity and reliability of the Caring Culture Survey in a sample of Turkish nurses.

Background

Health care institutions have increased their focus on the caring culture to improve the satisfaction of both employees and patients. However, there is a lack of valid and reliable tools in Turkish that measure nurses' perceptions of caring culture.

Method

This two-phase psychometric study was conducted by recruiting 240 nurses from one university hospital between August and October 2019. In phase 1, the scale's adaptation was implemented. In phase 2, construct validity was determined by confirmatory factor analysis. Reliability was tested by internal consistency and item-total correlation coefficients.

Results

Adaptation results showed that the Turkish version of the scale is adequate for linguistic and content validation. Confirmatory factor analysis indicated a significantly good fit for a three-factor model. Cronbach's alpha coefficient was 0.84 for the overall scale.

Conclusion

The Turkish version of the Caring Culture Survey showed consistently acceptable psychometric properties of reliability and validity.

Implications for Nursing Management

The Turkish version of the Caring Culture Survey can be used as an instrument to assess nurses' perceptions of caring culture by health care and nurse managers.

Document 31 of 54

Nurse managers' competencies: A scoping review

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ABSTRACT (ENGLISH)

Aim

To describe and synthesize scientific literature on nurse managers' competencies.

Background

The key strategy for the success of health organisations currently resides in the capacity of the nurse manager to

develop advanced competencies in management. However, there is a lack of systematic reviews that synthesize knowledge about nurse managers' competencies.

Evaluation

A scoping review was conducted using electronic databases including Web of Science, Scopus, PubMed and Cumulative Index to Nursing and Allied Health Literature.

Key issues

After the first analysis, 392 competencies were observed from 76 studies. Finally, 53 competencies were grouped according to their characteristics. The two most-cited competencies were communication and finance.

Conclusions

Knowing the competencies required by nurse managers can help organisations create strategies to develop competent managers. In addition, from the results we can infer what might be the core competencies, since 22 main competencies from the total number were identified.

Implications for Nursing Management

The competencies identified constitute the body of knowledge necessary for nurse managers. In addition, it is possible to generate a pathway for learning and professional development for nurses before they work at the microlevel of management. The starting point for this pathway could be the 22 core competencies.

Document 32 of 54

Intentions of frontline nurses regarding COVID-19 patient care: A cross-sectional study in Korea

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ABSTRACT (ENGLISH)

Aim

This cross-sectional study, conducted from August to September 2020, examined nurses' stress, self-efficacy and nursing intentions when caring for COVID-19 patients and identified the predictors of nursing intentions during the pandemic.

Background

The COVID-19 outbreak has increased nurses' role expectations and imposed a heavy social responsibility. In particular, frontline nurses are under significant stress when caring for patients during a novel epidemic because of the lack of accurate information.

Methods

A total of 232 nurses with experience in providing care for suspected or confirmed COVID-19 patients from seven large hospitals in three cities in Korea completed the Perceived Stress Scale, Self-Efficacy Scale and Predictive Nursing Intention Scale.

Results

Multiple regression confirmed that completing COVID-19-related education and self-efficacy were significant predictors of nursing intentions during the current pandemic; the regression model explained 22.0% of the variance

in nursing intentions.

Conclusion

Stress did not affect frontline nurses' nursing intentions towards COVID-19 patient care, but completing COVID-19-related education and higher self-efficacy predicted improved nursing intentions.

Implications for Nursing Management

Nurse leaders should recognize that to improve nursing intentions during a novel infection outbreak, infection-related education should be provided and strategies to improve self-efficacy should be implemented.

Document 33 of 54

Structural empowerment, formal and informal power, and job performance quality: A moderated mediation analysis

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ABSTRACT (ENGLISH)

Aim

To explore complex relationships among structural empowerment, formal power and informal power in predicting job performance quality.

Background

Job performance is a major determinant of organisations' progress towards their goals and providing quality care. Job performance quality is an aspect of job performance and complex phenomenon that requires a more in-depth understanding of complex relationships predicting its quality in nurses.

Methods

This was a cross-sectional quantitative study. Participants were 195 nursing staff providing direct patient care in four hospitals in Jordan. Hayes process was used to examine moderated mediation relationship predicting job performance quality.

Results

The proposed model in this study explained 86% of the variance in job performance quality. The results showed that structural empowerment effect on job performance quality was significant for direct and indirect paths. However, those effects varied at different levels of informal power.

Conclusion

This study suggested that the relationship between structural empowerment and job performance quality was none linear.

Implications for Nursing Management

This study stresses the importance of considering complex relationships in promoting job performance quality. Understanding the nonlinear relationship between structural empowerment and job performance quality is expected

Nursing professionals' mental well-being and workplace impairment during the COVID-19 crisis: A Network analysis

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ABSTRACT (ENGLISH)

Aim

To investigate the effects of years of nursing experience and mental health on work impairment among nurses during the COVID-19 crisis.

Background

During the COVID-19 crisis, nurses experience a greater psychological burden than other health care workers. Studies have not yet investigated the effects of years in nursing and mental health on potential work impairment during the COVID-19 crisis in nurses.

Methods

A survey was administered to 83 nurses on active duty during the COVID-19 crisis. The graphical LASSO and the DAG helped estimate the associations between years of nursing experience, mental health and work impairment.

Results

A moderate negative correlation emerged between years of nursing experience, avoidance and work impairment. A direct effect was observed between anxiety and work impairment. A moderate positive correlation emerged between anxiety, depression and work impairment. An indirect effect was observed between depression, burnout, insomnia, years of nursing experience and work impairment.

Conclusions

In the present sample, nurses' work impairment decreased with greater years of nursing experience and increased with higher anxiety, depression, burnout and avoidance levels.

Implications for Nursing Management

These findings can help design effective infectious disease management programmes for students and professionals in nursing to prevent breakdowns and avoid work impairment.

Preceptorship as part of the recruitment and retention strategy for nurses? A qualitative interview study

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ABSTRACT (ENGLISH)

Aim

To explore aspects that are important for the integration of preceptorship and processes for recruitment and retention of nurses.

Background

The shortage of nurses is a global concern that has a major impact on health care systems around the world. However, earlier research has not considered whether preceptorship of nursing students can be an integral part of recruitment and retention of nurses.

Method

A descriptive design with a qualitative approach was used. Semi-structured interviews were conducted with ten preceptors and six ward managers in different health care specialties in Sweden.

Results

Three aspects were found central for integrating preceptorship with recruitment and retention: perceptions of preceptorship, the organisation of preceptorship and the way preceptorship operates in relation to recruitment and retention strategies.

Conclusion

The findings suggest that preceptorship and recruitment strategies could both benefit from being integrated.

Implications for Nursing Management

It is central for nursing managers to develop organisational practices that enable the integration of preceptorship with recruitment and retention of nurses. This could increase the quality of both preceptorship and the work environment in general.

Document 36 of 54

Missed nursing care in the Malaysian context: A cross-sectional study from nurses' perspective

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To determine the occurrence, factors and outcome of missed nursing care from the perspective of Malaysian nurses.

Background



Missed nursing care is an important issue in the global health care sector. However, little is known on the extent of missed nursing care in the Malaysian context and its contributing factors.

Methods

A cross-sectional design was adopted for data collection using the *MISSCARE Survey* instrument. Participants comprised 364 nurses from medical and surgical wards of a large teaching hospital. Data were analysed using descriptive, binomial logistic and hierarchical regression analyses.

Results

The overall occurrence of missed nursing care was 1.88 (on a scale of 1.00–5.00), which differed across 24 nursing care elements. Basic nursing care and communication-related care were the most frequently missed elements. Types of ward and labour resources were identified as contributing factors to missed nursing care ($p < .001$). No significant association was found between missed nursing care and nurses' intention to leave ($p > .05$).

Conclusion

The occurrence of missed nursing care was noted to be low.

Implications for Nursing Management

Practical strategies such as an acuity-based staffing system, close monitoring of rendered care and strengthening of teamwork are recommended to minimize missed nursing care.

Document 37 of 54

The effectiveness of spiritual interventions in the workplace for work-related health outcomes: A systematic review and meta-analysis

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ABSTRACT (ENGLISH)

Aim

To investigate the effectiveness of spiritual interventions in the workplace for different health outcomes through the use of a meta-analysis of randomized controlled trials.

Background

Most studies including spirituality in the workplace investigated it at the organisational/business level, while giving a secondary value to the well-being and quality of life of the workers.

Methods

Systematic review and meta-analysis carried out on the following databases: SCOPUS, PubMed and Web of Science. Spiritual interventions investigating work-related health outcomes were included. Then, meta-analyses were conducted.

Results

From a total of 2,832 studies, 7 articles were included in the systematic review and 6 in the meta-analysis. Spiritual

interventions, as compared to controls, improved the health outcomes of the workers (standard mean difference (SMD), -1.42; 95% CI, -1.98, -0.86; $p < .001$; $I^2 = 96\%$). Subanalyses revealed that yoga was an effective intervention and that stress was reduced by these interventions.

Conclusion

Spiritual interventions in the workplace seem to be effective in improving workers' health. Nevertheless, the high heterogeneity and limited number of studies may hinder more robust conclusions at the moment.

Implications for nursing management

The use of spiritual interventions should be considered in workplaces in order to reduce the stress and other negative outcomes.

Document 38 of 54

Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff

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ABSTRACT (ENGLISH)

Aim

To investigate how distributed leadership via the Shared Governance programme influences employee engagement, empowerment, job satisfaction and turnover intentions among direct care nursing staff in a large UK hospital.

Background

Increasing turnover rates and shortages of health care staff in the UK has called for interventions to improve employee engagement and job satisfaction.

Methods

116 direct care nursing staff were sampled in a mixed-methods explanatory sequential design. A maximum variance sample of 15 participants were subsequently interviewed to gain a deeper understanding of the motivations and attitudes that influenced employee outcomes through distributed leadership.

Results

Higher levels of distributed leadership predicted increased employee engagement and job satisfaction, and lower turnover intentions. Staff also felt more empowered and committed to the organisation despite some challenges experienced in implementing the Shared Governance programme.

Conclusion

Distributed leadership was found to be beneficial in promoting employee engagement and empowerment, increasing job satisfaction and organisational commitment and reducing turnover intention in the UK health care setting.

Implications for Nursing Management

By encouraging the practice of distributed leadership at work, health care staff can become more engaged and empowered, leading to higher rates of job retention, job satisfaction and organisational commitment.

Linking nurses' job security to job satisfaction and turnover intention during reform and privatization: A cross-sectional survey

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ABSTRACT (ENGLISH)

Background

Reforming health care systems can influence the workers. Among the aspects that could be influenced are the perception of job security, job satisfaction and turnover intention. However, nurses' perception on job security, job satisfaction and turnover intention during health care reform and privatization is a topic yet to be explored.

Objectives

To examine the link between job security, job satisfaction and turnover intention during the reform and privatization of a health care system.

Design

A cross-sectional survey design was utilized in this study.

Methods

The survey was composed of sociodemographic items, global job satisfaction item, global turnover items and job security scale. Data were analysed using SPSS, and univariate, bivariate and multivariate analyses tests were used.

Results

Although job satisfaction partially mediated the association between job security and organisational turnover during health care reform, it completely mediated the association between job security and professional turnover intention.

Conclusions

Further research is needed to examine this finding.

Implication for nursing management

The findings of this study benefit nurse managers and leaders for their evidence-based management. Moreover, this study will help them focus on practices that satisfy the staff and improve the job security by improving the communication and work on changing the policy.

How are empowering leadership, self-efficacy and innovative behavior related to nurses' agency in

distributed leadership in Denmark, Italy and Israel?

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ABSTRACT (ENGLISH)

Aim

The purpose of the study was to introduce the concept of distributed leadership to international nursing management by conducting a cross-national investigation of its relationships with empowering nursing leadership, nurses' work self-efficacy and nurses' innovative behaviour.

Background

Distributed leadership theory suggests that when more people lead processes together, innovation will be superior to solo leadership. However, we need knowledge about how nurse managers may enhance nurses' distributed leadership agency (DLA), and whether such results are generalizable across countries.

Method

The cross-national survey with an overall purposeful sampling method used questionnaire data from hospital nurses from Israel ($n = 239$), Italy ($n = 226$) and Denmark ($n = 709$). We used validated scales measuring Empowering Leadership, Self-efficacy, Innovative Work Behavior and DLA.

Results

The results from all three countries showed that empowering leadership and work self-efficacy were positively related to DLA, which, in turn, was also related to more innovation.

Conclusion

The results may imply that nursing managers can increase workplace innovativeness by adopting an empowering leadership style that supports nurses' self-efficacy and distributes leadership tasks.

Implications for Nursing Management

The cross-country robustness of the results may encourage further research in distributed leadership in nurse management, notably with a focus on causal mechanisms.

Document 41 of 54

A qualitative study on the experiences of the first nurses assigned to COVID-19 units in Turkey

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ABSTRACT (ENGLISH)

Aim

To explore the experiences of the first nurses assigned to work in COVID-19 units with the onset of the outbreak in Turkey.

Background

Even though the risks faced by nurses while performing a dangerous task during the epidemic are similar, their experiences may differ.

Method

This qualitative study was carried out with 17 nurses. The interviews were carried out individually and online. The data were analysed using Colaizzi's phenomenological method.

Results

From the analyses of the data, four key themes have emerged as follows: 'needs', 'anger', 'questioning' and 'decision'. Needs include visibility, support, adaptation and sleep/rest. Nurses were angry because of their unmet expectations, feelings of injustice, and selfish and insensitive behaviours they faced. They questioned their profession and decided to either alienate from the profession or continue with the gains they had made.

Conclusion

This study found that nurses perceived an imbalance between their efforts and their achievements.

Implications for Nursing Management

This study provides evidence for nursing managers to anticipate problems that may arise both during and after the outbreak. Nurses should be made to feel that they are valued members of the health care institution, and effective strategies should be implemented to improve their perceptions of organisational justice.

Document 42 of 54

Impact of engagement factors on nurses' intention to leave hospital employment

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ABSTRACT (ENGLISH)

Aim

To determine the impact of workforce engagement factors on nurses' intention to leave their hospital.

Background

Nurse retention is important for safe patient care. It is unknown whether meaning and joy in work, occupational fatigue, job satisfaction and unprofessional behaviour experiences predict hospital nurse turnover intentions.

Method

This cross-sectional study involved responses from 747 nurses from two south-western hospitals. Measures included surveys to capture meaning and joy in work, job satisfaction, occupational fatigue and unprofessional behaviour exposure/impact.

Results

Following correlational analyses, manifest variables significantly correlated with related latent factors. In structural equation modelling, greater chronic occupational fatigue was the strongest and meaning and joy at work (negative direction) the next strongest predictor of turnover intention. Although significant, job satisfaction and acute fatigue were weak predictors. Inter-shift recovery did not predict intent to leave.

Conclusion

This is the first study to identify Chronic Fatigue and meaning and joy in work as significant predictors of hospital nurse turnover intentions.

Implications for Nursing Management

Employing practices that decrease chronic fatigue and increase meaning/joy in work are recommended to improve nurse retention.

Document 43 of 54

Willingness to participate in front-line work during the COVID-19 pandemic: A cross-sectional study of nurses from a province in South-West China

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To explore the current status of Chinese nurses' willingness to work during the COVID-19 pandemic and the factors that influence them.

Background

The demand for front-line nurses continues to grow during the COVID-19 pandemic, but their willingness varies significantly. Therefore, it is crucial to explore nurses' willingness to report for front-line work.

Methods

A cross-sectional study of 1,310 nurses from six tertiary hospitals was conducted. The participants completed self-administered online questionnaires.

Results

A total of 90.5% of nurses reported that they would like to voluntarily participate in front-line work. Those with previous training, higher self-efficacy scores, and lower perceived risk and self-worth scores were more likely to participate in front-line work, while nurses, who had 11–15 years of work experience and were worried about their family and the lack of family support, were less likely to be involved in front-line work.

Conclusion

This study found that the vast majority of nurses were willing to participate in front-line work and affirmed the positive effects of previous infection prevention training, self-efficacy and self-worth.

Implications for Nursing Management

This research emphasizes the necessity of infection prevention training and provides evidence for further emergency workforce deployment and incentives.

Document 44 of 54

The influence of team mindfulness on nurses' presenteeism: A cross-sectional study from the perspective of sensemaking

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ABSTRACT (ENGLISH)

Aim

This study explores the influence of team mindfulness on nurses' presenteeism. The mediation effect of perceived empathic concern and perceived insider status and the moderating effect of organisational formalization are assessed.

Background

Nurses are prone to presenteeism. Few studies have explored the influence of the organisational environment on nurses' presenteeism. Studies that consider organisational, work-related and person-related factors on the decision-making process influencing nurses' presenteeism are scarce.

Methods

Using a cross-sectional survey, data from 396 nurses were gathered from three time points and multiple regression analyses were used to test each hypothesis.

Results

(a) Team mindfulness reduces nurses' presenteeism. (b) Both perceived empathic concern and perceived insider status mediate the relationship between team mindfulness and nurses' presenteeism. (c) Organisational formalization exerts a positive moderating effect on the relationship between team mindfulness and perceived empathic concern.

Conclusions

Team mindfulness reduces nurses' presenteeism through affective (perceived empathic concern) and cognitive

(perceived insider status) sensemaking paths. Organisational formalization is a situational factor to improve the effectiveness of team mindfulness.

Implications for Nursing Management

Nurse managers need to devote themselves to cultivating team mindfulness, building an atmosphere to promote perceived empathic concern and perceived insider status, and promoting a formal organisational structure.

Document 45 of 54

The experience of nursing leadership in a crisis: A hermeneutic phenomenological study

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ABSTRACT (ENGLISH)

Aim

This study aimed to understand nursing leaders' experience during the pandemic.

Background

COVID-19 is a public health crisis that affects every nation in the world.

Methods

Purposeful sampling was used to recruit 28 leaders in a large health care system. Data were collected via semi-structured audiotaped interviews. Results were analysed using hermeneutic phenomenology.

Results

The structure in which leaders worked was described as: from the day-to-day grind to derailment and from manning the hospital to manning the frontlines. Five phenomenological themes were as follows: embodied leadership, navigating differently, trusting and earning trust, being the calm voice and envisioning the future.

Conclusion

Disaster policies and procedures are needed that will alleviate leadership angst, maximize nursing resources, heighten trust and enhance communications.

Implications for Nursing Management

In 2020, we witnessed a previously inconceivable media and public focus on the value of nursing care. Leaders can use this pivotal moment in time as a catalyst towards securing the support needed in planning for the next pandemic.

Document 46 of 54

Initial testing of the use of the Safer Nursing Care Tool in a Canadian acute care context

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ABSTRACT (ENGLISH)

Aim

Initial testing of England's Safer Nursing Care Tool for adult in-patient acute care wards in a university-affiliated Canadian hospital.

Background

Safe-nursing staffing decisions have significant impacts on patients' safety and quality of care. The Safer Nursing Care Tool was developed in England to provide managers with a validated formula for making appropriate nursing staffing decisions. The tool has been widely used and studied in the UK but has yet to be tested in a Canadian context.

Method

Ten high service quality acute care wards from a university-affiliated Canadian hospital tested the use of the Safer Nursing Care Tool. Service quality, patients' dependency/acuity and staff activity data were benchmarked against information collected in 726 comparable UK wards.

Results

Higher bed occupancy and patient dependency/acuity mix were found in the 10 Canadian wards compared to their UK counterparts. Overall staff activity was comparable between UK and Canadian wards.

Conclusion

The Safer Nursing Care Tool can be applied in this Canadian hospital, and further testing in other hospitals and specialties is required.

Implication for Nursing Management

The Safer Nursing Care Tool is a valid staffing tool to use that, when combined with professional judgement, can help managers to properly establish nursing staff in acute care wards.

Document 47 of 54

Identifying the evidence base of interventions supporting mental health nurses to cope with stressful working environments: A scoping review

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To scope the evidence on interventions used to help mental health nurses cope with stressful working environments.

Background

Nursing managers may implement interventions to support mental health nurses cope in their role. However, the evidence supporting these interventions has not been recently reviewed.

Methods

A scoping review was conducted which entailed searching and selecting potential studies, undertaking data extraction and synthesis.

Results

Eighteen studies published since 2000 were identified. They employed different designs, ten used quasi-experimental methods. Interventions involving active learning appeared beneficial, for example stress reduction courses and mindfulness. However, small sample sizes, short follow-up periods and variation in outcome measures make it difficult to identify the optimum interventions. No studies have considered cost-effectiveness.

Conclusion

There is some evidence that mental health nurses benefit from interventions to help them cope with stressful working environments. However, higher quality research is needed to establish the effectiveness and cost-effectiveness of different interventions.

Implications for Nursing Management

Managers should provide opportunities and encourage mental health nurses to engage in active learning interventions, for example mindfulness to help them cope with stressful working environments. Nurses also want managers to address organisational issues; however, no research on these types of interventions was identified.

Document 48 of 54

Measuring social support for novice nurses: Development of the supportive relationship inventory and perceived availability of post-error support tool

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ABSTRACT (ENGLISH)

Aim

To develop and psychometrically test the Supportive Relationship Inventory and Perceived Availability of Post-error Support Tool for novice nurses.

Background

Novice nurses are particularly susceptible to adverse effects from medical errors. Supportive relationships and the

perceived availability of social support can limit the impact of these errors. However, there are no valid and reliable instruments to measure these forms of social support for novice nurses in medical error settings.

Method

Questionnaires were distributed to 597 novice nurses at 20 hospitals throughout Japan, with 305 responses. Construct validity was tested by confirmatory factor analysis, and criterion validity, by correlation with external criteria. Reliability was evaluated by Cronbach's alpha and test–retest reliability.

Results

Confirmatory factor analysis indicated good model fit for both scales, establishing construct validity. The Supportive Relationship Inventory and its subscales displayed good internal consistency ($\alpha = 0.795\text{--}0.951$), as did the Perceived Availability of Post-error Support Tool and its subscales ($\alpha = 0.831\text{--}0.944$). Test–retest correlations were above 0.74.

Conclusion

The reliability and validity of the scales was determined.

Implications for Nursing Management

Nurse managers can use these two scales to foster supportive colleagues, to build a supportive organisational culture and to evaluate whether colleagues' support meets novice nurses' needs.

Document 49 of 54

The mediating role of resilience between work–family conflict and career development among Chinese nurses: A cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To investigate the association between work–family conflicts and career development with resilience among nurses.

Background

Nurses tend to have high levels of work–family conflict. Resilience may affect their individual career development, the stability of the nursing team and the quality of nursing care.

Methods

A cross-sectional survey using correlational design was conducted in mainland China. Data were collected using demographic and career development questionnaire, work–family conflict and resilience scale.

Results

A total of 70,932 nurses were included. The total score for work–family conflict was relatively high (38.37 ± 12.82). Work–family conflict of nurses had a significant negative correlation with career development ($r = -0.35, p < .001$) and with resilience ($r = -0.23, p < .001$), while resilience had a significant positive correlation with career development ($r = 0.62, p < .001$). Resilience plays a mediating role between work–family conflict and career development.

Conclusions



The work–family conflict had a significant negative correlation with career development among nurses. Resilience has a mediating role between work–family conflict and career development. Nursing managers could reduce the level of work–family conflict by enhancing nurses’ resilience.

Implications for nursing management

Nursing managers should prioritize the improvement of resilience through training and education, enhancing nurses’ ability to address work–family conflicts.

Document 50 of 54

Clinical nurse managers’ leadership practices in Saudi Arabian hospitals: A descriptive cross-sectional study

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ABSTRACT (ENGLISH)

Aim

To understand the situational profiles of clinical nurse managers’ transformational leadership practices in Saudi hospitals.

Background

Clinical nurse managers’ effective leadership may enable registered nurses to provide safe patient care.

Methods

This included 29 clinical nurse managers and 318 registered nurses from three Saudi hospitals. Data were collected using the leadership practice inventory-self and the leadership practice inventory-observer.

Results

A significant difference between self- and observer-assessed transformational leadership practices of clinical nurse managers was found. There was also a significant difference in transformational leadership practice between Saudi and non-Saudi clinical nurse managers. Ward experience of clinical nurse managers was statistically positively associated with higher ratings of “enabling others to act”. Length of clinical nurse managers’ experience was associated with “enabling others to act” and “encouraging the heart” practices.

Conclusion

Clinical nurse managers rated their transformational leadership performance higher than that reported by registered nurses. Further, non-Saudi clinical nurse managers working in Saudi hospitals overestimated the extent of their transformational leadership practices.

Implications for Nursing Management

Clinical nurse managers should gather feedback about their leadership performance regularly and implement required changes. Hospital administrations should provide additional support to clinical nurse managers through effective leadership programmes, enculturation and team-building strategies, to create a shared vision regarding the

A Phenomenological Study of Nurse Managers' and Assistant Nurse Managers' Experiences during the COVID-19 Pandemic in the United States

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To understand the experiences of hospital nurse managers and assistant nurse managers during the COVID-19 pandemic in the United States.

Background

Little research has been published about the experiences of nurse managers during the COVID-19 pandemic. Experiences of front-line nurses have been well documented. This is the first phenomenological study to date in the United States on experiences of hospital nurse managers during the COVID-19 pandemic.

Design

Phenomenological qualitative approach.

Methods

Thirteen managers, seven nurse managers and six assistant nurse managers were interviewed about their experiences using audio–video teleconferencing and a semi-structured interview guide. Consolidated Criteria for Reporting Qualitative Research criteria for reporting qualitative research were used.

Results

The four major themes that emerged were as follows: being there for everyone; leadership challenges; struggles, support and coping; and strengthening my role. There were 11 subthemes.

Conclusions

A major focus of nurse managers during the pandemic was psychosocial support of front-line nurses while at the same time experiencing stress and exhaustion themselves.

Implications for nursing management

More attention on the psychosocial needs of nurse managers, interventions to allay their exhaustion and provisions for readily available support are warranted.

Scope of nursing practice on a surgery ward: A time-motion study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To log the activities of registered nurses and nursing assistants on a visceral surgery ward.

Background

By prioritizing their activities, nurses fail to exercise their full scope of practice even though this is essential for health care systems to function effectively and efficiently.

Method

A descriptive observational time–motion study was conducted over a period of 48 days. The activities of nurses ($n = 24$) and nursing assistants ($n = 9$) were logged over the course of their entire work shifts, both in the day and at night.

Results

In all, 499 hr of observation were logged. Tasks that fell under the dimensions of care activities and of communication and care coordination, which cover documentation, non-care activities and delegated medical tasks, were the ones that took up most of the nurse work time. Patient assessment, relational care, therapeutic teaching/coaching, and knowledge updating and utilization were categories that nurses were under-engaged in.

Conclusion

The study shows that the scope of nursing practice was not optimal.

Implication for nursing management

The results can serve to improve the work environment of carers, optimize the use of human resources and increase the visibility and efficiency of nursing work.

Document 53 of 54

New graduate nurses' satisfaction, adaptation and intention to leave in their first year: A descriptive study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Aim

To determine the factors affecting the professional and institutional satisfaction of new graduate nurses in their first year of work, their adaptation process and their intentions of leaving the nursing profession.

Background

The number of new graduates has been increasing in the global labour force, yet a significant proportion of them have left their profession. The first year in the nursing profession is particularly stressful and challenging for new graduate nurses.

Methods

The study was conducted at four hospitals with 428 new graduate nurses who were in the first years of their careers.

Results

The nurses' mean score, out of ten, was 5.52 points for job satisfaction and 5.16 points for satisfaction with their institution. Of them, 47.7% had difficulties adapting to nursing, and 53.5% had issues adapting to their jobs. Of them, 42.5% had considered leaving nursing, and 50.9% planned to leave their institutions.

Conclusions

New graduates that perceive high workload, poor communication with patients and families or team members or inadequate skills and knowledge are more likely to consider turnover or leaving the profession.

Implication for Nursing Management

New graduates suggested that better cooperation and teamwork, participation in decisions, consideration of requests for placement in a specific department, fair distribution of duties and shifts and in-unit professional development opportunities would all improve the work environment and decrease risk of turnover.

Document 54 of 54

Building workforce well-being capability: The findings of a wellness self-care programme

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ABSTRACT (ENGLISH)

Aim

To implement and evaluate a co-designed staff well-being programme.

Background

Working in health care can be physically and psychologically demanding. The job demands–resources model indicates job resources moderate the impact of job demands on staff well-being. Well-being initiatives introduced by organisations improve staff commitment, and reduce absences and incidents.

Methods

A qualitative descriptive design was applied. In 2019, within an Australian local health district, 232 health care professionals across eight hospitals and two community settings attended a six-week well-being programme, which included a variety of self-care strategies, for example mindfulness. Nine 1-hr focus groups were completed 2–4 weeks post-programme. Data were analysed using thematic analysis to explore participants' thoughts and experiences.

Results

Participants experienced joy from workshops and guilt for leaving peers with their workload. Participants developed strong interpersonal relationships with workshop attendees within a 'safe well-being space'. Broader impacts expressed by participants were; learnt coping mechanisms and proactive self-care practices and can be easily embedded into daily routines. Participants shared their 'toolkit' with colleagues, family and friends, positively impacting the well-being of people around them.

Conclusion

Participants encouraged by their new well-being 'toolkit' engaged with colleagues, better managed stressors and shared learnings.

Implications for Nursing Management

Building well-being capability within a health organisation requires nursing management to make staff well-being a strategic priority, use a co-design approach and embed coping mechanisms at the grassroots levels.

Bibliography

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Kanninen, T., Arja Häggman-Laitila, Tarja Tervo-Heikkinen, & Kvist, T. (2021). An integrative review on interventions for strengthening professional governance in nursing. *Journal of Nursing Management*, 29(6), 1398-1409. doi:<https://doi.org/10.1111/jonm.13377>

AimTo identify the interventions for strengthening professional nursing governance and describe their outcomes.
BackgroundThe ever-changing health care environment requires empowering governance structures and shared decision-making. The costly nature of reshaping governance makes the identification of effective interventions vital.
EvaluationAn integrative review was carried out between January 2007 and May 2020 in the CINAHL, PubMed, Scopus, PsycINFO, Business source, Cochrane and Medic databases. The quality of the 12 included studies was evaluated with the Joanna Briggs Institute critical appraisal tools.
Key issuesEight studies reported that the implemented interventions had positively influenced organisation regarding creating positive work environments, building new leadership competencies and increasing personnel's ability to take part in decision-making. The overall quality of the evidence was judged to be moderate.
ConclusionComprehensive decision-making structures, efficient teamwork and transformational leadership competencies among nurse leaders enable personnel to participate in decision-making. Further research is needed to identify the most effective interventions for improving professional governance.
Implications for Nursing ManagementNurse leaders have to ensure that personnel have adequate opportunities to congregate and decide over matters concerning their work. Positive organisational climate and relational leadership style, along with highly functioning teams, are important prerequisites to nursing councils producing the desired outcomes.

Saifan, A., Devadas, B., Mekkawi, M., Amoor, H., Matizha, P., Joemol, J., & Nabeel Al-Yateem. (2021). Managing the theory-practice gap in nursing education and practice: Hearing the voices of nursing students in the united arab emirates. *Journal of Nursing Management*, 29(6), 1869-1879. doi:<https://doi.org/10.1111/jonm.13407>

AimThe aim of this study is to explore factors contributing to the theory-practice gap in nursing education in the United Arab Emirates.
BackgroundThe gap between what is taught in nursing classrooms and what is practised in clinical settings creates challenges for nursing students, practitioners, managers and educators. This has important implications for the United Arab Emirates and other developing countries as their healthcare systems require a permanent nursing taskforce that is well supplied with ready to practice graduates.
MethodsA qualitative descriptive approach was used, whereby 25 senior student nurses were interviewed about their perceptions of the theory-practice gap.
ResultsThe major theme that emerged in this study was the 'tripod of clinical practice', with three subthemes: prepared students, aware and supportive preceptors and qualified clinical faculty. The other theme that emerged was 'real life outside the simulated lab', with two subthemes: various and unfamiliar psychomotor skills and communication with real patients.
ConclusionThe tripod of clinical practice must be achieved for quality clinical practice. Further, attention should be directed to development of skills (e.g., communicating with real patients) that are difficult to acquire while dealing with simulated patients.
Implications for Nursing ManagementNursing students need longer immersion in simulated clinical settings, coupled with experienced clinical faculty and supportive, aware and prepared preceptors.

O'Donovan, R., Rogers, L., Khurshid, Z., De Brún, A., Nicholson, E., O'Shea, M., . . . McAuliffe, E. (2021). A systematic review exploring the impact of focal leader behaviours on health care team performance. *Journal of Nursing Management*, 29(6), 1420-1443. doi:<https://doi.org/10.1111/jonm.13403>

AimThe aim of this study is to understand how the behaviour of focal leaders impacts health care team performance and effectiveness.
BackgroundDespite recent shifts towards more collectivistic leadership approaches, hierarchical structures that emphasize the role of an individual focal leader (i.e., the formal appointed leader) are still the norm in health care. Our understanding of the effect of focal leader behaviours on health care team performance remains unclear.
EvaluationA systematic review was conducted. Five electronic databases were searched using key terms. One thousand forty-seven records were retrieved. Data extraction, quality appraisal and narrative synthesis were conducted in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

guidelines. Key issues Fifty papers met the criteria for inclusion, were reviewed and synthesized under the following categories: task-focused leadership, directive leadership, empowering leadership and relational focused leadership. Conclusions Categories are discussed in relation to team performance outcomes, safety specific outcomes, individual-level outcomes and outcomes related to interpersonal dynamics. Emerging themes are explored to examine and reflect on how leadership is enacted in health care, to catalogue best practices and to cascade these leadership practices broadly. Implications for Nursing Management Empowering and relational leadership styles were associated with positive outcomes for nursing team performance. This underscores the importance of training and encouraging nursing leaders to engage in more collaborative leadership behaviours.

Ren, Z., Zhang, X., Sun, Y., Li, X., He, M., Shi, H., . . . Liu, H. (2021). Relationships of professional identity and psychological reward satisfaction with subjective well-being among Chinese nurses. *Journal of Nursing Management*, 29(6), 1508-1516. doi:<https://doi.org/10.1111/jonm.13276>

Aim This study aimed at exploring the impact of professional identity and psychological reward satisfaction on subjective well-being and clarifying the effect of psychological reward satisfaction on this relationship. **Background** People know little about the effect of psychological reward satisfaction on the relationship between professional identity and subjective well-being. **Methods** A cross-sectional survey was carried out on 1,009 nurses from Qiqihar City, Heilongjiang Province of China. Professional Identity Scale, Psychological Reward Satisfaction Scale and General Well-Being Schedule were used to assess professional identity, psychological reward satisfaction and subjective well-being, respectively. Associations were explored by using structural equation modelling. **Results** The subjective well-being of 436 (43.2%) nurses was at low and moderate levels. After the adjustment of potential confounding factors, professional identity was still associated with subjective well-being ($B = 3.035$, $\beta = 0.215$, $p < .001$). Professional identity ($r = .308$) and psychological reward satisfaction ($r = .309$) were positively correlated with subjective well-being. Psychological reward satisfaction mediated the association between professional identity and subjective well-being (effect = 0.114, $p < .001$). **Conclusion** This study suggested that the subjective well-being of nurses should be improved by paying special attention to them and taking targeted support measures. **Implications for Nursing Management** Nursing managers can help enhance the professional identity of nurses by organising nursing education activities, and pay more attention to psychological reward satisfaction to improve the subjective well-being of nurses.

Cho, H., Han, K., & Ryu, E. (2021). Unit work environment, psychological empowerment and support for patient activation among nurses. *Journal of Nursing Management*, 29(6), 1623-1630. doi:<https://doi.org/10.1111/jonm.13307>

Aims To investigate the relationship between the unit work environment and psychological empowerment of nurses and their perceptions of patient activation. **Background** Nurses' support for active patient roles in the care process is critical for better patient outcomes. The factors influencing nurses' support for patient activation should be thoroughly investigated. **Methods** This study was a cross-sectional secondary data analysis using the survey data of 1,042 nurses in 98 units at six hospitals in Korea. **Results** Nurses with perceptions that their work was valuable and autonomy in their work were more likely to work in units where managers had greater managerial and leadership skills and staffing and resources were sufficient. Those with confidence in their work were more likely to work in units with adequate staffing and resources. Nurses who worked with adequate staffing and resources and considered their work meaningful were more likely to perceive patient activation as more important. **Conclusion** Favourable work environments at unit level and psychological empowerment at nurse level can strengthen nurses' support for patient activation. **Implications for Nursing Management** To strengthen nurses' support for active patient roles, organisations should ensure optimal staffing and resources to each unit and help nurses find value in their work.

Pursio, K., Kankkunen, P., Ericka Sanner-Stiehr, & Kvist, T. (2021). Professional autonomy in nursing: An integrative review. *Journal of Nursing Management*, 29(6), 1565-1577. doi:<https://doi.org/10.1111/jonm.13282>

Aim To summarize knowledge of professional autonomy in nursing. **Background** Professional autonomy is associated with experienced meaningfulness of the work. This refers to participation in decision-making and the ability to influence working practices. **Evaluation** In an integrative review, relevant studies were retrieved from four databases.

Quality was systematically evaluated using critical appraisal tools. PRISMA guidelines were followed. Inductive content analysis was used to analyse current knowledge of the focal subject. Key issues The search identified 27 relevant studies published between 2000 and 2019. Elements describing nurses' professional autonomy were independence in decision-making and ability to utilize one's own competence. Themes relating to nurses' professional autonomy were shared leadership, professional skills, inter- and intra-professional collaboration and healthy work environment. Conclusion Understanding the multidimensional nature of professional autonomy is essential to create attractive work environments. It is important to enable nurses to participate in decision-making and develop nursing through shared leadership to enhance the recruitment and retention of a skilled workforce. Implications for Nursing Management The findings have anticipated utility for supporting nursing practice and nurse leaders' understanding of approaches to foster nurses' professional autonomy.

Thamiris Ricci de Araújo, Papathanassoglou, E., Mayra Gonçalves Meneguetti, Carlos Alberto, G. B., Maria Eulália Lessa do, Valle Dallora, Marli de Carvalho Jericó, . . . Laus, A. M. (2021). Critical care nursing service costs: Comparison of the top-down versus bottom-up micro-costing approach in Brazil. *Journal of Nursing Management*, 29(6), 1778-1784. doi:<https://doi.org/10.1111/jonm.13313>

Aim To estimate the nursing service costs using a top-down micro-costing approach and to compare it with a bottom-up micro-costing approach. **Background** Accurate data of nursing cost can contribute to reliable resource management. **Method** We employed a retrospective cohort design in an adult intensive care unit in São Paulo. A total of 286 patient records were included. Micro-costing analysis was conducted in two stages: a top-down approach, whereby nursing costs were allocated to patients through apportionment, and a bottom-up approach, considering actual nursing care hours estimated by the Nursing Activities Score (NAS). **Results** The total mean cost by the top-down approach was US\$1,640.4 ± 1,484.2/patient. The bottom-up approach based on a total mean NAS of 833 ± 776 points (equivalent to 200 ± 86 hr of nursing care) yielded a mean cost of US\$1,487.2 ± 1,385.7/patient. In the 268 patients for whom the top-down approach estimated higher costs than the bottom-up approach, the total cost discrepancy was US\$4,427.3, while for those costed higher based on NAS, the total discrepancy was US\$436.9. The top-down methodology overestimated costs for patients requiring lower intensity of care, while it underestimated costs for patients requiring higher intensity of care (NAS >100). **Conclusions** The top-down approach may yield higher estimated ICU costs compared with a NAS-based bottom-up approach. **Implications for nursing management** These findings can contribute to an evidence-based approach to budgeting through reliable costing methods based on actual nursing workload, and to efficient resource allocation and cost management.

Wagner, J. I. J., MacPhee, M., Udod, S., Berry, L., Perchie, G., & Conway, A. (2021). Surveys conducted pre- and post-implementation of a synergy tool: Giving voice to emergency teams. *Journal of Nursing Management*, 29(6), 1771-1777. doi:<https://doi.org/10.1111/jonm.13317>

Aim To investigate the impact of a patients' needs assessment (synergy tool) on emergency department nurses' perceptions of quality, safe care delivery and morale. **Background** The synergy tool provides real-time data on types of patients, their arrival, management and discharge. This tool was introduced to two urban emergency departments in response to government priorities to reduce emergency department wait times and improve patient flow. **Method** This survey, a component of participatory action research, measures perceptions of 158 nurses pre-introduction and 91 nurses post-introduction of the synergy tool. **Result** Responses were consistent regarding intent to leave, workload/staffing, spirit at work and quality/safety. One question describing staff as working in 'crisis mode' indicated a significant improvement. **Conclusion** Critical patient care may be missed during periods of overload, placing patients and staff at risk, leading to an increase in intent to leave. The synergy tool provides an objective means in real time for staff to identify their patients' care needs, assisting management with staffing decisions. Ongoing staff and management communication using tools such as the synergy tool may reduce perceptions of working in 'crisis mode'. **Implications for Nursing Management** This research suggests that when managers employ a collaborative process and use evidence-based tools and approaches to addressing nurses' workload concerns, nurses' perceptions of working in 'crisis mode' diminish.

Zhou, X., Wu, Z., Liang, D., Jia, R., Wang, M., Chen, C., & Lu, G. (2021). Nurses' voice behaviour: The influence of humble leadership, affective commitment and job embeddedness in china. *Journal of Nursing Management*, 29(6), 1603-1612. doi:<https://doi.org/10.1111/jonm.13306>

AimTo test the influence of humble leadership, job embeddedness and affective commitment on the voice behaviour of nurses.
BackgroundA nurse's voice behaviour is regarded as an important measure to identify and solve problems in medical institutions, and improve patients' satisfaction. It is urgent to pay sufficient attention to nurses' advice to determine which factors can stimulate enthusiasm in this area.
MethodsThis study is a cross-sectional study involving 598 nurses.
ResultsThe results showed that humble leadership, job embeddedness, affective commitment and voice behaviour were significantly positively correlated. Job embeddedness played a partial mediating role in humble leadership and affective commitment; meanwhile, affective commitment also partially mediated the influence of job embeddedness on voice behaviour.
ConclusionsHumble leadership was the key to improve the voice behaviour of nurses; as a mediating mechanism, job embeddedness and affective commitment further explained how humble leadership promoted the voice behaviour of nurses.
Implications for Nursing ManagementThe effects of humble leadership, job embeddedness and affective commitment to voice behaviour could be used to guide the management of clinical nurses. In particular, the humble leadership style perceived by nurses and the enhanced emotional connection with the organisation would contribute to the generation of voice behaviour.

Udod, S., MacPhee, M., Wagner, J. I. J., Berry, L., Perchie, G., & Conway, A. (2021). Nurse perspectives in the emergency department: The synergy tool in workload management and work engagement. *Journal of Nursing Management*, 29(6), 1763-1770. doi:<https://doi.org/10.1111/jonm.13320>

AimTo explore emergency nurses' perceptions of how a nurse-driven patient needs assessment tool, the synergy tool, influenced their workload management.
BackgroundQuadruple Aim, particularly the fourth aim of improved staff work experiences, served as the conceptual framework to engage nurses in a participatory action research project. This project took place between 2017 and 2020 in two tertiary care emergency departments in one large Canadian city.
MethodThis study employed a qualitative descriptive component, focus group interviews and nurse comments on two open-ended survey questions.
ResultsUse of the synergy tool heightened nurses' awareness of patients' holistic care needs. Nurses also stated how patient needs assessment data helped them identify unsafe workloads.
ConclusionsThe synergy tool, adapted for emergency department use by nurses, was a means to engage and empower nurses. Patient needs assessment data from the tool identified staffing gaps, resulting in additional nursing staff for both emergency departments.
Implications for Nursing ManagementA focus on patient needs assessment can be an effective way to address nurses' workload concerns.

Tang-Yu Lin, Chin-Ting Lin, Kuei-Min Chen, & Hui-Fen Hsu. (2021). Information technology on hand hygiene compliance among health care professionals: A systematic review and meta-analysis. *Journal of Nursing Management*, 29(6), 1857-1868. doi:<https://doi.org/10.1111/jonm.13316>

AimTo determine the effectiveness of information technology interventions on hand hygiene compliance among health care professionals.
BackgroundPerforming hand hygiene is the optimal approach to prevent the transmission of health care-associated infections. However, results regarding the effectiveness of information technology interventions on hand hygiene compliance were inconsistent to date.
EvaluationA search for studies published up to May 2020 was undertaken. A meta-analysis was conducted using RevMan 5.3 software.
Key issuesThe most commonly used information technology systems were as follows: automated training, electronic counting devices and remote monitoring, real-time hand hygiene reminders and feedback, and automated monitoring. These four types of technology systems can significantly improve hand hygiene compliance among health care professionals (odds ratio = 3.06, $p < .001$).
ConclusionThe four types of information technology can be effectively used to change the hand hygiene behaviour. Because the information systems can monitor personnel and conduct statistical analyses automatically, they save labour costs of human monitors, are more time efficient and eliminate accompanying human error.
Implications for Nursing ManagementThe use of the four types of information technology is convenient and could reduce health care-associated infections; thus, they could be widely used in the future as the key to increase hand hygiene compliance rate.

Olga Maria Pimenta, L. R., Corália Maria Fortuna de Brito Vicente, Clemente, N. S., Paulo João Figueiredo, C. T., Letícia de, L. T., Maria Manuela Ferreira Pereira da Silva Martins, & Maria Filomena Passos, T. C. (2021). Scale for the environment evaluation of professional nursing practice: Construct validation. *Journal of Nursing Management*, 29(6), 1809-1818. doi:<https://doi.org/10.1111/jonm.13290>

Aim Testing the validity and reliability of the Scale for the Environments Evaluation of Professional Nursing Practice (SEE-Nursing Practice). **Background** The environment of professional nursing practice is key to achieve better results for clients, nurses and institutions. Therefore, instruments enabling the assessment of all its attributes are required. **Method** Cross-sectional methodological study. The SEE-Nursing Practice, based on a previous qualitative study and literature review, was applied as a questionnaire. Exploratory and confirmatory factor analyses were used to assess construct validity. **Results** A total of 752 nurses participated in the study. Exploratory factor analysis of the SEE-Nursing Practice led to a factor solution with 93 items and three subscales. The Structure, Process and Outcome subscales, respectively, have 43, 37 and 13 items, loaded in 6 factors, 6 factors and 2 factors and explaining 62.6%, 59.2% and 67.4% of the total variance. Cronbach's alpha of the overall scale and of the 3 subscales was greater than 0.90. Confirmatory factor analysis showed a good fit. **Conclusion** SEE-Nursing Practice is a good valid and reliable instrument. **Implications for nursing management** The SEE-Nursing Practice enables assessing practice environments and is a tool for nursing managers in the definition of strategies ensuring favourable environments for nursing care quality.

Cao, J., Jia, Z., Chen, Z., Li, Z., Liu, H., Li, F., & Li, J. (2021). Nurses' turnover intention and associated factors in general hospitals in china: A cross-sectional study. *Journal of Nursing Management*, 29(6), 1613-1622. doi:<https://doi.org/10.1111/jonm.13295>

Aim To measure nurses' turnover intention and identify associated factors in general hospitals in China. **Background** Understanding nurses' turnover intention is important to retain nurses, but factors associated with turnover intention require elucidation. **Method** A cross-sectional survey was conducted across 23 hospitals in China to investigate nurses' (N = 12,291) turnover intention and its associated factors. Associated factors were explored by univariate and multilevel multiple logistic regression analysis. **Results** The mean total score for nurses' turnover intention was 13.97 ± 3.63 . High proactive personality score, a seriously ill family member, experience of negative workplace events, high work pressure and high work-family conflict increased the risk for turnover intention. A low turnover intention was associated with being a non-local resident nurse, position title, high salary level, good person-organisation fit and person-group fit, and high family-work facilitation. **Conclusion** Nurses with a proactive personality, heavy family care burden, experience of negative workplace events, no position title and a low salary may merit special consideration. **Implications for Nursing Management** Nurses' personality traits should be further focused on, and it is important to build a nurse-oriented organisation atmosphere, including protecting nurses from workplace violence, establishing friendly relationships with their families and expanding career paths.

Fowler, K. R., Robbins, L. K., & Lucero, A. (2021). Nurse manager communication and outcomes for nursing: An integrative review. *Journal of Nursing Management*, 29(6), 1486-1495. doi:<https://doi.org/10.1111/jonm.13324>

Aim To evaluate literature on the importance of good communication between managers and nurses, and its influence on nurses and patient care. **Background** In the nursing scenario, concepts such as engagement and job satisfaction are tied to manager communication and influence the care provided (Kunie et al., 2017). It is crucial to recognize the importance of manager communication on the nurses and patient care. The evaluation was guided by this question: in the review of post-2014 quantitative studies, is there evidence that nurse managers with high communication competence have better patient/staff outcomes than those with lower competencies? **Evaluation** We evaluated current research through an evidence review on the day-to-day influence of nurse manager communication. We conducted our search using common health databases. Since the American Organization for Nurse Leadership developed nurse manager competencies in 2014, we only included articles published after that year. Further inclusion criteria included primary, quantitative and peer-reviewed research. **Key Issues** Thirty articles remained after the application of inclusion/exclusion criteria with five themes emerging: patient safety and quality, job satisfaction, leadership styles, innovative practice and general management skills. **Conclusion** Research

associates positive patient and staff outcomes with a leader who exhibits communication competences. Implications for Nursing Management Assessment of current competence levels in communication in nurse managers is needed. Education for improving communication skills is also needed.

Samuel, F. S., Carvalho Moura, E. C., Lopez, V., & Peres, A. M. (2021). Professional nursing communication competence: Theoretical procedures for instrument development and pilot test. *Journal of Nursing Management*, 29(6), 1496-1507. doi:<https://doi.org/10.1111/jonm.13283>

AimsTo describe the theoretical procedures for the development of the Professional Nursing Communication Competence instrument, determine the content validity and describe the pilot test application. **Background**Measuring instruments must be developed in accordance with the context and communication process by adopting theoretical procedures based on competence structures to support quality patient-centred care and nursing management. **Methods**A methodological study was employed. The instrument was developed by using content-validated theoretical construct in accordance with 33 communication theories followed by semantic analysis and content validity by experts. The instrument was tested over three phases: before the lecture on professional nursing communication competence, after the simulation scenario experience and after debriefing. **Results**The instrument showed an extremely high agreement (CVI = 0.99). Linear regression suggested three domains of the 46-item content-validated instrument comprising knowledge (18 items), skills (12 items) and attitudes (16 items). **Conclusion**The instrument was found to measure professional communication competence with a high theoretical reliability of the contexts and processes through a simulation strategy. **Implications for Nursing Management**Nursing educators, managers and staff can adopt the Professional Nursing Communication Competence (IMC-CPE) instrument to improve the effectiveness level of knowledge, skills and attitudes to reduce misunderstanding among team members and health care errors.

Blok, A. C., Anderson, E., Swamy, L., & Mohr, D. C. (2021). Comparing nurse leader and manager perceptions of and strategies for nurse engagement using a positive deviance approach: A qualitative analysis. *Journal of Nursing Management*, 29(6), 1476-1485. doi:<https://doi.org/10.1111/jonm.13301>

AimsTo understand nurse leader and manager perspectives on employee engagement and their own role to foster engagement. To examine differences between managers of units with high versus low engagement. **Background**Health systems recognize the impact of employee engagement, yet alignment of leader and frontline—manager perspectives remains unclear. **Methods**A qualitative study at the Veteran Affairs New England Healthcare System. Leaders at five facilities (N = 13) and managers of units with high and low nurse engagement (N = 31) were interviewed. **Results**Nurse leaders almost universally conceptualized staff engagement as involvement in quality improvement service, while managers defined engagement as either commitment to excellence in direct patient care or involvement in quality improvement efforts. Intra- and interprofessional attitude contagion, and organisational factors of staffing—time—workload and senior leadership support were most common to support or detract from nurse engagement. A variety of strategies were identified, including protecting nurses as people and professionals. Differences in perceived roles and constraints to engaging nurse staff exist between managers of units with high versus low engagement. **Conclusion**Nurse managers and leaders perceive engagement differently; strategies exist to facilitate engagement. **Implications for Nursing Management**Leader and manager partnerships are needed to provide clarity on and resources for engagement.

Watson, R., Hayter, M., & Jackson, D. (2021). Is the PhD well for nursing faculty running dry? *Journal of Nursing Management*, 29(6), 1349-1350. doi:<https://doi.org/10.1111/jonm.13308>

Claude, R. S., Sylvie St-Onge, Igalens, J., & Balkin, D. B. (2021). The demotivating impact of absenteeism in nursing homes. *Journal of Nursing Management*, 29(6), 1679-1690. doi:<https://doi.org/10.1111/jonm.13314>

AimThe study explores how prevailing absenteeism frustrates or thwarts nurses' and nursing assistants' basic psychological needs (autonomy, competence and relatedness), using self-determination theory. **Background**Our study responds to the call to investigate how organisational characteristics influence employees' psychological need, satisfaction and their attitudes and behaviours. **Method**We conducted a semantic analysis of the discourse of 42

nurses and nursing assistants working in nursing homes for older dependent people in France. Results The analysis subdivides participants' discourse into four themes: short-term absenteeism, lack of competence, lack of recognition and work overload. These themes are all linked to participants' perceived deficits or threats concerning their psychological needs. Conclusions The prevailing absenteeism has a harmful spiral impact on nurses' and nursing assistants' attitudes and behaviours, and, ultimately, on the quality of care received by the patients. Implications for Nursing Management Our study confirms the need to adopt various managerial actions to address the following interrelated issues: controlling short-term absences, reducing work overload and giving training and recognition.

An, R., Guang-ming Chang, Yu-ying Fan, Ling-ling Ji, Xiao-hui Wang, & Su, H. (2021). Machine learning-based patient classification system for adult patients in intensive care units: A cross-sectional study. *Journal of Nursing Management*, 29(6), 1752-1762. doi:<https://doi.org/10.1111/jonm.13284>

Aim This study aimed to develop a patient classification system that stratifies patients admitted to the intensive care unit based on their disease severity and care needs. Background Classifying patients into homogenous groups based on clinical characteristics can optimize nursing care. However, an objective method for determining such groups remains unclear. Methods Predictors representing disease severity and nursing workload were considered. Patients were clustered into subgroups with different characteristics based on the results of a clustering algorithm. A patient classification system was developed using a partial least squares regression model. Results Data of 300 patients were analysed. Cluster analysis identified three subgroups of critically patients with different levels of clinical trajectories. Except for blood potassium levels ($p = .29$), the subgroups were significantly different according to disease severity and nursing workload. The predicted value ranges of the regression model for Classes A, B and C were 2.03. The model was shown to have good fit and satisfactory prediction efficiency using 200 permutation tests. Conclusions Classifying patients based on disease severity and care needs enables the development of tailored nursing management for each subgroup. Implications for Nursing Management The patient classification system can help nurse managers identify homogeneous patient groups and further improve the management of critically ill patients.

Yu-Fang Guo, Cross, W. M., Lam, L., Plummer, V., Xin-Xin Wang, & Shuang-Shuang Wang. (2021). Association between psychological capital and spiritual care competencies of clinical nurses: A multicentre cross-sectional study. *Journal of Nursing Management*, 29(6), 1713-1722. doi:<https://doi.org/10.1111/jonm.13303>

Aims To investigate the status of spiritual care competencies among clinical nurses and their relationships with psychological capital. Background Limited knowledge is about the influence of positive personal characteristics on nurses' spiritual care competencies. Methods A multicentre cross-sectional study. A total of 1717 nurses were recruited from nine separate Chinese hospitals. Online questionnaires were delivered through a local nursing association to assess socio-demographics, spiritual care competencies and psychological capital of nurses. Results Nurses had mild-to-moderate levels of spiritual care competencies and moderate levels of psychological capital. Psychological capital and its two metrics (self-efficacy and hope), spiritual care education, professional qualification and shift work were the main predictors of spiritual care competencies (each $p < .05$). Conclusion The findings of the study show a positive relationship between psychological capital and spiritual care competencies of clinical nurses. Strengthening nurses' psychological capital could improve their spiritual care competencies. Implications for nursing managers Nurse managers and hospital administrators should better understand the value of psychological capital for nurses' capacity development. Effective interventions need to be implemented separately or combined with spiritual care education programmes to improve nurses' psychological capital and spiritual care competencies.

Pourteimour, S., Yaghmaei, S., & Babamohamadi, H. (2021). The relationship between mental workload and job performance among Iranian nurses providing care to COVID-19 patients: A cross-sectional study. *Journal of Nursing Management*, 29(6), 1723-1732. doi:<https://doi.org/10.1111/jonm.13305>

Aims To evaluate the relationship between mental workload and job performance among nurses providing care to patients with COVID-19, and to explain the factors predicting their performance. Background The increased workload

of health care workers in the COVID-19 pandemic affects their job performance, causes medical errors, contributes to patients' mortality and is a major concern for all health care organisations in the world. **Methods** This cross-sectional study recruited 139 nurses selected from the ICUs, infectious disease wards and emergency units of two hospitals in Iran. The NASA-Task Load Index and Paterson's job performance questionnaire were used. **Results** Mean scores of mental workload and job performance of the nurses were 67.14 ± 30.53 and 37.37 ± 7.36 , respectively. A total of 71.95% and 96.4% of the nurses had high mental workload and job performance levels, respectively. The results indicated a weak positive correlation between mental workload and the mean score of job performance ($r = .057$). Unlike the mental demand ($r = .175$, $p = .04$) and temporal demand ($r = .307$, $p < .001$) that had a significant positive correlation with job performance, frustration had a significant negative correlation with job performance ($r = -.183$, $p = .032$). The following variables explained 33% of the variance of nurses' job performance: age, gender, type of ward, working shift, experience of providing care to patients with COVID-19 and frustration. **Conclusion** The nurses' mental workload increased during the COVID-19 pandemic. Given the negative effect of mental workload on the nurses' behaviour and performance, the rise in their job performance and its weak positive correlation with their mental workload should be further addressed. **Implications for Nursing Management** The present study results support the need for focusing on implementing strategies such as providing social and psychological support to moderate mental workload and improve job performance of nurses who provide care to patients with COVID-19.

Dania Comparcini, W. M., Valentina Simonetti, N. T., Tomietto, M., Rea, T., Primavera, M., Stefano Marcelli, N. D., . . . Cicolini, G. (2021). Morality traits for an ideal nurse manager: A multicentre cross-sectional study. *Journal of Nursing Management*, 29(6), 1465-1475. doi:<https://doi.org/10.1111/jonm.13297>

Aims To investigate which morality traits are more important for nurses to determine positive opinions of their nurse manager. **Background** People selected morality more often than sociability and competence when forming a positive opinion towards an ideal or a newcomer manager. **Methods** A multicentre, cross-sectional study was carried out by administering two questionnaires to 775 nurses on the influence of morality, sociability and competence traits on their impression formation processes. **Results** Regarding nurses' perceptions about the morality, sociability and competence traits of an ideal nurse manager, the total score for morality was 20.0; for sociability, it was 14.2; and for competence, it was 19.6. For nurses' opinions about a new nurse manager, the total score of the morality section was 16.2, which was very similar to the total score of the competence section (mean = 16.1). **Conclusion** Morality positively influences nurses' initial impression of an ideal manager, and though it seems to be a necessary condition, it is not sufficient by itself to support the nursing staff's perception towards a new manager. **Implications for Nursing Management** Our findings could be useful in better understanding the role of morality in social perceptions and behavioural consequences of staff nurses towards their nurse manager.

Marshall, V. K., Chavez, M., Mason, T. M., & Dinorah Martinez-Tyson. (2021). Emergency preparedness during the COVID-19 pandemic: Perceptions of oncology professionals and implications for nursing management from a qualitative study. *Journal of Nursing Management*, 29(6), 1375-1384. doi:<https://doi.org/10.1111/jonm.13399>

Aim To explore oncology health care professionals' perceptions of the COVID-19 pandemic response. **Background** The pandemic has created health care delivery challenges globally and many countries have exhibited low readiness and emergency preparedness. **Methods** A descriptive design using a qualitative approach was employed. Semi-structured interviews, which were completed via telephone, were audio recorded and transcribed verbatim. A thematic analysis was conducted. **Results** Participants (N=30) were mostly registered nurses (70%). Three themes emerged: (1) ability to adapt and operationalize disaster planning, training and restructure nursing models (subtheme: reactive vs. proactive approach to emergency preparedness); (2) COVID-19 task forces and professional organisations were critical for valid information surrounding the pandemic; and (3) recommendations for emergency preparedness/planning for future pandemics. **Conclusion** Oncology organisations adapted during the pandemic, but policies and procedures were perceived as reactive and not proactive. Recommendations for planning for future pandemics included (1) adequate personal protective equipment, (2) developing cancer-specific guidelines/algorithms and (3) telehealth training related to billing/reimbursement. Professional organisations were reliable resources of information during the pandemic, but oncology professionals

ultimately trusted employers and administration to distribute information needed for safe patient care. Implications for nursing management Frontline nurses should hold positions on task forces to develop future emergency preparedness.

Page, A., Halcomb, E., & Sim, J. (2021). The impact of nurse leadership education on clinical practice: An integrative review. *Journal of Nursing Management*, 29(6), 1385-1397. doi:<https://doi.org/10.1111/jonm.13393>

AimThe aim of this paper is to critically evaluate the literature investigating the impact of nurse leadership education on clinical practice. **Background**Effective leadership is vital for high-quality patient care. Leadership education is designed to support nurses to develop the appropriate skills and behaviors to become clinical leaders. However, to date, the impact of such education on subsequent clinical practice is unclear. **Evaluation**An integrative review was conducted. Ten papers were included related to the experiences of nurses undertaking leadership education. **Key issue**Analysis of the included papers indicated that leadership education contributed to improving clinical practice in two ways. These two key themes were; impact on the individual and impact on others. **Conclusion**While there is a plethora of literature reviewing nurse leadership and clinical practice, there is a gap in understanding how nurse leadership education can contribute to changed practice. **Implications for Nursing Management**Nurse managers can use this information to guide future leadership education programs to ensure that they promote positive work environments and high-quality care that improves clinical outcomes.

Ma, W., He, Y., Zhao, W., Xu, R., & Liang, T. (2021). Developing and validating the transition status scale for newly graduated nurses in china. *Journal of Nursing Management*, 29(6), 1819-1829. doi:<https://doi.org/10.1111/jonm.13278>

AimThe present study aimed to develop and examine the psychometric properties of the Transition Status Scale for Newly Graduated Nurses. **Methods**Three phases were conducted: Phase I involved a qualitative research to explore and establish the potential items pool; Phase II reduced the items using the item analysis with a sample of 73 nurses. Phase III evaluated the psychometric properties of the final scale. Data from 814 valid questionnaires were analysed using exploratory factor analysis and confirmatory factor analysis. **Results**Five factors, including 'Interpersonal integration', 'Profession-related positive emotion', 'Competence for nursing work', and 'Active coping strategies', 'Balance between work and life', accounted for 68.87% of total variance. Cronbach's α was 0.891. Confirmatory factor analysis indicated acceptable model fitness. **Conclusions**The Transition Status Scale for Newly Graduated Nurses has good psychometric properties. It can be used to measure the transition status conveniently and effectively. **Implications for Nursing Management**The assessment result with the Transition Status Scale for Newly Graduated Nurses can provide information about the transition status of new nurses, thereby providing reference to guide the specific nursing interventions to smooth the transition process. It can also work as an alternative instrument to compare the effectiveness of different transition programs.

Chia-Chien, L. I., & Noriko Yamamoto-Mitani. (2021). Ward-level nurse turnover and related workplace factors in long-term care hospitals: A cross-sectional survey. *Journal of Nursing Management*, 29(6), 1587-1595. doi:<https://doi.org/10.1111/jonm.13293>

AimTo explore the association between the ward-level nurse turnover rate and the ward's organisational, patient and nurse characteristics in long-term care (LTC) hospitals. **Background**Nurse turnover adversely impacts not only LTC hospitals through higher recruitment and replacement costs but also resident health outcomes. **Methods**This study employed a cross-sectional design with secondary analyses. Participants were 199 ward managers and 2,508 nurses in LTC hospitals across Japan. Data were collected between September and November 2015. **Results**The wards with higher nurse turnover were significantly associated with a non-12-hr work shift, higher rate of patients with intravenous hyperalimentation (IVH), lower average of nurse emotional exhaustion, lower average of nurse-perceived quality of the care process and lower rate of employment stability as the reason for choosing the workplace. **Conclusions**Actual ward-level nurse turnover can be influenced by factors related to the organisation (e.g. shift style and employment stability), patient (e.g. patients with IVH) and nurse attributions (e.g. burnout, perceived care quality). **Implications for Nursing Management**To minimize nurse turnover in LTC hospitals, multifactorial ward-

level interventions would be possible, such as adjusting for shift work, attending to medical procedures or improving nurses' emotional exhaustion and perceptions regarding care quality.

Bai, C., Bai, B., & Kong, F. (2021). Strength use and nurses' depressive symptoms: The mediating role of basic psychological needs satisfaction. *Journal of Nursing Management*, 29(6), 1660-1667. doi:<https://doi.org/10.1111/jonm.13322>

AimsThis study aimed to reveal the role of satisfying basic psychological needs in the relationship between strength use and depressive symptoms in nurses.
BackgroundThere is a high prevalence of depressive symptoms among nurses. Previous studies on different groups have reported that strength use is beneficial for alleviating individuals' depressive symptoms.
MethodA total of 475 participating Chinese nurses completed questionnaires. Hypotheses were tested using the PROCESS macro.
ResultsStrength use was positively correlated with basic psychological needs satisfaction overall and negatively correlated with depressive symptoms. Furthermore, autonomy and relatedness satisfaction acted as mediating mechanisms through which strength use influenced depressive symptoms.
ConclusionsAutonomy and relatedness satisfaction can mediate the influence of strength use on depressive symptoms in nurses.
Implications for Nursing ManagementFocus should be placed on improving nurses' strength use level to reduce their depressive symptoms. Hospital managers should create an organisational environment conducive to meeting nurses' basic psychological needs and thereby reduce their depressive symptoms.

Adelaide Maria, A. O., & Paarima, Y. (2021). Exploring the governance practices of nurse managers in the greater accra region of ghana. *Journal of Nursing Management*, 29(6), 1444-1453. doi:<https://doi.org/10.1111/jonm.13288>

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