


Evidence Review

What Do Nurses Need to Practice Effectively in the Hospital Environment? An Integrative Review With Implications for Nurse Leaders

Mildred Ortu Kowalski, PhD, RN, NE-BC, CCRP • Cindy Basile, DNP, MSN, RN, CCRN • Eileen Bersick, PhD, RN, NE-BC • Donna A. Cole, PhD, RN, CNOR, NE-BC, CDE • Diane E. McClure, DNP, CPNP, APHN-BC, CCAP, CCRN, CEIM • Susan H. Weaver, PhD, RN, CRNI, NEA-BC 

Key words

hospital work environment, nurses, perceptions, nurse satisfaction, nurses, needs, clinical nurses, job satisfaction

ABSTRACT

Background: When staffing legislation was introduced, New Jersey nurse leaders recognized from the research and their years of clinical leadership experience that the work environment is a multidimensional concept and that staffing is not the only variable related to nurse and patient outcomes. Thus, an understanding of what nurses need in their hospital environment to practice nursing effectively was sought.

Aims: The aim of this study was to examine the evidence regarding clinical nurses' perception of what they need to practice nursing effectively in the acute care hospital environment.

Methods: The following population, intervention, comparison, outcome question was used to search the literature databases PubMed, CINAHL, Johanna Briggs, and the Sigma Theta Tau Henderson Library: In the hospital environment what do nurses perceive as needed to practice nursing effectively? Specific search criteria and the Johns Hopkins nursing guidelines and tools were used to identify relative studies.

Results: The final review, which addressed what nurses in the hospital environment need to practice nursing effectively, included 25 articles: 20 were an evidence level III, and five were evidence level II. From this review, five key concepts were identified: Leadership, autonomy/decision making, respect/teamwork, resources/staffing, and organizational commitment to nursing.

Linking Evidence to Action: This integrative review, which explored nurses' perceptions of what is needed to provide effective quality care, identified that providing quality care is multifactorial in nature. Resources, including but not limited to staffing, and leadership were identified as important by nurses as a key factor in supporting quality care. Nurses must be provided with resources and infrastructure to do their jobs, in an environment supported by authentic transformational leadership.

BACKGROUND

“What makes your hospital a good place for nurses to work?” This was the question posed to staff nurses and directors, in the seminal study from which American Nurses Credentialing Center (ANCC) Magnet[®]-designated hospitals evolved, and continues to be contemplated by nurses and nurse leaders (McClure et al., 1983, p. 91). Due to growing concern about the nursing shortage in the late 1970s, which was exacerbated by nurse job dissatisfaction and poor nurse retention, a group of researchers investigated why some hospitals were better able to attract and retain nurses, acting like “magnets” for nurses, despite the nursing shortage (McClure et al., 1983). From this

qualitative inquiry, it was discovered that these hospitals all shared a common set of organizational characteristics, which marked the beginning of nursing research focusing on nurse work environment.

Since McClure et al.'s (1983) seminal work, much research has been conducted linking features of a positive nurse practice environment to better nurse and patient outcomes. In addition, organizations, such as the American Association of Critical-Care Nurses (AACN), have established standards for healthy work environments: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2005).

New Jersey (NJ), USA, nurse leaders were cognizant of the research and standards regarding nurse work environment and realized the linkage between the nurse work environment and nurse and patient outcomes (Spence Laschinger, 2014; Spence Laschinger & Read, 2016). When the staffing legislation was introduced in the NJ legislature requiring specific ratios for all nursing units within hospitals, the nurse leaders sprang into action. Since 2005, NJ has had staffing legislation in which acute care hospitals must publicly disclose direct care staffing levels, the number of nurses providing direct care and the number of patients for each shift, within the facilities (Rainer, 2005). In addition, there is federal legislation, the Safe Staffing for Nurse and Patient Safety Act of 2018 (S. 2446, H.R. 5052), which would require hospitals to have staffing committees with at least 55% direct care nurses (Govtrack, 2018).

Nurse leaders understood from the research and their years of clinical leadership experience that the work environment is a multidimensional concept and that staffing is not the only variable related to nurse and patient outcomes. It is not adequate to focus just on staffing with the current and proposed staffing legislation. Thus, these leaders, considering the questions posed in the seminal magnet hospital research, asked: What makes nursing units a good place to work for nurses? What do nurses need in their work environment to practice effectively? What can be done in the workplace to improve nurse satisfaction and retention?

The purpose of this integrative review was to describe the findings of studies that examined clinical nurses' perceptions of what they need to practice nursing effectively in the acute care hospital environment.

PROCESS AND METHODS

The population, intervention, comparison, and outcomes (PICO) question that guided the search was: In the hospital environment, what do nurses perceive as needed to practice nursing effectively? The databases searched were PubMed, CINAHL, Johanna Briggs, and the Sigma Theta Tau Henderson Library. The search terms used for the literature review were as follows: Nurses' needs, workplace, environment, nursing staff, nurse satisfaction, quality, hospitals, optimal outcome, and nurses' perceptions. The search for relevant peer review articles was initially conducted in June 2016 and repeated in January 2018. Similar criterion, search terms, and databases were used for both searches. Both quantitative and qualitative studies were included in the review of the scientific evidence, thus meeting the criteria for an integrative review (Dearholt & Dang, 2017; Newhouse et al., 2007). Criteria included English language, published within five years, and peer-reviewed journals. Duplicate articles were eliminated. Articles without a direct link to the PICO

question were eliminated. The aim of this study was to examine the evidence regarding clinical nurses' perceptions of what they need to practice nursing effectively. Admittedly, quality care and workplace environment are of international importance. However, because the basis of this review stemmed from proposed staffing legislation in NJ and recognizing that culture, resources, and healthcare environments may differ in other geographic locations, the scope of the review did not include regions outside of North America. A review of 33 full-text articles was conducted (Figure 1).

Once identified, the members of the research team reviewed each article using the Johns Hopkins Evidence-based Summary Tool (Dearholt & Dang, 2017; Newhouse et al., 2007). Consensus of the level and grade of evidence were confirmed prior to finalization of the Johns Hopkins Synthesis and Recommendations Tool. A face-to-face discussion ensued to resolve disputes of a few articles to gain consensus of level and grade of evidence.

After the removal of outdated publications, there were 25 articles in the final review that specifically addressed what nurses in the hospital environment need to practice

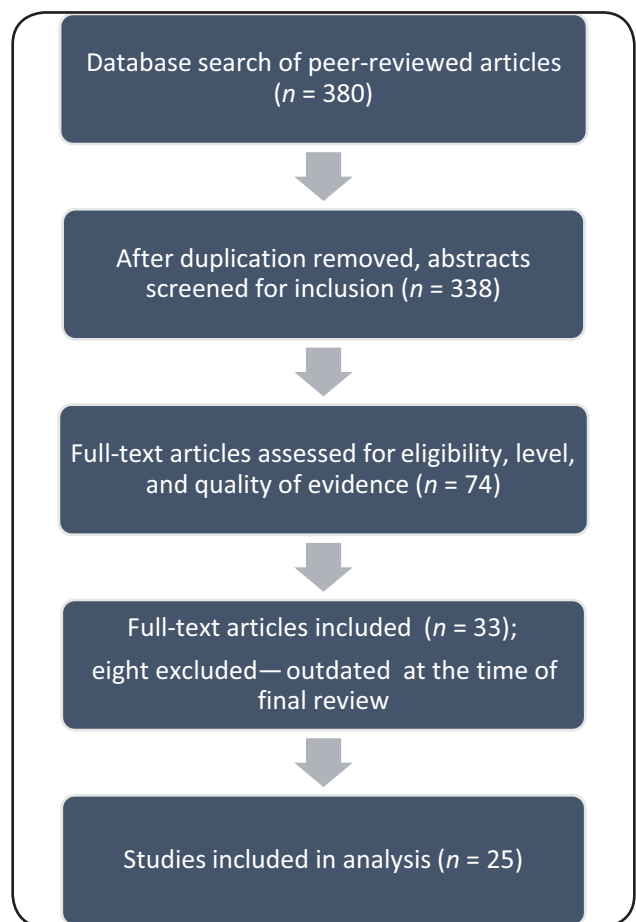


Figure 1. Literature search flow diagram

nursing effectively. The level of evidence was evaluated using the following broad criteria:

Level I: Randomized controlled study

Level II: Quasi-experimental study

Level III: Nonexperimental, qualitative

Level IV: Clinical practice guidelines, consensus papers

Level V: Expert opinion, nonresearch evidence.

In addition, the quality of each article was evaluated as high (A), good (B), or low (C) (Dearholt & Dang, 2017; Newhouse et al., 2007).

Of the 25 articles included (Table 1), five were evidence level II (Ajeigbe et al., 2013; Boev, 2012; Dahinten et al., 2016; Ditomassi, 2012; Fitzpatrick et al., 2011), and the remaining 20 were an evidence level III. Quality assessments yielded 11 articles evaluated as high (A) and 14 articles evaluated as good (B).

Synthesis

The articles were reviewed by the research team, and key concepts were identified from the publications. The research team had a face-to-face meeting to review findings of each article. The concepts studied in each publication were extracted for each article and documented. The concepts most frequently studied among all articles were identified as key concepts. The level of evidence and quality of each publication was evaluated and reviewed. Publications deemed low quality were not included in the final table. Related to a healthy workplace environment, the key concepts that nurses perceived to be necessary to practice nursing effectively were as follows: leadership, autonomy/decision making, respect/teamwork, resources/staffing, and organizational commitment to nursing.

DISCUSSION

Most of the articles reported on surveys or secondary analysis of surveys. The five key concepts most frequently identified in the integrative review are discussed as follows.

Leadership was identified as having a major impact on practicing nursing and perception of a supportive and healthy workplace environment. Nurses spoke about authentic leadership, open communication, autonomy, trust, and teamwork. The leader was charged to foster these positive attributes, thereby creating a work environment where nurses felt supported and able to provide high quality care. Boev (2012) identified leadership as the most important variable of the practice environment identified by nurses ($n = 671$) in a large university hospital setting.

Autonomy/decision making was included as nurses spoke about the need for feeling empowered to be autonomous in

their practice and have a voice on their unit. Work environments that fostered decision making and autonomy in nurses' practice were perceived as positive. It was important to nurses that their voices be heard regarding clinical concerns and recommendations for decisions. Control over their practice was identified as an important factor in their perceptions of a healthy work environment.

Respect/teamwork was identified as important characteristics of the unit and key to a healthy workplace environment supporting quality care. Collaboration among the team was essential to providing quality care, and respect for each other was perceived as vital in promoting a healthy environment. Ma, Shang, and Bott (2015) stated at the unit level better nurse-to-nurse collaboration was associated with lower intent to leave and better quality of care, as reported by nurses. Respect and teamwork have been identified as key to retention (Bontrager et al., 2016; Spence Laschinger & Read, 2016) and associated with authentic leadership.

Resources/staffing are related to retention. Nurses identified staffing as one of the multiple resources needed to practice nursing effectively. The ability to retain and recruit nurses is a challenge for many healthcare facilities. More important, staffing is not the only resource having a positive influence on nursing practice. Physical, social, and environmental factors also increase nurses' perception of a healthy work environment linked to quality care (Djukic et al., 2013).

Organizational commitment to nursing was the strongest predictor of job satisfaction in a single institutional study of nurses ($n = 112$) conducted by Moneke and Umeh (2013). The researchers also studied leadership related to job satisfaction. Spence Laschinger, Read, Wilk, and Finegan (2014) studied factors related to quality of care. A survey of 525 nurses in 49 units of 25 hospitals in North America identified organizational culture as predictive of perceived nurse effectiveness to provide quality care. Thus, an organizational culture that supports nursing can impact multiple factors important to nurses' ability to provide quality care (i.e., resources, managerial support, respect, autonomy).

Of interest, one article was a qualitative study, which explored generational differences related to nurses' work satisfaction. Gordon (2017) interviewed five nurses from each of three generational groups: Baby Boomers, Generation X, and Millennials. Participants were from a single institution in southern United States. Some differences were identified. Leadership was perceived as having moderate impact on job satisfaction across all three generations. Interestingly, it was noted that more seasoned nurses (Baby Boomers and Generation X) valued autonomy more than Millennials, who are novice nurses more focused on learning (Gordon, 2017). Similarly, teamwork and cohesive interactions were valued by all. Generation X and Millennials were challenged by too many tasks and identified understaffing as a concern. This finding was not observed in Baby Boomers. Organizational commitment

Table 1. Summary of Studies in the Integrative Review

Primary author and date	Sample, sample size, and setting	Method/instruments used	Key study findings related to nurses' needs	Category of evidence
Ajeigbe et al. (2013)	N = 498 (n = 191 intervention; n = 307 control) Emergency department nurses and MDs Eight hospitals in California, USA	Health Core Team Vitality Instrument (staff perception of job environment) Revised Nurse Work Index	Relationships Safety Teamwork (more in full-time personnel) Autonomy Unit-based team building Promotional activities Justice Effective communication	Quasi-experimental Comparison (t test) Training intervention (Emergency Team Coordination Course) and control groups
Anselmo-Witzel et al. (2017)	N = 10 nurses from one U.S. institution (Generation X and Generation Y)	Semi-structured interviews	Feeling good about work (making a difference) Value relationships Avoiding job strain Having choices Work-life balance	Qualitative Descriptive Phenomenology-guided
Baernholdt et al. (2013)	Direct care nurses Seven hospitals (six in Illinois and one in Washington, USA) N = 85	Survey: 18-question researcher-developed survey Face validity obtained	Patient acuity level impacts quality of care Work environment—physical environment and services Community and hospital collaboration Leadership styles—open communication, supportive Staffing level and competence in department	Mixed-methods repeated measures Review of survey questions Qualitative review of comments
Boamah et al. (2017)	Random sample N = 406 direct care nurses from 10 Canadian provinces RNs had less than 3 years of experience	Survey Repeated at one year	Authentic leadership had positive effect on structural empowerment One year later—short-staffing and work-life imbalance lead to nurse burnout, lower job satisfaction, and lower patient care quality	Quantitative descriptive analysis Structural equation modeling
Boev (2012)	Conducted in 750-bed university-affiliated hospital in New York, USA N = 671 surveys over 5 years completed by ICU nurses N = 1,532 patient satisfaction surveys completed by patients in adult ICUs	Survey Practice Environment Scale of the Nurses Work Index (PES-NWI) used for nurses Patient satisfaction used ICU Patient Satisfaction Survey	Patient satisfaction linked to satisfaction with work environment Perception of nurse manager leadership and ability was significantly related to patient satisfaction (p = 0.018) Highest scores for practice environment were nurse manager ability and foundation for quality Staffing and resource adequacy and foundations for quality were related	Quantitative analysis of variance

(Continues)

Table 1. (Continued)

Primary author and date	Sample, sample size, and setting	Method/instruments used	Key study findings related to nurses' needs	Category of evidence
Bugajski et al. (2017)	N = 279 391-bed ANCC Magnet-designated facility Clinical nurses across 21 units in the southwestern United States	Nurse Retention Questionnaire	All factors identified in questionnaire were important Most important factors were as follows: ability to provide quality care, competent managers, managers who support staff, clinically competent coworkers, sufficient staff	Quantitative survey study in a single facility
Collins (2016)	Emergency department of a large suburban hospital in Louisville, Kentucky, USA	Mixed methods Pre- and postdepartment survey with intervention National Database of Nursing Quality Indicators (NDNQI) Focus groups	Leadership: having a voice, recognition, teamwork	Mixed methods Survey Focus groups
Dahinten et al. (2016)	N = 1,007 Canadian clinical nurses Hospital and community setting	McCloskey/Mueller Satisfaction Scale Multiple regression Work Effectiveness Questionnaire Leader Empowering Behaviour Scale	Structural empowerment strongest predictor of job satisfaction Professional growth important Autonomy important Availability of resources Goal accomplishment	Quantitative Quasi-experimental Secondary analysis of questionnaire
Ditomassi (2012)	N = 1,404 nurses Academic medical center in Boston, Massachusetts, USA	PES-NWI Revised Professional Practice Environment Scale Controlled for variables: age, years in profession, years worked	Satisfaction related to: Autonomy Internal work motivation Leadership Managing conflict Collaboration Sensitivity, including culture Resources	Secondary analysis of data from a previously conducted survey
Djukic et al. (2013)	N = 1,141 samples of RNs from 34 states throughout the United States Geographic locations randomly selected Metropolitan (n = 51) and rural (n = 9) areas	Wave 3 survey Job satisfaction Physical work environment	Connectiveness Nurse-physician relationships Justice Physical work environment Lack of organizational constraints Magnet designation Adjusting staffing	Quantitative cross-sectional design, longitudinal survey study Community Tracking Survey sampling
Fitzpatrick et al. (2011)	Critical Care Association Membership n = 4,268 clinical nurses n = 2,268 AACN certified	Web-based survey from 2007 to 2008 Conditions of Work Effectiveness Revised Questionnaire (CWEQ-I)	Certification was associated with empowerment scores or intent to leave Informal power (ability to get things done) higher for certified nurses Opportunity and support were higher for noncertified nurses	Comparative descriptive study

(Continues)

Table 1. (Continued)

Primary author and date	Sample, sample size, and setting	Method/instruments used	Key study findings related to nurses' needs	Category of evidence
Gordon (2017)	N = 15 clinical nurses from one hospital in southern Florida, USA, of various generations (five baby boomers, five Generation X, five Millennials)	Index of Work Satisfaction used to sculpt interview questions	Value as part of the health team important across all generations Pay mentioned as important to the younger group participants Team spirit important to all	Qualitative Phenomenological design
Huddleston and Gray (2016)	N = 231 nurse leaders and direct care nurses at a 293-bed facility in Texas, USA	American Association of Critical-Care Nurses (AACN) Healthy Work Environment Assessment Tool	Nurse leaders perceive authentic leadership as healthiest Direct care nurses perceived effective decision making as healthiest Both groups identify appropriate staffing	Nonexperimental descriptive study
Huddleston et al. (2017)	n = 32 nurse leaders n = 986 direct care nurses Healthcare system (15 hospitals) in Texas, USA	Healthy Work Environment Scales	Nurse leaders perceive true collaboration as healthiest Direct care nurses perceived effective decision making as healthiest Neither group perceive meaningful recognition as healthy	Nonexperimental descriptive study
Kutney-Lee et al. (2016)	N = 20,675 RNs from 425 hospitals across four U.S. states (California, Florida, New Jersey, and Pennsylvania)	Secondary analysis of nursing data from 2006 and 2007 Engagement in shared governance Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores	Value-shared governance professional practice environment	Descriptive cross-section
Lee and Lee (2017)	N = 526 RNs in California, USA 67% in hospital settings	Organization Policies and Practices Questionnaire Physical Workload Index Questionnaire Job Content Questionnaire Risk Perception of Musculoskeletal Injury Scale	Safe climate associated with positive experiences Less physical work People-oriented culture	Quantitative survey
Ma et al. (2015)	N = 29,742 RNs from 1,228 units in 200 acute care hospitals 41 states in the United States	Secondary analysis of data from 2012 NDNQI Nurse–Nurse Interaction Scale Nurse–Physician Collaboration Scale PES-NWI	Collaboration: nurse to nurse, nurse to physician Nursing leadership influences intent to leave, job satisfaction, and quality care (reported by direct care nurses)	Descriptive cross-sectional
Moneke and Umeh (2013)	N = 112 direct care nurses critical care single hospital in New York City, New York, USA	65-item survey of leadership practices	Perceived strong leadership Leaders as role models Visionary leaders Organizational commitment Leaders who seek improvement Autonomy	Quantitative with correlational analysis

(Continues)

Table 1. (Continued)

Primary author and date	Sample, sample size, and setting	Method/instruments used	Key study findings related to nurses' needs	Category of evidence
Powell and Fogel (2013)	N = 25 one hospital Denver, Colorado, USA	Effectiveness of patient assignment survey NDNQI HCAHPS scores	Nurses were satisfied with a patient acuity system	Evidence-based project Pre- and postcomparison
Siller et al. (2016)	N = 43 emergency nurses full-time or part-time U.S. clinical nurses	Index of Professional Nursing Governance Tool Ulrecht Work Engagement Scale Hess Index of Professional Nursing Governance	Work engagement Shared governance Magnet designation Access to information Shared governance and engagement strong correlation Influence over resources and work engagement strong correlation	Descriptive correlational design
Spence Laschinger et al. (2014)	N = 525 direct care RNs from 49 nursing units in 25 acute care hospitals in Canada Cluster sampling design	CWEQ Shortell Organizational Culture Scale Perception of quality care (single item)	Unit-level shared governance Social capital (relationships among unit nurses) Structural empowerment	Multilevel structural equation modeling
Spence Laschinger and Fida (2015)	N = 723 direct care RNs in Canada	Authentic Leadership Questionnaire Conditions for Work Effectiveness Questionnaire II Nursing Work Index-Revised Nurse-Assessed Patient Care Quality (one item) Job satisfaction, three items from Health Professionals' Job Satisfaction	Authentic leadership Structural empowerment Perceived support for professional practice	Structural equation modeling
Spence Laschinger and Read (2016)	N = 993 New graduate nurses from 10 Canadian provinces	Cross-sectional mail survey Authentic Leadership Questionnaire Areas of Worklife Scale Civility Norms Questionnaire Straightforward Workplace Civility Subscale Maslach Burnout Inventory	Management style Authentic leadership Civility	Quantitative survey study
Spence Laschinger, Zhu, and Read (2016)	N = 393 new graduate nurses within first 3 years of practice National Canadian survey	CWEQ Professional practice behaviors Quality of care Job satisfaction Turnover intention	Structural empowerment Support for professional practice	Nonexperimental predictive design Cross-sectional
Unruh and Zhang (2014)	N = 414 random sample of newly licensed nurses in Florida, U.S.	Job satisfaction Individual measures Work environment factors	Working fewer hours Work shorter shifts Strong initial orientation; more time with preceptor Autonomy	Principal component analysis

to nursing was not among the themes identified in this study, but pay was important to all three groups (Gordon, 2017). Baby Boomers felt pay reflected an acknowledgment of their experience. Both Generation X and Millennials shared the perception of pay being important, and commented pay is too low (Gordon, 2017).

Although this review examined the workplace environment in North America, international findings are of keen interest. Several global publications explored workplace environment and related topics. In addition to countries in North America, countries identifying workplace environment as an area of interest included, but were not limited to: Australia, Estonia, Finland, Hong Kong, Iceland, Israel, Turkey, and Taiwan. Topics addressed in selected publications included job satisfaction (Chien & Yick, 2016; Dekeyser Ganz, & Toren, 2014; Jiang et al., 2016; Kaunonen et al., 2015; Kol et al., 2017; Sveinsdottir et al., 2016), retention and intent to quit (Dawson et al., 2014; Özer et al., 2017), nurse outcomes (Hahtela et al., 2015), and patient outcomes including safety and quality care (Chiang et al., 2017).

Aiken et al. (2011) conducted a large international study involving nurses from 1,406 hospitals over a 10-year period (1999–2009). The researchers explored workplace environment across nine countries: Canada, China, Germany, Japan, New Zealand, South Korea, Thailand, the United Kingdom, and the United States of America (USA). This landmark study solidifies the important link of workplace environment on nurse outcomes and quality of patient care as an international interest.

Warshawsky and Havens (2011) conducted a review of publications ($n = 37$) examining the global use of the Practice Environment Scale of the Nursing Work Index (PES-NWI). In addition to providing valuable information about the use of the instrument, this study provides additional support of the importance of workplace environment across the globe. Fourteen articles were generated from North America (Canada and the USA) and nine were from three other countries: Australia, Iceland, and Taiwan. Twenty-three of the publications linked workplace environment to patient outcomes. Although there was some variation in the items among the translated versions of the PES-NWI, Warshawsky and Havens (2011) found available resources and staffing levels as important and consistent factors identified by nurses. Given that Warshawsky and Havens (2011) included articles published in North America, it is not surprising that resources and staffing were among the factors identified in this review of studies conducted exclusively in North America.

IMPLICATIONS OF FINDINGS

The hospital workplace environment is a key determinant of nurses' ability to effectively provide quality care for patients. Hospitals are facing challenges due to the dynamic

nature of the environment. Factors influencing the hospital environment include the maturing of the existing nurse workforce, complex physical and emotional conditions, shortened length of stay requiring transition of care, and demands on outcome measures linked to revenue. One key success factor, for organizations, is to provide a healthy work environment where nurses and employees are able to provide quality care effectively, while remaining competitive.

Measures of effective work environments for nurses include job and patient satisfaction, rates of burnout, retention, and overall delivery of quality care. The AACN (2005) identified six standards for establishing and sustaining healthy work environments. The standards represent evidence-based and relationship-centered principles of professional performance. Each standard is considered essential and aligns directly with the core competencies for health professionals recommended by the Institute of Medicine (2004). The AACN (2005) standards are as follows: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. Our integrative review incorporated all of the standards as important factors linked to quality care (Table 2). The integrative review also incorporated three of the ANCC Magnet[®] domains (American Nurses Credentialing Center, 2017) of transformational leadership, structural empowerment, and exemplary professional practice (Table 2). Based on our review, work environments that foster leadership, autonomy/decision making, respect/teamwork, resources/staffing, and organizational commitment to nursing would create a climate for new knowledge, innovations, and improvements. In addition, to support new knowledge empirical outcomes could be attained. Given the importance of workplace environment, as well as ANCC Magnet[®] standards and AACN standards, additional research related to workplace environment that supports quality care is needed. Multicentered, well-designed, interventional studies (levels I and II) will expand knowledge in this area. Moreover, the conduct and evaluation of global studies is warranted.

Work environments where nurses are made a part of the overall decision-making process reflect positive attributes of autonomy, and structural empowerment linked to healthy workplace environments. A positive environment exists when nurses feel supported by unit management. Moreover, organizational leadership has the potential to positively impact performance and delivery of quality nursing care. A respectful, healthy work environment is important to nurses' delivery of quality care. Nursing leaders should foster an environment where nurses can exercise decision-making skills autonomously. Collaboration, respect, and teamwork among the healthcare team are deemed important by clinical nurses. In the spirit of collaboration, senior leaders can show organizational commitment by valuing nurses' experience. More than just

Table 2. Review of AACN Standards, ANCC Magnet Domains, and Integrative Review Synthesis

AACN standards	ANCC Magnet domain	Integrative review synthesis
Skilled communication	Structural empowerment: <i>Nurses' professional development, recognition, and community involvement</i> Exemplary professional practice: <i>Nurses throughout the organization are involved in shared governance and shared decision making</i>	Respect and teamwork
True collaboration	Transformational leadership: <i>Focus on nursing's involvement in strategic planning, advocacy, influence, visibility, accessibility, and communication</i> Structural empowerment Exemplary professional practice	Organizational commitment to nursing, respect, and teamwork
Effective decision making	Structural empowerment Exemplary professional practice	Autonomy and decision making
Appropriate staffing	Exemplary professional practice	Resources and staffing
Meaningful recognition	Transformational leadership	Leadership, organizational commitment to nursing
Authentic leadership	Transformational leadership Structural empowerment	Leadership, meaningful recognition, organizational commitment to nursing

listening, authentic leaders should value and incorporate decisions proposed by nurses. The incorporation of nurses as members of organizational committees (councils, task forces) solidifies the organizational recognition of nursing as both essential and valued.

Leadership was identified most often as a major factor in ability to provide quality care. Essential in the discussion of leadership is the preparation of the existing and future nursing workforce to assume leadership roles, as current nursing leaders prepare to retire from the workforce in North America. An important implication for existing nurse leaders is the preparation of nurses in leadership roles by formal education, mentorship, and providing opportunities to serve in roles of increasing responsibility. Succession planning and preparation is vital to meet future demands. Academic institutions and professional organizations provide programs to assist with professional development of nurse leaders.

The allocation of resources, including staffing, was identified by nurses as important but not the sole factor linked to delivering effective quality care. The ability to provide effective quality care is multifactorial in nature. Legislation regulating staffing levels may be detrimental by impacting other criteria deemed important to nurses. Other resources will surely be caught in the crossfire, as funds to support regulated staffing ratios may reduce the number of currently available supportive resources (e.g., unlicensed assistive personnel).

An important implication for nurses is the ability to exercise skills in advocacy. Nurses continue to advocate for patients. The role of nursing must be expanded to

include advocacy for self (nursing) and must reach legislators. Critical discussions must be supported by research focused on improving quality care for patients. Nurses must reach beyond the comfort level of advocating for individual patients and reach a wider audience to share the complexity of issues related to delivering quality care.

This integrative review included several single-centered studies, which is seen as a limitation. The inclusion of studies only in North America, because of differences in work environment and culture, limits the generalizability of the conclusions to North America. Workplace environment for nurses and the link to quality care has been established (Aiken et al., 2011; Warshawsky & Havens, 2011); as such, additional global research is needed.

SUMMARY

This integrative review explored nurses' perceptions of needs to provide effective quality care, and a number of factors were identified as important. The challenge of providing quality care is multifactorial in nature. Resources were identified, including but not limited to staffing, as one of the many factors identified. It is important that nurses did not identify staffing as the most frequent factor linked to effectively providing quality care.

Leadership was repeatedly highlighted as important by nurses as a key factor in supporting quality care. Nurses must be provided with resources and infrastructure to do their jobs, in an environment supported by authentic transformational leadership. **WVN**



LINKING EVIDENCE TO ACTION

- Creating a healthy work environment is challenging given the complexity of the evolving demands of health care but essential for positive patient outcomes.
- The key concepts that nurses perceived to be necessary to practice nursing effectively were as follows: leadership, autonomy/decision making, respect/teamwork, resources/staffing, and organizational commitment to nursing.
- Measures of effective work environments for nurses include job and patient satisfaction, rates of burnout, retention, and overall delivery of quality care.
- The challenge of providing quality care and creating healthy work environments was related to having enough resources and infrastructure for nurses to do their jobs along with being supported by authentic transformational leaders.

Author information

Mildred Ortu Kowalski, Nurse Researcher, Morristown Medical Center, Center for Nursing Innovation and Research, Morristown, NJ, USA; Cindy Basile, Director of Nursing Education, RWJ Behavioral Health Center and Behavioral Health Network, Toms River, NJ, USA; Eileen Bersick, Director Nursing Research, The Valley Hospital, Ridgewood, NJ, USA; Donna A. Cole, Research Nurse, Hunterdon Medical Center, Flemington, NJ, USA; Diane E. McClure, Neonatal Advanced Practice Nurse, St. Joseph's Healthcare System, Paterson, NJ, USA; Susan H. Weaver, Nurse Scientist, Hackensack Meridian Health, Neptune, NJ, USA

Address correspondence to Dr. Susan H. Weaver, 24 South Shore Trail, Sparta, NJ 07871, USA; sweave29@gmail.com

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