

Appendix

Literature Matrix

Article	Author & Date	Study Design / Purpose	Sample, Sample Size & Setting	Study findings that help answer the research question	Author's Limitations	Reviewer's Limitations
<p>Magnet Status and Registered Nurse Views of the Work Environment and Nursing as a Career</p>	<p>Ulrich, Buerhaus, Donelan, Norman, & Dittus, (2007)</p>	<p>Cross Sectional National Survey</p> <p>Aims: 1) Compare how RNs view work environment, nursing shortage, organizational response to nursing shortage & professional relationships</p>	<p>Random sample of 3500 US RN/LPNs working in hospitals</p> <p>108 ineligible and only 1783 of the remaining 3392 filled in the written or online survey Response rate: 53% Demographics were weighted by age and country of origin. Analysis by SPSS version 11.5.</p> <p>3 Groups compared: -Magnet (M) -Magnet in Progress (MIP) -Non-Magnet (NM)</p>	<p>See table of dissatisfies & satisfiers.</p> <p>Significant differences were found: 1) MH & MIP hospitals place higher value on patient care than NM hospitals. 2) MH higher scores on retaining & rewarding excellent nurses, new grad mentorship, excellent RN-RN relationships & efforts to improve teamwork 3) MH nurses viewed nsg shortage has negatively impacting pt. wait time for surgery or tests 4) MH and MIP nurses scored significantly higher in opportunities to give input into decisions about pt care 5) Support from management was rated higher in MH & MIP groups than NM groups, notably support for personal & family life</p> <p>Nurses working in hospitals seeking Magnet status scored higher in some areas than MH nurses (career & professional development opportunities; input into organizational decisions; rewards/recognition for good work; relationships with managers). These results imply there are benefits in the journey towards Magnet status</p> <p>Data suggest nurse executives & leaders may experience positive outcomes just in the process of seeking Magnet status.</p>	<p>Cross sectional survey gives info about one point in time from select sample of respondents.</p> <p>Authors question how long after Magnet Status obtained do outcomes continue. Cautions that complacency must not occur just because Magnet status obtained – achieving goals of Magnet always a work in progress & urges continuing research to assess & evaluate evidence of success / continuing improvement within Magnet parameters</p> <p>Unclear what determines strength of Magnet Forces over time</p>	<p>Potential for positive reporting bias in survey design</p> <p>Yielded quantitative data only (no subjective info about actual “lived” experiences)</p>

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<p>Comparing Nurses' Perceptions of Governance Related to Hospitals' Journeys to Excellence Status in the Middle East</p>	<p>Mouro, G., Tashjian, H, Bachir, R., Al-Ruzzeh, M., & Hess, R. (2013).</p>	<p>Cross Sectional Descriptive Design using Survey.</p> <p>Purpose: To determine registered nurse perceptions about a shared governance work environment at their hospital.</p> <p>Survey Measure: 86-item Index of Professional Nursing Governance (IPNG). Includes 6 dimensions: -control over nursing personnel -access to info -influence over resources -participation -control over nsg practice / goals -conflict resolution</p> <p>Likert rating scale 1-5: 1=nsg management/admin only 2=mostly nsg mgt/admin; some staff nurse input 3=equally shared between mgt/admin & staff nurses 4=mostly staff nurses; some mgt/admin input 5=staff nurse only</p>	<p>Settings: 4 hospitals; bed size 300-400. 3 in Lebanon: A, C, D A: Magnet in Progress (Magnet Status 2009) C: Magnet in Progress D: Non-Magnet 1 in Jordan: B (Non-Magnet)</p> <p>Staff nurses (n=1590) Response rate: 1220 (76%)</p>	<p>Demographics: Majority of respondents female in Hospitals A, C, D (Lebanon) mostly male in Hospital B (Jordan). Avg Age: 25-29. Most with BScN. Avg Work Experience: A: 7.18 yrs; B: 4.14 yrs; C: 8.51 yrs; D: 5.24 yrs.</p> <p>Significantly higher mean scores were observed in Magnet-in-Progress Hospitals in 5/6 subscales: Information, Goals, Resources, Participation & Practice.</p> <p>Total scores for A (185.78) & B (181.64) are within range for organizations that have shared governance/shared decision-making between nursing staff & management (173-344). Hospital A&B scores leaning towards lower end indicate they are in early stages of SG. Total scores for C (170.83) & D (166.99) indicate decision-making mainly by mgt. Two subscale scores in all 4 hospitals indicate traditional mgt governance: (control of nsg personnel & conflict resolution --goal setting/negotiation). 4 subscale means in Hospitals A & B indicate early stage SG is in place, evident in (1) control of resources that support professional practice; (2) participation in committees r/t governance; (3) control of professional practice and (4) access to information r/t governance. Hospital C & D scores for participation & information were not within SG range.</p>		<p>No data re: staff satisfaction were gathered.</p> <p>Shared Governance (SG) scores in the different domains of the IPNG scale may be regarded as a proxy for satisfaction with decentralized decision-making in the organization.</p>

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Essentials of Magnetism as Perceived by Staff Nurses at Alexandria German Hospital	El-bialy, G.G., & Abd Elaal, N., H. (2013)	Descriptive To assess staff nurse perceptions about the Essentials of Magnetism at one acute care hospital in Alexandria Egypt	All in-patient units in Alexandria Hospital: 5 med-surg units (A, B, C, D, High risk), ER, ICU, OR, Hemodialysis. Staff nurses (n=87) Convenience sampling (eg. Stated all nurses who were interested, available, consenting). Eligibility Criteria: Minimum 1 year work experience. Data collection occurred over a 4-wk period Oct 1-Oct 31, 2011. Instrument: Essentials of Magnetism Tool (Kramer, 2008) Contains 58 items/8 dimensions: (1) nurse-physician relationships; (2) support for education; (3) autonomous nursing practice; (4) control of and over nursing practice; (5) adequacy of staffing; (6) working with clinically competent nurses; (7) nurse manager support; (8) a culture that values concern for patients. Response formats are 4-point likert scales indicating degrees of agreement/disagreement. Responses converted to low, moderate or high categories based on %age of maximum score.	Perception of study participants regarding the overall presence of Magnetic Forces in the work environment was moderate. Statistically significant differences were observed between age cohorts, types of unit cohorts, years-of-practice (level of experience) cohorts, & educational preparation cohorts. Older nurses (>40 yrs) and those with more work experience were less positive about the specific Magnet dimensions, having lower mean scores for select dimensions (support for education; control of and over nursing practice, nurse manager support & working with competent peers). Younger nurses (<30 yrs) and those with less work experience (1-5 yrs) were generally more positive about the presence of Magnetism forces, having higher mean scores for select dimensions (support for education; control of and over nursing practice, nurse manager support & working with competent peers). Adequacy of staffing was perceived was highest in nurses graduating from the Technical Institute and lowest in those with other qualifications (not specified).	None disclosed	Unclear whether hospital study site had Magnet status Convenience sampling, so no way to prevent bias regarding selection of study participants. Findings can't be generalized to population of nurses at large. Category "other qualifications" is ill-defined (unclear whether masters' level staff, specialty certifications)

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<p>Further evidence of the recognition program</p> <p>Implications for Nursing Leaders</p>	<p>(Brady-Schwartz 2005)</p>	<p>Quantitative Descriptive correlational design</p> <p>Purpose: 1) To examine the relationship of perceived satisfaction with characteristics of the hospital, general satisfaction of nurses & intent to leave at Magnet & non-Magnet hospitals.</p> <p>3 Measures: -McCloskey-Mueller Satisfaction Scale (MMSS) -Overall Satisfaction -Anticipated Turnover Scale</p>	<p>The study involved 470 staff nurses who were randomly selected from both the Magnet and non-Magnet hospitals.</p> <p>Convenience sampling from hospitals >200 beds with full services (Medical-Surgical, OBS, Critical Care).</p> <p>Nurses recruited from 6 hospitals (3 Magnet & 3 Non-Magnet) in Southeast & Northeast US.</p> <p>Sample characteristics: 89% female (n=420) Avg Age: 40-49 (33%) Med Surg Units: 26% Associate Degree: 45%</p> <p>Magnet & non-Magnet demographics similar.</p> <p>Survey Response Rate: 44% (n=508)</p>	<p>Magnet hospital (MH) nurses had statistically significant higher job satisfaction scores than non-Magnet (NM) nurses.</p> <p>MH nurses had higher mean scores on all 8 MMSS subscales than non-Magnet (NM) nurses. However, scores were only statistically significant in 3 areas (professional opportunities, control and responsibility, extrinsic rewards).</p> <p>A negative correlation was seen between job satisfaction & intent to leave (e.g. higher satisfaction/less likely to change jobs).</p>	<p>Low participation of hospitals (3/26) explained by heavy workload & study fatigue of nurses (many asked to participate in Magnet research).</p> <p>The non-random (convenience) sampling done in 4 of the six participating hospitals may represent a biased sample & therefore limits the generalizability of the results to the population at large.</p>	

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Nursing support, Workload, and Intent to Stay in Magnet, Magnet-Aspiring and Non-Magnet hospitals	(Lacey et al., 2007)	<p>Secondary analysis of survey data from a larger US hospital dataset for the period 2003-2005.</p> <p>Original study used the Individual Workload Perception (IWP) scale to assess RN scores on 6 subscales: peer, manager, unit support, intent to stay workload, job satisfaction</p>	<p>Convenience Sample</p> <p>The sample population involved 3337 nurses from 15 organizations, 292 different units, & 11 states with geographic differences.</p> <p>Questions:</p> <ol style="list-style-type: none"> 1) Do significant differences exist in IWP scores between M, MA & NM hospital nurses? 2) If significant differences between groups are found, which facility types show greatest differences? 3) Is the IWP tool useful (valid/reliable) for nurse executives wishing to assess work environment before or after Magnet status achieved? 	<p>Magnet hospital nurses had higher mean scores (statistically significant) on all 6 subscales compared to nurses in Magnet-Aspiring & non-Magnet hospitals</p> <p>Scores of nurses in Magnet-Aspiring hospitals had higher scores than nurses working in Non-Magnet Hospitals.</p> <p>Researchers concluded IWP tool is a credible method of assessing staff nurses' perceptions of the work/professional practice environment & hospital culture.</p> <p>Author asserts that nurses working in Magnet hospitals are encouraged to participate in the process of evaluating clinical practice and contributing to policies & procedures reflecting best & most current evidence.</p>	Difficult to generalize results to the nurse population at large due to convenience sampling.	Brief (scant) narrative summary of data. Most of the results presented in tables which may limit consumer understanding if unfamiliar with statistical methods and post hoc tests (ANOVA, Tukey)

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Organizational and Community Factors Associated with Magnet Status of U.S. Hospitals	(Tai & Bame, 2017)	<p>Cross Sectional, National Study</p> <p>Secondary analysis of data from 4 public databases comparing organizational & community factors contributing to the adoption of Magnet Status Hospitals.</p> <p>Purpose: To isolate the structural & contextual factors (organizational & community) that distinguish Magnet from Non Magnet Hospitals</p>	Comparison of Magnet vs Non Magnet Adult Acute Care Hospitals MH (n=132) Non MH (n=264)	<p style="text-align: center;"><u>DISSATISFIERS</u></p> <p>NURSE STAFFING (Organizational Characteristic)</p> <ul style="list-style-type: none"> • 38% higher rate of LPNs / bed size in Grp 2 (NM) hospitals than in Grp 1 (M) hospitals (SS) • High LPN staffing levels negatively associated with Magnet Status <p style="text-align: center;"><u>SATISFIERS</u></p> <p>NURSE STAFFING – Proportion of RNs & LPNs in Nursing Workforce (Organizational Characteristic)</p> <ul style="list-style-type: none"> • 23% higher mean RN staffing rate/bed size in Grp 1 (M) compared to Grp 2 (NM) hospitals (SS) • 25% more Full Time RNs in Grp 1 (M) hospitals compared to Grp 2 (NM) hospitals (SS) • 27% lower mean LPN staffing rate/bed size in Grp 1 (M) compared to Grp 2 (NM) hospitals (SS) <p>NURSE EDUCATION /QUALIFICATIONS (Organizational Characteristic)</p> <ul style="list-style-type: none"> • Higher proportion of RNs with degrees & specialty certifications in Grp 1 (M) compared to Grp 2 (NM) hospitals <p>HOSPITAL SIZE -- # of Beds (Organizational Characteristic)</p> <ul style="list-style-type: none"> • Grp 1 (M) hospitals were 1.75 times larger than Grp 2 (NM) hospitals • 75% more beds in Grp 1 (M) compared to Grp 2 (NM) • 11% more hospital admissions in Grp 1 (M) compared to Grp 2 (NM) <p>EMERGENCY DEPARTMENT VISITS – (Community Characteristics)</p> <ul style="list-style-type: none"> • Grp 1 (M) hospitals had higher ED visits than Grp 2 (NM) hospitals (SS) 	None disclosed	Multi-variate logistic regression difficult to understand if not trained in this statistical method

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<p>Relationship among the nurse work environment, self – nurturance and life satisfaction.</p> <p>First study to examine perception of workplace characteristics that foster professional practice, life satisfaction & self-nurturance.</p> <p>Study framed within context of nursing shortage and stress it exerts on nurses.</p>	<p>Nemcek, M. & James, G. (2007).</p> <p>Researchers were interested in assessing benefits to health gained from modifying work environment & life choices</p>	<p>Descriptive correlational survey design.</p> <p>RNs surveyed to determine interrelationship between workplace factors & personal health.</p> <p><u>2 Main Purposes:</u> Assess relationship between self-nurturance (modifying life choices), perceived Magnet characteristics & satisfaction with life.</p> <p>Assess predictive effects of self-nurturance & Magnet hospital features on life satisfaction.</p>	<p>A convenience sample of 310 registered nurses surveyed in 2003.</p> <p>Study nurses resided in small metropolitan area with population less than one million in USA.</p> <p>Power analysis indicated that sample size of 105 would be appropriate based on Cohen definition.</p> <p>Four questionnaires: Satisfaction with life scale; Practice Environment Index; Self-nurturance Scale; Demographics</p>	<p>Self-nurturing nurses reported more life satisfaction and perceived that Magnet characteristics were present in the work environment.</p> <p>Masters' & doctoral-prepared nurses were more self-nurturing than nurses with diplomas or associate degrees.</p> <p>The combined effect of both nurturance and workplace factors predicted 29% of the variance in life satisfaction.</p> <p>Satisfiers: Presence of Magnet features in the workplace led nurses to perceive they were enabled in professional practice which led to greater life satisfaction.</p> <p>Nurses viewed work as meaningful; they had positive perceptions of their ability to affect quality care.</p>	<p>Generalizability of findings to population at large limited due to convenience sampling (non-random sample).</p> <p>May be bias associated with self-report (data not validated with physical evidence). It may be possible that self-nurturance and magnetic features would not account for 22% variation in life satisfaction once other factors such as career satisfaction, ability to effect quality of healthcare and workplace quality healthcare were included in multiple regression analysis. Variables were limited to personal and workplace factors.</p>	<p>A reviewer who is not conversant with multiple regression models may have difficulty in understanding the meaning of these findings.</p>

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<p>The relationship between healthy work environments and retention of nurses in a hospital setting</p>	<p>Ritter (2011).</p>	<p>Literature review.</p> <p>Methodology not made explicit</p> <p>Analysis of secondary data from previously published studies describing factors affecting nurse job satisfaction.</p> <p>Purpose:</p> <ol style="list-style-type: none"> 1) To identify factors affecting nurse job satisfaction 2) To identify benefits of healthy work environments (HWE) & dangers of unhealthy work environments (UWE) 3) To explore the relationship between HWE & Magnet Status 4) To explore the relationship between nursing management style, nurses' job satisfaction, & nurse retention/turnover 	<p>Content from several authors highlighted but no mention of strategy used to sample literature</p> <p>One strength of the sources cited is they are reputable, well published and recognized researchers in the area of nursing shortages, retention, job satisfaction & healthy work environments (Aikin et al; Ulrich; Manojlovich)</p>	<p>There is a positive relationship between factors such as work environment, work relationships, Management styles, educational factors</p> <p>Paper benefits of Healthy Work Environments and Dangers of Unhealthy Work Environments</p>	<p>The relationship was only established between nurse job satisfaction and five factors such as work environment ,work relationship, autonomy, educational factors and management styles regardless of having other factors such as promotion, benefits and salary making the study narrow</p>	<p>No details were given about the methods used in the literature selection (search strategy, sampling criteria, # papers, design, and settings).</p> <p>Superficial analysis (lack of depth).</p> <p>The research failed to synthesize data fully (limited synthesis); this reduced the quality of the evidence;</p> <p>Easy to follow and contains some useful/instructive data pertaining to this project; however, methodological weakness and brevity/lack of depth of the paper lead one to question how much to rely on its content as a valid empirical source</p>

