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Literature search results

Search completed for: 
Search required by: 25th January 2012
Search completed on: 24th January 2012
Search completed by: Ann Darling

Search details

Does a change in work environment change the attitude of staff?

Resources searched

NHS Evidence; TRIP Database; BNI; CINAHL; HMIC; Health Business Elite, Google Scholar

Database search terms: change management, environment, working environment, ward environment, learning environment, staff attitude*, behaviour*

Summary

Range of articles on working environment, staff and behaviour listed.

Guidelines

None found

Evidence-based reviews

Working for health? Evidence from systematic reviews on the effects on health and health inequalities of organisational changes to the psychosocial work environment 2009.

Interventions aimed at improving the nursing work environment: a systematic review. 2010.

AACN's healthy work environment standards and an empowering nurse advancement system. 2009.
# Published Research

## 1. Withdrawal Behaviors Syndrome: An Ethical Perspective.

**Author(s):** Shapira-Lishchinsky, Orly, Even-Zohar, Shmuel  
**Citation:** Journal of Business Ethics, 30 October 2011, vol./is. 103/3(429-451), 01674544  
**Publication Date:** 30 October 2011

**Abstract:** This study aimed to elucidate the withdrawal behaviors syndrome (lateness, absence, and intent to leave work) among nurses by examining interrelations between these behaviors and the mediating effect of organizational commitment upon ethical perceptions (caring climate, formal climate, and distributive justice) and withdrawal behaviors. Two-hundred and one nurses from one hospital in northern Israel participated. Data collection was based on questionnaires and hospital records using a two-phase design. The analyses are based on Hierarchical Multiple Regressions and on Structural Equation Modeling with AMOS. Affective commitment was found to mediate the relationship between different dimensions of nurses' ethical perceptions (caring climate, formal climate, and distributive justice) and their intent to leave work. Lateness was found to be positively related to absence frequency which was found negatively related to intent to leave. Males were late more frequently than females, while seniority was related only to absence frequency. The findings indicated that each withdrawal behavior exhibits unique relationships. The results may help policy makers to focus on improving the ethical environment in order to increase nurses' commitment and reduce their intent to leave. Improving the ethical environment may be achieved through ethical education for nurses which may promote ethical considerations becoming an integral part of nurses' work.

**Source:** HEALTH BUSINESS ELITE

**Full Text:** Available in fulltext at [EBSCOhost](https://www.ebscohost.com)

## 2. Stabilizing and destabilizing forces in the nursing work environment: a qualitative study on turnover intention.

**Author(s):** Choi*, Sandy Pin-pin, Pang, Samantha Mei-che, Cheung, Kin, Wong, Thomas Kwok-shing  
**Citation:** International Journal of Nursing Studies, October 2011, vol./is. 48/10(1290-1301), 0020-7489 (2011 October)  
**Publication Date:** October 2011

**Abstract:** Qualitative research in Hong Kong exploring nurses' perspectives of how work environment influenced their intention to stop working in public hospitals. Semi-structured interviews with hospital nurses examining the impact of staffing levels, skill mix, work responsibility, management, relationships with co-workers, professional incentives and turnover intention were analysed using a modified version of Van Kaam's phenomenological method. [ORIGINAL] 52 references

**Source:** BNI

## 3. Employee Satisfaction -- Unlocking the Potential Within Your Staff.

**Author(s):** Dukes, Johnna  
**Citation:** 20/20, 01 September 2011, vol./is. 38/10(155-158), 01921304  
**Publication Date:** 01 September 2011

**Abstract:** The article offers tips for opticians on business management. It notes that achieving client or patient satisfaction reflects how the business was being managed. It suggests the importance employees' cooperation and motivation to satisfy clients. Meanwhile, it discusses how staff attitudes contribute to the overall success of an optical practice.

**Source:** HEALTH BUSINESS ELITE

**Full Text:** Available in fulltext at [EBSCOhost](https://www.ebscohost.com)

Author(s): Garcia-Garcia, I., Ramos, V. Benítez, Serrano, J.L. Cobos, Ramos Cobos, M.C., Souza, A.
Citation: International Nursing Review, 01 June 2011, vol./is. 58/2(234-241), 00208132
Publication Date: 01 June 2011
Organizational climate is considered one of the most significant determinants of individual and group behaviour in institutions. The International Council of Nurses has launched a campaign to improve professional recognition, support for personal development, safety and health at work. To analyse nursing personnel's organizational climate perceptions using the Work Environment Scale (WES) in two categories of hospitals. A cross-sectional survey was undertaken in public and private hospitals. Two sampling approaches were used. At the Public Hospital, the sample was randomly selected (n = 297, 168 nurses and 129 other nursing personnel). At the Private Hospitals, a convenience sampling method was used (n = 66, 14 nurses and 52 other nursing personnel). The study used descriptive and inferential statistic analyses to explain the nursing personnel perception of organizational climate and to explore variations between nurses and other nursing personnel in both categories of hospitals. Sixty per cent and seventy per cent of WES subscales yielded scores below the midpoint for the perception of work environment in public and private hospitals, respectively. Mean scores for both categories were similar, except for the subscales of Pressure and Control that were higher in Private Hospitals. In the Public Hospital, nurses scored significantly lower than other nursing personnel in Involvement, Innovation and Comfort. Based on these findings, it is suggested that nurse managers should introduce strategies to set conditions for a better work environment in public and private hospitals.
Source: CINAHL

5. Provider Perceptions of the Social Work Environment and the State of Pediatric Care in a Downsized Urban Public Academic Medical Center.
Author(s): Tataw, David Besong
Citation: Journal of Evidence-Based Social Work, 01 May 2011, vol./is. 8/3 (275-293), 15433714
Publication Date: 01 May 2011
Abstract: The author's purpose through this study was to document and analyze health provider perceptions of their social work environment and the state of pediatric care at Los Angeles County King/Drew Hospital and Medical Center in 2000, after the restructuring and downsizing of the hospital and its community clinics. The research results showed nurses and physicians reporting that both the quality of pediatric care and the provider social work environment were poor. Negative factors in the social work environment included: low employee morale, poorly staffed clinical teams, lack of professional autonomy, perceptions of low quality of care for pediatric patients, and interpersonal issues of poor communication and collaboration among providers. Providers also perceived a non-supportive work environment, sense of powerlessness, poor quality of work, lack of goal clarity from leadership, lack of fairness in leadership behavior, and an organizational leadership that is abandoning its core mission and values, thereby making it difficult for providers to carry out their professional functions. The author's findings in this study suggest a relationship between intra-role conflict, social employment environment and quality of care at King/Drew Medical Center in 2000. Lessons for practice are presented.
Source: CINAHL

6. Assessing the safety and teamwork climate of intensive care staff.
Author(s): Tam, Sammei, Kwai, Lorna, Ping Suen, Ka Man Ho, Tze Fan Lee, Diana
Citation: CONNECT: The World of Critical Care Nursing, 01 March 2011, vol./is. 8/1(21-25).
Publication Date: 01 March 2011
Source: CINAHL

7. Built on Values.
Author(s): Rhoades, Ann
Citation: Leadership Excellence, 01 January 2011, vol./is. 28/1(17-), 87562308
Publication Date: 01 January 2011
Abstract: The article focuses on a values-based culture change in companies. The author argues that a culture that will work for a company and fits its leadership, values and products can only arise organically. The author also lists six principles that helps in a successful values-based culture change, it include creating an environment with the right conditions for culture to arise, treat employees the best way possible and rewarding right behaviors to achieve desired outcomes.

Source: HEALTH BUSINESS ELITE

Full Text: Available in fulltext at EBSCOhost

8. Strengthening affective organizational commitment: the influence of fairness perceptions of management practices and underlying employee cynicism.

Author(s): English, Brian, Chalon, Christopher

Citation: Health Care Manager, 01 January 2011, vol./is. 30/1(29-35), 15255794

Publication Date: 01 January 2011

Abstract: This study investigates the relationship between cynicism, the perceived fairness of change management and personnel practices, and affective organizational commitment. High levels of affective organizational commitment have been shown to reduce voluntary turnover in the nursing workforce. Previous research suggests that "unfair" management practices and employee cynicism lead to lower commitment. It is not clear, however, whether the perceived fairness of particular practices influences affective commitment beyond that accounted for by underlying employee cynicism. Data were obtained from a study involving 1104 registered nurses that formed part of a larger investigation of the general well-being of nurses in Western Australia. Only nurses who were permanent or employed on fixed term or temporary contracts were included. Findings indicated that although higher levels of cynicism among nurses were associated with lower levels of affective commitment, their perception of the fairness of change management and personnel practices influenced their affective commitment over and above their cynicism. The perceived fairness of management practices is an important influence on nurses' affective commitment beyond that accounted for by cynicism. The implication for managers is that the affective organizational commitment of nurses is likely to be strengthened by addressing the perceived fairness of change management and personnel practices notwithstanding their beliefs about the integrity of the organization.

Source: CINAHL

9. Authentic leadership and nurses' voice behaviour and perceptions of care quality.

Author(s): Wong CA, Laschinger S, Cummings GG

Citation: Journal of Nursing Management, 01 November 2010, vol./is. 18/8(889-900), 09660429

Publication Date: 01 November 2010

Abstract: .. (2010) Journal of Nursing Management 889-900 The purpose of the present study was to test a theoretical model linking authentic leadership with staff nurses' trust in their manager, work engagement, voice behaviour and perceived unit care quality. Authentic leadership is a guide for effective leadership needed to build trust and healthier work environments because there is special attention given to honesty, integrity and high ethical standards in the development of leader-follower relationships. A non-experimental, predictive survey design was used to test the hypothesized model in a random sample of 280 (48% response rate) registered nurses working in acute care hospitals in Ontario. The final model fitted the data acceptably (/? = 17.24, d.f. = 11, P = 0.10, IFI = 0.99, CFI = 0.99, RMSEA = 0.045). Authentic leadership significantly and positively influenced staff nurses' trust in their manager and work engagement which in turn predicted voice behaviour and perceived unit care quality. These findings suggest that authentic leadership and trust in the manager play a role in fostering trust, work engagement, voice behaviour and perceived quality of care. Nursing leaders can improve care quality and workplace conditions by paying attention to facilitating genuine and positive relationships with their staff.

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost

Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection
10. Effects of work environments on nurse and patient outcomes.
Author(s): Purdy N, Laschinger HKS, Finegan J, Kerr M, Olivera F
Citation: Journal of Nursing Management, 01 November 2010, vol./is. 18/8(901-913), 09660429
Publication Date: 01 November 2010
Abstract: (2010) Journal of Nursing Management 901-913 To determine the relationship between nurses' perceptions of their work environment and quality/risk outcomes for patients and nurses in acute care settings. Nurses are leaving the profession as a result of high levels of job dissatisfaction arising from current working conditions. To gain organizational support for workplace improvements, evidence is needed to demonstrate the impact of the work environment on patient care. A multi-level design was used to collect data from nurses (n = 679) and patients (n = 1005) within 61 medical and surgical units in 21 hospitals in Canada. Using multilevel structural equation modelling, the hypothesized model fitted well with the data (? = 21.074, d.f. = 10, Comparative Fit Index (CFI) = 0.985, Tucker-Lewis Index (TLI) = 0.921, Root Mean Square Error of Approximation (RMSEA) = 0.041, Standardized Root Mean Square Residual (SRMR) 0.002 (within) and 0.054 (between)]. Empowering workplaces had positive effects on nurse-assessed quality of care and predicted fewer falls and nurse-assessed risks as mediated through group processes. These conditions positively impacted individual psychological empowerment which, in turn, had significant direct effects on empowered behaviour, job satisfaction and care quality. Empowered workplaces support positive outcomes for both nurses and patients. Managers employing strategies to create more empowered workplaces have the potential to improve nursing teamwork that supports higher quality care, less patient risk and more satisfied nurses.
Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

11. Nurses in the workplace: expectations and needs.
Author(s): DeCola, P, Riggins, P
Citation: Int Nursing Review, September 2010, vol./is. 57/3(335-42), 0020-8132 (2010 Sep)
Publication Date: September 2010
Abstract: Research in 11 countries, including the UK and USA, examining nurses' attitudes to their work environment and workplace challenges. A survey of managers and non-managers identified problems of time constraints, professional autonomy and independence, workload, conditions and staffing. Perceptions of current constraints compared to 5 years previously were also explored. 29 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost

12. Can conflict management be an antidote to subordinate absenteeism?
Author(s): de Reuver, Renee, van Woerkom, Marianne
Citation: Journal of Managerial Psychology, 01 August 2010, vol./is. 25/5(479-494), 02683946
Publication Date: 01 August 2010
Abstract: Purpose - The purpose of this paper is to investigate the relationship between supervisors' conflict strategies and subordinates' affective commitment and absenteeism. Design/methodology/approach - To test the hypotheses, the authors conducted a survey of 173 higher educated employees in consulting and staff functions. They measured supervisory conflict management by asking subordinates to rate the conflict strategy of their superior. For the measurement of absenteeism the officially recorded sick leave figures of days per year were used. Findings - The results show a pure mediating effect of commitment in the relationship between supervisory integration strategy and absenteeism. The non-confrontation strategy is negatively related to commitment, but neither directly nor indirectly related to absenteeism. There is no direct or indirect (through commitment) relationship between the supervisory controlling strategy and absenteeism. Practical
implications - Suggestions for absence management and management development are offered. Originality/value - The work advances the thinking on supervisory cooperative and competitive behavior and the operating mechanisms between this behavior and employee work attitudes and behavior.

Source: HEALTH BUSINESS ELITE

Author(s): Fagerström L, Salmela S
Citation: Journal of Nursing Management, 01 July 2010, vol./is. 18/5(613-617), 09660429
Publication Date: 01 July 2010
Abstract: Aims The aim of the present study was to describe personnel's attitudes to change processes between a regional hospital and the primary health care centre as well as investigate these results with regards to theories pertaining to change and leading change. Background Leadership has three crucial dimensions: focusing on personnel, results/key processes and the ethical base of activities. Methods A survey was conducted in 2003 using a comprehensive questionnaire. The total sample consisted of the personnel (n = 899) at the two organizations (answering rate was 68.8%). The data were analysed descriptively. Results Approximately two-thirds of the respondents understood why the merger was occurring. Only one-third expressed that they had received sufficient information regarding the merger. In total 67% felt that the merger would create conflict while approximately one-fourth expressed uncertainty. Despite such negative responses, approximately two-thirds felt there were advantages to the merger. Significant differences were seen between the groups. Conclusions In times of change personnel expect leaders to focus on dialogue with their personnel and to anchor the vision of the change process amongst the personnel. Implications for nursing management By identifying the 'prison of thought' and creating an atmosphere where reflection and discussion are valued the nurse leader can help prevent resistance to change.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

Author(s): Lindy C, Schaefer F
Citation: Journal of Nursing Management, 01 April 2010, vol./is. 18/3(285-292), 09660429
Publication Date: 01 April 2010
Abstract: Aims: To discover nurse managers' perception of negative workplace behaviours (bullying) encountered by staff on their unit. Background: Negative workplace behaviour is a worldwide phenomenon happening in all types of work settings. Absent from the literature were studies specific to the nurse managers' perception on this topic. Methods: A phenomenological qualitative research methodology was used to gain insight into the perceptions of nurse managers about negative workplace behaviours that they have observed or addressed. Results: Nurse Managers described their perceptions of, and experiences pertaining to, instances of negative workplace behaviour. Six themes emerged from the data analysis: ‘that's just how she is’, ‘they just take it’, ‘a lot of things going on’, ‘old baggage’, ‘three sides to a story’ and ‘a management perspective’. Conclusion: Nurse Managers had observed, experienced and/or had received reports of negative workplace behaviours. While some felt comfortable addressing the behaviour, others experienced ethical dilemmas when trying to treat all fairly. Implications: The results of the present study provide guidance for nurse managers to address negative workplace behaviours occurring on their units.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

15. Dealing with resistance.
Author(s): Wright, S
Citation: Nursing Standard, February 2010, vol./is. 24/23(18-20), 0029-6570 (2010 10 Feb)
Publication Date: February 2010
Abstract: 2nd of 6 articles in a series on change management, focusing on how to deal with staff who are resistant to change. The responses to change identified in Rogers’ model are described, and the concept of laggard behaviour and how it is manifested is considered. 1 ref.

Source: BNI

Full Text:
Available in fulltext at EBSCOhost
Available in print at Louth County Hospital Medical Library

16. Turn around destructive behaviour.
Author(s): Bardzil, P, Rubinstein, S
Citation: Health Service J, January 2010, vol./is. 120/6188(19), 0952-2271 (2010 7 Jan)
Publication Date: January 2010
Abstract: Methods to use in performance management and to overcome negative behaviour in staff. An approach to create a positive environment and improve quality of work is outlined.

Source: BNI

Full Text:
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Louth County Hospital Medical Library
Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library

17. Nurses’ perceptions of the organizational attributes of their practice environment in acute care hospitals.
Author(s): Hinno, S, Partanen, P, Vehvilainen-Julkunen, K
Citation: J Nursing Management, December 2009, vol./is. 17/8(965-74), 0966-0429 (2009 Dec)
Publication Date: December 2009
Abstract: Research in Estonia surveying acute hospital-based registered nurses' views on organisational characteristics of their place of work. A random sample of RNs completed postal questionnaires on workplace factors, including autonomy, teamwork and organisational support, and the impact on practice environment. The effect of respondents' demographic/professional characteristics on their perceptions was also examined. 28 refs.

Source: BNI

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

18. Exploration of the facilitators of and barriers to work engagement in nursing.
Author(s): Freeney YM, Tierman J
Citation: International Journal of Nursing Studies, 01 December 2009, vol./is. 46/12(1557-1565), 00207489
Publication Date: 01 December 2009
Abstract: BACKGROUND: Engagement is couched as the opposite to burnout and while there have been numerous studies that have supported the relationship between organizational antecedents and employee engagement, nurse engagement is still inadequately understood. Recent papers in the nursing literature have called for more research on this construct to be conducted with nurses so that nurse leaders can be better informed about the impact of engagement on outcomes for the organization. AIM: To explore nurses’ experiences of their work environments and to reveal factors in the workplace that may facilitate or act as barriers to nurse engagement. METHODS AND PARTICIPANTS: A qualitative methodology was employed with the data from focus groups with a total of 20 nurses working in both general and psychiatric nursing. RESULTS: Facilitators of and barriers to engagement center around six areas of organizational life, namely; workload, control, reward, fairness, community and values. CONCLUSION: Interventions aimed at fostering engagement are called for and through future research in the area of engagement, it is believed that nurses will gain more positive experiences from their work and subsequently a greater sense of well-being.

Source: CINAHL
19. Adapting to Family-Centered Hospital Design: Changes in Providers’ Attitudes Over a Two-Year Period.

**Author(s):** France, Daniel, Throop, Patricia, Joers, Barbara, Allen, Lauran, Parekh, Amruta, Rickard, Dorsey, Deshpande, Jayant K.

**Citation:** Health Environments Research & Design Journal (HERD), 01 November 2009, vol./is. 3/1(79-96), 19375867

**Publication Date:** 01 November 2009

**Abstract:** Objective: The United States is currently in the midst of a hospital construction boom. An increasing number of hospitals are being designed using the principles of evidence-based design to improve patient safety and patient satisfaction. Few studies have examined the impact of new hospital design models on providers' attitudes or work performance. The goal of this study was to determine how providers' attitudes at one children's hospital changed over a 2-year period. It was hypothesized that clinicians' attitudes about their work environment would be significantly more positive 2 years after opening. Background: In 2004 a children's hospital within a hospital was replaced with a free-standing facility, which was designed on the theme of family-centered care. The hospital quality improvement team developed and administered the Environment of Work survey to measure providers' initial impressions of the hospital design on job function, patient safety, and personal well-being. The survey was readministered approximately 2 years later to measure changes in providers' perceptions about the same issues. Methods: A 25-item survey was administered to a convenience sample of clinical staff to measure their attitudes about the effects of family-centered hospital design on providers and patients. Chi-square tests were used to compare subjective ratings collected from the two surveys on pooled samples and on samples stratified by clinical unit. Results: Surveys were collected from 270 clinicians (a 25% response rate) in 2004 and 544 clinicians (a 51% response rate) in 2006. Nurses accounted for a higher percentage of total respondents (78% versus 57%). Most domain areas garnered improved and overall positive ratings from clinicians in 2006. Providers' ratings of elevated mental fatigue, physical fatigue, and walking burden remained high in 2006 despite improvements. Ratings of noise levels increased on all units except the neonatal intensive care unit. Fewer respondents rated the new hospital "somewhat to much better" than the former hospital. Conclusions: Moving into a new healthcare facility is a stressful event for healthcare providers and adapting to a new work environment requires a lengthy period of transition. Providers' initial ratings of a new workspace are likely to change over time as they adjust their work practices to the physical environment.

**Source:** HEALTH BUSINESS ELITE

**Full Text:** Available in fulltext at EBSCOhost [🔗]

20. Looking beyond bullying to assess the impact of negative behaviours on healthcare staff.

**Author(s):** Pope R, Burns B

**Citation:** Nursing Times, 06 October 2009, vol./is. 105/39(20-24), 09547762

**Publication Date:** 06 October 2009

**Abstract:** Background: Evidence suggests that bullying behaviours are common in the NHS. The various health organisations in the area studied had experienced problems with negative behaviours between staff and it was decided that research was needed. Aim: To assess and analyse negative behaviours experienced and/or witnessed by primary healthcare staff. Method: A mainly quantitative questionnaire was sent to random samples of staff in two primary care trusts, and a small “contact group” who had sought help due to negative behaviours. Results: In PCT A 63% and in PCT B 53% of respondents considered they had experienced and/or witnessed some level of negative behaviour in the previous 12 months. Most of the behaviour was described as incivility (67% in the random sample overall). Some of the incivility was also perceived as bullying, but some was not. However, whatever the perception, similar levels of negative effect were experienced. Discussion: Focusing on bullying alone and on frequency of behaviour misses part of the picture; what counts is the negative experience. Conclusion: Organisations need to take a broader view and prevent the full range of damaging negative behaviour between staff.

**Source:** CINAHL

**Full Text:** Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection [🔗] Available in print at Lincoln County Hospital Professional Library
21. An old problem that keeps re-emerging without a clear solution.

Author(s): WI A

Citation: Internet Journal of Law, Healthcare & Ethics, 01 April 2009, vol./is. 6/1(2-2), 15288250

Abstract: Bullying and harassment in the workplace is an old problem. According to the charted Institute of Personnel and Development (CIPD), over the last 20 years, organisations have moved from the perception that it does not happen here to acceptance that it does and the introduction of policies to address the problem. Work place bullying and harassment have been recognised in all sectors of the workforce, particularly in a hospital's setting. It has been suggested that bullying and harassment in the National Health Services (NHS) is indeed a widespread and serious problem which needs to be viewed in the context of various organisational settings and manifestations. Evidence suggests that the prevalence of bullying and harassment in both medicine and the NHS more generally is high. One of 10 callers to the UK National Bullying advice line are health care professionals, including nurses and GPs; the result of one survey for example found that more than a third of NHS staff had been bullied, harassed and abused, usually by a senior member of the staff, managers or even patients and their relatives. A useful definition of bullying is 'persistent, offensive, intimidating, malicious or insulting behaviour, abuse of power or unfair panel sanctions, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermine their self-confidence and which may cause them to suffer stress'. Whilst various types of harassment are covered by UK legalisation, there is currently no specific legalisation dealing directly with the issue of workforce bullying. However, other parts of the law may be applicable. Contract law is one example, as it includes an implied duty on the part of the employer to provide an appropriate and safe working environment for staff. This is even more explicit in the Health and Safety at Work Act, which places a general duty on employers to protect the health, safety and welfare for their employers. Equality legalisation can be applicable in cases concerning gender, race, sexual orientation and recently religion. Age will also be covered as from last December 2006. The Criminal Justice and Public Order and the Protection from Harassment Acts may also be useful in some cases. For example, in an unpublished survey from Departments of Histopathology in 9 District General Hospitals and 5 Teaching Hospitals, 47.3% of SpRs had been subjected to different sorts of harassment. Therefore a robust, supportive system for trainees in Histopathology should be easily accessible, confidential and constructive. We think it is important to remind doctors working in the UK of their rights. Doctor's rights in the UK are: Employment rights under law, access to complaints procedures, protection when 'whistle blowing', right to freedom from interference, harassment and unmeritorious complaints and equally important freedom from bullying and harassment in the workplace namely: threat to professional status (belittling opinion, public humiliation and accusation of poor effort), threat to personal standing (insults, verbal abuse and teasing by seniors), isolation (denying teaching opportunities and withholding information), overwork and continuous subjection to unnecessary interruption, destabilization for example by failing to give credit, by giving meaningless tasks, removing responsibility and shifting 'goal posts'. This review covers in depth harassment and bullying and discuss in detail anti-harassment and bullying mechanisms.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

22. The effect of oppressed group behaviours on the culture of the nursing workplace: a review of the evidence and interventions for change.

Author(s): Roberts SJ, DeMarco R, Griffin M

Citation: Journal of Nursing Management, 01 April 2009, vol./is. 17/3(288-293), 09660429

Abstract: Aim The aim of the present study was to review the current literature on oppressed group behaviours in nursing, with emphasis on interventions to change the behaviours, and on instruments that have been developed to measure it. Background Oppressed group behaviours have been described in nurses for over two decades and their presence has been related to decreased nurse self-advocacy, and other negative aspects of the nursing workplace. Evaluation Systematic review of the literature on
oppressed group behaviour in nursing. Key issues Oppressed group behaviours are frequently found in nurses. Interventions have been created and tested to decrease oppressed group behaviours. Conclusion Oppressed group behaviours are frequently found in nurses. Interventions exist that can decrease oppressed group behaviours and the decrease is related to increased work force performance, satisfaction and retention of nurses in the workplace. Implications for nurse managers Nurse Managers can improve the workplace by measuring oppressed group behaviours and utilizing interventions to break the cycle of oppression in the workplace culture. Utilizing these innovations improve the workplace culture for nursing.

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

23. Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes.

Author(s): Spence Laschinger HK, Leiter M, Day A, Gilin D
Citation: Journal of Nursing Management, 01 April 2009, vol./is. 17/3(302-311), 09660429
Publication Date: 01 April 2009
Abstract: Aim The aim of this study was to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and important nurse retention factors identified in the literature. Background A major cause of turnover among nurses is related to unsatisfying workplaces. Recently, there have been numerous anecdotal reports of uncivil behaviour in health care settings. Method We examined the impact of workplace empowerment, supervisor and coworker incivility, and burnout on three employee retention outcomes: job satisfaction, organizational commitment, and turnover intentions in a sample of 612 Canadian staff nurses. Results Hierarchical multiple linear regression analyses revealed that empowerment, workplace incivility, and burnout explained significant variance in all three retention factors: job satisfaction (R² = 0.46), organizational commitment (R² = 0.29) and turnover intentions (R² = 0.28). Empowerment, supervisor incivility, and cynicism most strongly predicted job dissatisfaction and low commitment (P < 0.001), whereas emotional exhaustion, cynicism, and supervisor incivility most strongly predicted turnover intentions. Conclusions In our study, nurses' perceptions of empowerment, supervisor incivility, and cynicism were strongly related to job satisfaction, organizational commitment, and turnover intentions. Implications for nursing management Managerial strategies that empower nurses for professional practice may be helpful in preventing workplace incivility, and ultimately, burnout.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

24. Nurses' perceptions of their manager's leadership style and unit climate: are there generational differences?

Author(s): Farag, A, Tullai-McGuinness, S, Anthony, M
Citation: J Nursing Management, January 2009, vol./is. 17/1(26-34), 0966-0429 (2009 Jan)
Publication Date: January 2009
Abstract: Research in the USA examining the influence of nurses' age on their attitudes towards their manager's leadership style and the impact of leadership on their work environment. The perceptions of participants from the Baby Boomer and Generation-X generations concerning their manager's dominant leadership type and the characteristics of their workplace were compared. 55 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

25. Does change process healthiness reduce the negative effects of organizational change on the psychosocial work environment?

Author(s): Tvedt SD, Saksvik PO, Nytre K
Citation: Work & Stress, 01 January 2009, vol./is. 23/1(80-98), 02678373
Publication Date: 01 January 2009

Abstract: This study aimed to investigate whether the detrimental effects of organizational change on the psychosocial work environment are reduced by the "healthiness" of change processes. This includes the management's awareness that the change may be experienced differently by various individuals and groups (diversity); availability of the manager during the process; the degree to which conflicts are resolved constructively; and the degree to which the new roles to be taken on are clarified. Two studies are presented. Using a randomized sample of the Norwegian working population (N = 2389), the first study showed that there were both direct and indirect positive relationships between organizational change and stress, with job demands (but not control and support) as a mediator. In the second study a healthy change process index (HCPI) was developed from dimensions of healthy change that had emerged in an earlier qualitative study. Using data from seven Norwegian enterprises undergoing change (N = 561), this study showed that the healthiness of the change process was related negatively to stress and positively to Control and Support, but not to Demands. Overall, these findings support the idea that a healthy process may not reduce the additional demands produced by organizational change. However, a healthy process may still be able to reduce the experience of stress and facilitate coping with stress and associated increased demands through enhancing the psychosocial work environment.

Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost

26. When staff create the organisational culture: a case study in the Spanish emergency health care system.

Author(s): Pino JMR, Gardey GS, Hagen I

Citation: Journal of Health Management, 01 October 2008, vol./is. 10/2(163-189), 09720634

Publication Date: 01 October 2008

Abstract: Emergency units suffer from continuous overload because all types of users demand the service. The literature shows that in general, the percentage of non-urgent users varies from 20 per cent to 80 per cent, depending on the type of centre analysed, the research approach or the methodology. While some studies have analysed this phenomenon focusing on the users, the current research adopts a different perspective. In this article, we try to explain how the break-down in the emergency services affects the work that the staff do. Drawing on evidence obtained from a six-month ethnographic study in two Spanish public hospitals, we conclude that in this overloaded context, official definitions of emergencies and formal classification protocols are completely useless. Exploring the staff's perceptions about the users and the service itself we try to re-create the process by which the diverse health care workers informally re-define symbols, concepts and behaviour patterns, creating a specific internal culture that helps them cope with the complexity of the service and the excessive demand.

Source: CINAHL

27. The importance of transformational leadership style for the well-being of employees working with older people.

Author(s): Nielsen K, Yarker J, Brenner S, Randall R, Borg V

Citation: Journal of Advanced Nursing, 01 September 2008, vol./is. 63/5(465-475), 03092402

Publication Date: 01 September 2008

Abstract: Aim. This paper is a report of a study to explore the relationships between transformational leadership, followers' perceived working conditions and employee well-being and job satisfaction. Background. There is some evidence that transformational leadership style is linked to employee job satisfaction and well-being. However, it is not clear whether this is due to (i) a direct relationship between leadership and job satisfaction and well-being outcomes or (ii) whether followers' perceived working conditions mediate this relationship. Methods. A cross-sectional design was applied to data from a questionnaire study of 447 staff caring for older people in Denmark. Data were collected in 2005. A theory-driven model of the relationships between leadership, working conditions, job satisfaction and well-being was tested using structural equation modelling. Results. The transformational leadership style was closely associated with followers' working conditions, namely involvement, influence and meaningfulness. Involvement was associated with job satisfaction and meaningfulness was associated with well-being. However, working
conditions were closely correlated with each other, and thus the mediating mechanisms may operate through several different working conditions. A direct path between leadership behaviour and employee well-being was also found. Conclusion. Considering working conditions in the absence of studying leadership behaviour (or vice versa) may reveal an incomplete picture of the impact of work and work relationships on well-being. Work re-design interventions focused on influence may benefit from the consideration of training managers to exert transformational leadership behaviours.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

Author(s): Sellgren SF, Ekvall G, Tomson G
Citation: Journal of Nursing Management, 01 July 2008, vol./is. 16/5(578-587), 09660429
Publication Date: 01 July 2008
Abstract: Aim This study examines how nurse managers' leadership behaviour relates to job satisfaction and a creative work climate. Background The nursing shortage is a challenge for managers all over the world. Leadership is a core element of management and it is important to elucidate leadership behaviour in order to increase knowledge about attracting and retaining talented staff. Method We studied 770 subordinates at a large university hospital. Three questionnaires for assessing perceived leadership behaviour, creative work climate and job satisfaction were used. Results Subordinates with a manager perceived as 'super' have the highest rates on job satisfaction. The correlation between leadership and creative work climate is stronger than between leadership and job satisfaction. Between job satisfaction and work climate the correlation is strong. Conclusions The study shows that the relationship between a creative work climate and job satisfaction is strong. A managers' ability to lead has a major affect on work climate. Implication for nursing management Nurse managers must work on developing their leadership behaviour towards being an all-round leader that cares about people, is concerned about productivity and can handle changes. Support of ideas and initiatives are important in order to enable subordinates to perceive their work as challenging.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost

Author(s): Green, J, Forster, A, Young, J
Citation: Nursing Older People, July 2008, vol./is. 20/6(33-4), 1472-0795 (2008 Jul)
Publication Date: July 2008
Abstract: Qualitative research into elderly patients’ and their carers’ experiences of care in a general and a community hospital. Views on the ward environment, staff attitude, food and level of activity in both hospitals were collected and compared. The sense of independence encouraged in both hospitals was also compared. 29 refs.

Source: BNI
Full Text: Available in fulltext at EBSCOhost

30. Is Your Hospital Safe? Disruptive Behavior and Workplace Bullying.
Author(s): Martin, William F.
Citation: Hospital Topics, 01 July 2008, vol./is. 86/3(21-28), 00185868
Publication Date: 01 July 2008
Abstract: The author defines disruptive behavior; distinguishes among disruptive, impaired, and incompetent behavior; describes the prevalence of disruptive behavior; and identifies some recommendations to prevent and resolve disruptive behavior in hospitals. The proactive prevention and management of workplace bullying have implications on managing costs, quality, and satisfaction in hospitals among patients, families, staff, and
physicians. The author describes an evidence-based framework and recommends that hospital administrators use it to design an organizational approach to promoting a work environment that is psychologically and physiologically safe and that enables staff to focus on delivering high-quality, cost-effective, and satisfying care.

Source: HEALTH BUSINESS ELITE
Full Text: Available in fulltext at EBSCOhost

31. A 12-Step Managerial Civility Recovery Model.
Citation: People & Strategy, 01 July 2008, vol./is. 31/3(20-21), 01998986
Publication Date: 01 July 2008
Abstract: The article discusses incivility in the workplace. Work environments marked by rudeness, lack of respect, and other dysfunctional behaviors can have a negative impact on employee productivity, morale, and retention. The authors spell out a 12-step plan by which managers can begin restoring civility to the workplace by identifying and correcting behaviors of their own that have served to erode it. Central to their approach are identifying problematic behaviors, identifying acceptable substitutes, committing to change, and maintaining individual accountability.
Source: HEALTH BUSINESS ELITE
Full Text: Available in fulltext at EBSCOhost

32. Defining an evidence-based work environment for nursing in the USA.
Author(s): Kotzer, A, Arellana, K
Citation: J Clinical Nursing, June 2008, vol./is. 17/12(1652-9), 0962-1067 (2008 Jun)
Publication Date: June 2008
Abstract: Research in the USA on staff nurses’ perceptions of their real and ideal work environment in a children’s hospital. Nurses in different settings in the hospital completed Moos’ work environment scale to identify their views of the real and ideal workplace, focusing on relationships, support, personal growth, including autonomy, and managerial control. 34 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost
Available in print at Pilgrim Hospital Staff Library

33 Working conditions that contribute to absenteeism among nurses in a provincial hospital in the Limpopo Province.
Author(s): Nyathi M, Jooste K
Citation: Curationis, 01 March 2008, vol./is. 31/1(28-37), 03798577
Publication Date: 01 March 2008
Abstract: Absenteeism results in an increased workload for nurses who stand in for colleagues and can lead to situations in which a lack of motivation among nurses and a lowering of the quality of patient care may occur. The researcher observed that certain conditions, such as inflexible working schedules, were given as reasons for the absenteeism in units in a provincial hospital. A non-experimental, descriptive, quantitative study was undertaken. The purpose of the article was to describe the working conditions that contribute to absenteeism among the professional and sub-professional nurses at a provincial hospital in the Limpopo province of South Africa. The sample included 107 professional nurses and 163 sub-professional nurses who voluntarily agreed to participate in the study. A questionnaire was used to collect data, which was analysed by using descriptive and inferential statistics. The findings of this study indicated that personal and managerial characteristics, and organisational and working conditions may lead to absenteeism in the workplace. This article focuses on the working conditions that are constraints, namely inadequate group cohesion, inadequate delegation of autonomy, role ambiguity, ineffective routinisation and the effect of the workload in the workplace. Recommendations are made for improving working conditions to combat absenteeism among nurses. The limitations of this study are highlighted.
Source: CINAHL
Full Text: