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**Literature search results**

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**Search details**

Implementation of the 6c's of nursing and its impact on patient care and staff development.

**Resources searched**

CINAHL and MEDLINE

*Database search terms*: nurs*, "staff development", exp STAFF DEVELOPMENT, compassion*, exp CARING, exp CLINICAL COMPETENCE/ OR exp PROFESSIONAL COMPETENCE, competen*, communicat*, exp COMMUNICATION, courag*, exp COURAGE, commit*, exp COMMITMENT/, caring, (“improv* outcome*” OR “improv* quality” OR “improv* safety” OR “improv* satisfaction” OR “quality improvement” OR “patient* satisfaction” OR “patient* outcome*” OR “patient* care”)

**Summary**

I’ve split the results up into their relevant “C” – I couldn’t find anything that was obviously relevant to “commitment”.

**Guidelines and Policy**

**NHS England**

Compassion in Practice: Nursing, Midwifery and Care Staff - Our Vision and Strategy, 2012
Compassion in Practice implementation plans

Evidence-based reviews
n/a

Published research – Databases

Compassion

Title: New 'early warning system' will support staff who lack compassion.
Citation: Nursing Standard, August 2013, vol./is. 27/49(7), 0029-6570;0029-6570 (2013 Aug 7)
Author(s): Keogh K
Language: English
Abstract: Thirty directors of nursing are backing a project to tackle 'compassion fatigue' among nurses.
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Nursing Standard

Title: Promoting compassionate care through learning journeys.
Citation: Nursing Standard, July 2013, vol./is. 27/48(51-7), 0029-6570;0029-6570 (2013 Jul 31)
Author(s): Price B
Language: English
Abstract: Nurses’ ability to provide compassionate care has come under increasing scrutiny in the light of reports criticising shortfalls in care. In response to this concern, three possible learning journeys that may encourage compassionate care are discussed. The learning journeys address issues relating to the conceptualisation of care and related learning. This article is aimed at nurses with an interest in nurse education; who teach or mentor in practice and who wish to advocate changes within care relationships in practice. The first learning journey relates to improved understanding of narratives. The second learning journey involves revisiting clinical skills. The third learning journey relates to diversifying the mix of staff engaged in teaching, increasing opportunities for students to examine the nature of compassionate care and emphasising that the care relationship is also a teaching relationship, with patients often required to self-care.
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Nursing Standard

Title: The effectiveness of an educational program on preventing and treating compassion fatigue in emergency nurses.
Citation: Advanced Emergency Nursing Journal, July 2013, vol./is. 35/3(247-58), 1931-4485;1931-4493 (2013 Jul-Sep)
Author(s): Flarity K, Gentry JE, Mesnikoff N
Language: English
Abstract: The purpose of this qualitative study was to examine the treatment effectiveness of a multifaceted education program to decrease compassion fatigue (CF) and burnout (BO) symptoms and increase compassion satisfaction of emergency nurses participating in the training. The goal of the CF multifaceted intervention program was to demonstrate a statistically significant improvement in
the 3 CF subscales: an increase on the Compassion Satisfaction (CS) subscale and a decrease on the Secondary Traumatic Stress (STS) and BO subscales in the participants’ pretest and posttest scores as measured by The Professional Quality of Life test (B. H., ). The study sites were 2 emergency departments in Colorado Springs, CO. A convenience sample consisted of emergency nurses who self-selected to participate in the study. Univariate statistics were used, and data were examined for normalcy of distribution. Because these data were not distributed normally, Wilcoxon signed-rank tests were used to evaluate the differences between the baseline and postintervention groups. The multifaceted education program resulted in a statistically significant increase in CS (p = 0.004) and a decrease in BO (p = 0.001 or less) and STS (p = 0.001) symptoms.

**HOW SCHWARTZ ROUNDS CAN BE USED TO COMBAT COMPASSION FATIGUE.**

**Author(s)** Thompson, Alison  
**Citation**: Nursing Management - UK, 01 July 2013, vol./is. 20/4(16-20), 13545760  
**Publication Date**: 01 July 2013  
**Abstract**: Hospice nurses were the first to have some of their experiences described as 'compassion fatigue' but this term can now be applied to all nursing staff in clinical environments. Compassion fatigue can suddenly render nurses unable to distinguish between their own emotions and those of their patients. This fatigue can result in staff becoming emotionally drained and therefore unable to provide high quality care. While nurses have to regain public trust in the wake of the Mid Staffordshire NHS Foundation Trust inquiry, this article considers whether or not Schwartz rounds, an initiative introduced from the US, can help maintain the wellbeing of staff and so protect the quality of patient care.

**Source**: CINAHL  
Available in fulltext from Nursing Management - UK at EBSCOhost

**Title**: Evaluation of a compassion fatigue resiliency program for oncology nurses.  
**Citation**: Oncology Nursing Forum, March 2013, vol./is. 40/2(180-7), 0190-535X;1538-0688 (2013 Mar)  
**Author(s)**: Potter P, Desheilds T, Berger JA, Clarke M, Olsen S, Chen L  
**Language**: English  
**Abstract**: PURPOSE/OBJECTIVES: To evaluate a resiliency program designed to educate oncology nurses about compassion fatigue.DESIGN: Descriptive pilot study.SETTING: A National Cancer Institute-designated comprehensive cancer center in the midwestern United States.SAMPLE: 13 oncology nurses employed in an outpatient infusion center.METHODS: Nurses attended a five-week program involving five 90-minute sessions on compassion fatigue resiliency. A pre- and post-test design, using repeated measures, was conducted over six months.MAIN RESEARCH VARIABLES: Scores on the Professional Quality of Life (ProQOL) IV, Maslach Burnout Inventory-Human Services Survey, Impact of Event Scale-Revised (IES-R), and the Nursing Job Satisfaction Scale.FINDINGS: Long-term benefits were realized from the program. Secondary traumatization scores on the ProQOL IV declined immediately after the program, remained down at three months, and then dropped again at six months, with a statistically significant mean difference compared with baseline. The average IES-R total scores improved significantly overall and for each of the three postintervention time points. Participants evaluated the program positively with respect to their ability to apply and benefit from resiliency techniques.CONCLUSIONS: This is the first reported study to show benefits gained from a compassion fatigue intervention program. Participants received useful strategies for managing stress at work and home.IMPLICATIONS FOR NURSING: Compassion fatigue is a prevalent
condition among healthcare providers. Development of resiliency to compassion fatigue may improve decision making, clarity of communication, and patient and nurse satisfaction. KNOWLEDGE TRANSLATION: Self-regulation offers an approach to reduce stress during a perceived threat. Working by intention reduces reactivity in the workplace and makes communication more intentional and, therefore, effective.

Publication Type: Journal Article, Research Support, Non-U.S. Gov't Source: MEDLINE

LEADERSHIP COURSES 'KEY TO COMPASSION'.
Author(s)
Citation: Nursing Standard, 27 February 2013, vol./is. 27/26(8-8), 00296570
Publication Date: 27 February 2013
Abstract: Up to 25,000 NHS staff including nurses will be able to take up places on leadership courses from September -- the largest such programme in the history of the NHS.
Source: CINAHL
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Standard at EBSCOhost

Title: Compassion for keeps.
Citation: Nursing Standard, September 2012, vol./is. 27/2(20-2), 0029-6570;0029-6570 (2012 Sep 12-18)
Author(s): Trueland J
Language: English
Abstract: A three-year programme in Scotland to encourage compassion in every aspect of nursing care drew to a close this summer. However, senior nurses are still involved in the Leadership in Compassionate Care programme, and are determined that its influence will continue to spread across the country.
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Nursing Standard

We Grieve Too: One Inpatient Oncology Unit’s Interventions for Recognizing and Combating Compassion Fatigue.
Author(s) Fetter, Katrina L.
Citation: Clinical Journal of Oncology Nursing, 01 December 2012, vol./is. 16/6(559-561), 10921095
Publication Date: 01 December 2012
Abstract: Oncology nurses frequently care for patients who are dying or near death, leading to emotional distress, compassion fatigue, and staff turnover. Providing appropriate social and professional support to nursing staff is imperative to maintaining satisfaction and decreasing turnover. Inpatient and outpatient oncology staff should identify the signs of compassion fatigue and know how to perform self-care to combat it. The experiences of nursing staff and patients with cancer and their families can be improved if nurses feel satisfaction with, and confidence in, performing end-of-life care. The current article discusses the success of helping the staff in the fight against compassion fatigue by implementing bereavement interventions in a community hospital's oncology unit. The program can be applied to many oncology settings and practices to help keep valuable oncology nurses in their careers.
Source: CINAHL

Bringing back the basics of nursing: defining patient care essentials.
Author(s) Pipe, Teri Britt, Connolly, Teresa, Spahr, Nancy, Lendzon, Nadine, Buchda, Vicki, Jury, Rita, Cisar, Nancy
Abstract: Nursing leadership involves creating and sustaining a professional environment where nurses can perform at the highest levels of their preparation and expertise. As the work of nursing becomes increasingly more complex and significantly more technical in nature, nurses are beginning to find that the basic nursing interventions that were once the hallmark of good nursing care are being left behind. The purpose of this article is to describe an initiative to develop a clearly defined set of consensus-driven expectations about those essential, foundational elements of nursing care that nurses strive for and which we wanted to be universal within our organization, no matter where the patient receives care. The leadership challenge was to convey expectations that encompass both the tasks of nursing care and the compassionate environment in which the care is delivered. Adding to the complexity of this goal was the recognition that we would be much more successful in meeting these standards consistently if the expectations were grounded in the experience of direct care nurses, explicitly described and intentionally specified. This article describes the various phases of this initiative and includes the resulting “Patient Care Essentials” document.

Source: CINAHL

Author(s) Straughair, Collette
Citation: British Journal of Nursing, 23 February 2012, vol./is. 21/4(239-244), 09660461
Publication Date: 23 February 2012
Abstract: A range of contemporary political and professional literature endorse the principle of compassion in nursing as a core and underpinning philosophy fundamental to the profession. However, despite pledges to ensure that compassion lies at the heart of nursing, the concept has not been clearly defined. It is evident that uncovering the true meaning is complex and challenging owing to its subjective nature. In light of this, several implications must be considered. Effective student nurse recruitment is essential to ensure that the most appropriate individuals are selected. Contemporary marketing campaigns must be implemented, and recruitment strategies developed, which consider specific values and attitudes. Service user involvement in recruitment and selection, curriculum planning and learning and teaching strategies, and post-qualification education, can enhance nurses’ understanding of the patient perspective and make headway in embedding compassion as a core nursing value. Additionally, effective role modelling in practice which demonstrates high-quality compassionate nursing care is essential. Nurses must be adequately supported in the clinical environment to facilitate compassionate behaviours and clinical leadership at all levels must uphold political and professional pledges to achieve this. Consideration of these implications for practice is essential to ensure that nurses are able to respond to patients with humanity and kindness, and deliver high-quality, compassionate care to all.

Source: CINAHL
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from British Journal of Nursing at EBSCOhost
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

Author(s) Straughair, Collette
Citation: British Journal of Nursing, 09 February 2012, vol./is. 21/3(160-164), 09660461
Publication Date: 09 February 2012
Abstract: The origin of compassion is firmly rooted in religious ideologies. In 19th century Great Britain, Christianity was the prominent religion and scripture advocated that followers should always be compassionate in their deeds and actions. Florence Nightingale was a Christian and translated her ideals into the characterization of the professional nurse. The image of the ministering angel, performing the work of God, was perpetuated for some time. However, as the profession of nursing advanced to develop evidence-based practice, some of the ethos of the compassionate nursing character was seemingly lost in favour of technical skills. This is supported by evidence suggesting that nurses have a decreased affinity with the ethos of altruism. Recent reports have highlighted negative patient experiences which reflect a clear lack of compassionate nursing care. This has led to a variety of documents re-endorsing the concept of compassion as a core and fundamental nursing value. This has raised several issues for nursing practice which require due consideration if the profession is to restore the image of the compassionate nurse, technically skilled and clinically effective, equipped with the appropriate skills, knowledge, values and attitudes to fulfil the pledges to respond to patients with humanity and kindness and to deliver high-quality compassionate care.

Source: CINAHL
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from British Journal of Nursing at EBSCOhost
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

The Qualities of a Compassionate Nurse According to the Perceptions Of Medical-Surgical Patients.

Author(s) Kret, Diane Domine
Citation: MEDSURG Nursing, 01 January 2011, vol./is. 20/1(29-36), 10920811
Publication Date: 01 January 2011
Abstract: Compassion is thought of as a nursing quality that impacts patient care. Research to describe compassion among nurses is nonexistent. In this study, the complexities of compassion, its effect on patient care, and the historical roots of compassion are explored. Attempts are made to measure levels of compassion rendered by the health care team, including physicians, physician’s assistants, and nurses. This descriptive study is designed to explore the qualities of compassionate nurses as perceived by patients in medical-surgical units.

Source: CINAHL
Available in fulltext from MEDSURG Nursing at EBSCOhost

Compassion Fatigue: A Nurse’s Primer.

Author(s) Lombardo, Barbara, Eyre, Caryl
Citation: Online Journal of Issues in Nursing, 01 January 2011, vol./is. 16/1(1-1), 10913734
Publication Date: 01 January 2011
Abstract: Most nurses enter the field of nursing with the intent to help others and provide empathetic care for patients with critical physical, mental, emotional, and spiritual needs. Empathic and caring nurses, however, can become victims of the continuing stress of meeting the often overwhelming needs of patients and their families, resulting in compassion fatigue. Compassion fatigue affects not only the nurse in terms of job satisfaction and emotional and physical health, but also the workplace environment by decreasing productivity and increasing turnover. We begin this article with a case study of a reactive nurse who did not seek help for her continuing stress. This is followed by a review of Watson’s theoretical perspective related to compassion fatigue. Next we delineate symptoms of, and describe interventions for addressing compassion fatigue. We conclude by presenting a case study of a proactive nurse who avoided developing compassion fatigue and a discussion of future research needed to better prevent and ameliorate compassion
The Implementation of PEARS Training: Supporting Nurses in Non-Critical Care Settings to Improve Patient Outcomes.

Author(s): Famolare, Nancy, Romano, Jane C.

Citation: Journal of Pediatric Nursing, 01 May 2013, vol./is. 28/3(267-274), 08825963

Abstract: Children's Hospital Boston's Life Support Program began offering the newly developed American Heart Association Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) course for nurses working in non-critical care settings in December of 2007. The goal was to provide an appropriate alternative to pediatric advanced life support (PALS) training for clinical staff caring for the general pediatric population. To date, more than 900 nurses have completed the course with feedback from the participants being extremely positive. Even more impressive is a more appropriate use of the hospital's emergency medical response system promoting early intervention and the significant reduction in cardiac arrests on inpatient units. During a 12-month period, nurses involved in activations of the response system were asked to rate their ability to assess, categorize, decide and act after each event. The overwhelming majority agreed they were able to apply the PEARS systematic approach of assessment and early intervention to the situation. This article describes the planning and implementation of PEARS training for non-critical care nursing staff and provides data that demonstrates improved patient outcomes. Supporting activities and strategies promoting early recognition and interventions contributing to the successful reduction of cardiac arrests on inpatient units are also discussed.


Author(s): Zane Robinson Wolf

Citation: International Journal for Human Caring, 01 December 2012, vol./is. 16/4(58-70), 10915710

Abstract: This review aimed to identify methodologically sound studies that evaluated the effect of nurse caring on the satisfaction of hospitalized, adult patients. Quantitative studies were located from electronic databases, with a search strategy that focused on titles, key words, index terms, abstracts, and full text published documents on nurse caring or nursing staff caring, patient satisfaction, and hospitalized adults. the initial search identified 2,709 references. fifty-two full text citations remained for the next step of critical appraisal: 16 documents were included in the final review. most of the citations were level VI in a hierarchy of evidence with low quality. nurse caring protocols need to be developed and linked causally to the outcome of patient satisfaction with hospitalization.

Trust brings back badges in bid to celebrate nursing excellence.

Author(s): Snow, Tamsin

Citation: Nursing Standard, 07 March 2012, vol./is. 26/27(8-8), 00296570

Abstract: Badges are being given to nurses at one of England's largest NHS trust if they prove their caring credentials and score full marks is an online assessment.

Source: CINAHL
How person-centred care can improve nurses' attitudes to hospitalised older patients.

**Author(s)** Pope, Tina  
**Citation:** Nursing Older People, 01 February 2012, vol./is. 24/1(32-37), 14720795  
**Publication Date:** 01 February 2012

**Abstract:** The relationship between the attitudes and behaviours of nurses and the resulting care that they provide to older people is explored. It aims to raise nurses’ awareness and encourages them to reflect on their personal values and behaviours. The person-centred framework developed by McCormack and McCance (2010) is presented as one approach to improve care. The biographical approach (Clarke et al 2003) is also described as a means to enable nurses to see patients as people first and place them at the heart of health care.

**Source:** CINAHL

INSPIRING CHANGE. Boosting patient satisfaction scores—and nurses’ morale.

**Author(s)** Belizario, Sylvia M.  
**Citation:** Nursing, 01 August 2011, vol./is. 41/8(18-20), 03604039  
**Publication Date:** 01 August 2011

Sources of caring in professional nursing - a review of current nursing literature.

**Author(s)** Rundqvist E, Sivonen K, Delmar C  
**Citation:** International Journal for Human Caring, 01 March 2011, vol./is. 15/1(36-43), 10915710  
**Publication Date:** 01 March 2011

**Abstract:** The ultimate aim of caring is to preserve a person’s dignity, his/her absolute value as a human being, and the right of self-determination. Caregivers experience a sense of impotence when, for various reasons, they are unable to provide care that preserves the patient’s dignity. This may lead to burnout and drop-out from the profession. This paper discusses shared humanity, moral behavior, and responsive relationships as sources of caring as described in the literature.

**Source:** CINAHL

Competence

**Mental Health Learning Needs Assessment: Competency-Based Instrument for Best Practice.**

**Author(s)** McKnight, Sylvia E.  
**Citation:** Issues in Mental Health Nursing, 01 June 2013, vol./is. 34/6(459-471), 01612840  
**Publication Date:** 01 June 2013

**Abstract:** A learning needs assessment focused on psychiatric/mental health nursing competency development is a central component of nursing education in specialty mental health nursing practice. The provision of education for mental health nursing relies on the underlying assumption that the learning needs of experienced mental health nurses have been assessed and educational programs implemented to address educational needs for competency in professional practice. Few professional learning needs assessments have been developed to identify learning needs in mental health nursing practice. The majority of available
professional learning needs assessments focus on medical nursing practice applications rather than the psychosocial aspects of a mental health assessment. The mental health field addresses very different assessment criteria such as knowledge of suicide assessment and therapeutic interventions. The purpose of this article is to present and describe the process of developing a learning needs assessment focused on competency development for the specialty practice of mental health nursing that addresses and resolves complex learning needs.

Source: CINAHL

Development of competence scale for senior clinical nurses.
Author(s) Akamine, Itsuko, Uza, Miyoko, Shinjo, Masaki, Nakamori, Eri
Citation: Japan Journal of Nursing Science, 01 June 2013, vol./is. 10/1(55-67), 17427932
Publication Date: 01 June 2013
Abstract: Aim: The aim of this study was to develop a new scale, the Competence Scale for Senior Clinical Nurses (CS-SCN), to assess and evaluate senior clinical nurses in hospitals, and to confirm the validity and reliability of the scale. Method: A cross-sectional questionnaire survey was undertaken at a hospital in Japan, using an anonymous self-administered questionnaire administered to clinical nurses (n = 374). A useable sample of 218 was achieved, which was used in the analysis. Statistical analysis examined exploratory/confirmatory factor analysis, internal consistency, and construct validity. Results: A five factor solution with 22 items was extracted for nursing competence in senior clinical nurses, which was the interpretable questionnaire. In the confirmatory factor analysis, the indices of fitness supported these results. Cronbach's alpha coefficient was 0.93 for the total score and varied between 0.63 and 0.90 in the five factors. Five factors emerged from an oblique factor analysis, with a cumulative variance of 66.7%: 'role accomplishment'; 'self-management'; 'research'; 'practice and coordination'; and 'work implementation'. The five factors had only a moderate correlation (0.30-0.77, P < 0.001) with each other, which indicated construct validity. Conclusion: The CS-SCN, a concise scale to measure and evaluate the competence of senior clinical nurses, was developed. Results suggest initial support for the new instrument as a measure of competence of senior clinical nurses, but it must be further refined, tested, and evaluated. Both the validity and reliability of the scale were verified. Future studies using the CS-SCN might lead to improvement in the competence of senior clinical nurses.

Source: CINAHL

Creating conditions for good nursing by attending to the spiritual.
Author(s) Biro, Anne L.
Citation: Journal of Nursing Management, 01 December 2012, vol./is. 20/8(1002-1011), 09660429
Publication Date: 01 December 2012
Abstract: biro a.l. (2012) Journal of Nursing Management 20, 1002-1011 Creating conditions for good nursing by attending to the spiritual Aim To note similarities, differences, and gaps in the literature on good nursing and spiritual care. Background Good nursing care is essential for meeting patient health needs. With growing recognition of the role of spirituality in health, understanding spiritual care as it relates to good nursing is important, especially as spiritual care has been recognized as the most neglected area of nursing care. Methods Nursing research, reports and discussion articles from a variety of countries were reviewed on the topics of good nursing, spiritual care and spirituality. Key issues A nurse's spirituality and the nurse-patient relationship are integral to spiritual care and good nursing. Conclusions There are many commonalities between good nursing and spiritual care. Personal attributes of the nurse are described in similar terms in research on spiritual care and good nursing. Professional attributes common to good nursing and spiritual care are the nurse-patient relationship, assessment
skills and communication skills. Implications for nursing management Good nursing through spiritual care is facilitated by personal spirituality, training in spiritual care and a culture that implements changes supportive of spiritual care. Further research is needed to address limitations in the scope of literature.

**Source:** CINAHL

**Effect of Simulation on Nursing Knowledge and Critical Thinking in Failure to Rescue Events.**

**Author(s):** Schubert, Carolyn R.

**Citation:** Journal of Continuing Education in Nursing, 01 October 2012, vol./is. 43/10(467-471), 00220124

**Publication Date:** 01 October 2012

**Abstract:** Failure to rescue events are hospital deaths that result from human error and unsafe patient conditions. A failure to rescue event implies that the last and best chance to avoid tragedy is not acted on in time to avoid a disaster. Patient safety is often compromised by nurses who do not perform accurate assessments (vigilance), do not detect clinical changes (surveillance), or do not display critical thinking (recognition that something is wrong). This project used simulation as a teaching strategy to enhance nursing performance. Medical-surgical nurses took part in a simulated failure to rescue event in which the patient's clinical condition deteriorated rapidly. Nursing knowledge and critical thinking improved after the simulation and showed the effectiveness of simulation as a teaching strategy to address nursing knowledge and critical thinking skills.

**Source:** CINAHL

**EB56 Developing Safe and Competent Nurses in a High-Acuit Cardiathoracic Intensive Care Unit.**

**Author(s)**

**Citation:** Critical Care Nurse, 01 April 2012, vol./is. 32/2(0-), 02795442

**Publication Date:** 01 April 2012

**Source:** CINAHL

Available in fulltext from Critical Care Nurse at Highwire Press
Available in fulltext from Critical Care Nurse at EBSCOhost

**A systematic review of selected evidence on improving knowledge and skills through high-fidelity simulation.**

**Author(s):** Yuan, Hao Bin, Williams, Beverly A., Fang, Jin Bo, Ye, Qian Hong

**Citation:** Nurse Education Today, 01 April 2012, vol./is. 32/3(294-298), 02606917

**Publication Date:** 01 April 2012

**Abstract:** Summary: A systematic review of the evidence published between 2000 and 2010 was undertaken using the following databases: CINAHL, ProQuest, MEDLINE, Science Direct, OVID and Chinese Academic Journal. Empirical studies determining the effects of high-fidelity simulation on knowledge and skills in nursing or medical education were considered. As a result, nine English and seventeen Chinese studies were retrieved. They included sixteen randomized controlled trails (RCTs), one nonrandomized-controlled trial, and nine quasi-experimental studies. The high-fidelity simulation did enhance the scores on knowledge and skill exams but its contribution to objective structured clinical evaluation is mixed. The majority of reviewed RCTs are of low methodological quality. It is necessary to conduct additional RCTs with larger sample sizes to determine whether performance can be enhanced by high-fidelity simulation.

**Source:** CINAHL

**Does high-fidelity simulation improve clinical outcomes?**

**Author(s):** Merchant DC

**Citation:** Journal for Nurses in Staff Development, 01 January 2012, vol./is. 28/1(0-0), 10987886
**Publication Date:** 01 January 2012

**Abstract:** This literature review found that current evidence supports high-fidelity simulation as leading to enhance teamwork and crisis management skills of healthcare providers. High-fidelity simulation should be considered as a strategy in staff development efforts to enhance safe delivery of patient interventions and professional competencies in high-risk, low-incidence clinical situations among practicing nurses.

**Source:** CINAHL

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**The effect of computer interactive simulation on situational decision-making and competency development of experienced staff nurses.**

**Author(s):** Peterson, Bonnie L

**Citation:** [Dissertation] 01 January 2012, (261 pages)

**Publication Date:** 01 January 2012

**Abstract:** Simulation and gaming as learning methodologies are increasing in use. Many institutions, including hospitals, are developing simulation programs as an alternative to or in conjunction with the traditional classroom as an instructional method. Many educators believe that learning preferences have changed and that simulation is more effective and motivating to the new generation of learners. The purpose of this study was to test whether computer interactive simulation is more effective as an instructional methodology than the traditional classroom setting in promoting clinical competency in experienced staff nurses. This study was designed to evaluate the effects of simulation on knowledge development and improved situational understanding/critical thinking (decision-making skills) related to the safe management of patients requiring restraints. In this study, nurses with a minimum of one year of experience were randomly selected to participate. Subjects who agreed to participate were randomly assigned to either a control group (traditional classroom, n=11) or the treatment group (simulation, n=21). A literature review was conducted to develop operational definitions and determine the clinical applicability of electronic simulation as an instructional methodology for developing competency in nursing practice.

**Source:** CINAHL

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**Assessing the patient safety competencies of healthcare professionals: a systematic review.**

**Author(s):** Okuyama, Ayako, Martowirono, Kartinie, Bijnen, Bart

**Citation:** BMJ Quality & Safety, 01 November 2011, vol./is. 20/11(991-1000), 20445415

**Publication Date:** 01 November 2011

**Abstract:** Background Patient safety training of healthcare professionals is a new area of education. Assessment of the pertinent competencies should be a part of this education. This review aims to identify the available assessment tools for different patient safety domains and evaluate them according to Miller’s four competency levels. Methods The authors searched PubMed, MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, psycINFO and the Education Resource Information Center (ERIC) from the start of each database to December 2010 for English-language articles that evaluated or described tools for the assessment of the safety competencies of individual medical and/or nursing professionals. Reports on the assessment of technical, clinical, medication and disclosure skills were excluded. Results Thirty-four assessment tools in 48 studies were identified: 20 tools for medical professionals, nine tools for nursing professionals, and five tools for both medical and nursing professionals. Twenty of these tools assessed the two highest Miller levels (‘shows how’ and ‘does’) and four tools were directed at multiple levels. Most of the tools that aimed at the higher levels assessed the skills of working in teams (17 tools), risk management (15 tools), and communication (11 tools). Internal structure (reliability, 22 tools) and content validity (14 tools) when described were
found to be moderate. Only a small number of tools addressed the relationship between the tool itself and (1) other assessments (concurrent, predictive validity, eight tools), and (2) educational outcomes (seven tools). Conclusions There are many tools designed to assess the safety competencies of healthcare professionals. However, a reliable and valid toolbox for summative testing that covers all patient safety domains at Miller’s four competency levels cannot yet be constructed. Many tools, however, are useful for formative feedback.

Source: CINAHL
Available in fulltext from BMJ Quality and Safety at Highwire Press

A review of educational strategies to improve nurses’ roles in recognizing and responding to deteriorating patients.

Author(s) Liaw, S.Y., Scherbier, A., Klainin-Yobas, P., Rethans, J.-J.
Citation: International Nursing Review, 01 September 2011, vol./is. 58/3(296-303), 00208132
Publication Date: 01 September 2011
Background: Physiological instability leading to clinical deterioration often precedes cardiopulmonary arrest. Nurses, who have the most frequent patient contact and responsibility for ongoing monitoring of patients, play a crucial role in recognizing and responding to clinical deterioration. The importance of education in supporting such a role has been addressed in numerous studies. Aim: This study aimed to identify nurses' educational needs and explore educational strategies to enhance their ability in recognizing and managing wards with deteriorating patients.
Methods: A literature search from databases (2000-2010) was undertaken to include papers that identified the educational needs of ward nurses and existing educational programmes related to the care of deteriorating patients. Findings: Twenty-six papers were included in this review. Findings identified the educational need to empower nurses with the appropriate knowledge and skills in recognizing, reporting and responding to patient deterioration. The review of existing educational programmes and their outcomes identified valuable teaching information and strategies, and areas that could be improved in meeting nurses' educational needs. Conclusion: The review has highlighted important aspects of patient safety in clinical deterioration that could be further addressed by educational strategies targeting the role of ward nurses. These strategies include: utilizing clinical decision-making models to develop nurses’ decision making skills; developing a standardized tool for systematic nursing assessment and management of clinical deterioration; incorporating training in clinical deterioration as a core competence of pre-registered nursing education; providing vital signs training to nursing assistants; and conducting more rigorous studies to evaluate the effectiveness of the educational programmes.
Source: CINAHL
Available in fulltext from International Nursing Review at EBSCOhost

Critical thinking: reported enhancers and barriers by nurses in long-term care: implications for staff development.

Author(s) Raterink, Ginger
Citation: Journal for Nurses in Staff Development, 01 May 2011, vol./is. 27/3(136-142), 10987886
Publication Date: 01 May 2011
Abstract: Nursing acknowledges critical thinking as an important guide to clinical decision making. Agreement on how to define, teach, and evaluate this skill is lacking. The purpose of this study was to evaluate critical thinking in practice using a survey that asked nurses to evaluate work-related factors that enhance or pose barriers to the use of critical thinking in practice. Results indicated that enhancers
and barriers to practice included teamwork, staffing patterns, and staff and administrator support. A relationship with patients was the most satisfying factor, whereas paperwork was the least. Staff development educators must consider the work environment aspects that affect performance and create the lifelong learning needed for increased competency in practice.

Source: CINAHL

Communication

Title: Discharge phone calls: using person-centred communication to improve outcomes.
Citation: Journal of Nursing Management, July 2013, vol./is. 21/5(733-9), 0966-0429;1365-2834 (2013 Jul)
Author(s): Eggenberger T, Garrison H, Hilton N, Giovengo K
Language: English
Abstract: AIM: This article describes the Clinical Nurse Leader role in implementing person-centred care bundles to improve patient outcomes through an innovative culture of caring.BACKGROUND: Demonstrating the financial value of introducing the Clinical Nurse Leader role into an organisation is essential for sustainability. Previous authors have established the Clinical Nurse Leaders' influence on patient satisfaction and have suggested that Clinical Nurse Leaders improve the continuity of care after discharge.EVALUATION: Descriptive data are shared to illustrate the effectiveness of implementing the patient care bundles and a Clinical Nurse Leader-driven discharge phone call process.KEY ISSUES: Clinical Nurse Leaders who practise from a caring lens are uniquely situated to lead initiatives that drive person-centred care with the goal of reducing readmission rates. Patients who receive person-centred care have an improved perception of the hospital experience and are more likely to return to the facility.CONCLUSIONS: Clinical Nurse Leaders establish relationships with patients that increase the likelihood of successful outcomes from the discharge phone call process. Further evaluation of the Clinical Nurse Leader's role and potential impact on patient outcomes is warranted.IMPlications FOR NURsing MANAGEMENT: Clinical Nurse Leaders are uniquely prepared to lead transformational change within an organisation. Clinical Nurse Leader interventions that are developed at the microsystem level in response to problems may have system-wide implications. 2013 John Wiley & Sons Ltd.
Publication Type: Journal Article
Source: MEDLINE

Improving comprehension of medication information: implications for nurse-patient communication.
Author(s) Morrow DG, Conner-Garcia T
Citation: Journal of Gerontological Nursing, April 2013, vol./is. 39/4(22-9), 0098-9134:0098-9134 (2013 Apr)
Publication Date: April 2013
Abstract: Older adults with chronic illness have complex medication regimens that require an understanding of a wide range of information. The impact of patient characteristics (e.g., cognitive ability), health documents (language and multimedia), and the communication context (available time to communicate) in which older adults understand the information needed to take medication safely are considered to identify recommendations for nurses to communicate effectively with older adults. This article focuses on visually presented information (text and graphics) to motivate suggestions for improving patient education materials. Information communicated during provider-patient encounters is also considered, with implications for improving nurse-patient collaboration. Copyright 2013, SLACK Incorporated.
Source: Medline
Improving patient satisfaction with nursing communication using bedside shift report.

**Author(s)** Radtke, Kimberly

**Citation:** Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 01 January 2013, vol./is. 27/1(19-25), 08876274

**Publication Date:** 01 January 2013

**Abstract:** PURPOSE: : The objective of this study was to determine if standardizing shift report improves patient satisfaction with nursing communication.

BACKGROUND: : Patient surveys taken after discharge from the hospital show that patients perceive nursing communication during their stay could be improved. Standardizing bedside reporting is one step toward improving communication between nurses, patients, and their families.

PROJECT: : A pilot bedside shift report process was developed on a medical/surgical intermediate care unit to improve patient satisfaction scores in the area of "nurse communicated well," with the goal of reaching 90% satisfaction rates, which increased from 76% and 78%.

Peplau's interpersonal relations theory was used in the adoption of this practice. This theory is based on the idea that the nurse-patient relationship is therapeutic and that it is crucial for nurses to assess, plan, and put context behind the care delivered to their patients. Lewin's Change Theory and the tenets of unfreezing, moving, and refreezing were crucial to the implementation of this practice change.

CONCLUSION: : Monitoring of patient satisfaction was continued for 3 months. There was a rise in patient satisfaction in nursing communication to 87.6%, an increase from 75% in the previous 6 months. This score did not meet the goal of 90%, but did show that this practice change did impact this particular area of patient satisfaction.

IMPLICATIONS: : This process was instituted organization-wide. Reaching the goal of 90% satisfaction in the area of patient perceptions of nursing communication is the overall goal of this program.

Source: CINAHL

Enhancing the Communication Satisfaction Between ICU Nurses and Intubated Patients.

**Author(s)** Jui-Hsia Ku, Shin-Ling Li, Wan-Ju Cheng, Jui-Chu Ma

**Citation:** Tzu Chi Nursing Journal, 01 August 2012, vol./is. 11/4(95-108), 16831624

**Publication Date:** 01 August 2012

**Abstract:** Most ICU patients are intubated with endotracheal tubes, and the intubation often leads to poor communication, as intubated patients are unable to express their needs with clarity. Poor communication often adds difficulty to nursing care and leaves both nurses and patients strained and frustrated.

The project aimed to raise the communication satisfaction between nurses and intubated patients. Through the analysis of the current status, the findings indicated that the main reasons resulting in low nurse-patient communication satisfaction were: absence of a standardized nursing manual for intubated patient communication and inadequate communication aid. The project aimed to: enact the standardized nursing manual for intubated patient communication; hold related educational trainings on intubated patient communicating; and design communication aids. After implementation of the project, the patients' communication satisfaction was enhanced to a score of 8.75, from the original 3.5.

Nurses' communication satisfaction was enhanced to a score of 3.75, from the original 2.6. The project not only accomplished its intended goals, it also enhanced the nurses' communication skills and the quality of care.

Source: CINAHL

Clinical human factors: the need to speak up to improve patient safety.

**Author(s)** Reid, Jane, Bromiley, Martin

**Citation:** Nursing Standard, 02 May 2012, vol./is. 26/35(35-40), 00296570
Clinical human factors: the need to speak up to improve patient safety.

Author(s) Reid J, Bromiley M
Citation: Nursing Standard, May 2012, vol./is. 26/35(35-40), 0029-6570;0029-6570 (2012 May 2-8)
Publication Date: May 2012
Abstract: This article aims to inspire nurses to recognize how human factors affect individual and team performance. Use of a case study and learning derived from a subsequent independent inquiry exposes the dynamics that can affect teamwork and inhibit effective communication with devastating consequences. The contribution of situational awareness and the importance of nurses speaking up when they have concerns are demonstrated as vital components in the delivery of safe patient care.
Source: CINAHL
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Standard at EBSCOhost

Structure Strengthens Nursing Communication.

Author(s) Baird, Brenda K., Funderburk, Amy, Whitt, Maria, Wilbanks, Patsy
Citation: Nurse Leader, 01 April 2012, vol./is. 10/2(48-52), 15414612
Publication Date: 01 April 2012
Source: CINAHL

An educational intervention to increase "speaking-up" behaviors in nurses and improve patient safety.

Author(s) Sayre MM, McNeese-Smith D, Leach LS, Phillips LR
Citation: Journal of Nursing Care Quality, April 2012, vol./is. 27/2(154-60), 1057-3631;1550-5065 (2012 Apr-Jun)
Publication Date: April 2012
Abstract: "Speaking up" is a critical component in improving patient safety. Studies indicate, though, that most registered nurses prefer using behaviors of avoidance or accommodation in conflict situations. The purpose of this quasi-experimental study was to determine whether an educational intervention using scenarios, personal reflection, and peer support in small groups could improve speaking-up behaviors in registered nurses. Results showed a significant difference in speaking-up behaviors and scores in the intervention group (P < .001).
Source: Medline

Communication, training, well-being, and commitment across nurse generations.

Author(s) Brunetto, Yvonne, Farr-Wharton, Rod, Shacklock, Kate
Citation: Nursing Outlook, 01 January 2012, vol./is. 60/1(7-15), 00296554
Publication Date: 01 January 2012
Abstract: Abstract: Within a context of global nurse shortages, replacing nurses is difficult; training and retention is a critical concern for healthcare management.
Similarities and differences in the impact of supervisor-nurse relationships upon satisfaction with training and development, well-being and affective commitment were examined across 3 different nursing generations in Australia. Nine hundred nurses from 7 private hospitals (small, medium, and large) across Australia responded. Path analysis, using an ordinary least squares approach, and multivariate analysis were used to test the hypotheses. Three factors accounted for almost half the variance of Generation Xs’ and Baby Boomers’ and a third of Generation Ys’ affective commitment. Practical implications for hospital management include differences in generations and the pivotal role of nurse supervisors. For all 3 generations of nurses, supervisor-subordinate communication relationships are important because they contribute to satisfaction with training and development and well-being, but also significantly impact affective commitment.

Source: CINAHL

Creating a Collaborative Playground: Pediatric Nurses and Physicians Improving Communication to Ensure Patient Safety.

Author(s) Kinstler, Angela, Young, Diana, Woodard, Amanda, Schum, Rhonda, Newsom, Vicki, Ryan, Christine, Crace, Kimery

Citation: Journal of Pediatric Nursing, 01 August 2011, vol./is. 26/4(0-0), 08825963

Publication Date: 01 August 2011

Source: CINAHL

Impact of communication skills training on parents perceptions of care: intervention study.

Author(s) Ammentorp J, Kofoed P, Laulund LW

Citation: Journal of Advanced Nursing, 01 February 2011, vol./is. 67/2(394-400), 03092402

Publication Date: 01 February 2011

Abstract: Aim. This paper is a report of a study of the effects of communication-skills training for healthcare professionals on parents’ perceptions of information, care and continuity. Background. As training in communication skills has been more and more integrated into clinical practice it has been subject to an increasing number of studies. However, the majority of studies have been conducted in outpatient clinics, have only targeted physicians, and have not been evaluated from the perspective of patients. Method. This intervention study, conducted from 2005 to 2007, was performed to investigate the effect of a 3-day communication course offered to all healthcare professionals in a department of paediatrics. In a pre-/post-test design, the effect of the intervention was evaluated by the parents using electronic questionnaires filled in on touch-screen computers located centrally in the wards. Results. A total of 895 parents answered the questionnaires before the course (80%) and 1937 answered after the course (72%). For the questions on care and continuity, the proportion of satisfied parents increased statistically significantly for 4 out of 13 questions, e.g. Did you feel that the staff understood you situation? and Did you find that the information given by the different nurses was consistent? For the information questions, no statistically significant differences were found. Conclusion. It is possible to incorporate key communication skills into clinical practice by targeting all healthcare professionals. Communication skills training using interactive methods such as role-play and feedback on video recordings is recommended.

Source: CINAHL

Available in fulltext from Journal of Advanced Nursing at EBSCOhost

An evidence-based communication skills training programme for oncology nurses improves patient-centred communication, enhancing empathy, reassurance and discussion of psychosocial needs.
| Title: Nursing morbidity and mortality conferences: a tool for enhancing quality patient care. |
| Citation: Journal for Nurses in Staff Development - JNSD, January 2011, vol./is. 27/1(35-8), 1098-7886;1538-9049 (2011 Jan-Feb) |
| Author(s): Guger C, Daum S, Vacek L, Angeletti JB, O'Malley J, Curell K, Phillips J |
| Language: English |
| Abstract: Morbidity and mortality conferences have been used to educate healthcare providers, to critique staff performance, and to improve patient outcomes since the early 1900s. Historically well documented in physician-focused journals, the use of morbidity and mortality conferences is less predominant in the nursing literature. This article highlights one hospital's experience with planning, implementing, and evaluating a nursing morbidity and mortality conference and identifies implications for use in professional nursing development. |
| Publication Type: Journal Article |
| Source: MEDLINE |

| Title: Moral integrity and moral courage: can you teach it?. |
| Citation: Journal of Nursing Education, April 2013, vol./is. 52/4(229-33), 0148-4834;0148-4834 (2013 Apr) |
| Author(s): Eby RA, Hartley PL, Hodges PJ, Hoffpauir R, Newbanks S, Kelley JH |
| Language: English |
| Abstract: Nursing has been spared the ethical scandal of many other professions, but issues of compromised moral integrity are growing in practice and education. This study was structured to investigate faculty perceptions of the challenges encountered regarding moral integrity in academia and strategies to promote nursing students' moral integrity and moral courage. A content analysis of the responses to questions about challenges and strategies was completed. Themes identified from the data on student and instructor beliefs and behaviors correspond to those found in the literature. The need for instructors to model a high level of integrity and to create high-integrity classrooms and a community of learning were identified as essential. A finding different from other study results is that beliefs drive moral behaviors and must be the focus of strategies for change. A consensus was expressed that mechanisms are urgently needed to further identify and integrate strategies to enhance student moral integrity. Copyright 2013, SLACK Incorporated. |
| Publication Type: Journal Article |
| Source: MEDLINE |

**Courage Development: Connections to Caring Between Nurse and Patient.**

**Author(s)**: Donohue-Porter, Patricia

**Citation**: International Journal for Human Caring, 01 September 2012, vol./is. 16/3(61-62), 10915710

**Publication Date**: 01 September 2012

**Source**: CINAHL