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THE RELATIONSHIP BETWEEN NURSING
LEADERSHIP SKILLS IN ACUTE CARE SETTING AND
AND THE NURSING PROFESSIONAL PRACTICE ENVIROMENT:
A CRITICAL REVIEW OF THE LITERATURE

A MASTERS THESIS
SUBMITTED TO THE GRADUATE FACULTY
OF THE GRADUATE SCHOOL
BETHEL UNIVERSITY

BY
VANE GICHANA

IN PARTIAL FULLLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTERS OF SCIENCE IN NURSING

AUGUST, 2017

BETHEL UNIVERSITY

The relationship between Nursing Leadership Skills in Acute Care Setting and the Nursing
Professional Practice Environment:
A Critical Review of the Literature

Vane Gichana

August, 2017

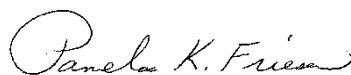
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Glory be to God for this amazing journey of growth, understanding and steadfast love. I would like to thank my family for their dedication, commitment and love in helping me complete my Master of Science in Nursing program at Bethel University. Achieving my masters would have remained only a dream if not for the support and encouragement of my friends. Ashley and Jayden, the most wonderful and thoughtful children a mother would ever have, your kind and encouraging words kept me motivated to complete my critical review of the literature.

A very special thank you goes to Marjorie Van Rockel, a former ICU nurse leader at United Hospital, who saw a potential in me in becoming a nursing leader, and encouraged me to join the leadership program at Bethel University. Marjorie become my role model and mentor. Her excellent leadership skills helped to create a professional practice environment at the unit level (Critical Care), helped reduce turnover and improved on retention, staff engagement and productivity. I am extremely thankful to the leadership opportunities that I had at Unity Hospital and United Hospital during my internship. I am very grateful for my preceptors that served as my resource during my internship and continued to serve as my mentors in my nursing leadership career.

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My goal is to create a nursing professional practice environment (PPE) where nurses are able to be productive, provide quality care and have job satisfaction. “Management is a job description while leadership is a life decision. Some of the most influential leaders don’t have a management title. They are leaders because they are able to influence others to work with them” (Tye & Schwab, 2014, p. 126).

Abstract

Background: The nursing shortage and growing complexities in health care environments demands that nurse leaders improve their leadership skills and create a Professional Practice Environment (PPE) where all nurses feel supported and valued.

Purpose: The purpose of this critical review of the literature is to present a review of the literature regarding the importance of effective leadership skills in creating nursing PPE. For the purpose of this critical review of literature, a PPE is conceptualized as a healthy practice environment.

Results: Using the five domains of the SCARF model as a filter to analyze the articles, 26 articles were identified for the review of the literature. This model gives greater insights to human behavior and allows nursing leaders to understand how these fundamental elements contribute to a PPE. If a PPE is to be created and sustained, all employees must have a common orientation and purpose (Tillott, Walsh & Moxham, 2013).

Conclusion: PPE is important for the overall health of nurses, for successful nurse recruitment and retention, and for quality and safety of patient care. It is a healing, empowering environment that has correlated with employee engagement and organizational commitment. According to Heath, Johanson, and Blake (2004), a PPE is characterized by a high level of trust between a nurse leader, and the nurses.

The findings from the critical review of the literature shows a positive effect between nursing leadership skills and a PPE. It confirms the disadvantages and the dangers of unhealthy PPE. The findings illustrated that the leadership skills of nurse leaders are valuable in creating a PPE. The three elements that emerged to help nurse leaders set the standards of a PPE are;

effective communication, collaboration relationship and promoting increased decision-making among nurses (Heath et al., 2004). It is very important that hospitals provide leadership training for nurse leaders so they can support a PPE.

Implications for Research and Practice: The escalating concerns over the growing of national nursing shortage are leading to further questions about the role of nurse leaders in creating and sustaining a PPE. Examining the relationship between leadership skills and variables within the PPE that have direct relationship will help healthcare organizations improve their overall performance.

Further research is needed to determine to what extent leadership development and training for nurse leaders improve the PPE. More research is needed to examine the effectiveness of nursing leadership development programs. Also, research is needed to determine if there are any variables that could account for the variance, including pay, benefits, commitment to the organization, and recognition.

Key Words: Professional practice environment, Healthy work environment, leadership skills, Intergenerational work force, SCARF model.

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Chapter One: Introduction

The creation of a PPE that fully engage nurses in their practice is very important to the nursing profession, a safety issue for patients and an important economic issue for the nation (Bargagliotti, 2011). Work engagement is an important factor for 21st century professionals and specifically for registered nurses.

The healthcare industry has felt the impact of the increasing demands to effectively lead employees and direct nursing units. As a result of declining nursing school admissions, a rapidly aging nursing workforce and increasing healthcare demands, there is a widespread concern over the projected nursing shortage in the United States. The nursing shortage has led to increased examination of nurse leaders in retaining and recruiting registered nurses and maintaining a professional practice environment (Zori, Nosek, & Musil, 2010).

Professional Practice Environments (PPE) have been associated with higher levels of staff nurse satisfaction, greater retention, decreased cost of care and improved patient outcomes. Poor PPE have led to a decline in nurse job satisfaction levels, which are contributing to problems associated with the retention and recruitment of registered nurses (Zori et al.'s 2010). A study done by Schwartz and Bolton (2012) found that nurse leaders face a lot of challenges in supporting the PPE as reimbursement declines, a national nursing shortage continues, pay-for-performance models emerge and resources are constrained.

Employee turnover in healthcare is very costly. Projections indicate that a growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing (AACN), 2012). Retaining qualified and high-performing nurses should be a major initiative for hospitals as they prepare for the future (Collini, Guildroz & Perez, 2015).

Purpose Statement

This critical review of the literature examines the relationship between nursing leadership skills in acute care setting and the nursing PPE. This study contributes to the knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse leaders whose perceived leadership attributes enable the creation of a PPE. Nursing leadership can be described as the practices, behaviors, and competencies utilized by managers in their PPE that influence the overall outcome of healthcare institutions (Zori et al.'s 2010). Healthcare is one of the most stressful PPE and always faced with concerns over health and safety issues including job-related injuries and stress, physical assaults, threats and verbal abuse.

PPE is a setting in which nurses are able to perform at their highest level and have job satisfaction while providing good quality care (Blake, Robbins, & Needleman, 2013). Some of the characteristics of a PPE that best supports the nursing profession are authentic leadership, communication and collaboration. The nurse manager's ability to effectively promote problem-solving behaviors, institute clear, communication systems, inspire a shared purpose or vision, encourage creativity, and flexibility, motivate, empower and develop teaching strategies that promote a healthy work environment positively influences a PPE. Unhealthy work environment characteristics were found to be; poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, conflict with values, mission and vision, and loss of understanding of core business (Ritter, 2011).

Authentic leadership

Nurse leadership skills that use critical thinking can create PPE that are conducive to job satisfaction and retention. These critical thinking skills are essential for nurse leaders to function

as transformational leaders (Zori et al.'s 2010). Leadership involves leading and influencing people to develop shared values, vision and goals. Leaders need to be aware of their own emotions to enable them accurately identify their staff emotions. Leaders should allow employees to deal with their own feelings.

Transformational leadership and emotional intelligent should be a main focus in nursing leadership research and interventions because of their emphasis on relationships as the foundation for effecting positive change outcomes (Cummings et al.'s 2010). According to Feather (2009), the emotional intelligence of nurse leaders can affect the level of satisfaction and retention of staff. Nurse leaders should consider nurses' personal characteristics and experiences to increase organizational commitment and enhance intention to stay (Liou, 2009).

A key element of a healthy PPE is trust between nursing staff and leaders. Authentic leadership is proposed as the core of effective leadership to build trust because it has a clear focus on the positive role modeling of honesty, integrity, and high ethical standards in the development of leader-follower relationships (Ritter, 2011).

Communication

Communication in acute care setting is challenging because the patients are complex and critically ill, and the sophisticated treatment used adds to the stress of the practice environment. It is very important that communication between the staff members be timely and accurate. Job satisfaction is linked to effective communication and there is less turnover in a PPE that fosters good communication (Blake et al.'s 2013).

Collaboration

When used appropriately, collaboration can help foster a PPE. A collaborative environment is one where everybody works closely together as a team and speak freely. According to Blake et al.'s (2013), collaboration is a process in which healthcare professionals use joint decision making and communication. Attributes of collaboration are trust, respect, knowledge, good communication, shared responsibility and cooperation. Collaboration enhances effective communication, interpersonal relationships and significantly reduce staff turnover rates (Toofany, 2007).

Evidence of Nursing Problem

The U.S is expected to experience a shortage of Registered Nurses (RN's) as the baby boomers age. The nursing demand is more than the supply. "By 2022, there will be more than 1 million jobs for RN's and the shortage will double by the year 2025" (Jimenez, 2016, p.1). Creating and sustaining a PPE for nursing practice is an ongoing challenge for nurse leaders. The global nursing shortage and high turnover demand that leaders focus on evidence-based retention strategies for the nursing staff. Nursing retention is becoming a workplace priority in hospitals. An understanding of clinical nurses' intent to stay and the effects of leadership on the development of that intention will facilitate the development of effective retention strategies (Cowden & Cummings, 2012).

Retention is linked to positive outcomes for hospitals. It is estimated that there will be a 20% shortage in RN's available to fill needed positions by the year 2020 (Acree, 2006). "In 2015, the turnover rate for bedside RN's increased to 17.2%, up from 16.4 in 2014. The average cost of turnover for a bedside RN ranges from \$37,700 to \$58,400" (Nursing Solutions, INC

(NSI), 2016, p. 1). It is disturbing to see that the demand for nursing care is increasing while the available nursing resources are decreasing. The current nursing shortage is driven by factors related to recruitment and retention. Hospitals are designed to promote healing and not just provide treatment. Employees working in healthcare facilities should be supported in their jobs. Better work processes, positive culture and PPE will enhance excellent patient care (Hassmiller & Cozine, 2017). Creating a PPE where nurses are engaged, will improve retention and decrease turnover (Force, 2005).

Retention is a big factor in magnet designation. Hospitals that have achieved magnet designation have low turnovers because they enhance a PPE. Nurses working in magnet hospitals have greater autonomy in their practice, feels more satisfied with their jobs, reports less burnout and feels more appreciated by their nurse leaders (Force, 2005). Nursing retention continues to be a battle for the global healthcare industry. Nurses move into leadership positions with a significant amount of clinical expertise but lack the knowledge to apply leadership skills in health care setting (Abraham, 2011). Most leaders are not aware of the impact that they have on retaining their staff. Management of nursing staff can be a complex process. Nursing leadership is responsible for the retention of nurses once they are recruited.

Significance to Nursing

It is essential that organizations implement strategies related to nursing leadership development and enhancing professionalism among staff nurses. A study conducted by Spence Laschinger, Leiter, Day, and Gilin (2009) shows that effective leadership is the foundation of successful organizations and this leads to satisfaction and retention of nursing staff. Job

satisfaction, organizational commitment and turnover intention are important outcomes in the nursing setting.

PPE contributes to the overall greater satisfaction and retention. Nursing leaders should encourage engagement at work to improve retention. Engagement is characterized by energy, involvement and positive interaction in the workplace. According to Tillott, Walsh, and Moxham (2013), engagement is an important concept for enhancing staff recruitment and retention. However, nurses' ability to maintain high levels of engagement is too often affected by increased workload, increased overtime and other factors that negatively affect workplace culture. Workplace culture is linked to staff experience, wellbeing and commitment. It is a positive state of the mind characterized by vigor, dedication and absorption. Trust and autonomy always precedes work engagement (Bargagliotti, 2011). A study done by Tillott et al.'s (2013) shows that shared governance, role clarification, transformational leadership, open communication, teamwork, safety, person-centered, support and challenge, lifelong learning, involvement and participation by stakeholders must be present to develop a culture of effectiveness. A research study by AACN (2012), found a direct correlation between the nursing PPE and emphasis on quality, safety, collaboration, continuity of care, professional accountability and development, decision-making and leadership.

Theoretical Framework

In order for a PPE to be achieved, all employees should have a common purpose, orientation and develop a framework that will generate shared understanding of the environment and account for any misunderstandings. The SCARF model has been used to show how

fundamental elements contribute to the overall culture and how they affect a nurses' engagement at their workplace (Rock, 2008). It provides scientific framework for building self-awareness.

The SCARF model, designed by David Rock, consists of five domains: status, certainty, autonomy, relatedness and fairness. Status is about relative importance to others. Certainty relates to being able to predict the future. Autonomy provides a sense of control of events. Relatedness is a sense of safety with others and fairness is perception of fair exchanges between people (Rock, 2008). These five domains in the SCARF model govern either a threat or reward response in individuals and underpin the level to which people engage with their environment. For example, a perceived threat to one's status activates a similar brain response to a threat in one's life. In the same way, a perceived increase in fairness activates the same reward as receiving a monetary award.

The brain responds to behaviors that are either experienced as threats or rewards. Stimulation of the reward pathway results in a pleasurable response and the release of dopamine in the central nervous system prompts people to seek out rewarding encounters. However, when the neurological pathway is perceived as threat, the response is avoidance. The SCARF model enables people to remember more easily, recognize and potentially modify the core social domains that drive their behavior. The SCARF model offers a tool for assessment of a leader's social intelligence. It defines how well a leader addresses the social needs of the people. The optimum result is that the leader and staff experience social interaction in an optimum way as shown in Table 1 (Rock, 2008). Rock's five domains also align with the emerging themes from recent research that has attempted to identify the major influencing determinants of workplace culture, engagement and staff retention. A broad knowledge of these five domains as primary

needs, helps leaders to improve the social world in their workplace (Rock, 2008). The SCARF model was used as a lens to analyze the selected articles in this critical review of the literature.

Table 1

SCARF Model: A Brain-Based Model for Collaborating with and Influencing Others

Domain	Leadership behaviors that enhance the SCARF domain
Status	Raising the profile of employees through recognition of tasks or work well done.
Certainty	Having absolute confidence in the employees.
Autonomy	Allowing staff to be part of the decision-making process.
Relatedness	Being a role model and trusting the employees.
Fairness	Encouraging transparency in the workplace.

Summary

American Organization of Nurse Executives (AONE) (2015) expects that nurse leaders possess excellent leadership skills and maintain a PPE. These strategies will help reduce the effects of nursing shortage and reduce employee turnover. This critical review of the literature examines the relationship between nursing leadership skills and its effects on the PPE. Chapter two describes the methods used for this critical review of the literature including search strategies utilized to identify research studies, criteria for inclusion and exclusion and a summary of the number and types of studies selected for the review.

Chapter Two: Methods

This chapter describes the methods used for critical review of the literature and search strategies utilized to identify research studies. It also includes the criteria for which certain research studies were included or excluded along with the types of studies and articles used for the review. The criteria used for evaluating the research studies and relevant materials used for the critical review of the literature are also discussed.

Search Strategies Used to Identify Research Studies

A variety of processes were used to identify research studies and relevant articles that were used in the critical review of the literature. Five databases were searched for research articles in a time period of 2005 to 2017. The databases included; EBSCO Host, CINAHL, Google Scholar, Science Direct and PubMed. CINAHL and Google scholar provided the most results. There were no restrictions in the study design or the type of research study and the research articles chosen for analysis.

A combination of search terms was used to identify pertinent articles including: nurse leadership, leadership skills, leadership imperative, authentic leadership, effective leadership, staff satisfaction, staff retention, intent to stay, nurse turnover, team building, healthy work environment, professional practice environment, organizational culture, relationships, and behaviors and acute care setting. These terms were searched as single and as paired terms. An additional Google search was done on the SCARF model.

Criteria for Including or Excluding Research Studies

A number of criteria were used to select articles for this critical review. The articles analyzed related to the growing concerns over the nurse practice environment and the nursing shortage. PPE was conceptualized in various ways including, healthy work environment, engagement, workplace culture, satisfaction, empowerment, generation cohesion, emotional intelligence and mentoring programs. The articles selected needed to discuss a relationship (either direct or indirect) between nursing leaders and the nurses' PPE. The articles that included strategies for a formal leadership role were included and they needed to provide evidence to show success with improved nursing practice in acute care setting. Articles that did not show the relationship between the PPE and leadership styles were excluded. Those articles that focused on mentoring staff or coaching were excluded because they did not focus on PPE but rather on developing nurses from novice to expert.

Many of the research articles that were available for this critical review of the literature were studies done in Australia, Canada and London. These countries were included because they have similar nursing health-care problems with USA. Studies from the USA reported that the turnover rate for registered nurse is around 20% per year (Force, 2005) while in UK the turnover rates is about 38% per year (Duffeld, Roche, Blay & Stasa, 2010). English-only articles were reviewed.

The timeframe for the critical review of the literature was from 2005 to 2017. The articles that were selected within this time frame were useful for understanding the relationship between leadership skills and the nursing PPE. The critical review of the literature was narrowed to focus on acute care setting. Articles that focused on mentoring, coaching and transition support of the

new nursing staff, effective leadership, constructive teamwork and appropriate mentoring of new nurses were included if they discussed the relationship with PPE.

Number and Types of Studies Selected

Fifty-five articles resulted from the search. Using the criteria for inclusion/exclusion already described above, a total of twenty-six journal articles were chosen for the review of the literature. Of the twenty-six articles: ten of them were research based including nine non-experimental and one qualitative study. The remaining sixteen articles were non-research and included nine systematic reviews, four literature reviews, and three expert opinion.

Criteria for Evaluating Research Studies

The matrix format was used to organize and report the analysis. The articles were organized based on their strength of evidence and arranged under the headings; year, author, title, journal, purpose, strength of evidence, findings, and conclusions/limitations (Garrard, 2007).

The John Hopkins Nursing Evidence-Based Practice Rating scales were used to determine the strength and quality of evidence that each article produced. Rating scales were used to differentiate evidence of varying strengths and quality (Dearholt, et al.'s 2007). The consistent approach of using John Hopkins rating scales assisted to organize the articles, both research and non-research. After categorizing each article as research (non-experimental, and qualitative study) or non-research (systematic review, expert opinion and literature review), an evidence appraisal was performed with each article to determine its level of evidence and the quality or grade of the content included. An evidence appraisal was performed with each article to determine its level of evidence and quality of the content included. Articles that received a

level of I had the highest level of evidence to support the purpose of the literature while a level V had the lowest.

The SCARF model was used as lens in the analysis of the nurse leadership strategies for successful creation of PPE. The SCARF model contains five domains: (a) Status: Relative importance to others (b) Certainty: Concerns about predicting the future (c) Autonomy: A sense of control over events (d) Relatedness: A sense of safety with others and (e) Fairness: Perception of fair exchange between people (Tillot et al.'s 2013). In the application of the Scarf Model, each domain was applied and related to the findings of each source. The research study by Cowden, Cummings and Profetto-McGrath (2011), found out that staff nurses' who perceived their nurse manager to have power and influence within the organization had a strong sense of personal control over their practice, which in turn resulted in a significant positive relation correlation with intent to stay as depicted in the status domain of the Scarf model. The key findings identified from each article were matched to the domains found in the SCARF model.

Summary

Twenty-six articles were included in the final critical review of the literature based upon inclusion and exclusion criteria. Articles published between 2005 and 2017 were included. Research and non-research studies that discussed the leadership skills that contributed to nursing PPE were included. The matrix format was used to organize and report the analysis. The findings of the articles of the articles were analyzed with the SCARF domains to identify characteristics of leadership that contribute to a PPE. Chapter three reports the results of the critical review of the literature

Chapter Three: Literature Review and Analysis

The critical review of the literature examines the relationship between nursing leadership skills in acute care setting and the nursing PPE. This study contributes to the knowledge needed to show the relationship between nursing leadership skills and the nursing PPE. The major findings of this critical review of the literature are organized using the five domains of the SCARF model.

Major Findings

Relatedness: A sense of safety with others

The relative importance of the concept of relatedness in the review shows its close link to trust and how it determines the behavior of the staff. A nurse needs to trust the nurses in their unit and those that they are closely connected with. However, if one of the nurses does something untrustworthy, the usual response is to withdraw. The greater that nurses trust one another, the stronger the collaboration. Leader support, mentoring or coaching, setting up small teams and having clearly defined buddy systems will enhance a PPE. Nurse leaders are role models to the staff. It is important for a nurse leader to act with integrity, set realistic goals, communicate clearly and often, encourage others to recognize the success of the team members and inspire them to provide the best of care. Twenty-two out of the twenty-six articles reported findings in the domain of relatedness. The findings that discussed work place relations, adequate staffing, engagement, empowerment, collaboration, team work, trust, mentoring or coaching programs, retention programs and role modelling were included in the domain of relatedness.

In Cowden's et al.'s (2011) study examining the relationship between nurse leadership practices and staff nurses' intent to stay in their current positions, incorporating relational

leadership theory into nurse leadership practices was found to influence the creation of a PPE. Six articles discussed trust as a fundamental expectation the nurses have of their leader. Trustworthy nurse leaders are competent and act reliably when they give advice. Six studies showed that a leader can increase a sense of safety with others by improving the work place relations. Cowden et al.'s (2011) systematic review of the literature shows that a leader can increase a sense of safety with others by improving the work place relations. The findings of this study supports a positive relationship between effective nursing leadership practices and a PPE. A literature review by Desiree (2011) examining the effects a healthy work environment has on the retention of nurses shows a positive correlation between a PPE and nurse leadership support. A PPE will not occur without nurse leaders who support its creation and maintenance. The findings support the fact that healthcare organizations need to work closely with the nurse leaders in order to provide a PPE. Sherman and Pross's (2010) systematic review of the literature examining the importance of healthy work environments in healthcare organizations and the significance role of nurse leaders in building and sustaining these healthy environments found that in order for an organization to develop a healthy work environment, strong leadership skills are needed at the unit level. The literature shows a positive relationship between a leadership support and the creation of a PPE.

Autonomy: A sense of control over events

The importance of the concept of autonomy in the review shows that micromanagement, reduced work place autonomy and reduced ability to make decisions affects the PPE. An increase in the perception of autonomy feels rewarding while a decrease in autonomy can generate a strong threat response. Twelve articles out of the twenty-six reported findings in the

domain of autonomy. The findings that discussed increased ability to make decisions by transformational leaders, staff involvement, control over practice and working independently were included in the domain of relatedness.

Five articles discussed the importance of a nurse leader to consult with staff nurses' and involve them in the decision making of the unit. Desiree's (2011) literature review shows that involving staff in improving their PPE leads to an increase in autonomy among staff. The literature supports the fact that nurse leaders need to implement changes in their unit that can help create a PPE. Duffeld et al.'s (2010) non-experimental study examining the impact of leadership characteristics as perceived by staff nurses on staff satisfaction and retention shows a strong relationship between strong nurse leadership, a healthy work environment and staff retention. The study shows a PPE will increase levels of retention and satisfaction on staff nurses. Duffeld et al.'s (2010) identified that the role of nurse leaders is critical in establishing and maintaining a PPE. The important nurse leadership characteristics identified by the study were visibility, accessibility, open discussion and supporting the nurses.

In Cowden et al.'s (2011) systematic review of the literature examining the relationship between manager's leadership practices and staff nurses' intent to stay in their current jobs, empowerment, control over practice, and shared decision-making are positively and significantly correlated with intent to stay and improve autonomy. Providing significant autonomy in an organization can be very difficult. However, a subtle perception of autonomy can help, for example, allowing people to set up their own desk, organize their workflow and even manage their working hours, can be very beneficial if done within agreed parameters.

Fairness: Perception of fair exchange

The importance of the concept of fairness in the review shows that fairness enables people to experience internal rewards. Poor processes, lack of transparency, lack of consistency and lack of proper communication will lead to unfairness. Six articles out of the twenty-six reported findings in the domain of fairness. The findings that discussed interpersonal relationship, transparency, effective communication and clear expectations were included in the domain of fairness. In Collini et al.'s (2013) non-experimental study highlighting the effects of employee engagement and its effect on retention and turnover, poor interpersonal relationships, lack of respect and poor process transparency were found to lead to high turnover rates.

Two articles found that one of the major causes of high turnover in healthcare is unfairness. The expert opinion article by Schwartz (2012) examining the importance of nurse leaders to integrate the elements of the American Organization of Nurse Executives (AONE) principles and elements of a healthy work environment in their practice found that nurse leaders who are considered to be fair are transparent, clear and consistent in their work and create a PPE. O'Donnell et al.'s (2012) qualitative study examining the Human Resource Management (HRM) activities performed by Nurse Unit Managers (NUM) and their effects on job satisfaction, retention and qualities of patient care found that NUM's need to be fair in their everyday practices and especially when handling management of staff that require disciplinary interventions and retention of staff through staff satisfaction.

In order for a leader to enhance a PPE, she has to decrease the threat of perceived unfairness. Establishing clear expectations, increasing effective communication, being transparent and setting up clear ground rules, expectations or objectives will enhance fairness. In

Nelsey's (2012) expert opinion article explaining how effective leadership, teamwork and mentoring can enhance generational cohesion and address the decline in the number of nurses in the workforce, creating a PPE in which all nurses from all generations feel welcomed, supported and valued are key elements of fairness.

Status: Relative importance to others

The importance of the concept of status in the review shows the relationship of an individual's sense of worth in relation to creating a PPE. Status is about relative importance. Sixteen articles out of the twenty-six reported findings in the domain of status. The findings that discussed leadership styles, leadership skills, shared governance and hierarchy structures at work were included in the domain of status.

Three articles discussed the use of power and influence by nurse leaders in creating a PPE. Nurse leaders have a big influence in creating a PPE. In Cowden's (2011) systematic review of the literature examining the relationship between the manager's leadership practices and staff nurses' intent to stay in their current jobs, a nurse manager who has status will grant status to the employees. Providing an environment where nurses are happy and valued is a leadership priority. Nurse leaders need to develop and transform management skills into leadership skills. A non-experimental study by Blake et al.'s (2013) found out that nurse leadership is the most important factor in reducing intention to leave and turnover. Leadership is critical in optimizing the PPE and authentic leadership plays a big role. A non-experimental study by Moneke and Umeh (2013) investigating the perception of job satisfaction among critical care nurses showed a statistically significant relationship between perceived leadership and job satisfaction ($P=0.035$). Moneke and Umeh's study (2013) shows that leaders who are

motivated to retain staff communicate a vision, challenge people's potential and maximize individual and team capabilities. A systematic literature review by Force (2005) examining nursing research that studied characteristics of nurse managers' leadership styles that enhances hospital nurse retention, found a statistically significant relationship between effective leadership characteristics and the importance of creating a PPE. Characteristics of power are viewed as a perception of justice, influence over workload and ability to communicate effectively. A transformational leader uses recognition to provided attention to each staff member

In Rock's (2008) article discussing SCARF: a brain-based model for collaborating with and influencing others, the findings show that nurse leaders should be very careful in their conversations because a status threat can occur by giving advice or instructions and suggesting someone is slightly ineffective at a task. Performance reviews and offering feedback often generates a threat to the status of an employee. A nurse leader should reduce the status threat when giving feedback. For example, when doing a performance review, allow the employee to give themselves feedback on their own performance. Status will increase when people are given positive feedback. Moneke and Umeh's study (2013) found that an employee's ability to thrive is influenced by a leader's ability to inspire outstanding performances.

Certainty: Concerns about predicting the future

The importance of the concept of certainty in the review shows the relationship between nurse leaders who are able to predict the future of the organization and the creation of a PPE. The act of creating a sense of certainty is rewarding while any kind of significant change generates uncertainty. Failing to set clear expectations and boundaries, lack of support and role clarification and misunderstanding the staff will cause uncertainty. Ten articles out of the twenty-

six reported findings in the domain of certainty. The findings that discussed role clarification, support, setting clear expectations and understanding staff expectations were included in the domain of certainty.

A literature review by Tillott et al.'s (2013) exploring the factors that affect workplace culture found that nurse leaders are unaware of the need to create a PPE. An effective nurse leader should create certainty in the workplace by helping staff to meet expectations which can generate a sense of reward. Two articles discussed the need for nurse leaders to create certainty in the workplace in order to help staff meet their expectations, create a sense of reward and reduce burnout. Burnout is a threat to certainty. Spence et al.'s (2009) non-experimental study examining the influence of empowering work conditions, found that absenteeism will reduce certainty and affect the overall function of the organization. Therefore, nurse leaders should manage absenteeism in order to increase certainty. A good nurse leader should lead her staff to achieve high performance. Moneke and Umeh's study (2013) found that a nurse leader should address things that might affect the staff's future performance and should encourage her staff to share their future dreams. Nurse leaders should support their staff. Employees who feel supported perform better and are committed to the organization. In Cowden and Cummings' (2012) systematic review of the literature describing a theoretical model of staff nurses' intention to stay in their current positions, statistically significant findings show that adequate and safe staffing is highly valued by the nursing staff.

A nurse leader should try to provide clear expectations and desired outcomes about a project and break down the complex steps into smaller steps. Moneke and Umeh's study (2013) exploring the factors influencing critical care nurses' perception of their overall job satisfaction

showed that an effective leader communicated a vision, set clear expectations, challenged the staff's potential, maximized individual and team capabilities.

Additional Findings

Generational Differences in the Nursing Workforce

Although nursing job satisfaction is linked to retention, a big gap remains in identifying specific factors that can be changed to improve satisfaction, reduce turnover and improve the PPE. In Daniels, Mackovjak, Audia, and Richard's (2013) literature review exploring the nursing leadership initiatives that work to reduce staff turnover, improve retention and the work environment, the findings shows that there is a negative impact on retention caused by economic climate, availability of qualified applicants and four generations. The current workforce is comprised of four generations: Veterans, Boomers, Generation X, and the Millennials. Each of these generations has its own distinct attitudes, behaviors and expectation in the workplace. This may pose a big challenge to the nurse leader. In Wiek, Dols and Landrum's (2010) non-experimental study done to conduct a generational assessment for job satisfaction, work environment and desired characteristics of nurse leaders, statistically significant findings shows that most of the retention programs do not address the priorities and expectations of the four different generations. In Wiek et al.'s (2010) the significant findings suggest that all generations want a nurse leader who attends to their needs, nurtures and supports them, provides a motivating environment and has good people skills. Therefore, a nurse leader should create a PPE environment where all the generations feel welcome and valued. Wiek et al.'s findings suggest that nurse leaders should pay attention to the intergenerational workforce in order to help create a cohesive PPE. Nurse retention is a priority for nursing leadership. However, having one

retention program will not address the priorities and expectations of the four generations found in today's nursing workforce. The key to retention is creating a PPE where all the four generations feel welcomed and valued. Generational differences were found to have an influence on the PPE in the analysis of the literature. The statistically significant findings of Wiek et al.'s (2010) show that today's nursing workforce comprises of staff from the four generations. Five articles discussed the importance of nurse leadership ability to managing the four generations in order to achieve a PPE.

The decline in work ethic is one of the major contributors of generational conflicts in the workplace. Nurse leaders need to have an understanding of cross-generational workforce characteristics and be able to identify how the strengths of each generation can improve staff satisfaction and promote a PPE. The American Management Association (AMA) (2016) has identified the approaches that contribute to the intergeneration comfort. These include accommodating employee differences, improving workplace autonomy, adapting the leadership style to fit the generational differences, improving competence and retention and offering adequate training. With each generation, there is a big difference in terms of attitudes, ideologies, beliefs, financial responsibilities and work habits. In order for these generations to work together effectively as a team, nurse leaders will need to understand the generational differences of their staff. The four generations in the nursing workforce are: the veterans, the baby Boomers, Generation X and Generation Y.

The veterans.

The Veterans were born between 1922 – 1943. They are the oldest generation in the workplace but most of them are now retired. They were influenced by the great depression and World War II. As a result, this generation values sacrifice, hard work, conformity to rules and respect for authority (Rick, 2016).

A systematic literature review of Moseley, Jeffers and Paterson (2008) examining the factors that influence older nurses to leave an organization or to retire early, shows that respect, recognition of expertise and acknowledgement of a job well done was identified in the literature as most important for older nurses. Three articles reported findings of this generation. Members of this generation have been characterized as being loyal employees, highly dedicated, are strongly committed to teamwork and collaboration (Rick, 2016). In Tolbize's (2008) expert opinion paper investigating the four generations of American workers, approaches that contribute to intergenerational comfort were found to be successful in managing the four generations. These approaches include accommodating employee differences, learning about their unique needs and serving them accordingly, creating workplace choices by decreasing bureaucracy and adapting leadership style to meet the needs of the staff. Veterans are likely to be stable, detail oriented, thorough, loyal and hard working. Rodriguez's (2015) expert opinion paper analyzing the values, attitudes, beliefs and behaviors shows that Veterans value conformity, no one should stand out and everyone should work for the common good. However, they are resistant to change and uncomfortable with conflict. A critical insight in understanding this generation is their strong belief in paying their dues. Respect, reward, status and authority must be earned.

Rick's (2016) expert opinion paper analyzing the importance of a nurse leader to understand and manage the four generations in the workplace shows that nurse leaders need to work effectively with this generation, they must value their experience, spend adequate time in orientation and training activities (including the use of technology) and be courteous to them.

The baby boomers.

The Baby Boomers were born between 1943 – 1960. Members of this generation were defined by events such as the Vietnam War, the Civil Rights Movement and the Women's Liberation Movement (Rick, 2016). The statistically significant findings of Mosley et al.'s (2008) shows that older nurses want to have a good relationship with their leaders, they need to be involved in decision making and want recognition for their efforts. Nurses over the age of 40 were satisfied in all areas except control over practice ($M = 2.81$) and satisfaction with work environment ($M = 2.82$).

Four articles reported findings of this generation. Rodriguez's (2015) expert opinion paper reported findings on baby boomers rebelling against the conformity of the traditionalists. They believe that success is only achieved through hard work (long hours), hard work and sacrifice paves the way for success and therefore, they are very competitive. However, they are good team players. Tolbize's (2008) expert opinion paper shows that Baby Boomers value their personal growth, team work and personal gratification. They are ambitious, highly-educated and very good at multi-tasking. Rick's (2006) expert opinion paper shows that nurse leaders who are managing this generation need to understand that this generation will often value completing their tasks and are insulted by constant feedback. They are goal-oriented and not result-oriented. Rodriguez's (2015) findings show that this generation is loyal to their careers first and to their

employers second. Therefore, nurse leaders should understand that this generation are workaholics and will need assignments that will challenge their skills.

In Moseley et al.'s (2008) systematic review of the literature examining the factors that influence older nurses to leave an organization or to retire early, the statistically significant findings shows that the older nurses who are involved in decision making reported being satisfied and respected. Therefore, nurse leaders should utilize these older nurses in leadership roles in the unit to increase their overall satisfaction and improve retention. Nelsey and Brownie's findings shows that nursing staff satisfaction is highly related to good leadership and mentoring programs. Nurse leaders should allocate Baby Boomers as mentors to assist in the integration of new graduate nurses. Nursing staff satisfaction is highly related to good leadership and mentoring programs. To work effectively with this generation, a nurse leader should provide them with developmental opportunities and involve them in decision making for the unit.

Generation X.

Generation X were born between 1960 – 1980. Members of this generation were defined by the Fall of the Berlin Wall (Rick, 2016). Tolbize's (2008) expert opinion paper shows that Generation X were left alone at home because their parents worked and they came from homes with the highest numbers of divorced parents. They grew up in a period of financial, familial and fiscal insecurity. They witnessed their parents get laid off and the decline in American global power. They grew up in homes where both parents worked, or in single parent household income (American Management Association (AMA), 2016).

Three articles reported findings of this generation. These events have made them independent, self-sufficient and skeptical. Rodriguez's (2015) expert opinion paper shows that

this generation value diversity, work-life balance, technology and prefer a less formal environment. A nurse leader should offer flexible scheduling and create a PPE where this generation can balance their work and life without having to compromise one of them. In Wieck et al.'s (2010) a significant finding shows that Generation X are more self-reliant than the previous generations however, they are not loyal to their employers but have strong feelings of loyalty towards their family and friends. Nelsey and Brownie's statistical findings shows that Generation X responds positively to personal attention from the nurse leader. They like to have opportunities to contribute to the decision-making and be involved in making any changes for the unit. A nurse leader should connect with this generation on daily basis and provide them with autonomy.

A nurse leader should create a PPE where this generation can easily get the time off when they need it for their loved ones. Mosley et al.'s (2008) findings shows that this generation values continues learning and skill development, have strong technical skills, are result focused and are ruled by a sense of accomplishment and not the clock. A nurse leader should allow this generation to get some time off from work for continues education, workshops and seminars. The nurse leader needs to create a PPE that promotes advancement of career and support for the staff to achieve their career goals. A critical insight in understanding this generation is that they tend to view all work as just a job. A nurse leader should create a PPE where work is viewed as fun by engaging staff to participate in the unit's activities. A nurse leader should offer constant motivations, support, effective communication and provide a PPE where the staff are engaged and enjoy their work. To work effectively with this generation, a nurse leader should partner

them with mentors that they prefer, do not give them too much hands-on supervision and do not expect them to do more than is expected.

Generation Y.

Generation Y also referred to as the Millennials were born between 1980 – 2000. Members of this generation were defined by events such as computers and technology, school violence, TV talk shows and the girls movements (AAMA, 2016). Rick's (2006) expert opinion paper shows that Generation Y grew up in supportive and protective environments. Wiek et al.'s (2010) found that young nurses want to be led and not managed. The Millennials were least satisfied with their control over practice ($M = 2.78$) and organization support ($M = 2.79$). Children of the Millennials receive rewards regardless of individual efforts. Their form of punishment was often time-outs. This has made them confident, sociable and optimistic.

Three articles reported findings of this generation. In Wiek et al.'s (2010) non-experimental study analyzing a generational assessment for job satisfaction, work environment, and desired characteristics of managers, the statistical findings show that Generation Y values team work and embrace diversity. Nelsey and Brownie's (2012) statistical findings shows that Generation Y nurses are viewed as being ambitious, career-focused and in need of opportunities for continuous growth and improvement. They seek flexibility, are independent and desire a more balanced life. Nurse leaders can use these qualities by providing Generation Y with opportunities to lead teams and attend professional development workshops that focus on career advancement. The nurse leaders need to provide a PPE where there is work-life balance. The findings of Rodriguez's (2015) expert opinion paper shows that Generation Y are very comfortable with the use of technology. They are very optimistic and are very confident. To

manage this generation effectively, a nurse leader needs to understand that this generation likes their leaders to coach rather than supervise. Mosley et al.'s (2008) statistically significant findings shows that young nurses want to be led, not managed and they need positive reinforcement on daily basis. To work effectively with this generation, a nurse leader should partner them with Boomers because they work well together and provide structure. Nurse leaders should structure the orientation and training per the individual needs. Nurse managers can use these qualities by providing Generation Y with opportunities to lead teams and attend professional development workshops that focus on career advancement.

Secondary Findings

Nursing Leadership Attributes

The leadership attributes of a nurse leader are very influential factors in the realization of organizational goals. Zori et al.'s (2001), identified the skills and knowledge needed by nursing leaders to influence organizational success and develop an educational model designed to facilitate the development of leadership behaviors. This leadership model is based on six key attributes on the nurse leader: visionary, expert, achiever, communicator, mentor and critical thinker (Lemire, 2001). Nurse leaders have the ability to create a PPE that meets the goals of the organization. The national nursing shortage is leading into the inquiries of the role of a nurse leader and the PPE as they try to search for potential solutions to the impending healthcare system. The role of the nurse leader in recruitment and retention is being cross-examined.

Despite previous perceptions among senior leadership, nurse leaders play a critical role in staff retention through the creation of PPE, provision of work autonomy, and decision-making involvement (Duffield et al.'s 2010). Nurse leaders should be challenged to develop effective

leadership skills that will have a positive influence on the PPE. In 2001, Lemire found out that effective nursing leadership skills are critical in developing a PPE.

Strengths and Weaknesses of the Research Studies

The evidence is strengthened by the consistency of the findings. The non-research articles' literature review utilized thorough, comprehensive search strategies and rigorous appraisal methods. The articles had sufficient sample sizes of well-designed studies. All the articles contained an evaluation of strengths and limitations under review with fairly definitive results. The expert opinion papers were based on non-research evidence and the expertise was credible. The research articles had reasonably consistent results and sufficient sample sizes with some control. The articles had fairly definitive conclusions, reasonable consistent recommendations which were based on fairly comprehensive literature review that included some references to scientific evidence.

A limitation of the critical review was the small sample sizes found in some of the research studies that were analyzed which makes it difficult for an author to have a fairly definitive conclusion. In order to have evidence-based research that supports investing in nurse leaders, larger sample sizes need to be selected. A study by Scherb et al.'s (2011) surveyed only one health care network and lacked ethnic diversity. Some of the research articles need stronger and larger research designs. Blake et al.'s (2013) examined only three variables in assessing a healthy work environment. Four articles had insufficient evidence with inconsistent results. Duffeld et al.'s (2008) results did not have a true reflection of the work environment because the data was taken from a larger study that had a different focus. A study done by Nelsey and

Brownie (2012) did not have a discussion of the generational analysis. Instead they gave a brief summary of the recommendations. Three of the studies did not clearly define the key words. Bargaliotti (2011) did not clearly define work engagement. He used the Walker and Avant's (2010) model of concept analysis to define work engagement. This model lacks conceptual clarity about work engagement. The variability in definition and measurements of leadership practices limits the generalizability of the study findings. Acree (2006) discussed retention, job satisfaction and turnover in relationship with leadership as one important variable blended with many other variables. There was neither a clear definition of leadership nor a consistent way to study it. A study by Toofany (2007) did not clearly present the findings and therefore it was difficult to draw conclusions. Desiree (2011) did not state how many articles were reviewed and the timeframe for the review of the literature was not stated.

The factors associated with the high turnover rate in new nurses should be isolated to their limited experience, their need to develop professional and practice skills, the entry-level workplace demands, the age of the nurse, or the current work environments that they enter. These factors may be contributing to the overall state of the nursing industry impacting both experienced and new nurses.

Summary

The sources analyzed in this critical review revealed that nurse leaders should implement the domains of the Scarf model into their daily work to help create a PPE. They should be creative when applying the domains of the Scarf Model to fit the needs of the unit. By understanding the domains of the Scarf model, nurse managers can implement strategies to improve the PPE while encouraging self-esteem.

Culture may play a role in the creation of a PPE however, staff interact with their environments in various ways and are often directed by their response to threat or reward. Threat or reward are the two characteristics that may negatively or positively affect the workplace environment (Rock, 2008). Status, certainty, autonomy, relatedness and fairness can trigger feelings of being rewarded, which can then contribute to improve engagement and foster a PPE. The knowledge of the Scarf domains provides a lens for the nurse leaders to reflect on their staff individual characteristics and those created as a result of workplace culture. The nurse leaders can then use this knowledge to create and sustain a PPE.

Chapter four discusses the historical patterns, current trends, gaps in the literature, implications for nursing leadership and recommendations for nursing research.

Table 2: *Matrix of Literature*

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2011, Cowden T. Cummings G., Profetto-McGraith, J., Leadership practices and staff nurses' intent to stay. A systematic review. Journal of Nursing Management	The purpose of the study was to describe the findings of a systematic review of the literature that examined the relationship between manager's leadership practices and staff nurses' intent to stay in their current jobs.	Type of Non-Research: Systematic Literature Review Level of Evidence: IV Quality Rating: Good	Relational leadership practices enhance a professional practice environment. The study supports a positive relationship between transformational leaders and a professional practice environment. Incorporating relational leadership theory into leadership practices will influence retention, reduce turnover and improve engagement. Therefore healthcare leaders need to address workplace issues in order to ensure a professional practice environment.	Status: Relative importance to others. A nurse manager who is perceived to have power and influence within the organization influenced a positive relation with the intent to stay. A nurse leader who has status will bestow status to the employees. Autonomy: A sense of control over events. Transformation leadership style is positively correlated to intent to stay while autocratic leadership style is negatively correlated to staff's intent to stay. Transformational leaders increase work place autonomy by increasing the ability of the staff to make decisions. Relatedness: A leader can increase a sense of safety with others by improving the work place relations. Empowerment, control over practice and shared decision-making are effective tools in increasing relatedness in the unit.	Conclusion: The workload of nurse managers is too large. There needs to a distinction between the concepts of intent to stay and intent to leave in order to establish a clear theoretical foundation for further intent to stay research. The relationship between leadership style and the variables within the practice environment should be examined. This will help to increase the understanding of how managers can influence their work environment, and also how they can directly or indirectly affect intentions to stay. Limitations: The author used researcher-developed focused questions to arrive at findings. The researcher could have been biased in the selection of the questions.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2013, Tillott, S., Walsh, K., Moxham, L., Encouraging engagement at work to improve retention. Nursing Management.	The purpose of the paper was to explore the factors that affect workplace culture. It also analyzes staff engagement in healthcare by examining the status, certainty, autonomy, relatedness and fairness of the SCARF model.	Type of Non-Research: Literature review Level of evidence: v Quality Rating: Good	The research shows that there is a relationship between empowerment, workplace satisfaction and nurse engagement. Engagement is an important concept for enhancing staff recruitment and retention. However, nurses' ability to maintain high levels of engagement is affected by increased workload, and increased overtime. The SCARF model is a brain-based model for collaborating with and influencing others. It gives greater insights into understanding the human behavior and allows healthcare settings to provide a culture of engagement. The article uses the 5 domains of the SCARF model to explain how workplace culture can ensure a professional practice environment.	Status: Relative importance to others. The retention of nurses is a major responsibility for a nurse leader that has status. Certainty: Concerns about predicting the future. Nurse leaders are unaware of the need to create positive workplace environments. An effective nurse leader should create certainty in the workplace by helping staff to meet expectations, which can generate a sense of reward.	Conclusion: In healthcare, there are similar nursing professional standards in all units but each unit will experience different professional practice environments. The SCARF model is used to improve the way people work together. It helps a nurse leader to develop more creative ways on motivating staff that are stronger and more sustainable. Limitation: The author should have compared the SCARF model with other models in order to have a better conclusion on the study. Better tools need to be developed to assess how culture and engagement enhances staff retention. The author states that workplace culture is important in managing individual behavior but does not further explain how to measure it.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2010, Duffeld, C. M., Roche, M. A., Blay, N., & Stasa, H. Nursing unit managers, staff retention and the work environment. Journal of Clinical Nursing.	The study examined the impact of leadership characteristics of nursing unit managers, as perceived by staff nurses, on staff satisfaction and retention.	Type of Research: Non-experimental study Level of Evidence: III Quality Rating: Good Setting: 21 public hospitals Participants: Registered nurses (n = 2448) Measurement: The Revised Nursing Work Index (NWI-R)	A nurse leader who is perceived as a good leader is significant at $p < 0.05$ to job satisfaction. This is a good leader because she creates a professional practice environment where all staff were praised and recognized. Praise and recognition for a job well done was significant at $P < 0.01$ to job satisfaction. A clear philosophy of nursing that is present throughout the patient care environment was significant at $P < 0.01$ to job satisfaction and satisfaction with nursing. Nurses need a leader who uses the "Nursing Care Model" rather than the "Medical Model".	Status: Relative importance to others. Nurse leaders have a big influence in creating positive work environment. A nurse leader who has status consults with staff, provides praise and recognition and creates a professional practice environment. Relatedness: A sense of safety with others. Employees want a leader who is a role model. They want to be treated fairly. A leader was considered fair when she exercised flexible or modified work schedules. Autonomy: A sense of control over events. A good nurse leader consults with staff and involves them in the decision making for the unit.	Conclusion: The study showed that an effective nursing unit manager that consulted with staff and provided positive feedback played a critical role in increasing job satisfaction. However, for a unit to be rated as positive overall, the nurse leader needed to perform well on all leadership aspects. Limitations: The particular aspects of a nurse leader's behavior that are most important in staff nurse satisfaction were not addressed. The survey results may have had some biasness because the nurses that were most satisfied with their job were most likely to do the surveys. More than half of the respondents were employees that worked full time (51.7%), the remainder were part-time (32.5) and casual (15.8). The ratios were disproportional because the employees that worked part-time encountered barriers in completing the surveys.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2011, Desiree R. The relationship between healthy work environments and retention of nurses in a hospital setting. Journal of nursing management.</p>	<p>The purpose of the paper was to examine the effects a healthy work environment has on the retention of nurses in a hospital setting.</p>	<p>Type of Non-Research: Literature review Level of Evidence: V Quality Rating: Good</p>	<p>Unhealthy work environment characteristics were found to be; poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, conflict with values, mission and vision, and loss of understanding of core business. Healthcare organizations need to work with nurse leaders to provide a healthy work environment. Some of the practices like making employees feel valued by the organization, having standardized processes, staff empowerment, strong leadership, a sense of community, and strategic planning are very essential in creating a healthy work environment.</p>	<p>Relatedness: A sense of safety with others. According to the American Association of Critical Care Nurses (2005), skilled communication, true collaboration, effective decision making, meaningful recognition and authentic leadership are the key standards to creating a healthy work environment. A healthy work environment cannot occur without nurse leaders who support its importance, authentically live it, and engage others on its achievement. Autonomy: A sense of control over events. Involving staff in improving their practice environment, and supporting education advancement and training leads to an increase in autonomy among staff.</p>	<p>Conclusion: The important issues that emerged from the literature review were the dangers of an unhealthy environment, the impact a healthy work environment has on retention, and the manager's role in creating and sustaining a healthy work environment. Limitation: The author did not state how many articles were reviewed and the timeframe for the review of the literature.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2010, Sherman, R., & Pross, E. Growing future leaders to build and sustain healthy work environments at the unit level. Journal of issues in nursing.</p>	<p>The study examines the importance of healthy work environments in healthcare organizations and the significant role of nurse leaders in building and sustaining these healthy environments.</p>	<p>Type of Non-Research: Review of the literature Level of Evidence: IV Quality Rating: Good</p>	<p>The literature supports a positive impact of a healthy work environment on staff satisfaction, retention, improved patient outcomes, and organizational performance. In order to have a healthy work environment, a leader needs to engage the employees in all levels. There needs to a shift from the traditional command-and-control style of leadership to a transformational leadership style which enhances, develops and motivates the employees.</p>	<p>Relatedness: A sense of safety with others. Leaders can help create a deep satisfying organizational culture at the unit level by engaging staff. Staff engagement increases the overall production of the organization. A nurse leader who fails to build cultures of engagement, can make staff feel that they are not supported in their work. This may lead to poor performances and increased turn overs.</p> <p>Certainty: Concerns about predicting the future. Nurse leaders should create healthy work environments where nurses are respected, valued, and have a voice. Healthy work environments influences staff retention, satisfaction, improved patient outcomes and overall organizational performance.</p> <p>Status: Relative importance to others. There's a positive relationship between transformational leadership style and satisfaction of staff. A transformational nurse leader will empower the staff, foster a sense of commitment, and encourage creativity.</p>	<p>Conclusion: Leader support is needed to enhance a healthy work environment. Leaders can help create a healthy nursing professional practice environment and a deeply satisfying organizational culture at the unit level by engaging staff. A healthy work environment cannot occur without nurse leaders who support it.</p> <p>Limitation: The authors' conclusions might be biased because he used his own abstract.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2013, Blake, N., Robbins, W., & Needleman, J. Healthy work environments and staff nurse retention. The relationship between communication, collaboration, and leadership in the pediatric intensive care unit. Nursing administration.	The purpose of the study was to examine the effects of the healthy work environment (communication, collaboration, and leadership) on RN turnover from data collected from the research study.	<p>Type of Research: Non-experimental study</p> <p>Level of Evidence: III</p> <p>Quality Rating: Good</p> <p>Settings: 10 Pediatric Intensive Care Units (PICU)</p> <p>Participants: 352 Pediatric Critical Care RN's</p> <p>Measurements: Practice Environment Scale of Nursing Work Index Revised and a subscale of the Intensive Care Unit Nurse-Physician Communication Questionnaire.</p>	<p>There was an inverse relationship between years of experience and intent to leave (ITL) ($P < 0.01$). No other RN characteristics were associated with ITL. Magnet designation, union and whether the manager is responsible for more than one unit showed no statistical significance associated with ITL.</p> <p>There was a statistically significant relationship between leadership and ITL ($p < 0.5$).</p> <p>Leadership is one of the main factors that help reduce turnover and ITL in acute care hospitals. Effective leadership is important to the nurses and significantly influences their decisions about staying in their current jobs. Leadership is all about people and relationships. To be an effective, the nurse leader needs to embrace the core values associated with good leadership and model the behaviors that go with these core values.</p>	<p>Status: Relative importance to others: Nurse leadership was found as the most important factor to low ITL and turnover. Leadership is critical in optimizing the work environment and increasing retention. Authentic leadership will help to create a healthy work environment.</p> <p>Relatedness: A sense of safety with others. Communication is a very important factor in improving engagement. A nurse manager's communication style contributes significantly to a healthy work environment. When nurses work well as a team, they are less likely to leave, be absent from work, are more supportive of each other, and generally perform better. A nurse leader can create a healthy work environment by building healthy relationships with the staff. Greatest success is achieved when staff have good relationships with each other.</p>	<p>Conclusion: Creating cultures of retention and fostering healthy work environments are two major challenges facing nurse leaders today.</p> <p>Limitations: Only three variables were examined in assessing a healthy work environment (communication, collaboration, and leadership). Sample bias may be present because the nurses who were more satisfied with their job were more likely to participate.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
			<p>It is important that communication in pediatric ICU between the nurses and the doctors be timely and accurate because they care for very complex and critically ill patients. The research shows that nurses were less likely to leave their jobs if they felt that there was good communication between the teams ($P < 0.01$). Nurses ITL is related to the leadership style of communication ($P < 0.01$).</p> <p>Collaboration need to be in place at all times in order to have a healthy work environment.</p> <p>Collaboration among caregivers is significantly associated with lower nurse turnover ($P < 0.05$).</p> <p>Collaboration and communication are important in creating a healthy work environment.</p>		

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2008, Duffeld, C., Roche, M., O'Brien-Pallas, L., Catling-Paull, C., & Madeline, K. Staff satisfaction and retention and the role of the nursing unit manager. Journal of the Royal College of Nursing Australia.	The study examines factors affecting nurses' job satisfaction, satisfaction with nursing and intention to leave.	<p>Type of Research: Non-experimental study</p> <p>Level of Evidence: III</p> <p>Quality Rating: Good</p> <p>Setting: Public sector hospitals in New South Wales (NSW), Australia</p> <p>Participants: Clinical Nurse Specialists (CNS), Registered Nurses (RN), Trainee Enrolled Nurses (TEN), Enrolled Nurses (EN), and Assistants in Nursing (AIN)</p> <p>Measurement: Nursing Work Index-Revised (NWI-R).</p>	<p>Nurses who were intending to remain in their jobs were more likely to be satisfied, older, and have dependents. Perception that the quality of care had deteriorated in the last 5 years, nurses experiencing emotional abuse in the last 5 shifts, and an expectation of a job loss was negatively correlated to job satisfaction.</p> <p>Control over nursing practice, nurse autonomy and nurse leadership was positively correlated to job satisfaction. An intention to leave was highly correlated with nurses who had a Bachelor's Degree or higher or if they had no qualifications. Nurses who have a bachelor's degree are more likely to leave their current jobs to find better jobs while those nurses that cannot keep up with their qualifications and certifications are more likely to leave before they are terminated.</p>	<p>Relatedness: A sense of safety with others. A nurse leader can influence and ensure a safe and cohesive work environment. When nurse's work well as a team they are less likely to leave their current jobs.</p> <p>Autonomy: A sense of control over events. Nurses reported being satisfied in their jobs if they experienced autonomy. They want to be able to function autonomously.</p> <p>Certainty: Concerns about predicting the future. Nurses were satisfied with their jobs if they practiced at a competent level. This indicates that they are able to make use of the skills that they possess.</p>	<p>Conclusion: The role of the unit manager is vital to the retention of staff. Nurse managers can influence nurse job satisfaction rates by ensuring a positive, healthy and professional practice environment. Senior leaders should support the nurse managers to ensure sufficient resources in the units. Hospitals need to invest in educating and training nurse leaders because nurses appreciate good leaders.</p> <p>Limitations: The data was taken from a larger study which examined factors impacting on nurses' workload and the relationship between skill mix and patient outcomes. A key feature of the study was the focus on nursing and patient care at the unit level. Therefore the author's results might not have a true reflection of the work environment.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2011, Scherb, C. A., Specht, J. K. P., Loes, J. L., & Reed, D. Decisional involvement: Staff nurse and nurse manager perceptions. Western Journal of nursing research.	Enhancing involvement in organizational decisions is one strategy to improve the work environment of RN's and to increase their recruitment. This study examines the type of decision-making and the level of involvement nurses desire.	Type of Research: Non-experimental study Level of Evidence: III Quality Rating: High Setting: Midwestern health care network Participants: 320 RN's Measurement: Decisional Involvement Scale (DIS).	There were statistically significant differences ($p < .001$) in the staff nurse mean actual rating and mean preferred rating of decisional involvement. The results indicated that nurse managers rated actual and preferred involvement at a lower level than nurses and it did not reach an equally shared decision making. Nurses must be willing to be involved and participate for shared governance to occur. There was also a statistically significant difference ($P = .001$) between the nurse managers' actual rating of decisional involvement and their preferred rating of involvement. Staff nurses reported desiring more decisional involvement, but nurse managers indicate that they do not believe that staff nurses need as much decisional involvement as they desire.	Autonomy: A sense of control over events. Decisional involvement is identified as a positive factor in nurse job satisfaction and retention. It has many positive outcomes for organizations, nurses, and the patients they serve. Staff nurses want more decisional authority over resources than they have traditionally been given. These resources (staff, equipment, and knowledge of the budget) greatly influence the care they provide and therefore the nurses want to be involved in decisions that have an impact on care. However, the managers do not believe that the staff needs decision involvement over resources because these are very sensitive areas in leadership and a nurse manager has to be very careful on how much of the information should be shared. Therefore, one of the most difficult areas of decision involvement for nurse leaders is decisions about resources. Status: Relative importance to others. Shared governance is a model that	Conclusions: A socialization process that resembles the shared governance for nurse managers is essential to help them adopt a leadership style that empowers staff nurses. Limitations: The author surveyed only one health care network, did not match nurses to their work units or staff nurses' to their nurse manager, lacked ethnic diversity and used a convenience sample. Self-selection bias was another issue in the respondents.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				<p>is used to increase staff nurse involvement in decision making process. Staff participation in interviewing and recruitment are important activities that should be included to promote shared governance. A nurse leader that creates shared governance improves the nurses work environment, commitment, perceived empowerment, self-growth, organizational development, and employee well-being. The effect of placing limits in shared governance is a threat to status and autonomy.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2012, Nelsey, L., Brownie, S. Effective leadership, teamwork and mentoring - Essential elements in promoting generational cohesion in the nursing workforce and retaining nurses. Collegian (Royal College of Nursing Australia).	The aim of the article is to explain how effective leadership, teamwork, and mentoring can enhance generational cohesion and address the decline in the number of nurses in the workforce.	Type of Non-Research: Expert opinion Level of Evidence: V Quality Rating: Good	Retention is highly significant in improving recruitment across the generations. Staff satisfaction is highly related to good leadership and mentoring programs. Nurse leaders should allocate Baby Boomers as mentors to assist in the integration of new graduate nurses. Effective teamwork is positively correlated to increased productivity and reduced nurse turnover.	Relatedness: A sense of safety with others. Retention strategies need to focus on ensuring a positive, supportive orientation to nursing practice for new graduates. In order to assist new nurses to make the transition from novice to expert, a mentor and continual support is essential. Mentoring requires commitment. It is based on mutual trust, teaching, counselling and friendship. Autonomy: A sense of control over events. An increase in the perception of autonomy feels very rewarding while a reduction in autonomy can generate a strong threat response. Working in a team can create a reduction in autonomy. A good nurse leader can counteract the potential of this threat by increasing status, certainty and relatedness. Provided choices when working as a team will produce better responses and increase autonomy.	Conclusion: The key to retention is to develop policies and practices that focus on maximizing the strengths and skill sets that focus on the different generations of nurse's. Creating a workplace environment in which nurses across all generations feel supported and valued are key elements in retention. Limitation: The authors did not discuss the results of the generational analysis. Instead they gave a brief summary of his recommendations.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2011, Bargaliotti, A. L. Concept analysis. Work engagement in nursing: a concept analysis. Journal of advanced nursing.	The paper analyzes the concept of work engagement. It clarifies the concept of work engagement in nursing.	Type of Non-Research: Literature review Level of Evidence: V Quality Rating: High	The global shortage of nurses, who are the largest group of healthcare providers, has mandated that work engagement of nurses should be taken very seriously. Work engagement can be developed as an explanatory middle range theory that captures the concerns that nurses have about their work environment. Higher levels of performance decreased hospital mortality rates and higher financial profits for the organization are some of the outcomes of work engagement. Nurse leaders should be aware that work engagement is often hindered by poor staffing, constant need to reduce healthcare costs, and medication errors. Trust and autonomy always precedes work engagement.	Relatedness: A sense of safety with others. The domain of relatedness is closely linked to trust. Trust is a fundamental expectation that nurses have of their practice setting. Nurses need to be able to trust colleagues and managers and should see their managers as role models. Trustworthy managers are competent and act reliably when they give advice and guidance. They act fairly to all employees, are available to all, are open and welcome new ideas, and act in the best interests of employees. It is very important for nurse leaders to engage nurses because of a global shortage of nurses, rising healthcare costs and a medical error rate that threatens the health of nations. The two common dimensions of work engagement are high levels of energy and identification with work. These are positively correlated with work engagement while burnout is negatively correlated to work engagement. Autonomy: A sense of	Conclusion: Creating a practice environment that fully engages nurses in their practice is a very important concept for the nursing profession. Limitation: The author did not clearly define work engagement. He used the Walker and Avant's (2010) model of concept analysis to define work engagement. This model lacks conceptual clarity about work engagement.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				<p>control over events. Autonomy is a threshold issue for professional nursing practice. It is a self-direction that leads to work engagement. Autonomy requires that staff nurses have a choice in their work. An increase in autonomy is rewarding while a reduction in autonomy is can generate a strong threat response. When a staff member senses lack of control over their practice, they will have a reduction in their ability to influence outcomes.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
<p>2009, Spence Laschinger, H. K., Leiter M., Day, A., & Gilin, D. Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. Journal of nursing management.</p>	<p>A major cause of turnover in nursing is due to unsatisfying workplace conditions. This study examines the influence of empowering work conditions. It explores the impact of incivility, and burnout on recruitment and retention. The three employee retention outcomes examined are: job satisfaction, organizational commitment, and turnover intentions.</p>	<p>Type of Research: Non-Experimental study Level of Evidence: III Quality Rating: Good Setting: Five healthcare organizations in two provinces of Canada Participants: 1106 Staff nurses Measurement: Four subscales of the CWEQ-II (Conditions for Work Effectiveness Questionnaire)</p>	<p>Empowerment and incivility (supervisor and coworker) was directly related to job satisfaction, commitment, and turnover rates ($P < 0.001$). Nurse leaders should empower, involve and support their staff. Burnout (emotional exhaustion and cynicism) was negatively correlated to job satisfaction and commitment ($P < 0.05$). Burnout often leads to poor performances, high absenteeism, turnovers, and a financial loss to the organization.</p>	<p>Relatedness: A sense of safety with others. Managerial strategies that empower nurses for professional practice may be helpful in preventing workplace incivility, and ultimately, burnout. A professional practice environment will foster high quality managerial and collegial working relationships which will promote engagement. A major turnover among nurses is related to unsatisfying workplaces. It is critical that nursing work environments are structured in ways that ensure the nurses feel engaged in their work and want to remain in their jobs. Autonomy: A sense of control over events. Organizational empowerment strategies should be used to increase employees' control over their work. Some of the organizational empowerment strategies that can be used by nurse leaders are: access to information, access to support, access to resources needed to do the job, and opportunities for growth. Lack of</p>	<p>Conclusion: Job satisfaction, organizational commitment, and turnover intention are important elements of work-life outcomes in nursing setting. Limitations: The surveys were sent to employees through the hospital mail. Not all employees check their work mail during their days off and so this could have affected the results. There could have been biasness in the results because the employees who were more satisfied were likely to respond while the employees that were less satisfied were less likely to respond.</p>

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				<p>empowerment has been shown to be an enabling factor for workplace incivility, which is linked to burnout.</p> <p>Certainty: Creating certainty in the work place can help staff to meet their expectations and create a sense of reward while burnout is a threat to certainty. Absenteeism will reduce certainty and affect the overall function of the organization. Nurse leaders should increase certainty by managing absenteeism.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2012, Schwartz D. B., & Bolton L.B. Leadership imperative. Creating and sustaining healthy workplace environments. American Organization of Nurse Executives.	The paper examines the importance of nurse leaders to integrate the elements of the American Organization of Nurse Executive (AONE) principles and elements of a healthful practice work environment in their practice.	Type of Non-Research: Expert opinion Level of Evidence: V Quality Rating: Good	There are significant improvements in staff retention for nurse leaders that integrate the principles and elements of healthy professional environments. Nurse leaders are often faced with a challenge of creating a healthful practice work environment. They need to have respect but also hold their employees accountable for their performance by setting the standards of excellence.	Autonomy: AONE principle 1 (Collaborative practice culture). Nurse leaders can improve autonomy by building trust and respecting diversity among staff. AONE principle 6 (Shared decision making at all levels). Structures need to be put in place to support shared decision making and give nurses' control over their practice. Fairness: AONE Principle 2 (Communication-rich culture). Nurse leaders can create transparency in the work place by being very clear, consistent and creating trusting environments. Certainty: AONE principle 3 (A culture of accountability). Nurse leaders should have clearly defined role expectations had hold the staff accountable for their actions. AONE principle 7 (Encouragement of professional growth and development). Helping staff to meet their goals and promoting professional development often creates a sense of reward and	Conclusion: Positive Professional Environments (PPE) has been linked to higher levels of staff nurse job satisfaction, greater retention, and improved patient outcomes. Nurse leaders who integrates the principle elements of healthy PPE in their leadership styles have improved staff satisfaction and retention.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				<p>improve certainty.</p> <p>Relatedness: AONE principle 4 (Presence of adequate numbers of qualified staff). Adequate staffing is very essential to the organization. It creates a safe working environment by reducing medical errors and employee injuries.</p> <p>Status: AONE principle 5 (Presence of expert, competent, credible and visible leadership). Nurse leaders should serve as advocates for the nurses and supports shared governance.</p> <p>AONE principle 8 (Recognition for the value of nursing's contribution) and AONE principle 9 (Recognition of nurses for their meaningful contribution to practice). Nurse leaders should use reward and recognition for a job well done to improvement engagement.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2007, Toofany, S. Team building and leadership: the key to recruitment and retention. Nursing management.	The paper examines factors that affect recruitment and retention, and considers some team building strategies that might support leaders and managers in their efforts to build cohesive workforces	Type of Non-Research: Expert opinion Level of Evidence: V Quality Rating: Good	Team building activities and staff communication are directly correlated to job satisfaction. Nurse managers need to recruit and retain qualified staff. Establishing a rewarding work environment that promotes retention is a major role of nurse leaders. Team building should be encouraged in all levels at the nursing units because it fosters collaboration. People who work together to achieve a common goal are often very productive.	Relatedness: Relative importance to others. Creating a cohesive nursing workforce is essential to successful recruitment and retention of staff. Team building can help improve employee's satisfaction and commitment to the organization. When people work as a team, they can speak to each other freely because they know, and trust each other. Often people will trust those who are in their groups. The greater that people trust one another, the stronger the collaboration and improved team building. Team building also enhances communication and interpersonal relationships, and can be used to overcome low staff morale. If the morale of staff is good, they are likely to perform better.	Conclusion: Nurse leadership skills and styles play an important role in creating professional work places that attract and retain staff. Limitation: The findings are not clearly presented. The results could be biased based on the author's knowledge and understanding of the topic.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2012, O'Donnell, D. M., Livingstone, P. M., & Bartram, T. Human resource management activities on the front line: A nursing perspective. Content Management.</p>	<p>The purpose of the study is to explore the Human Resource Management (HRM) activities performed by the Nurse Unit Managers (NUM). The paper explores the impact of HRM on job satisfaction, nurse retention and qualities of patient care.</p>	<p>Type of Research: Qualitative study Level of Evidence: III Quality Rating: Good Setting: Australia public hospital Participants: Nine Nurse Unit Managers (NUM) and five staff nurses Measurement: A semi-structured interview format for the two focus groups.</p>	<p>The leadership styles and supportive behaviors of Nurse managers and work environment are directly correlated to the nurse's job satisfaction and turnover rates. All NUM's should be assessed prior to the transition from clinician to manager. The first theme that emerged from the study is management of staff behaviors. NUM's should have a support system during this transition, when managing undesirable behaviors of staff and during staff disciplinary actions. The second theme is retention of staff through staff satisfaction. The NUM can influence retention strategies by adopting the HRM technique of employee empowerment which also influences job satisfaction.</p>	<p>Status: Relative importance to others. NUM's in their everyday practice face two major challenges, management of staff requiring disciplinary interventions and retention of staff through staff satisfaction. Staff discipline should be personalized, completed in isolation and addressed in a timely manner especially if the issue has an impact on work relationships. Retention of staff is a shared responsibility between the NUM's and the hospital administrative. They need to work together to address retention strategies for the organization.</p>	<p>Conclusion: NUM's should influence the work environment of nurses by navigating the health care environment, helping staff manage and adapt to change. Limitations: The authors' interview questions were derived from a review of the literature on the topic and from the researchers' own experience. There could have been biasness on the questions derived from his experience.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2013, Collini, S. A., Guidroz, A. M., & Perez L. M. Turnover in health care: the mediating effects of employee engagement. Journal of Nursing Management.	The study highlights the effects of employee engagement and its effect on retention and turnover.	<p>Type of Research: Non-experimental study</p> <p>Level of Evidence: III</p> <p>Quality Rating: Good</p> <p>Setting: 10 hospitals</p> <p>Participants: 185 employees that provided direct patient care</p> <p>Measurement: Five-point likert-type scale (climate of diversity, respect in the workplace, mission fulfilment, reasons for leaving).</p>	<p>Hypothesis 1: Engagement fully mediates the relationship between respect and turnover rates ($P < 0.001$). This shows that when staff are engaged, they feel respected and have low turnover rates.</p> <p>Hypothesis 2: There is no mediating effect of engagement on climate of diversity and turnover ($P = 0.18$). Hypothesis 2 was not supported. Diversity does not have a direct effect on turnover. A healthcare organization that is diverse will not necessarily have low levels of turnover.</p> <p>Hypothesis 3: Engagement fully mediates the relationship between mission fulfilment and turnover rates ($P < 0.05$). Positive perceptions of mission fulfilment lead to high levels of engagement which then leads to low levels of turnover.</p>	<p>Relatedness: A sense of safety with others. Engagement is a big determinant of employee turnover and retention rates. It is the relationship between an individual and their work. It is related to employees' decisions regarding their employment, commitment to the organization, their behavior and interactions in the workplace. Engagement helps to improve health, build a stronger commitment to the organization, provides greater job satisfaction, and improve the practice environment.</p> <p>Fairness: Perception of fair exchange between people. Poor interpersonal relationship, lack of respect, poor process transparency, and lack of organization commitment leads to high turnover rates. One of the major causes of turnover in nursing population is unhappiness at work.</p>	<p>Conclusion: Retaining qualified and high-performing nurses is a very important element in all hospitals.</p> <p>Limitations: There was lack of diversity in the sample regarding race and gender. It was therefore difficult to assess climate of diversity. Health care is a female-dominated industry. Therefore, there was gender bias in the study. The study focused on subjective organizational factors that may affect the turnover-engagement relationship. To get a better conclusion, the author should also look at how more objective and concrete variables may influence the relationship.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2013, Moneke N., & Umeh, O. J. Factors influencing critical care nurses' perception of their overall job satisfaction Journal of Nursing Administration.	The purpose of the study was to find out the perception of job satisfaction among critical care nurses.	Type of Research: Non-experimental study Level of Evidence: III Quality Rating: Good Setting: Critical Care Unit Participants: 204 Critical Care Nurses Measurement: The Leadership Practices Inventory (LPI) instrument.	There were statistical significant relationships between perceived leadership and job satisfaction ($P = 0.035$). There were also statistical significant relationships between organizational commitment and job satisfaction ($P = 0.035$). Organization commitment and quality of leadership are key to retention. Employees who feel that they are personally cared for by their organization and managers have higher levels of commitment, are more responsible, perform better and, are engaged. Organizational commitment was the strongest predictor of job satisfaction. There was a correlation between inspired shared vision and job satisfaction ($P = 0.01$). Nurse leaders should have knowledge of the aspirations, visions, hopes, and values of their staff. The leader should often address the	Status: Relative importance to others. Leaders who are motivated to retain staff communicate a vision, challenge peoples' potential, and ultimately maximize individual and team capabilities. Leaders enhance retention of nurses using empowerment strategies. Relatedness: A sense of safety with others. Nurse leaders need to role model to their staff. They need to do what they expect their staff to do by creating and implementing standards of excellence and ensuring that these standards are followed. The leader should have the ability to follow up on promises, commitments as well provide feedback. Certainty: Concerns about predicting the future. A good leader should passionately lead her staff to achieve high performance. The leader needs to address things that might affect their future performance and should appeal to her followers to share their dreams of the future. Leaders should inspire commitment but not command it.	Conclusion: Organizational culture and quality of leadership are very important elements in staff retention. Limitations: The study was conducted in only one healthcare system. The questionnaire was emailed to the participants but some emails were returned because of incorrect email address or vacation message. The email system may have flagged the questionnaire as spam and so some of the staff never received it. Lack of access and the length of the questionnaire (20 minutes) could have negatively affected the results.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
			<p>trends that will affect the future performance of the staff, ask them to share their dreams and, help them achieve their interests.</p> <p>However, there were no statistical significance relationships among critical care nurses' demographic variables and job satisfaction.</p> <p>The differences between gender, age, years as an RN, years with current employer, and, highest educational degree did not produce statistically significant relationship ($P = 0.69$).</p>		

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2010, Wiek, L. K., Dols, J. & Landrum P. Retention priorities for the intergenerational nurse workforce. Nursing forum.</p>	<p>The purpose of the study was to conduct a generational assessment for job satisfaction, work environment, and desired characteristics of managers. The overall goal of the study was to improve nurse retention.</p>	<p>Type of Research: Non-experimental study Level of Evidence: III Quality Rating: Good Settings: 22 Southern hospitals Participants: 1,773 Staff nurses Measurement: Nursing Work Index-Revised</p>	<p>The nurse/physician relationships are the most satisfactory for all the three generations. The millennials were least satisfied with their control over practice (M = 2.78) and organizational support (M = 2.79). Providing an environment where nurses are valued and happy in their work is a management priority. Generation X nurses were least satisfied with autonomy (M = 2.74) and, control over practice (M = 2.75). Nurses over the age of 40 were most satisfied in almost all areas. Their areas of least satisfaction were control over practice (M = 2.81) and, satisfaction with work environment (M = 2.82).</p>	<p>Relatedness: A sense of safety with others. Leaders should improve retention by addressing generational differences in the work setting. Young nurses want to be led, not managed. They need positive reinforcement on a daily basis. The middle aged nurses need support, motivation, shared decision making and respect from their leader. The older nurses need help with retirement. Status: Relative importance to others. Providing an environment where nurses are valued and happy in their work is a management priority. Nurse leaders need to develop and transform management skills into leadership behaviors and acquire the skills to provide positive reinforcement and, support in order to retain the staff. Certainty: Concerns about the future. Leaders should build trust and cooperation by creating an environment of openness and acceptance. All generations need organizational support and a professional practice environment that meets the</p>	<p>Conclusion: The key to retention is creating an environment where all the generations feel welcome and valued. All generations want to work for a manager who is “people person”. The staff would like support from their manager. Limitations: The authors stated that they used the Nursing Work Index- Revised for measurement but they do not explain what factors were contained in this measurement and the ranges.</p>

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				<p>safety needs of the patients, the personal needs of the nurse, and the staffing needs of the hospital. Nurse leaders can succeed when they change their priority from managing the team to joining it.</p> <p>Autonomy: A sense of control over events. Nurse leaders should support, motivate, and effectively communicate their interests in developing staff potential, encourage staff participation in decision making, and express respect for the individual effort and achievement.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
<p>2006, Acree, M. C. The relationship between nursing leadership practices and hospital nursing retention. Newborn and infant nursing reviews.</p>	<p>The study examined the relationship between nursing leadership practices and the hospitals nursing retention.</p>	<p>Type of Non-Research: Systematic Literature review Level of Evidence: IV Quality Rating: Good</p>	<p>There is a direct relationship between transformational leadership style and transactional leadership style in retaining nurses in hospitals. Transformational leadership is directly correlated to job satisfaction while transactional leadership has no direct correlation with empowerment but directly affect job satisfaction. The research shows that some of the primary factors contributing to shortage of nurses are: poor public images of nursing, declining enrollment in nursing schools, the changing work environment, the aging population of nurses and, fewer individuals choosing the nursing profession. Healthcare needs nurse leaders who are well trained and educated to help improve nurse retention.</p>	<p>Status: Relative importance to others. Nursing leadership has the ability to control or influence most variables that positively affect retention. A manager's ability to use their personal power in controlling others with regard to reward and punishment and, ability to control the work environment are highly coordinated with intent to stay. Relatedness: A sense of safety with others. Transformational leadership has a powerful positive impact on job satisfaction in the area of empowerment. Transformational leaders have the skills and, characteristics needed to manage and lead a diverse workforce. Some of the transformation characteristics are: challenging a process, inspiring a vision, enabling others to act, modelling the way, and encouraging good performance. Therefore, transformation leadership characteristics can develop a professional practice environment and maintain a stable nursing workforce.</p>	<p>Conclusion: Nursing leadership is responsible for the retention of nurses once they are recruited. The nurse leaders can control most variables that positively impact retention. Transformation leadership style is most effective in enhancing retention. Limitations: The literature on retention, job satisfaction, and turnover studied leadership as one important variable blended with many other variables.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				<p>Transaction leadership has no impact on empowerment but has direct effect on job satisfaction.</p> <p>Certainty: Concerns about predicting the future. Transaction leadership clearly defines the role expectations from the leader to the staff. This style of leadership ensures that culture within an organization is maintained and that the rules are followed.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
2005, Force, M. V. The relationship between effective nurse managers and nursing retention. Journal of Nursing Administration.	The study examined nursing research that studied characteristics of nurse managers' leadership styles that enhances hospital nurse retention.	Type of Non-Research: Systematic literature review Level of Evidence: IV Quality Rating: Good	The staff nurses' perception of a manager's power, influence, and transformational leadership style are important factors in retention of nursing staff. The two key factors affecting all healthcare organizations are nursing retention and recruitment. It's very costly to replace a Registered Nurse. High turnover is not only costly to the hospital but also hospitals suffer long-term negative effects from the constant change of novice nurses. The study identified three key variables that directly contributed to intent to stay: nurse leaders' position of power, leaders influence over the daily work coordination, and job satisfaction.	Status: Relative importance to others. Effective leadership characteristics appeared to be an essential component of retention of professional nursing staff. The transformational leader uses recognition to provide individual attention to each staff member. Characteristics of power are viewed as a perception of justice, influence over workload and, ability to communicate expectations clearly to staff. These characteristics of power contribute to intent to stay and job satisfaction. Autonomy: A sense of control over events. The most consistent theme across the study was the strong need for nurses to practice with managerial support of autonomy. An effective nurse leader should support a culture where information is shared effectively. Relatedness: A sense of safety with others. The study showed that the primary reason why nurses wanted to stay in their jobs was an environment that provided group cohesion, a	Conclusion: Nursing retention is a very complex issue. It can be influenced by personal characteristics of the nurse leader and organizational structures of the healthcare institution. It is very critical that all nurse leaders develop strategies to promote retention. Healthcare organizations need charismatic leaders that are able to communicate the vision, mission, values and goals of the organization in an open way.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				sense of family, and ability to talk freely. The nurses respect a manager who is highly visible and provides support.	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
<p>2008, Mosley, A., Jeffers, L., & Patterson J. The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. Contemporary Nurse.</p>	<p>The study examined the factors that influence older nurses to leave an organization or to retire early.</p>	<p>Type of Non-Research: Systematic literature review Level of Evidence: IV Quality Rating: Good</p>	<p>The retention of older nurses is very important in an era of nursing shortages and increased health demand. Initiating changes that can influence this age group is crucial. Retention of nurses is directly correlated with autonomy and empowerment, delegation of responsibility and control over work environment. The older nurses who are involved in decision making reported being satisfied and respected. Utilizing these older nurses in leadership roles in the patient care areas is correlated to increased satisfaction.</p>	<p>Status: Relative importance to others. Respect, recognition of expertise and acknowledgement of a job well done has been identified in the literature as important to older nurses. Relatedness: A sense of safety with others. Older nurses preferred a leader who fostered open relationship and provided personal, face-to-face communications. Having a good relationship with the manager is very important to older nurses. Autonomy: A sense of control over events. Older nurses value autonomy. A nurse leader should give older nurses the power to make decisions about their work but coach the staff through the process and provide support. Certainty: Concerns about predicting the future. Health care organizations should provide equal access to training and career development to all nurses, regardless of age. A nurse leader should take into consideration the different learning styles for the older nurses.</p>	<p>Conclusion: Leaders can play a crucial role in both creation of a positive culture and acknowledging and respecting older nurses. Older nurses need to be challenged by taking on roles of senior staff nurse, preceptor and mentor. Limitations: All the quantitative studies examined in this review were questionnaires of case series, which were rated the lowest level, IV. (Case series is descriptive study that does not involve the comparison of the group). Some of the qualitative studies were allocated lower scores because they failed to adequately address ethical issues, and the researcher's role in the study.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2011, Forest, M., & Kleiner, B. Effects of current nursing management styles on the retention and recruitment of nurses: a systematic review of the literature. International Journal of Management.	The study examines the present nursing management styles and their effects on retention and recruitment of nurses.	Type of Non-Research: Systematic literature review Level of Evidence: IV Quality Rating: Good	Empowering nurses to make changes that support the vision, increases morale, commitment and reduces turnovers. Transformational leaders can inspire loyalty by empowering the nurses and creating a culture of shared governance. They make sure that the employees understand the vision and goal of the organization and follow it. Lack of motivation is highly correlated with high turn-over rates and poor patient satisfaction. Nurses who go to work for a paycheck lack commitment to the organization.	Status: Relative importance to others. Nurses need empowerment from their leader. When the bedside nurse is given the opportunity to effect change within an organization, improved quality of care and patient satisfaction will result. Autonomy: A sense of control over events. When nurses are empowered to make changes that are in line with the vision, morale will improve, a sense of meaning will be established; and retention will improve. Relatedness: A sense of safety with others. A nurse leader should motivate, inspire, engage and role model to her staff. Nurses who are engaged have low absenteeism, turnovers, and high patient satisfaction rates.	Conclusion: Transformational leadership empowers the employees, fosters a sense of commitment to an organization and encourages creative input from the staff. Almost all great transformation leaders have charisma, but not all charismatic leaders have the ability to transform. Limitation: The paper favors transformational leadership style as being the best in promoting retention and recruitment of nurses. The author fails to compare and contrast transformation leadership with the other leadership styles.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2010, Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., Muise, M., & Stafford, E. Leadership styles and outcome patterns for the nursing workforce and work environment. A systematic review. International Journal of Nursing Studies.</p>	<p>The study examined the relationships between various leadership styles and outcomes for the nursing workforces and the work environments</p>	<p>Type of Non-Research: Systematic literature review Level of Evidence: IV Quality Rating: High</p>	<p>A leader who focuses on good relationships with staff, achieves great outcomes and higher productivity than a leader who is task focused. Significantly reduced productivity was found in leaders who used the transactional, laissez-faire, and peer leadership styles. Transformational leadership and emotional intelligence style of leadership improve relationships because they focus on providing positive change or outcomes.</p>	<p>Relatedness: A sense of safety with others. Nursing leadership influences staff perception of motivation to perform by fostering autonomy, building relationships, providing resources and through leadership practices that guide, mentor, and coach. Group cohesion, innovation, collaboration, conflict management, and nursing model of care are valued by nurses. Status: Relative importance to others. A leader who is task oriented negatively influences the staff. Nurses want a leader who will maintain and develop relationships and is sensitive to their emotional needs.</p>	<p>Conclusion: Transformational leaders are needed to enhance nurse satisfaction, recruitment and retention and promote a healthy work environment. People focused leadership practices contribute to improving outcomes for the nurses, their work environments, and increase productivity for the healthcare organization while task focused leadership styles led to negative outcomes. Limitations: Due to the nature of studying leadership, no randomized control trials (RCTs) were found and there were limited extraneous variables. Qualitative studies were not included due to the volume of quantitative studies selected. This may reduce the comprehensiveness of the results. The authors did not purposely hypothesize the differences in outcomes by leadership style.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
2009, Liou, S-R. Nurses' intention to leave: critically analyse the theory of reasoned action and organizational commitment model. Journal of nursing management.	The study systematically analyses the models of organizational commitment and theory of reasoned action to understand intention to leave and turnover behavior.	Type of Non-Research: Systematic Literature review Level of Evidence: IV Quality Rating: Good	Individual personal characteristics and intention to leave is highly correlated with turnover rates. Personal characteristics including demographic variables like, age, and education, the need for achievement and personality are significant in influencing employee commitment. Turnover rates, intention to leave, absenteeism and tardiness are negatively related to organization commitment. Work experience, Organizational commitment, and personal characteristics are main predictors of intention to stay.	Relatedness: A sense of safety with others. Organizational commitment (OC), intention to leave, work experiences, job characteristics and personal characteristics are concepts for predicting nurses' intention to leave. Organization characteristics such as organization culture, trust, support, justice, empowerment and leadership styles strengthen the commitment of nurses' to their organizations. Organizational commitment reflects the individual's relative strength of identification with and involvement in a particular organization. The predecessors of OC are personal characteristics (age, education and need for achievement), work experiences (dependability, attitudes and, performance), and job characteristics (task identity and, feedback). The Theory of Reasoned Action (TRA) enables us to understand the individuals' complex decision-making process. This theory views an individual's intention to perform a behavior as an immediate determinant of	Conclusion: Nursing managers may consider nurses' personal characteristics and experiences to increase their organizational commitment and enhance their intention to stay. Job characteristics including job stress, challenges, pay, benefits, training, education, autonomy, interaction and relationships, work environment, are all linked to employee satisfaction and are strong predictors of commitment in healthcare. Limitations: The models for measuring nurses' intention to leave their jobs needs to be cross-validated and tested to establish the stability, predictability and casual relationships between predictors and the outcome variable.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				action. The individual's attitudes toward a behavior and, intention are significantly related.	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Searf Model	Conclusions/ Limitations
2008, Feather, R. Emotional intelligence in relation to nursing leadership: does it matter? Journal of nursing management.	The study examines the importance of studying the emotional intelligence (EI) of nursing leaders and job satisfaction of nursing staff.	Type of Non-Research: Systematic literature review Level of Evidence: IV Quality Rating: Good	Leadership involves leading and influencing people to develop shared values, vision and, expectations to enhance organization goals. It is important for leaders to have the ability to recognize emotions within themselves, to express those feelings to others and, to be able to differentiate between honest and false emotional expressions. EI enables the leader to use their positive emotions to influence others and facilitate the vision of the organization through job performances. Healthcare organizations should investigate to find out how the EI of nurse leaders affect the levels of job satisfaction. There is a gap in the knowledge regarding the impact of EI levels of nursing leaders and the relationship with job satisfaction on the nurses.	Relatedness: A sense of safety with others. The emotional intelligent nurse leader does not rush to fix, cure, or control the responses of the staff members, but is empathetic to their concerns and, allow them to express their feelings without judgement, pressure or guilt. Nurse leaders should allow nurses to deal with their feelings that may include loss, grief, and, anxiety. The nurse manager is responsible for meeting the needs of staff by helping them to develop better interpersonal and communication skills. It is important for nurse leaders to engage in relationships that will facilitate successful management. Successful healthcare organizations will always focus on improving the EI (self-awareness, self-management, social awareness and, social skills) of their leaders. EI provides a theoretical framework of measuring effective leadership behaviors and abilities of nurse managers. The perception, appraisal and, integration of the emotion,	Conclusion: Nursing managers may consider nurses' personal characteristics and experiences to enhance their staff's organizational commitment and intention to stay. All nurse leaders need to possess a level of intelligence that enables them to make effective decisions, and motivate the staff. Leaders need to be aware of their own emotions and the emotions of others. Limitations: It's difficult to measure emotional intelligence. Most of the tools have technical difficulties. The validity of the test of EI is based on theoretical framework of EI.

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
				<p>knowledge about the emotion, and managing the emotions are the skills that every emotionally intelligent nurse manager should possess. It is the role of a nurse leader to make others to do their job more effectively and, EI is a very important skill that makes a nurse manager a great leader.</p> <p>Status: Relative importance to others. Nurse managers who use leadership behaviors in guiding their hospital departments have employees who report significantly higher levels of job satisfaction, productivity and, organization commitment. The nurse manager's leadership style is mostly likely to improve retention of nurses because of the manager's ability to influence job satisfaction.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
<p>2010, Zori, S., Nosek, L. J., & Musil, C. M. Critical thinking of nurse managers related to staff RN's perceptions of the practice environment. Journal of Nursing Scholarship.</p>	<p>The study examined the differences between the manager's critical thinking (CT) dispositions and their respective staff nurses' perceptions of the practice environment</p>	<p>Type of Research: Non-experimental study Level of Evidence: III Quality Rating: Good Setting: Tertiary care hospital Participants: 12 Nurse managers and 132 RN's Measurements: California Critical Thinking Disposition Inventory (CCTDI) and Practice Environment Scale (PES).</p>	<p>A nurse manager who was open, accepted other people's opinion, and understood the needs of a diverse work force had highly significant results at $p < 0.001$ in the open-mindedness scale. A nurse manager who is open-minded will seek out the opinion of the staff before implementing a change process. A nurse manager who ensured adequate daily staffing and created a positive environment and job satisfaction was seen as supportive to the nurses ($P < 0.001$). Adequate staffing does not only improve job satisfaction but also improves patient outcomes and patient satisfaction. A nurse manager who is skilled in the use of critical thinking is able to create a professional practice environment that is conducive to job satisfaction thus influencing retention and decreasing turnover. Therefore healthcare</p>	<p>Relatedness: A sense of safety with others. The employee's relationship with their nurse manager is a big determinant of job satisfaction. The nurse manager's ability to creatively problem solve and develop relationships with staff can positively influence the nurses' practice environment and job satisfaction. Nurses need a leader who is open-minded. They need a nurse manager who will respect the varied opinions and needs of a diverse work force and solve problems in a flexible and creative way that demonstrates care and concern for all the staff. Nurse managers who are able to provide guidance for addressing issues and problems in a timely and, effective manner may create a feeling of trust and, safety in the staff and a subsequent perception of support from their leader. Certainty: Concerns about predicting the future. Staff RN's require staffing adequacy in order to fulfill their work responsibilities. An organized staffing system managed by the</p>	<p>Conclusion: In order for nurse managers to keep nurses in the work force, they have to identify the factors that led to satisfaction and retention. The nurse manager has a 24-hour responsibility for the operation of a patient care unit and a main responsibility in creating a profession practice environment which leads to job satisfaction. High levels of staff and patient satisfaction are goals that must be reached on each patient care unit. Limitations: The author used a convenience sample. The study was conducted in a single tertiary medical center and this created an inability to generalize the findings. Only those managers who chose to voluntarily answer the CCTDI questions were included in the study. These also limited the RN's to those nurse managers who chose to participate. The small sample size (144 Participants) limited the findings.</p>

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
			<p>organizations should invest in the development and, support of critical thinking in nurse managers.</p>	<p>nurse manager that ensures daily adequate staffing is perceived as supportive to the nursing practice and the creation of a professional practice environment. Participation in hospital affairs, staffing, resource adequacy, nurse managers support and, collaboration are attributes to the professional practice environment.</p> <p>Status: Relative importance to others. Managers who use leadership behaviors in guiding their hospital departments have employees who report significantly higher levels of job satisfaction. A nurse manager has twenty-four-hour responsibility for the operation of a patient care unit and, a major responsibility of creating an environment that influences the nurses' job satisfaction. Visionary, expert achiever, communicator, mentor and, critical thinker are some of the main characteristics of a nurse leader needed to influence organizational success.</p>	

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
2012, Cowden, T. L., & Cummings, G. G. Nursing theory and concept development: a theoretical model of clinical nurses' intentions to stay in their current positions. Journal of Advanced Nursing.	The purpose of the study was to describe a theoretical model of staff nurses' intention to stay in their current positions.	Type of Non-Research: Systematic literature review Level of evidence: IV Quality Rating: Good	The variables that were found to directly contribute to intention to stay (ITS) were manager power and influence over work, opportunity elsewhere, promotional opportunity, and staff nurse satisfaction. Manager characteristics, power, influence and leadership style, could not directly alone contribute to ITS. Organizational commitment was found to be one of the major predictors of ITS. Employees who put more effort into attaining organizational goals are more satisfied and have greater ITS. Individuals remain with the organization either because they want to, they feel obligated, or perceive they would lose too much if they left. Organization commitment reinforces behavioral intentions. Job satisfaction was found to be more important predictor in ITS than organizational	Certainty: Concerns about predicting the future. Nurse leaders should be supportive to their staff. Employees who feel supported perform better and have high ITS. Adequate and safe staffing is highly valued by the nursing staff. Unit characteristics' (staffing and, workload) is a predictor variable that explains the nurses ITS. Autonomy: A sense of control over others. Autonomy consistently predicts job satisfaction and is directly related to high ITS. Nurses want a leader who empowers them. Relatedness: A sense of safety with others. A safe and supportive environment is an important predictor of ITS. Nurse leaders should provide a safe, professional practice environment. Favorable perceptions of the work environment positively influence ITS. The leadership practices that influence ITS as shared decision-making, supervisor support, autonomy, staffing and praise and recognition. Status: Relative importance to others. Some of the predictor variables that	Conclusion: The study provided a guide to promote leadership practices that support ITS and the development of effective retention strategies. An increased understanding of the predictors variables (manager characteristics, organizational characteristics, unit characteristics and nurse characteristics) will lead to increased retention rates and high ITS. Limitations: The studies that examined ITS did not use the same variables and the outcomes may not have included the indirect effects in the analyses, which could lead to biasness. The findings should not be generalized across the populations

Year, Author, Title, Journal	Purpose	Strength of evidence	Findings	Scarf Model	Conclusions/ Limitations
			<p>commitment. Nurses experiencing high levels of job satisfaction are less likely to leave and are more committed to the organization. Empowerment and supportive work environment are linked to high levels of job satisfaction.</p>	<p>explain the nurses' ITS are: manager characteristics' (power, influence and, leadership style) and organizational characteristics (distributive justice, promotional opportunity and, control over practice).</p>	

Chapter Four: Discussions, Implications and Conclusions

Historical Patterns

The development of nursing leadership skills was emphasized since the early years of Florence Nightingale. However, there was a lot of emphasis on continuous education, meeting licensure requirements and achieving advanced clinical certifications (O'Neil, Morjikian, Cherner, Hirschhorn, & West, 2008). Nursing leaders focused on their own professional development by obtaining certifications in an area of interest or specialty through continuing education programs. Many of the education programs did not give nurse leaders an opportunity to acquire knowledge on how to enhance and maintain a PPE. Over the past decades, the responsibilities of nurse leaders have expanded to include managing operations (Sherman & Pross, 2010).

Current Trends

Healthcare organizations such as The Joint Commission (TJC) and the Center for Medicare and Medicaid Services (CMS) are demanding leaders to be more skilled, expand their careers and remain competitive (Winans, 2009). The development of leadership skills should be viewed as a journey. Most current nursing leaders are selected for their roles because of their clinical knowledge. The majority of nurses move into leadership with very minimal knowledge and skills on leadership. Many of the health care organizations are not investing resources to develop current and future nursing leaders. They are not helping leaders to build the skills they need to promote a PPE (O'Neil et al.'s 2008).

Sherman and Pross's (2010) found in their research that the major barrier for nurse leaders to access leadership and professional development opportunities was the inability to get time off to attend classes. The lack of funding and program availability has hindered future

leaders from becoming great leaders. In some health care institutions, leaders have no access to training courses. It is very important that institutions identify the skills that their leaders need and help them to achieve those skills.

The American Organization of Nurse Executives (AONE) (2015) is the voice of nursing leadership. It provides leadership, professional development and research that helps nursing leaders to advance their skills. AONE focuses on improving patient outcomes by developing nursing leadership excellence. The AONE goals are centered on the future of patient care delivery system, PPE, quality, safety, health care reform and policy, work force competence, leadership and strong and engaged AONE membership (AONE, 2015). The AONE organization has identified the creation and maintenance of healthful practice environment as an essential role for nurse leaders. The nine essential elements that support the development of healthful work environment as identified by the AONE are:

Collaborative practice culture, communication-rich culture, a culture of accountability, the presence of adequate numbers of qualified nurses, the presence of expert, competent, credible, visible leadership, shared decision making at all levels, the encouragement of professional practice and continued growth/development, recognition of the value of nursing's contribution and the recognition by nurses for their meaningful contributions to practice (Ritter, 2011, p. 29).

The characteristics and behaviors that leaders need to support the development of a PPE are identified as soft skills (Sherman & Pross, 2010). Helping leaders gain self-confidence will help them achieve their soft skills. Soft skills such as, communication, teamwork, decision making, critical thinking skills are all component of emotional intelligence that all nursing leaders should possess (Kroning, 2015). Self-assessment instruments and the 360 degree

evaluations are powerful tools that can help nursing leaders measure their strengths and weaknesses.

Along with professional development, it is also very important for leaders to be competent in the finance and business of the organization. Many nursing leaders lack the business skills and knowledge needed to successfully operate their unit with the budget of the organization. Excellent leadership and organizational culture are the key elements in the success or failure of a healthcare organization. Nursing leaders in today's healthcare must show excellent ability to manage change, work within their budgets but yet increase patient satisfaction.

Gaps in the Literature

The main gap in the literature is the minimal number of research articles written on this topic in America. Only ten research articles were found for this critical review of the literature and included studies done in Australia, London, and Canada. There are limited studies on this topic. The few studies analyzed, did not give a clear definition of leadership while others used leadership as a primary independent variable.

The variability in definition and measurement of nurse leadership practices limits the findings. There was no consistent way to study the relationship between leadership skills and the nursing PPE. Several tools were used to measure the PPE. A common tool discussed in some of the critical literature review was the Essentials of Magnetism tool. Other tools used were Healthy Work Place Index (HWPI) and the Practice Environment Scale of the Nursing Work Index (PES-NWI). Some studies did not report the measurement tool validity which limits the external validity of the study findings.

Implications for Nursing Leadership

In today's healthcare industry, there is increased interconnectedness and rapid change which makes it necessary to improve the way the staff work together. Nurse leaders need to understand the influences of human social behavior. The Scarf model summarizes the framework and clarifies the common factors that can activate a reward or threat response in social situations (Rock, 2008).

The complex nature of individuals can be difficult to manage. Different interpretations and perceptions of common events can bring about diverse reactions which can be challenging for nurse leaders. The Scarf model help nurse leaders to look at how the staff affect and are affected by their environments. A toxic workplace environment affects the employees' health and overall production for the organization. The findings of the critical review of the literature show that nurse leaders have a major role in creating a PPE and they can significantly influence staff perception and response to their workplace environment (Tillott et al.'s 2013). A study by Rock (2008) found out that the main benefits of the Scarf model is to give greater insight into human behavior and help nurse leaders to understand how these behaviors can affect the environment.

The findings of the critical review of the literature supports that a nurse leader who applies the domain of certainty will improve nurse retention, reduce turnover and provide a PPE for the nursing staff. Nurse leaders have a fundamental role in the retention of nurses. They are in a position whereby they can promote change, ensure a PPE and promote retention. Duffield, Roche, O'Brien-Pallas, et al.'s (2008), found that nurse leaders play an important role in reducing staff burnout and high absenteeism among nurses by ensuring adequate staffing levels and allocating appropriate workloads. The findings of the critical review of the literature show

that nurse leadership skills are very important factors in creating a PPE that will attract and retains staff. Nurses will clearly show excellent performance when nurse leaders demonstrate competent conflict resolution skills, create a rewarding work environment, present a vision for the organization and motivate and inspire nurses (Nelsey & Brownie, 2012).

A PPE will have positive impact on staff retention, satisfaction and organizational performance. The findings of this critical review show that in order to have a PPE, we need strong nursing leadership at the unit level where most staff works. For a healthcare system to achieve a PPE at the unit level, nurse leaders need to have strong leadership skills that support the development of healthy work places (Sherman & Pross, 2010). A transformational leader who applies status and focuses on strengths, identifies weaknesses, motivates, re-examines ideas, acts as a role model and fosters confidence and competence in the staff (Tillott, 2013).

Nurse leaders play a critical role in increasing levels of job satisfaction and staff retention. Duffeld, Roche, Blay, and Stasa (2010) found that a manager who was perceived as a good leader, was visible, consulted with staff, provided praise and recognition. The review of the literature shows that a nurse leader who exercises autonomy and enhances involvement in an organizational decision can greatly improve staff satisfaction and retention while micromanaging impacts autonomy. Organizational structure is one of the forces of magnetism and favors a decentralized shared decision making structure. Nurses need to participate in the decision making for their unit. A study by Schwartz and Bolton (2012) supports the fact that structures need to be put in place to support shared decision making and give nurses control over their practice. Shared governance is a formal structure that codifies nurses' right, responsibility and power to make decisions (Scherb, Specht, Loes & Reed, 2011). Staff participation in interviewing and recruitment are important activities within the shared governance. The critical

review of the literature show that nurses feel more empowered when they participate in interviewing and hiring nurses to work on their unit. Staff nurses have a great influence on how the organization is perceived because they are the representatives of the healthcare organization in the community. Force (2005) found out that nurses with a shared governance structure at their workplace had a strong sense of control over nursing practice that encouraged autonomy.

The findings of the critical review of the literature show that new graduate nurses face many challenges when transitioning to the workforce. These challenges include an increased number of patients with complex conditions and multiple comorbidities, lack of access to experienced mentors and coaches, generational diversity in the workforce, performance anxiety and bullying (Hofler, 2016). The new RN transition has been recognized globally as a challenge. The new nurses feel the stress and fatigue during this transition. Nurses must manage patients and manage relationships with providers and families. Hofler (2016) found out that the new graduate nurses who are not provided with a supportive transition program often feel overwhelmed and exhausted and they may suffer from significant anxiety. The findings of the critical review of the literature show that providing transitional support for the newly licensed nurses is a very important aspect in their retention. The beginning of a nurse's career can be a challenging time and first experiences can influence their retention.

The critical review of the literature supports the fact that successful transition initiatives can contribute to a return on investment through cost savings acquired with better retention (Collini, et al.'s 2015). There are many other reasons that can cause retention challenges, such as the transition shock. Transition shock is a major factor that negatively impacts retention and therefore requires appropriate attention (Spence Laschinger et al.'s 2009). Nurse leaders who apply the concept of the domain of relatedness in their unit are in a position to develop strategies

to alleviate the transition shock and retain newly licensed nurses. Some of the ways that nurse leaders can apply the domain of relatedness in their unit is by being trustworthy, having collaborations, encouraging social events, having good team work, mentoring and coaching.

The findings of the critical review of the literature support the fact that nursing shortage requires that nurse leaders focus their attention on the retention of currently employed nurses. Collini et al. (2015) found that one of the primary predictors of turnover is the extent to which employees are engaged with their work. Work engagement is therefore a key issue for the 21st century nursing professionals. The findings show that there is a positive relationship between transformational leadership, PPE and staff nurses' intent to remain in their current position (Cowden, Cummings, & Profetto-McGrath, 2011). The studies of Force (2005) and Forest and Kleiner (2011) found a link between the effectiveness of a transformational leadership style and that of a transaction leadership in retaining nurses in hospitals.

The critical review of the literature show that nurse leaders play an important role in influencing the workplace culture and retention of staff. The journey of leadership skills can be very challenging especially in today's economy. The complex nature of individuals and their perceptions can be difficult to manage. Different interpretations and perceptions of common events can bring about diverse reactions. Creating a PPE that is conducive to staff's retention requires a change in the system and structures that govern the existing culture (Tillot et al.'s 2013).

The findings of this critical review of the literature show that leaders should enhance retention of nurses using empowerment strategies. According to Moneke and Umeh (2013), leaders who are motivated to retain staff, communicate a vision and challenge employee's potential. Employees who are well engaged are often motivated and contribute their ideas and

talents to the organization. Nurse leaders should apply the domain of fairness into their daily work. They need to be very transparent and establish clear expectations. The nurses that feel they are personally cared for by their organization and leaders have higher levels of commitments. The findings of this critical review of the literature supports the fact that empowerment is therefore directly associated with job satisfaction and retention.

The findings of the critical review of the literature shows that authentic leaders are needed at the unit level. Many new leaders may negatively impact the domains of the Scarf model by accident. They may know how things should be done but provide too much direction and not enough positive feedback, thereby affecting the staff member's status. It is very important that hospitals provide leadership training for nurse leaders so they can be able to create and maintain a PPE. Today's nurse leaders are challenged with the dynamic of the healthcare industry and need to remain competent to deal with the rapid changes.

An effective nurse leader should try various strategies to bridge the generational gap, use expertise of each generation to meet the needs of the organization and provide a PPE. The findings of the critical review of the literature shows that nurse leaders should understand the expectations of what nurses from different generations value as desirable leadership traits. Baby Boomers want a leader who is supportive, trustworthy, professional, dependable, respectful, who has good people skills and clinically competent. In contrast, the Generation Y nurses want a leader who is dependable, a team player, supportive, available, fair, communicates effectively and trustworthy (Wieck et al.'s 2010).

The findings of the critical review of the literature show that planning for the future is crucial for all healthcare organizations. Senior leadership team need to support nurse leaders in achieving excellent leadership skills. They need to have goals for growth and development of

their leaders and invest the time and money in leadership training. The investment in leadership professional development will develop novice leaders into excellent leaders that will maintain a PPE. Understanding the domains of the Scarf model and finding personalized strategies to effectively use the domains, will help nurse leaders become better leaders, facilitators, coaches, mentors and teachers.

Recommendations for Nursing Research

The recommendations for nursing research emerge from the critical review of the literature. More research is needed to find the relationship between nursing leadership skills and the PPE. Examining the relationship between leadership skills and the variables within the PPE that have a direct relationship will help healthcare organizations improve their overall performance.

To elevate the level of evidence, more experimental and large studies at multiple sites need to be explored. They should employ comprehensive search strategies and rigorous appraisal methods. The studies should have consistent results, adequate control, definitive conclusions and consistent recommendations. They should be based on extensive literature review that includes references to scientific evidence and should contain an evaluation of strengths and limitations of the studies under review.

Research that further explores how leadership behaviors of nurse leaders directly affect the PPE of nurses and to what extent leadership development of these nurse leaders can improve their relationship with their staff is recommended. Future research is needed to determine whether there are other variables that could account for the variance in providing a PPE including pay, benefits, commitment to the organization and recognition.

Leadership development programs have demonstrated a significance influence on leadership skills. More research is needed to examine the effectiveness of nursing leadership development programs. The studies should examine competency at various stages of a nurse leader. A collaborative effort between healthcare facilities, researchers and educators to develop competency-based leadership development programs with adequate assessment will ensure competent and skilled nurse leaders.

The identification of barriers to implement effective relational leadership and provide opportunities for staff interaction with their leaders should be investigated. Any healthcare organization that is willing to support relational leadership must embrace it as part of the organizational culture.

Conclusion

This critical review of the literature was motivated by personal experiences with poor nursing leadership skills at the unit level. The findings suggest that leadership attributes of nurse leaders may directly influence the ability of these leaders to create a PPE. The descriptions of nurse leader attributes and the characteristics of a PPE demonstrated the importance of having a good relational leadership and the role of leaders in creating a well-structured, supportive and PPE for nurses.

Many issues in nursing can be affected by generational differences: turnover, recruitment, morale, team building, communication, feedback, achieving personal and organizational goals. A nurse leader should take time to understand and define how to manage these differences because these are true indicators for future success.

The findings from the critical review of the literature support current nursing leadership literature that suggest that discontent with the PPE is leading to a decline in nurse job satisfaction

levels, which may be contributing to the problems associated with the retention and recruitment of registered nurses (Zori et al.'s 2010). The nursing leadership education program and nursing leadership researchers may benefit from the results of this study to better understand how to prepare nurse leaders with the skills needed to create a PPE that enhances job satisfaction, retention and recruitment. Healthcare leaders need to address the quality of a workplace in order to provide a PPE.

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