Strategy 335035/saved

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<th>Authors</th>
<th>Baker, Elizabeth; Fatoye, Francis</th>
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<td>Source</td>
<td>International Journal of Nursing Studies; Jun 2017; vol. 71; p. 125</td>
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**Abstract**

Background and objective: Chronic obstructive pulmonary disease is increasing in prevalence and constitutes a major cause of morbidity and mortality globally. As well as contributing to a significant decline in health status in many patients, this condition creates a considerable burden on healthcare providers. Self-management interventions are frequently implemented in community settings to limit the impact of chronic obstructive pulmonary disease on everyday life of individuals and to manage pressure on health systems. Nurses are the most likely professional group to provide self-management support. This systematic review aims to evaluate the clinical and cost effectiveness of nurse-led self-management for patients with chronic obstructive pulmonary disease in primary care. Design: A systematic review was conducted to identify randomized controlled studies comparing nurse-led self-management interventions to usual care. Data sources: Seven electronic databases, including British Nursing Index, MEDLINE, CINAHL, AMED, EMBASE, Cochrane Library and NHS Economic Evaluation Database, were searched for relevant studies. Review methods: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist was used to guide the structure of the review. The relevance of citations was assessed based on inclusion criteria, with full texts retrieved as required to reach a decision. Data extraction was performed independently by two reviewers. The Cochrane risk of bias tool was used to undertake a quality review. A narrative summary method was used to describe review findings.

Results: Twenty-six articles describing 20 randomised controlled trials were included in the analysis. Self-management interventions were heterogeneous, with a variable number of components, level of support, mode of delivery and length of follow up. The review demonstrated that nurse-led self-management programmes may be associated with reductions in anxiety and unscheduled physician visits and increases in self-efficacy, but definitive conclusions could not be reached. Few studies addressed economic outcomes and the diverse perspectives, time frames and settings made comparisons difficult. Evidence on cost-effectiveness was inconclusive. Conclusions: Some nurse-led self-management programmes in this systematic review produced beneficial effects in terms of reducing unscheduled physician visits, lowering patients’ anxiety and increasing self-efficacy, but there is insufficient evidence to reach firm conclusions on the clinical or cost-effectiveness of the interventions. Further research should aim to identify the optimal components of these programmes and to identify those patients most likely to benefit. The inclusion of economic analyses in future studies would facilitate decisions by policy makers on the implementation of self-management interventions.

2. Case management effectiveness in reducing hospital use: a systematic review

<table>
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<th>Authors</th>
<th>Joo, JY; Liu, MF</th>
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<tr>
<td>Source</td>
<td>International Nursing Review; Jun 2017; vol. 64 (no. 2); p. 296</td>
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<td>Publication Date</td>
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Abstract

Aim This systematic review synthesizes recent evidence of the effectiveness of case management in reducing hospital use by individuals with chronic illnesses. Background Hospital use by individuals with chronic illnesses accounts for 66% of healthcare costs in the United States. It has been cited as care coordination that can reduce healthcare costs; however, its effectiveness in improving hospital use outcomes is contradictory, and no review has yet synthesized recent studies of case management with respect to hospital use outcomes. Methods This systematic review followed the Cochrane processes and was guided by use of PRISMA statements. Five electronic databases were searched to obtain randomized controlled trials published within the last 10 years that evaluated case management hospital use as a primary outcome by individuals with chronic illnesses. Results Ten studies published between 2007 and 2015 were retrieved and assessed for risk of methodological bias. All studies used case management as an intervention, focused on transitional care services and reported hospital use, including readmissions and emergency department and hospital visits, as a primary outcome. Analysis of the studies showed that case management greatly reduced hospital readmissions and emergency department visits. Limitations Only studies published in English were searched, and retrieved studies tended to report positive results. Conclusions There was strong evidence of significant reductions in hospital use with case management as an intervention. However, other results about the effectiveness of case management remain mixed; more rigorously designed studies with case management interventions are needed. Implications for nursing and health policy The complexity and cost of chronic illnesses means that case management should be considered as a tool to improve quality of care and lower healthcare costs.

3. Quantity and Quality of Economic Evaluations in U.S. Nursing Research, 1997-2015: A Systematic Review

Authors Cook, Wendy; Morrison, Megan; Eaton, Linda; Theodore, Brian; Doorenbos, Ardith
Source Nursing Research; 2017; vol. 66 (no. 1); p. 28-39
Publication Date 2017
Publication Type(s) Article
Database BNI
Abstract Background: The United States has a complex healthcare system that is undergoing substantial reformations. There is a need for high-quality economic evaluations of nursing practice. An updated review of completed economic evaluations relevant to the field of nursing within the U.S. healthcare system is timely and needed. Objectives: The purpose of this study was to evaluate and describe the quantity and quality of economic evaluations in nursing-relevant research performed in the United States between 1997 and 2015. Methods: Four databases were searched. Titles, abstracts, and full-text content were reviewed to identify studies that analyzed both costs and outcomes, relevant to nursing, performed in the United States, and used the quality-adjusted life year to measure effectiveness. For included studies, data were extracted from full-text articles using criteria from U.S. Public Health Service's Panel on Cost-Effectiveness in Health and Medicine. Results: Twenty-eight studies met the inclusion criteria. Most (n = 25, 89%) were published in the last decade of the analysis, from 2006 to 2015. Assessment of quality, based on selected items from the panel guidelines, found that the evaluations did not consistently use the recommended societal perspective, use multiple resource utilization categories, use constant dollars, discount future costs and outcomes, use a lifetime horizon, or include an indication of uncertainty in results. The only resource utilization category consistently included across studies was healthcare resources. Discussion: Only 28 nursing-related studies meeting the inclusion criteria were identified as meeting robust health economic evaluation methodological criteria, and most did not include all important guideline items. Despite increases in absolute numbers of published studies over the past decade, economic evaluation has been underutilized in U.S. nursing-relevant research in the past two decades. References

4. Recognising the value of infection prevention and its role in addressing the antimicrobial resistance crisis

Authors Harris, Anthony; Pineles, Lisa; Perencevich, Eli
Source BMJ Quality and Safety; Aug 2017; vol. 26 (no. 8); p. 683-686
Publication Date Aug 2017
Publication Type(s) Article
Database BNI
Available at BMJ Quality and Safety from BMJ Journals - NHS
Healthcare-associated infections, particularly ones caused by antibiotic-resistant bacteria, are associated with high morbidity, mortality and economic costs. In the USA, on average, 2 out of 10 patients admitted to a hospital contract a healthcare-associated infection and their mortality is estimated to exceed breast and prostate cancers, combined.\(^1\) Antibiotic-resistant pathogens are responsible for more than two million infections and 23,000 deaths each year in the USA, at a direct cost of $20 billion and additional productivity losses of $35 billion.\(^2\) In the European Union, an estimated 37,000 deaths are attributable to antibiotic-resistant infections, costing €1.5 billion annually in direct and indirect costs.\(^3\) Although these numbers are well known to hospital epidemiologists and infection preventionists, the magnitude of these numbers is often not appreciated by other clinicians and healthcare executives. Importantly, a large proportion of these infections are preventable. For example, a recent systematic review indicated that up to 70% of central line-associated bloodstream infections and catheter-associated urinary tract infections and up to 55% of surgical site infections and ventilator-associated pneumonias are preventable.\(^4\) Since the 1970s, infection prevention programmes have been recognised as an essential component for infection prevention in hospitals.\(^5\) These programmes generally consist of one or more hospital epidemiologists and infection prevention nurses and are tasked with internal and external tracking and reporting, developing and revising infection prevention policies, training staff, monitoring and surveillance, outbreak investigation, product management and evaluation, device processing, employee health, emergency preparedness and environmental cleaning methods in addition to regular meetings. [MEDIUM] References

### 5. The effectiveness of a nursing discharge programme to improve medication adherence and patient satisfaction in the psychiatric intensive care unit

**Authors**
Virgolesi, Michele; Pucciarelli, Gianluca; Colantoni, Anna Maria; D’Andrea, Fabio; Di Donato, Barbara; Giorgi, Fabio; Landi, Lidia; Salustri, Eleonora; Turci, Carlo; Proietti, Maria Grazia

**Source**
Journal of Clinical Nursing; Dec 2017; vol. 26 (no. 23-24); p. 4456

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Dec 2017

**Publication Type(s)**
Journal Article

**PubMedID**
38644

**Database**
BNI

**Abstract**
Aims and objectivesTo observe the extent to which a nursing discharge plan is effective in promoting therapeutic adherence and improving patient satisfaction with their treatment based on information interventions provided by nursing staff, direct hospital medication distribution and follow-up telephone calls.

Background
Patient adherence is a fundamental requirement for the treatment of chronic diseases. Among psychiatric patients, adherence to the prescribed course of treatment allows patients to keep the symptoms of their disease under control, allowing for improvements in the management of their condition, minimising the risks of relapse and reducing the number of hospitalisations.

Design
This study uses a prospective correlational design.

Methods
The Morisky Medication Adherence Scale, the Satisfaction with Information about Medicine Scale and the General Satisfaction Questionnaire were used.

Results
Of the 135 patients enrolled in the study, 57% of the sample was female, and, on average, patients were aged 33 years. About 72.9% were unmarried, and 88.1% were educated at less than high school level. This study showed that patients who received more information on their health status and on what would be done for them after their hospitalisation had a higher adherence to treatment. In addition, patients who were more satisfied with the nursing care provided had a higher rate of adherence to their treatment plan.

Conclusions
The interpersonal and educational nursing intervention improves adherence to a treatment plan by allowing patients to express themselves not only as individuals who rely on health care but also as protagonists able to effectively manage their disease and to empower themselves by acquiring disease management skills. Relevance to clinical practice A patient-nurse communication programme could help to analyse the individual patient circumstances that might become barriers to adherence and to apply nursing interventions that promote better patient adherence.

### 6. Role of effective nurse-patient relationships in enhancing patient safety

**Authors**
Conroy, Tiffany; Feo, Rebecca; Boucaut, Rose; Alderman, Jan; Kitson, Alison

**Source**
Nursing Standard; Aug 2017; vol. 31 (no. 49); p. 53-63

**Publication Date**
Aug 2017

**Publication Type(s)**
Article

**Database**
BNI

**Abstract**
Ensuring and maintaining patient safety is an essential aspect of care provision. Safety is a multidimensional concept, which incorporates interrelated elements such as physical and psychosocial safety. An effective nurse-patient relationship should ensure that these elements are considered when planning and providing care. This article discusses the importance of an effective nurse-patient relationship, as well as healthcare environments and working practices that promote safety, thus ensuring optimal patient care. [Continuing Professional Development, NS905] References
7. The effectiveness of interventions to enhance self-management support competencies in the nursing profession: a systematic review

**Authors**
Duprez, Veerle; Vandecasteele, Tina; Verhaeghe, Sofie; Beeckman, Dimitri; Van Hecke, Ann

**Source**
Journal of Advanced Nursing; Aug 2017; vol. 73 (no. 8); p. 1807

**Publication Date**
Aug 2017

**Publication Type(s)**
Journal Article

**PubMedID**
38637

**Database**
BNI

**Abstract**
Aim The aim of this study was to explore the effectiveness and effective components of training interventions to enhance nurses' competencies in self-management support in chronic care. Background The growing burden of chronic diseases puts an increasing focus on nurses' self-management support of people living with a chronic illness. The most effective method to train nurses' competencies in self-management support remains unclear. Design Systematic literature review. Data sources PubMed, CINAHL, Cochrane CENTRAL, EMBASE, Web of Science, ERIC and PsycARTICLES databases were searched up to August 2015. Review method Eligible studies reported on training interventions to enhance chronic care self-management support competencies in nurses. Outcomes were defined as trainees' reactions to the training (level 1), changes in trainees' competencies (level 2) or changes in trainees' performance in practice (level 3) concerning self-management support. Risk of bias was assessed. Level 1 outcomes were synthesized narratively. Standardized mean differences were calculated per study for level 2 and 3 outcomes. Results In total, 25 studies were included. Twelve of these studies included level 1 outcomes, eight studies included level 2 outcomes and 10 studies included level 3 outcomes. Effect sizes in favour of training ranged from -0.36 - 1.56 (level 2) and from 0.06 - 5.56 (level 3). Theory-driven training interventions with time to practice, (video) feedback and follow-up generated the most training effects. Caution is needed due to the inconsistent study quality. Conclusion To date, there is a knowledge gap concerning the most effective method to train nurses' competencies in self-management support. More well-designed, longitudinal studies are needed.

8. The Effectiveness of Nurse Residency Programs on Retention: A Systematic Review

**Authors**
Van Camp, Jennifer; Chappy, Sharon

**Source**
Association of Operating Room Nurses. AORN Journal; Aug 2017; vol. 106 (no. 2); p. 128

**Publication Date**
Aug 2017

**Publication Type(s)**
Journal Article

**PubMedID**
35897

**Database**
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**Abstract**
New graduates account for the highest numbers of nurses entering and exiting the profession. Turnover is costly, especially in specialty settings. Nurse residency programs are used to retain new graduates and assist with their transition to nursing practice. The purpose of this systematic review of the literature was to examine new graduate nurse residency programs, residents' perceived satisfaction, and retention rates, and to make recommendations for implementation in perioperative settings. Results indicate increased retention rates for new graduates participating in residency programs and that residency participants experienced greater satisfaction with their orientation than those not participating in residency programs. Residency participants also perceived the residency as beneficial. Because residency programs vary in curricula and length, effectively comparing outcomes is difficult. More longitudinal data are needed. Data on residency programs specific to perioperative nursing are lacking. Considering the aging perioperative nursing workforce, residency programs could address critical needs for succession planning.

9. Good leadership in nursing: what is the most effective approach?

**Authors**
Maxwell, Elaine

**Source**
Nursing Times; Aug 2017; vol. 113 (no. 8); p. 18

**Publication Date**
Aug 2017

**Publication Type(s)**
Journal Article

**PubMedID**
78680

**Database**
BNI

**Abstract**
There is no simple answer to the complex question of what makes good leadership in nursing, despite the existence of evidence showing that it can have a positive impact on both patient experience and outcomes, and nurse satisfaction and retention. This article outlines different leadership theories, describing how they can be applied to nursing and how effective they are. What emerges is that different approaches are needed according to what leaders set out to achieve. One thing is certain: success hinges on good relationships between leaders and teams.
# Strategy 335035

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