

Appendix A

Evidence Table

Citation	Theoretical Framework	Study Design	Sample/Setting	Major Variables	Measurement	Data Analysis	Findings	Decision for use
<p>Abualrub, R., (2011).</p> <p>The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses.</p> <p>Country: Saudi Arabia</p> <p>Funding: Saudi Ministry of Health</p> <p>Bias: None noted</p>	<p>Organizational Dynamics Paradigm of Nurse Retention</p>	<p>Design: DC</p> <p>Purpose: To examine the impact of leadership styles of nurse managers on Saudi nurses' job satisfaction and their intent to stay at work.</p>	<p>N = 308; Total sent = 600 Return rate = 51.3%</p> <p>Demographics: All RNs ; (means NR) Age: 71% 20-29 G: 56% female MS: 53% single Ed: 52% diploma Exp:49% 1-3 yrs in current position Shift: 50% day Dpt: Variety including 21% in ED</p> <p>Setting: 6 public hospitals, Western Region Saudi Arabia</p> <p>Inclusions: RN license & practicing RN; at least 6 months in current job; working under direct supervision of NM</p> <p>Exclusions: NR</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV1: JS DV2: ItS</p>	<p>MLQ: 45 items, 1-5 Likert scale; $\alpha = 0.87$</p> <p>JSS: 36 items, 1-5 summated rating scale; $\alpha = 0.73$</p> <p>McCain's ItS Scale: 5 items, 1-5 rating scale; $\alpha = 0.80$</p>	<p>SPSS v. 17.0 Pearson correlation; Hierarchical regression; Descriptive statistics</p>	<p>CI = 0.05, power 0.80.</p> <p>+ corr TfL & JS ($r = 0.45, p < 0.001$) - corr TaL & JS ($r = -0.14, p < 0.01$) + corr JS & ItS ($r = 0.15, p < 0.01$)</p> <p>Relation of TfL to ItS and TaL to ItS insignificant</p> <p>JS score: $m = 3.69 (SD = 0.49)$ TfL: $m = 3.43 (SD = 0.82)$ TaL: $m = 2.98 (SD = 0.57)$ ItS: $m = 3.24 (SD = 1.04)$</p> <p>Regression Analysis: 32% JS explained by nursing exp (Std $\beta = 0.21, p < 0.05$), TfL (Std $\beta = 0.43, p < 0.01$), and TaL (Std $\beta = -0.30, p < 0.01$)</p> <p>5% ItS explained by JS (Std $\beta = 0.17, p < 0.05$)</p>	<p>LOE: VI</p> <p>Strengths: Sample size meets CI/power requirement; findings supported by other studies; ED RNs in sample.</p> <p>Weaknesses: Convenience sample; conducted at 6 government health institutions where NM have limited authority</p> <p>Conclusions: TfL improves JS, while LP/S does not impact ItS</p> <p>Feasibility: LOE is useable - NM can develop TfL skills as low risk intervention to improve staff JS and potentially RN retention. Cost for education and interventions will vary. Leader buy-in may be a challenge.</p>

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<p>Cowden, T., (2011).</p> <p>Leadership practices and staff nurses' intent to stay: A systematic review.</p> <p>Country: Canada</p> <p>Funding: No funding was received</p> <p>Bias: None noted</p>	<p>Anticipated Turnover Model; Conceptual Model of Behavioral Intentions; Conceptual Model of Intent to Stay; Determinants of Nurse Intention to Remain Employed Model; Kanter's Theory of Structural Empowerment; Model of Nursing Turnover; Nursing Systems Outcomes; Organizational Dynamics Paradigm of Nurse Retention; Psychosocial Work Environment</p>	<p>Design: SR</p> <p>Purpose: Describe the findings of a systematic review of studies that examine the relationship between managers' leadership practices and staff nurses' intent to stay in or to leave their current position.</p>	<p>n= 23</p> <p>Type: Quan = 22 Qual = 1</p> <p>Quality rev Quan: n = 13 moderate n = 9 strong</p> <p>Inclusion criteria: Peer-reviewed research; English language publication; published 1985-2010; meas. NM LP; meas. ItS; meas. 1 or more factors contributing to ItS.</p> <p>Exclusion criteria: Not specific to RNs;</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV: ItS/ItL</p>	<p>LP/S: MLQ – 4 studies Nurse Work Index – 3 studies Kim, Price, Mueller, & Watson tool – 2 studies LP/S meas. embedded in 14 studies. $\alpha = 0.61 - 0.94$ for all tools</p> <p>ItS: 11 different tools, $\alpha = 0.56 - 0.97$</p> <p>Qual: Used researcher developed questions/analysis</p> <p>Tools reported as valid via previous findings, factor loading, factor analysis, Pearson's correlations, Chi-square and expert review.</p>	<p>Hierarchical regression, Descriptive statistics, Multiple regression, ANOVA, Tukey post-hoc test, Pearson correlation, Logistic regression, Chi-square test, Fisher's exact test, Linear regression, Factor analysis, <i>t</i>-tests</p> <p>Qual: Content analysis, common themes/categories</p>	<p>8 common LP/S identified across studies as impacting ItS: 1. Tfl style 2. Manager characteristics 3. NM Power 4. NM Influence 5. Supervisor support 6. NM Decision making style 7. Trust 8. Praise & recognition</p>	<p>LOE: V</p> <p>Strengths: Good quality studies; consistent findings across studies; shows evolution of leadership practices</p> <p>Weaknesses: Large time span for 23 studies (1989 – 2010), with different emphasis in earlier studies and variability in defining leadership; lack of theoretical framework in some studies</p> <p>Conclusions: LP/S influences ItS, with Tfl or relational leadership approaches showing greatest impact.</p> <p>Feasibility: LOE is useable - NM can develop Tfl skills and create a supportive work environment to influence ItS as a low risk strategy. Cost for education and interventions will vary. Leader buy-in may be a challenge.</p>

KEY: BO-burnout; BSN-Bachelor degree; Ed-education; ED-emergency department; EG-engagement; Emp-employee; ES-employment status; FT-fulltime; G-gender; LP/S-leadership practices or style; NR-not reported; OC-organizational commitment; Prod-productivity/performance; PT-part time; RN-Registered Nurse; Sig-significant; ST-nurse staffing/ratios; TaL-transactional leadership; Tfl-transformational leadership; TO-turnover; WE-work environment;

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<p>Cummings, G., (2010).</p> <p>Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review.</p> <p>Country: Canada</p> <p>Funding: None stated</p> <p>Bias: None noted</p>	<p>Transformational and Transactional Leadership;</p> <p>Leadership Practices;</p> <p>Situational Leadership Model; Path Goal Theory;</p> <p>Consideration and Initiation;</p> <p>Kanter’s Organizational Empowerment Theory</p>	<p>Design: SR</p> <p>Purpose: To systematically review the multidisciplinary literature to examine the relationships between various styles of leadership and outcomes for the nursing workforce and their work environments.</p>	<p>n = 53 total studies</p> <p>All studies used correlational, non-experimental, cross-sectional designs</p> <p>Quality: n = 31 medium n = 22 strong</p> <p>Inclusion criteria: Published 1985 – 2009; English language; Peer-reviewed research; meas. leadership by nurses; meas. 1 or more outcomes of NL; examined relationship between leadership and outcomes for nursing workforce or work environment.</p> <p>Exclusion Criteria: Qual; grey literature; did not meet inclusion criteria</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV1: JS</p> <p>DV2: OC & ItS/ItL</p> <p>DV3: H&W</p> <p>DV4: WE</p> <p>DV5: Prod</p>	<p>MLQ – 17 studies</p> <p>LP/S Inventory – 5 studies</p> <p>Leadership Behavior Description Questionnaire – 8 studies</p> <p>Leadership Effectiveness Description – 2 studies</p> <p>Leader EP Behaviors – 2 studies</p> <p>19 used researcher developed instrument</p>	<p>Pearson correlational, Regression analysis, Chi-square, Fischer’s exact test, ANOVA, Multiple regression, Hierarchical regression, Other correlations, Linear regression, Descriptive statistics, MANOVA regression, Structural equation modeling, <i>t</i>-test, Spearman rank order,</p>	<p>5 themes identified:</p> <ol style="list-style-type: none"> Highest JS associated with relational focused/TfL (22 studies) and lowest with task focused/TaL (10 studies) Higher OC with TfL (10 studies), lower OC with TaL (5 studies). Higher ItS and retention with TfL (7 studies) Better H&W with TfL (7 studies) and worse with TaL (4 studies). Greater EP with TfL (6 studies), Better WE with TfL (6 studies) Higher Prod with TfL (13 studies), lower Prod with TaL (6 studies) 	<p>LOE: V</p> <p>Strengths: Most studies used theoretical framework (87%); large number of studies included</p> <p>Weaknesses: Common weakness of studies related to sampling, design and analysis; only 64% of studies had response rate of 60% or greater</p> <p>Conclusions: Relational-focused leadership practices/TfL led to much more frequent and encouraging outcomes than task-focused leadership practices/TaL.</p> <p>Feasibility: LOE is useable, but needs more research. Relationship and mechanisms of action for specific LP/S and outcomes is under-theorized. Research indicates enough positive relationships for NM to act.</p>

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<p>Duffield, C. (2010).</p> <p>Nursing unit managers, staff retention and the work environment.</p> <p>Country: Australia</p> <p>Funding: New South Wales Health; Grant-in-aid for Scientific Research; Grant for International Collaborative Research</p> <p>Bias: None noted</p>	<p>Situational Leadership Model</p>	<p>Design: DC</p> <p>Purpose: Examine the impact of leadership characteristics of nursing unit managers, as perceived by staff nurses, on staff satisfaction and retention.</p>	<p>N = 2141; Response rate 80.3%</p> <p>Setting: Randomly selected 94 units, from 21 hospitals in 2 Australian states</p> <p>Demographics: Licensure: RN = 1559 CNS = 29 LPN = 582</p> <p>ES: 1107 FT, 696 PT</p> <p>Inclusion: All nurses on selected wards invited.</p> <p>Exclusion: 3 units excluded for incomplete data.</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV1: JS DV2: SwN DV3: ItL</p>	<p>Nursing Work Index-Revised: 49 items, only used 12 items on LP/S, 1-4 scale; $\alpha = 0.80$.</p>	<p>SPSS v.16 Regression analysis</p>	<p>CI = 0.05, power NR</p> <p>6 LP/S items increase JS: 1. Praise & recognition, $\beta=1.47, p<0.01$ 2. NM philosophy of patient care, $\beta=1.26, p<0.01$ 3. NM “good” leaders, $\beta=1.17, p<0.05$ 4. Flexible schedule, $\beta=1.16, p<0.05$ 5. NM engage staff to control costs, $\beta=1.16, p<0.05$ 6. NM highly visible/accessible, $\beta=1.15, p<0.05$</p> <p>2 LP/S items increase SwN: 1. Praise & recognition, $\beta=1.40, p<0.01$ 2. NM philosophy of patient care, $\beta=1.29, p<0.01$</p> <p>2 LP/S items decreased ItL: 1. Praise & recognition, $\beta=0.83, p<0.01$ 2. NM “good” leaders, $\beta=0.80, p<0.01$</p>	<p>LOE: VI</p> <p>Strengths: Large sample size; good response rate; results align with other studies</p> <p>Weaknesses: Characteristic “good” NM not defined; secondary analysis of data collected in 2 other studies</p> <p>Conclusions: NM who consult with staff and provide positive feedback increases JS and SwN. Praise and recognition are characteristics of TtL.</p> <p>Feasibility: LOE useable - NM developing a LP/S of providing praise and recognition is a low risk/low cost strategy to influence JS, SwN and ItL. Leader buy-in may be a challenge.</p>

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<p>Moneke, N., (2013).</p> <p>How leadership behaviors impact critical care nurse job satisfaction.</p> <p>Country: USA</p> <p>Funding: none identified</p> <p>Bias: none noted</p>	<p>Maslow's Hierarchy of Needs; Dual Factor Theory; Domain of Leadership Practices</p>	<p>Design: DC</p> <p>Purpose: Determine the factors influencing critical care nurses' perception of their overall job satisfaction.</p>	<p>Initial N = 137 N = 112 (81.7%)</p> <p>Setting: critical care units (including ED) in large, acute care, nonprofit in New York City.</p> <p>Demographics: Means not reported: Age: 40.8% 29-38 G: 77% Women Ed: 56.6% BSN Exp: 34.9% <4yrs, 31.7% 5-9 yrs, 20.6% 10-14 yrs. ES: 90.6% FT Shift: 48.8% day</p> <p>Inclusion: RNs; employed at least 6 months</p> <p>Exclusion: NM, CNS, NP, NA; 25 (18%) incomplete surveys</p> <p>Attrition: NR</p>	<p>IV1: LP/S IV2: OC</p> <p>DV1: JS DV2: OC</p>	<p>LP/S Inventory: 30 items/5 domains of LP/S, 1-10 Likert scale; $\alpha = 0.91 - 0.95$.</p> <p>OC Questionnaire: 18 items, 1-7 Likert scale; $\alpha = 0.86$.</p> <p>Job in General Questionnaire: 18 items, yes/no/cannot decide; $A = 0.87$.</p>	<p>Pearson correlation, Multiple regression, ANOVA</p>	<p>CI = 0.05, power NR</p> <p>+ corr LP/S & JS ($r = 0.24, p = 0.01$)</p> <p>+ corr OC & JS ($r = 0.66, p = 0.00$)</p> <p>+ corr LP/S & OC ($r = 0.25, p = 0.001$)</p> <p>Regression analysis of G, Age, Exp, Ed and JS did not produce statistically significant relationships.</p> <p>ANOVA for impact of specialty certification, specialty area, title, shift, ES and JS were not statically significant.</p>	<p>LOE: VI</p> <p>Strengths: Good response rate and sample size; finding strongly align with previous studies</p> <p>Weaknesses: Voluntary participants from 1 healthcare setting, decrease generalizability; OC is used as IV and DV</p> <p>Conclusions: Critical care RNs are likely to have higher JS and OC when they have leaders who engage in 5 domains identified in LP/S Inventory: challenge the process, inspire shared vision, enable other to act, model the way, and encourage the heart (all of which are components of Tfl).</p> <p>Feasibility: LOE usable - NM implementing practices is a low risk strategy to inf JS and OC. Leader buy-in may be challenge.</p>

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<p>Raup, G., (2008).</p> <p>The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals.</p> <p>Country: USA</p> <p>Funding: none identified</p> <p>Bias: CEUs and \$15 gift certificate provided to all volunteer participants</p>	<p>Transformational and Transactional Leadership; Full Range Leadership Model</p>	<p>Design: DC</p> <p>Purpose: Examine the impact of leadership styles used by ED nurse managers in academic health centers on nurse turnover and patient satisfaction.</p>	<p>N= 45 NM = 15 RN = 30</p> <p>Setting: EDs at academic hospitals throughout USA; 98 potential sites, 15 sites (15.3%) completed study: Mountain – 3 North Central – 1 North East – 1 South Atlantic – 2 South Central - 8</p> <p>Demographics: TfL Age: 48.8 TaL Age: 40.3</p> <p>TfL Exp NM: 9.6 yrs TaL Exp NM: 4.4 yrs</p> <p>NM G: 12 female NM Ed: 9 BSN, 6 Masters</p> <p>No information provided on staff RNs.</p> <p>Inclusion: ED NM & 2 randomly selected direct report RNs per NM; Academic Hospitals</p> <p>Exclusion: 8 sites (35%) with incomplete data</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV1: TO DV2: PS</p>	<p>MLQ: 45 items, 1-5 Likert scale; α NR</p> <p>Research defined ED NM role survey: 10 items, scale NR; α NR</p>	<p>Fischer’s exact test</p>	<p>CI = 0.05, power NR</p> <p>80% (12 of 15) NM use TfL.</p> <p>Impact of TfL vs TaL on TO and PS was not statistically significant due to limited sample size.</p> <p>Trend LP/S on TO: TfL = 12.97% TO TaL = 29.31% TO.</p> <p>No trend identified LP/S on PS: TfL = 76.68% PS TaL = 76.5% PS</p>	<p>LOE: VI</p> <p>Strengths: States MLQ confirmed as reliable and valid instrument for meas. TfL; used ED RNs & NM only for sample</p> <p>Weaknesses: Small sample size (only 15.3% of possible locations); Voluntary sample may increase bias; Limited reliability/validity information provided;</p> <p>Conclusions: While study did not find statistically significant impact of LP/S on TO or PS, the identified trend towards potential significance of lower TO with TfL is supported by other research.</p> <p>Feasibility: LOE is usable. Taking these results into consideration with other studies, ED NM can have confidence to act, practicing TfL behaviors to influence ED staff TO as a low cost strategy.</p>

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<p>Sawatzky, J., (2012).</p> <p>Exploring the key predictors of retention in emergency nurses.</p> <p>Country: Canada</p> <p>Funding: Dr. Paul H.T. Thorlakson Foundation Fund</p> <p>Bias: none noted</p>	<p>Conceptual Framework for Predicting Nurse Retention</p>	<p>Design: C-S Survey, Mix-method</p> <p>Purpose: To explore and describe the influencing and intermediary factors which predict the retention of nurses working in emergency departments.</p>	<p>N= 261</p> <p>Setting: 12 adult ED in Manitoba, Canada</p> <p>Demographics: Age: 41.1 G: 89% female Ed: 54% Diploma Exp: 15.5 yrs ED Exp: 10.2 yrs ES: 37% FT Shift: 92% rotating MS: 73% married Income: 48% >\$100K combined Children: 68% yes Caregiver: 22% yes</p> <p>Inclusion: FT & PT ED RNs</p> <p>Exclusion: NM; Per Diem/Casual RNs</p> <p>Attrition: NR</p>	<p>IV1: IF (LP/S, WE, Demo) IV2: IM (JS, EG, CS, CF, BO)</p> <p>DV: ItL</p>	<p>For IF: Perceived Nurse Working Environment: 42 items, 1-4 Likert scale; $\alpha = 0.56 - 0.91$.</p> <p>For IM: JS, 1 item, 1-5 Likert scale; α NR.</p> <p>Engagement Composite Questionnaire, 6 items, 1-5 Likert scale; $\alpha = 0.93$.</p> <p>Professional Quality of Life: 30 items, 10 items each addressing CS, CF, & BO, 1-5 Likert scale; $\alpha = 0.80$.</p> <p>Price and Mueller's ItL; 1 item, 1-5 Likert scale; α NR.</p>	<p>SAS v.9</p> <p>ANOVA, Logistic regression models</p>	<p>CI = 0.05, power NR</p> <p>IF & IM Relationships: EG pred for JS, CS, CF & BO (all $p < 0.001$)</p> <p>LP/S pred for JS ($p < 0.001$)</p> <p>WE pred for CS & CF ($p = 0.01$)</p> <p>Demo (MS, Ed) and WE inverse pred for BO ($p = 0.01$)</p> <p>IM/IF relation to ItL current position: Low EG ($p < 0.001$), Demo-PT ES ($p = 0.002$), High BO ($p = 0.009$) Demo-Income <\$100K ($p = 0.02$)</p> <p>ItL Nursing: Low CS ($p < 0.001$), Demo-Higher Age ($p < 0.001$), Demo-Income <\$100K ($p = 0.001$)</p>	<p>LOE: VI</p> <p>Strengths: Large sample, specific to ED RN retention</p> <p>Weaknesses: Theoretical framework had not been tested; voluntary sample may provide biased results; did not clearly define all variables</p> <p>Conclusions: EG key factor for ED RN retention.</p> <p>Feasibility: LOE usable - ED NM can develop LP/S to increase EG as a strategy to improve ED RN retention. Low risk strategy, cost will vary depending on intervention to increase EG.</p>

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<p>Van den Heede, K., (2011).</p> <p>Effective strategies for nurse retention in acute hospitals: A mixed method study</p> <p>Country: Belgium</p> <p>Funding: European Union's Seventh Framework Programme</p> <p>Bias: none noted</p>	<p>Organizational Dynamics Paradigm of Nurse Retention; Grounded Theory</p>	<p>Design: Sequential Mixed Method: C-S data and grounded theory methodology</p> <p>Purpose: Examine the impact of nursing practice environments, staffing and on reported intent to leave and best practices being implemented to retain nurses.</p>	<p>N= 3186 <i>m</i> response rate/hospital = 72%</p> <p>Setting: Quan: 272 randomly selected nursing units in 56 Belgian acute care hospitals, 4-6 units/hospital. Qual: 6 hospitals; 3 highest ItL and 3 lowest ItL</p> <p>Demographics: Age: 38 Exp: 15 yrs G: 90% female</p> <p>Inclusion: All Belgian acute hospitals invited; RN providing direct patient care;</p> <p>Exclusion: RN on maternity, extended sick or study leave;</p> <p>Attrition: NR</p>	<p>IV1: ST IV2: Ed IV3: WE (LP/S,RL, PAR)</p> <p>DV: ItL</p> <p>Qual Themes: T1: TfL T2: EP T3: PP T4: IN T5: QoC</p>	<p>Organizational Profile Survey used as part of the RN4CAST study (which included 12 European countries): Provided bed size, teaching status, and technology level; no further details provided.</p> <p>Practice Environment Scale of the Nursing Work Index: 32 items, 1-4 Likert scale; $\alpha = 0.71 - 0.84$.</p> <p>Researcher developed questions for Qualitative Study interviews focused on WE, JS, BO, ItL</p>	<p>SAS v.9.2</p> <p>Logistic regression analyses using Generalized Estimation Equation approach.</p> <p>Qual: Items mapped to 5 Magnet Hospital components, performed by 1 researcher and validated by 2 other researchers.</p>	<p>CI = 0.05, power NR</p> <p>Quan analyses: ST inf ItL ($p < 0.03$) <i>m</i> patient-to-RN ratio = 10.40 ($SD=1.71$)</p> <p>WE inf ItL ($p < 0.001$)</p> <p>Ed did not inf ItL</p> <p>Qual analyses: For high performing hospitals: T1: TfL is LP/S T2: Higher RN EP & a flat management structure. T3:93% (versus 80%) RN satisfied with PP. T4:89% (versus 66%) satisfaction with IN & learning opportunities T5: RNs perception of QoC - 93% "good" or "excellent" (versus 65%); 95% (versus 67%) would recommend hospital to family/friends</p>	<p>LOE: VI</p> <p>Strengths: Large sample size, good response rate; mix method provides greater understanding of data; Findings align with other studies showing Magnet accredited hospitals have better WE.</p> <p>Weaknesses: Not all Magnet components were fully covered; Qual study on Flemish hospitals only</p> <p>Conclusions: WE & ST inf ItL. Hospitals with low ItL rates mirror organization features promoted by the Magnet Recognition program.</p> <p>Feasibility: LOE usable. The process of obtaining Magnet hospital accreditation can be considered an effective strategy to improve RN retention. Process can be labor intensive and costs will vary.</p>

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Citation	Theoretical Framework	Study Design	Sample/Setting	Major Variables	Measurement	Data Analysis	Findings	Decision for use
<p>Yeh-Ju Lin, B., (2010).</p> <p>The role of leader behavior in hospital-based emergency departments' unit performance and employee work satisfaction.</p> <p>Country: Taiwan</p> <p>Funding: National Health Research Institute</p> <p>Bias: none noted</p>	<p>Systematic Model for EDs (author developed)</p>	<p>Design: C-S</p> <p>Purpose: Explore how the behaviors of a hospital-based ED leader relate to unit performance and employees' work satisfaction.</p>	<p>ED N = 112 N = 1344 completed questionnaires (12/ED; 4 staff completing 3 instruments)</p> <p>Setting: Hospital-based ED throughout Taiwan</p> <p>Demographics: Individual demographics not provided.</p> <p>Inclusion: All 385 ED NM were invited; 4 randomly selected by birthday ED staff (2 MD, 2 RN) from each completed 3 surveys</p> <p>Exclusion: NR</p> <p>Attrition: NR</p>	<p>IV: LP/S</p> <p>DV1: Prod DV2: JS</p>	<p>Researcher designed questionnaires:</p> <p>ED Leadership Questionnaire: 10 items, 1-5 Likert scale; $\alpha = 0.84 - 0.88$.</p> <p>ED Unit Performance Questionnaire: 9 items, 1-5 Likert scale; $\alpha = 0.92$.</p> <p>ED Employee Satisfaction Questionnaire: 1 item, scored 0 – 100; α NR</p>	<p>Structural equation model</p>	<p>CI = 0.05, power NR</p> <p>Task-oriented LP/S + related to Prod ($y = 0.58, p < 0.001$)</p> <p>Both Task-oriented ($y = 0.27, p < 0.05$) & Employee-oriented LP/S ($y = 0.30, p < 0.05$) + related to ED RN JS</p> <p>Neither type of LP/S related to ED MD JS</p>	<p>LOE: VI</p> <p>Strengths: Large sample, population ED staff</p> <p>Weaknesses: Used hospital-based EDs only; Equal weight to ED MD and RN responses; Prod used subjective meas (employee ratings); Results differ from majority of other studies.</p> <p>Conclusions: Task-oriented LP/S supported ED performance by establishing well-defined goals and how to achieve them. Both LP/S support ED RN JS by enhancing communication, autonomy & group cohesion.</p> <p>Feasibility: LOE usable - ED NM can consider a combination of LP/S to inf ED RN JS and Prod. Cost will vary by intervention. Buy-in should be easier as both LP/S have merits.</p>

KEY: BO-burnout; BSN-Bachelor degree; Ed-education; ED-emergency department; EG-engagement; Emp-employee; ES-employment status; FT-fulltime; G-gender; LP/S-leadership practices or style; NR-not reported; OC-organizational commitment; Prod-productivity/performance; PT-part time; RN-Registered Nurse; Sig-significant; ST-nurse staffing/ratios; TaL-transactional leadership; TtL-transformational leadership; TO-turnover; WE-work environment;

Citation	Theoretical Framework	Study Design	Sample/Setting	Major Variables	Measurement	Data Analysis	Findings	Decision for use
<p>Young-Ritchie, C., (2009).</p> <p>The effects of emotionally intelligent leadership behavior on emergency staff nurses' workplace empowerment and organizational commitment.</p> <p>Country: Canada</p> <p>Funding: none identified</p> <p>Bias: none noted</p>	<p>Author created model integrating Kanter's Theory of Structural Power and Goleman's Emotional Intelligence</p>	<p>Design: Predictive, non-experimental C-S</p> <p>Purpose: Explore the relationship among leadership behavior, workplace empowerment and commitment.</p>	<p>N = 206</p> <p>Setting: Ontario, Canada; RNs recruited via College of Nurses registry list</p> <p>Demographics: Age: 39.6 G: 95.1% female Exp: 15.9 yrs ED Exp: 9.5 yrs ES: 67% FT Ed: 75.1% diploma</p> <p>Inclusion: Acute care hospital ED RNs; FT and PT; <6 months in ED; 283 eligible RNs invited</p> <p>Exclusion: RN no longer working in ED;</p> <p>Attrition: NR</p>	<p>IV : LP/S</p> <p>DV1: EP DV2: OC</p>	<p>Emotional Competency Inventory 2.0: 72 items, 1-5 Likert scale; $\alpha = 0.99$.</p> <p>Conditions of Work Effectiveness Questionnaire: 18 items, 1-5 Likert scale; $\alpha = 0.87$.</p> <p>Three-Component Model Employee Commitment Survey: 6 items, 1-7 Likert scale; $\alpha = 0.79$.</p>	<p>SPSS v.13.0</p> <p>Descriptive statistics and reliability analyses, Path analysis, Pearson correlation</p>	<p>CI = 0.05, power = 0.80, Effect size = 0.13 (N = 77 needed)</p> <p>Perception of LP/S as emotionally intelligent (EI): $m = 3.43$, $SD = 0.70$ (moderate).</p> <p>Perception of EP: $m = 18.36$, $SD = 3.22$ (moderate).</p> <p>OC: $m = 4.27$, $SD = 1.30$ (moderate).</p> <p>EI LP/S has strong relationship to EP ($r = 0.53$, $p < 0.05$) and OC ($r = 0.50$, $p < 0.01$)</p> <p>Demo not significantly related to perceived EI LP/S, EP or OC.</p>	<p>LOE: VI</p> <p>Strengths: Large sample; population ED staff only</p> <p>Weaknesses: Voluntary participants have potential for bias responses</p> <p>Conclusions: EI LP/S support greater ED RN EP and in turn, greater OC. OC has been shown to be a key retention factor.</p> <p>Feasibility: LOE usable - EI LP/S is associated with TFL; NM developing their EI can benefit their staff by increasing EP and OC, which in turn can improve retention. This can be a low risk strategy. Leader buy-in may be a challenge.</p>

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Appendix B

Synthesis Table

Author:	Abualrub	Cowden	Cummings	Duffield	Moneke	Raup	Sawatzky	Van den Heede	Yeh-Ju Lin	Young-Ritchie
Year	2011	2011	2010	2010	2013	2008	2012	2011	2010	2009
Systematic Review (LOE: V)		X	X							
Descriptive Study (LOE: VI)	X			X	X	X	X	X	X	X
Country	Saudi Arabia	Canada	Canada	Australia	USA	USA	Canada	Belgium	Taiwan	Canada
Descriptive Information										
Sample size (people or articles)	308	23	53	2141	112	45	261	3186	112	206
% of RNs	100	NR	NR	74	100	100	100	NR	50	100
% ED Staff	21	NR	NR	NR	NR	100	100	NR	100	100
% of G is Female	56	NR	NR	NR	77	80	89	90	NR	95
Age:		NR	NR	NR					NR	
▪ Range	71% 20-29				41% 29-38					
▪ Mean						TfL=49 TaL=40	41	38		40
Education:		NR	NR	NR				NR	NR	
▪ Diploma	52%						54%			75%
▪ BSN					57%	60%				
Years of experience:		NR	NR	NR					NR	
▪ Position	49% 1-3					TfL=9.6 TaL=4.4				
▪ As nurse					35% < 4		16	15		16
% FT ES	NR	NR	NR	52	91	NR	37	NR	NR	67

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Author:	Abualrub	Cowden	Cummings	Duffield	Moneke	Raup	Sawatzky	Van den Heede	Yeh-Ju Lin	Young-Ritchie
Independent Variables/Interventions										
Leadership Practice/Style	X	X	X	X	X	X	X	X	X	X
▪ Specified Tfl as LP/S	X	X	X		X	X		X		X
Organizational Commitment					X					
Work Environment							X	X		
Job Satisfaction							X			
Engagement							X			
Burnout							X			
Staffing								X		
Education								X		
Dependent Variables/Outcomes: ↑ = increased; ↓ = decreased										
Job Satisfaction	↑		↑	↑	LS/P ↑ OC ↑		EG ↑ LP/S ↑		Task-focused LP/S ↑ Emp-focused LP/S ↑	
Intent to Stay	↑	↑	↑							
Intent to Leave				↓			EG ↓ PT ES ↑ BO ↑	“Good” LP/S ↓ “Poor” ST ↑ “Poor” WE ↑ Ed: No impact		
Organizational Commitment			↑		LS/P ↑					↑
Health & Wellness			↑							
Work Environment			↑							
Productivity			↑						Task-focused LP/S ↑	
Satisfied w/ Nursing				↑			WE ↓			
Turnover						Not Sig Trend ↓				
Patient Satisfaction						Not Sig				
Empowerment										↑

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