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Review

Assessment tools of nursing work environment in magnet hospitals: A review



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In the 1990s, the American Nurses Association established a certification program called the Magnet Recognition Program through the American Nurses Credentialing Centre (ANCC) to complement the quality care provided to patients by hospitals. After the program was recognised, hospitals were identified as magnet hospitals [1]. Some studies show that magnet hospitals provide a healthier working environment for nurses, accompanied by higher nurse satisfaction and better patient prognosis than non-magnet hospitals [2–5]. The nursing work environment is the sum of various elements that directly or indirectly affect the patient care system [6]. Improving the nursing work environment is a focal point and challenge for nursing administrators. Therefore, administrators in magnet hospitals usually apply a variety of assessment tools for effective evaluation of the nursing work environment to maintain and improve the health of the environment. As

researchers in related fields have developed a variety of assessment tools to evaluate whether a hospital has a healthy work environment, we aimed to review these tools to provide a reference for evaluation studies of the nursing work environment in China.

1. Assessment tools of nursing work environment and their application in magnet hospitals

1.1. Assessment tools of the nursing work environment

1.1.1. Nursing Work Index (NWI)

Based on qualitative interviews with nursing staff in magnet hospitals, Kramer and Hafner [7] developed the Nursing Work Index (NWI) in 1989 to facilitate the evaluation of nurse satisfaction and perception of quality of care. A total of 65 items were identified, reflecting the organisational traits of a hospital. The subscales of the NWI encompasses management style, leadership, organisational structure, clinical practice, and professional development. The items included are subject to three nurse-centred conditions: “This is important to my job satisfaction”; “This is important to my being able to give quality patient care”; and “This factor is present in my current job situation”. The NWI uses a 4-point Likert scale; responses range from strongly agree (4 points) to strongly disagree (1 point), where higher scores indicate more significant traits of magnet hospitals. The content validity of the scale was not tested by statistical methods, but was recognised by three out of four experts on research of magnet hospitals. However, over the past 20 years, some items in the NWI have become outdated, and the tool itself

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resembles a list of factors in the nursing work environment that affected nurse satisfaction and quality of care in the 1980s.

1.1.2. Revised NWI (NWI-R)

Aiken and Patrician [8] developed the revised NWI (NWI-R) based on the NWI. Through proof-of-concept study emphasising the correlation of items and their potential to reflect the traits of a healthy working environment, the new scale ultimately contained 57 items after relatively less correlated items in the original scale were excluded. Aiken and colleagues [9] used the NWI-R for the first time in 1994 in a controlled study of 39 magnet hospitals and 195 non-magnet hospitals, and found lower patient mortality and significantly higher NWI-R scores in magnet hospitals than in non-magnet hospitals. Based on this scale, follow-up studies attempted to develop subscales to evaluate related content in the nursing work environment [10–12]. The total Cronbach's α coefficient of the NWI-R is 0.96; the coefficient for each subscale ranges from 0.75 to 0.79.

In recent years, researchers in various countries have conducted localised research using the NWI-R. In Australia, Joyce and Crookes [13] constructed the Australian version of the NWI through cultural adaptation, adjusting the language, content, and presentation of the original scale. In France, Bonneterre and colleagues [14] extended the NWI-R and developed the NWI-Extended Organization (NWI-EO) by verifying its reliability and validity through a survey of 4085 nurses from 214 hospitals. The scale included three dimensions (team cohesion, work organisation, support from management personnel) and 19 items. However, items in the NWI-R are still outdated, which was their drawback. Moreover, this tool is insufficiently related to the magnet work environment, such as the new item “team nursing as the nursing delivery system”, which cannot effectively distinguish between a magnet and non-magnet work environment. In addition, the NWI-R is no longer applicable for evaluating nurse satisfaction or the perception of quality care, which are traits of magnet hospital organisation.

1.1.3. Practice Environment Scale of the NWI (PES–NWI)

As the NWI contains 65 items, it requires too much time to complete a questionnaire survey. Lake [15] screened out 48 items associated with the nursing practice environment from the NWI and constructed the Practice Environment Scale of the NWI (PES–NWI). Through covariance matrix and factor analysis identified five subscales (nurse participation in hospital affairs, nursing foundations for quality of care, staffing and resource adequacy, nurse manager ability, leadership, support of nurses and collegial nurse–physician relationships) and 31 items. The first two dimensions reflect the overall hospital nursing practice environment, the remaining three reflect the nursing practice environment in individual units. The Cronbach's α coefficient of the PES–NWI is 0.82; the coefficient for each subscale ranges from 0.71 to 0.84. Lake indicated that the use of this scale helped to build and maintain an efficient, quality nursing practice environment. Researchers in other countries used the PES–NWI in attempts to identify the relation between the nursing practice environment and clinical nursing satisfaction and patient outcomes. They found that higher

PES–NWI scores indicated lower nurse burnout and turnover rates and better patient prognosis [16]. In China, Chen and colleagues [17] undertook a nationwide cross-sectional survey using the PES–NWI to evaluate the nursing work environment in different units. They found that the “collegial nurse–physician relationships” dimension scored the highest among all of the dimensions in all types of units, while the “staffing and resource adequacy” and “nurse participation in hospital affairs” scores were the lowest. Moreover, the nursing work environments of intensive care units were poorer than that of internal and surgical units. Concerning the current domestic situation that the use of PES–NWI are restricted in investigation research, we suggest further study on the correlation between the nursing practice environment and nurse satisfaction and turnover rate and patient outcomes, which would aid in providing a reliable foundation for the long-standing demands for a healthier working environment.

1.1.4. Essentials of Magnetism (EOM) instrument

The Essentials of Magnetism (EOM) tool emphasises the traits of a healthy nursing work environment and aids evaluation of the status of magnetism of the environment, forming the basis for administrators to decide whether a hospital is qualified to apply for the Magnet Recognition Program. The tool was invented by Kramer and Schmalenberg [18] in 2004, and its revision, Essentials of Magnetism II (EOMII), was unveiled in 2005. The EOM contains 54 items and eight dimensions (cultural values, nurse manager support, control of nursing practice, clinical autonomy, adequacy of staffing, nurse–physician relationships, nurses' clinical competency, support for education). The EOM uses a 4-point Likert scale, with responses ranging from strongly agree (1 point) to strongly disagree (4 points), and has good internal consistency. The EOMII [19] has 58 items and eight dimensions, two of which differ from the EOM in terms of items and content (nurses' clinical competency, support for education). Currently, the EOMII has been translated and adapted into a Turkish version [20], while the Chinese version was developed by Bai and colleagues [21]. It has been suggested that magnet hospitals should use this tool for self-assessment to maintain and continuously improve the nursing work environment, while non-magnet hospitals are advised to use it to draw a clearer picture of the gap between non-magnet and magnet hospitals so as to implement reform programs. It is worth noting that the data collected should include indicators reflecting certain information about individual nurses, nursing groups, units, and hospitals with the aim of thoroughly evaluating the magnet status of hospitals.

1.1.5. Perceived Nursing Work Environment (PNWE) instrument

The Perceived Nursing Work Environment (PNWE) instrument was completed by the American researchers Choi and colleagues [22] in 2004, and it uses the same scoring method as the NWI. It has 42 items and seven dimensions (professional practice, staffing and resource adequacy, nursing management, nursing process, nurse/physician collaboration, nursing competence, positive scheduling climate). The coefficients of the first six dimensions range from 0.70 to 0.91, while the last has a low coefficient of 0.56, which is probably because this dimension includes only three sub-items. The total

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