

# **Implementing the Productive Ward: Releasing Time to Care™ programme.**

## **A case study exploring nursing staff experiences.**

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## RESEARCH TEAM AND REFLXIVITY

### *Personal Characteristics*

- |                             |   |
|-----------------------------|---|
| 1. Interviewer:             | Herman Gerard Visser  |
| 2. Credentials:             | Bachelor of Nursing<br>Master Student Clinical Health Science<br>(Master program Nursing Science) |
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| 4. Gender:                  | Male  |
| 5. Experience and training: | Two years study in Nursing Science<br>One training session in Qualitative<br>Interviewing         |

### *Relationship with participants*

- |  |   |
|--|---|
| 6. Relationship established:                 | Researcher and participants are<br>employed at the same hospital<br>(different wards) |
| 7. Participant knowledge of the interviewer: | Broad outlines given regarding the<br>reasons for doing the research                  |
| 8. Interviewer characteristics:              | Interested in Healthcare Quality and<br>Innovation                                    |

## **ENGLISH ABSTRACT**

### **Title**

Implementing the Productive Ward: Releasing Time to Care™ programme. A case study exploring nursing staff experiences.

### **Background**

Globally, health care services are facing continuing financial pressures. Lean thinking has been adopted from the automotive industry to tackle inefficiencies within health care services. Founded on Lean thinking, the Productive Ward programme was developed in the United Kingdom. Aiming to increase the proportion of time that nurses are able to spend in direct patient care, this programme enjoys tremendous popularity. Nonetheless, little is known about the impact on nursing staff experience.

### **Aim and research question**

This research aims to explore the impact of the Productive Ward programme on nursing staff experiences in a provincial general hospital. Results will help to improve future implementation of this nursing led programme in the long term. The research question stated: How do nursing staff experience the Productive Ward programme with regard to staff well-being, empowerment and ownership?

### **Method**

This case study design used a purposeful sample on a pilot ward leading the PW programme initiative at a provincial general hospital in the Netherlands. The general strategy for analyzing evidence relied on examining rival explanations, pattern matching logic was used as specific analyzing technique as described by Yin.

### **Results**

Nursing staff experiences with the PW programme were positive. The programme had a significant impact on staff well-being, empowered and ownership to create the desired changes necessary. Though the appetite for the PW programme may be dwindling.

### **Conclusion**

This study put forward that implementation of the Productive Ward programme positively affected nursing staff experiences, staff well-being, empowerment, and ownership. The sustainability of the programme is a key consideration

### **Recommendations**

Future research should focus on different study designs and different setting, using robust process and outcome measurements since most of the evidence at present is not rigorous.

### **Keywords**

Productive-Ward, Lean-Healthcare, Case-Study, Qualitative, Descriptive

## **DUTCH SUMMARY**

### **Titel**

Het implementeren van het Productive Ward: Releasing Time to Care™ programma. Een case-studie naar ervaringen van verpleegkundigen.

### **Inleiding**

Wereldwijd wordt de gezondheidszorg geconfronteerd met alsmaar stijgende kosten. Teneinde inefficiënties binnen de gezondheidszorg te reduceren, werd het Lean denken overgenomen van de auto industrie. Gebaseerd op Lean denken, is in het Verenigd Koninkrijk, het Productive Ward programma ontwikkeld. Dit kwaliteits verbeter programma geniet enorme populariteit. Er is echter nog maar weinig bekend over de ervaringen van verpleegkundigen met dit programma.

### **Doel en Onderzoeksvraag**

Dit onderzoek heeft als doel de impact van het Productive Ward programma op verpleegkundige ervaringen in een algemeen ziekenhuis te verkennen. Resultaten zullen bijdragen tot verbetering van toekomstige implementatie van dit programma op lange termijn. De onderzoeksvraag luidde: Hoe ervaren verpleegkundigen het Productive Ward programma, met betrekking tot tevredenheid, empowerment en betrokkenheid?

### **Methode**

Voor deze case studie werd gebruik gemaakt van een doelgerichte steekproef op een verpleegafdeling welke voorop liep met het implementeren van het Productive Ward programma in een algemeen ziekenhuis in Nederland. Eerst werden alternatieve verklaringen in het algemeen geanalyseerd, de specifieke analyse methode was gebaseerd op het vergelijken van patronen zoals beschreven door Yin.

### **Resultaten**

De ervaringen van verpleegkundigen met het Productive Ward programma waren positief. Het programma had een significante impact op de tevredenheid, empowerment en betrokkenheid van verpleegkundigen om gewenste veranderingen te realiseren. De kans bestaat echter dat de animo voor dit programma zal afnemen.

### **Conclusie**

Deze studie laat een positief effect zien inzake de implementatie van het Productive Ward programma op verpleegkundige ervaringen ten aanzien van tevredenheid, empowerment en betrokkenheid van verpleegkundigen. De duurzaamheid van het programma is een belangrijk aandachtspunt.

### **Aanbevelingen**

Toekomstig onderzoek zou zich moeten toespitsen op verschillende studie designs en krachtiger proces- en uitkomstmaten, aangezien het meeste bewijs op dit moment nog niet nauwgezet is.

**Trefwoorden** Productive-Ward, Lean-Healthcare, Case-Study, Qualitative, Descriptive

## 1. INTRODUCTION

Growing pressure to improve efficiency has driven health care services globally to adopt methodologies generally associated with manufacturing (Radnor et al. 2012). At present Lean health care, adopted from the automotive industry, is a commonly used performance improvement method within health care services (Poksinska 2010). Lean health care is used to review patient processes, identifying and eliminating waste or those activities which add no value for the patient (Wilson 2009).

Research carried out in the United Kingdom by the National Health Service Institute for Innovation & Improvement (NHSI) found that ward nurses in acute settings spent an average of only forty per cent of their time on direct patient care (Davis & Adams 2012). To increase the time for direct patient care, the NHSI developed a quality improvement programme drawing on principles of Lean thinking: the Productive Ward Releasing Time to Care programme (PW) (Robert et al. 2011). This programme enjoys tremendous popularity and has been adopted and implemented across numerous countries, including the Netherlands. Core objectives of the PW programme are improvement of efficiency of care, patient safety and reliability of care, patient experiences, and staff well-being. Comprising three foundation modules and eight in-depth process modules the programme provides guidance and tools to help nurses make changes to their physical environment and working processes, leading towards releasing more time to care for patients (Blakemore 2009). The PW programme starts on each ward with three foundation modules, these are:

- *Knowing how we are doing*: providing monthly outcome measures for key performance indicators. This enables ward managers and their teams to make informed decisions on their performance, leading to improvements in patient care.
- *Well organised ward*: empowering clinical teams to work together using lean methodology to review ward environments, systems and processes.
- *Patient status at a glance*: providing a visual update of a patient's progress and outlines his or her ongoing care plan in preparation for discharge

The remaining eight process modules focus on fundamental aspects of nursing practice such as medicines, shift handover and patient hygiene, and can be progressed through the ward team in whatever order fits in with the identified key areas of improvement (NHSI 2012).

Before undertaking the empirical study described below, a systematic literature review was conducted assessing the impact of the PW programme on quality of health care. Since the start of the PW programme in 2005, a large quantity of articles reported on the subject of this programme. However a critical review revealed, most studies did not report robust outcome data with reference to the impact of the PW programme on quality of health care (Table 1).

Evidence was found for improved safety and patient outcomes (reduced falls, pressure sore incidence, infection control) at a ward level (Belfast Health and Social Care Trust 2009, Smith & Rudd 2010). One of the most commonly reported outcomes was the increased time for direct care. Morrow et al. (2012) stated that for healthcare staff working to implement the programme at ward-level this was a key 'selling point'. Results showed furthermore that another cause for the rapid uptake of the programme appeared to be the very tangible local improvements that nursing staff could make to their working environments (National Nursing Research Unit 2010). Blakemore (2009) reported nurses scored higher than before in wellbeing and job satisfaction surveys since the PW programme was introduced. Finally, increasing staff engagement and a higher staff morale were reported as well (NHS London 2009, Smith & Rudd 2010).

This case study explored the impact of the PW programme on nursing staff experiences using three concepts: staff well-being, empowerment and ownership. These concepts had been chosen since staff well-being is one of the stated core objectives of the PW programme, and empowerment and ownership were found to be key factors that have influenced the success of the PW programme (National Nursing Research Unit 2010).

This study is relevant for clinical nursing practice since it provides a participants view regarding the implementation process of the PW programme, which will help to improve future implementations of this nursing led programme.

## **2. PROBLEM STATEMENT, AIM AND RESEARCH QUESTION**

### **Problem statement**

The Productive Ward programme has been designed to increase the proportion of time that nurses are able to spend in direct patient care. Findings demonstrate a positive impact on nursing staff experience, though at present rigorous evaluations and clearly defined outcomes of this quality improvement programme are mainly lacking.

### **Aim**

This research aims to explore the impact of the Productive Ward programme on nursing staff experience in a provincial general hospital. Providing a participants view, results will help to improve future implementation of this nursing led programme in the long term.

### **Research question**

How do nursing staff experience the Productive Ward programme with regard to staff well-being, empowerment, and ownership of nursing practice?

### **3. METHODS**

#### **Design**

An exploratory holistic single case study design was employed for the use of this study. Characterized as an empirical enquiry, this qualitative design best fitted the research question posted (Yin 2009).

#### **Participants**

Nursing staff members of a surgical ward in a provincial general hospital located in the southern part of the Netherlands participated in this study. The ward is a forty bedded mixed gender surgical ward where a total of thirty nursing staff members are employed. The researcher specifically choose this ward, since this ward was a pilot ward leading the PW programme initiative at this hospital, plus the implementation of the foundations modules had been finished here. To capture a wide range of nursing staff perspectives regarding the PW programme, maximum variation sampling was used as a purposeful sampling technique (Polit & Beck 2012). Therefore both nursing staff members directly involved with the implementation of the PW programme, and those indirectly involved were interviewed. Inclusion criteria were all nursing staff members of the surgical ward under study, since they could purposefully inform an understanding of staff experiences with the PW programme. Those participants who did not consent to take part were excluded

#### **Recruitment**

After receiving a letter from the researcher with detailed information regarding this study, participants were approached face-to-face and by telephone to take place in this research..

#### **Sample size**

Eight participants were approached for an interview. All of those approached agreed to participate.

#### **Ethical issues**

This study, approved by the hospital's medical and ethics committee, was not obligatory to the Medical Research Involving Human Subjects Act (in Dutch: wet Medisch-wetenschappelijk Onderzoek met Mensen). Informed consent was obtained from all participants and assurance was given that their contributions would remain confidential throughout.

## **Study parameters**

Nursing staff experiences regarding to the PW programme have been explored using three different parameters:

Nursing staff well-being; nursing staff well-being is defined as that part of a nurse overall well-being that they perceive to be determined primarily by work and can be influenced by workplace interventions (Work and Well Being 2012).

Empowerment of nursing staff; empowerment of nursing staff is defined as the control over both the content and context of practice, such as work redesign initiatives, professional practice models, and shared governance structures (Laschinger & Havens 1996).

Ownership of nursing practice; ownership of nursing practice implies the rights, responsibilities, and the ability or inability to give a problem away (Reavy & Tavernier 2008).

## **Data collection**

Data were collected between January 2013 and May 2013. Data triangulation was obtained using different sources of data which aimed at corroboration the same phenomenon. Primary data collection was performed by semi-structured interviews at the hospital. This type of interview had been chosen as it allowed the researcher to prepare questions ahead of time, and also allowed informants the freedom to express their views in their own terms. Each interview lasted approximately forty-five minutes and was audiotaped. No one else, besides the participant and the researcher were present during these interviews. Secondary data collection was performed using documentation, archival records and surveys regarding the PW initiative on this ward. Data were collected during field visits of the researcher to the surgical ward under research. Permission to asses these various sources of data was given by ward management and overall hospital management. To increase reliability and guide the investigator in carrying out the data collection, a case study protocol and a case study database were developed. Construct validity was increased by using different sources of evidence for data collection together with the uses of key informants reviewing the draft case study report (Yin 2009).

## **Analysis**

The general strategy for analyzing evidence relied on examining rival explanations, pattern matching logic was used as specific analyzing technique (Yin 2009). These strategies increased internal validity. Documentation, archival records, and surveys were reviewed by the researcher to become familiarised with the implementation process and to gain input for the semi-structured interviews. Recorded interviews were transcribed. These transcripts were analyzed using a computer-assisted tool with pre packaged software for analysing qualitative data (NVivo10).

## **4. RESULTS**

The purposeful sample used for this case study comprised nurses on a surgical ward implementing the PW programme. Data saturation was accomplished after interviewing eight participants. All participants were females, since no males were employed at this ward at the time of this research. More demographical details regarding the participants are illustrated in Table 2. Documentation and archival records regarding the PW initiative on this ward were used to gain a detailed insight regarding the implementation process. Since the survey outcomes provided by the ward, were not fully completed, these data are not presented in this section.

The surgical ward is one of three pilot wards for the PW programme at this hospital. Implementation of the programme started in November 2011, and the foundation modules were finished in June 2012.

Data regarding nursing staff experience with the Productive Ward programme were explored in detail with the use of three concepts:

1. Staff well-being
2. Empowerment of nursing staff
3. Ownership of nursing practice

## Theme 1: Staff well-being

Though some staff members were reluctant at the beginning, most of the respondents made it clear that the programme addressed issues that nurses themselves regarded as important and worth offer time and energy. The PW programme legitimised the view of nursing staff who wanted to make changes at the ward, this positively affected staff wellbeing.

*“When we started with the PW programme everyone on the ward was glad because now it was finally time to make the changes we wanted for so long. This positive vibe spread fast at the ward when the first changes were implemented.”*

(Respondent N3)

After implementing the foundation modules, the majority of the respondents were positive regarding the PW programme. This had a significant impact on staff well-being.

*“After the PW programme was introduced, most of the nursing staff members were very positive, especially regarding the foundation modules. Staff well-being made a real morale booster, with simple changes we were able to decrease some time consuming processes at our ward. These changes affected everyone on the ward.”*

(Respondent N1)

*“I was involved in the first two modules. The implementation of these modules progressed very naturally. All the module team members were enthusiastic, finally we could make a change. Though it demanded a lot of overtime, it gave me a beneficial feeling, I was part of a positive change on our ward.”*

(Respondent N4)

The involvement of the hospital management throughout the implementation of the programme had a major impact on staff well-being.

*“The guidance from our ward manager was huge, she helped us accomplishing the modules from the Productive Ward programme.”*

(Respondent N3)

*“Being a pilot ward for the PW programme, hospital board members came to visit our ward regularly to get an update on the progresses we made with the implementation of the programme.”*

*(Respondent N4)*

Nearly all respondent pointed out that the well organized ward module had the most significant impact on the ward. This module generated huge benefits.

*“I am very satisfied with the logistic improvements this module provided. The ward logistic was a mess and it was something we wanted to change for several years.”*

*(Respondent N1)*

## **Theme 2: Empowerment of nursing staff**

The PW programme helped to empower the nursing staff and to identify areas for improvement by giving staff information, skills, and time to regain control of their ward. During the implementation of the programme, nursing staff members were encouraged to give input to the different foundation modules. This enabled the module teams to create the desired changes.

*“Our colleagues from the nursing staff team, helped us providing ideas for changes we could accomplish during a module. For instance we asked them what changes they wanted on the ward in order to make the ward environment useable for them again.”*

*(Respondent N3)*

The nursing staff owned the changing process, therefore nurses felt empowered to sort out their own problems, make changes, and work together with different departments across the hospital.

*“Different departments, hospital wide were informed about the PW programme. At our ward we were very happy to think along with the logistic department and to discuss our views with them regarding redesigning our stock rooms to make it easier for us to work.”*

*(Respondent N7)*

Together with the commitment of the management the programme helped to empower nursing staff at this ward

*“Our ward manager was very supportive, informing the team regular with updates on the different modules everyone at the ward was able to see what progress we made with the programme.”*

(Respondent N1)

Even though extra time was commissioned for the module team whilst working on the PW programme, the remaining staff was challenged to work harder in their absence. Raising questions regarding the sustainability of the PW program.

*“Sometimes it was hard to leave the colleagues at the ward during a busy time, knowing You had to work on a module. Not all the colleagues were that happy to take over Your work for the cause of this.”*

(Respondent N6)

*“For me the changes are not very satisfying. If You see how much time and effort the module teams have made to make this programme happen. I wonder if it is going to last.”*

(Participant N7)

### **Theme 3: Ownership of nursing practice**

The PW programme has been successfully framed and communicated in a way that connected with the nursing staff need and will for change, it thrived because local leadership and ownership were strong.

*“After changing the stock rooms and cleaning everything, it became obvious the team was determined to keep things proper, staff members felt responsible for keeping the stocking rooms clean, this helped us in keeping it at the way we wanted.”*

(Participant N3)

Rather than being told what to do, staff took ownership of the project and the ability of the ward team to independently problem-solve was greatly improved.

*“We were able to make the changes at our ward, we desired. Something that was not common before, because in the past most of the changes came from the management team. Now we could finally solve the problems that were important to help us doing our job.”*

(Respondent N 5)

The visual impact of safety crosses enabled the nursing staff to be aware of the safety issues on the ward, they also helped to focus the ward energies on issues they needed to address; Green for an incident free day and red if an incident occurred. This reinforced ownership of the data (and the actions that impacted them) without making a huge administration burden for the ward team.

*“With the help of the safety crosses it became clear for us that most of the medication errors occurred because the surgeon was not able to make the necessary changes on time in the electronic patient system. We discussed this matter with the pharmacy department and decided that the ward medication should be delivered later on the day. This enabled the surgeon still to change medication at a later time, but because these changes now were processed at the pharmacy we received the proper medications.”*

(Participant N7)

Though most experiences were positive, a particular point of interest was the spread of the PW programme.

*“Our ward is a pilot ward, together with the orthopedic and the neurological ward. At present the pilot has finished, but I haven’t heard anything yet about which other wards want to implement the programme.”*

(Participant N2)

Some participants also questioned the robustness and rigor of PW programme outcomes.

*“We were submerged with information and outcomes regarding the PW programme, I wonder if the outcomes were really reliable? Measures were not always maintained, at some point we were tired of updating the score board. What was the sense in doing it everyone asked?”*

(Participant N8)

## 5. DISCUSSION

This study demonstrated that the overall nursing staff experiences with the PW programme are positive though some participants suggest that the appetite for the PW programme may be dwindling. At present, most of the performed studies available regarding nursing staff experiences with the PW programme, are anecdotal. To gain more evidence this case study provided a participants view on on this subject. Earlier research showed that staff perception is known to play an important role in receptivity to an innovation (Greenhalgh et al. 2005).

Our findings showed that after implementing the foundation modules, a majority of the participants were positive regarding the programme, this was beneficial in facilitating staff commitment. Involving the hospital management actively with the implementation of the PW programme at the ward was regarded as positive by the participants. Blakemore (2009) stated that involving trust board members in the programme is one of the best ways to secure the commitment of front line staff to the PW programme.

Our study made it clear that the bottom up approach empowered the nursing staff. Rather than being told what to do, staff took ownership of the project. These finding support those from an earlier study were local ownership of the programme and empowerment of ward staff, rather than using a directive approach was found to be one of the key organisational factors that were perceived to have influenced the successful local implementation of the programme is emphasising (Robert 2011). In this study it became evident that the nursing staff owned the changing process, therefore nurses felt more empowered to sort out their own problems, and to make changes them self. This is in accordance with evaluation of the PW programme in the United Kingdom which revealed that staff took ownership of the project and that the ability of the ward team to independently problem-solve was greatly improved (NHS Scotland 2008). Questions regarding the sustainability of the programme that were addressed by the participants, are in accordance with earlier research that pointed out similar issues among staff who have experienced numerous innovations, that were not sustained (NNU 2010).

Limitations were that this study included only one ward implementing the PW programme, furthermore the study focused on the foundations modules whilst the implementation of the programme process modules were still ongoing. Therefore specific finding are not generalizable. Nonetheless this case study has generated findings and insights which can help enable the PW in other settings.

This study suggests future research regarding nursing staff experiences with the PW programme should focus on gaining more robust evidence. Unless these measures can be robustly demonstrated, financial and organizational support may not be reasonable.

## **6. CONCLUSION**

This study provided a participants view regarding the implementation of the PW programme. The programme, constructed as a bottom-up project provides guidance and tools to help nurses make changes to their physical environment and working processes, leading towards releasing more time to care for patients. This study put forward that the implementation of the PW programme positively affected nursing staff experiences. It had a significant impact on staff well-being, nurses felt more empowered to make changes, and they took ownership of existing problems. The sustainability of the programme is a key consideration since the momentum of this quality improvement programme may be dwindling if not well executed, and implemented throughout the entire organization.

## **7. RECOMMENDATIONS**

The knowledge that was gained through this study will contribute too more scientific evidence regarding the impact of the Productive Ward programme on nursing staff experience. Future research should focus on different study designs (e.g. mixed methods designs, multiple case studies) and different setting using robust process and outcome measurements since most of the evidence at present is not rigorous.

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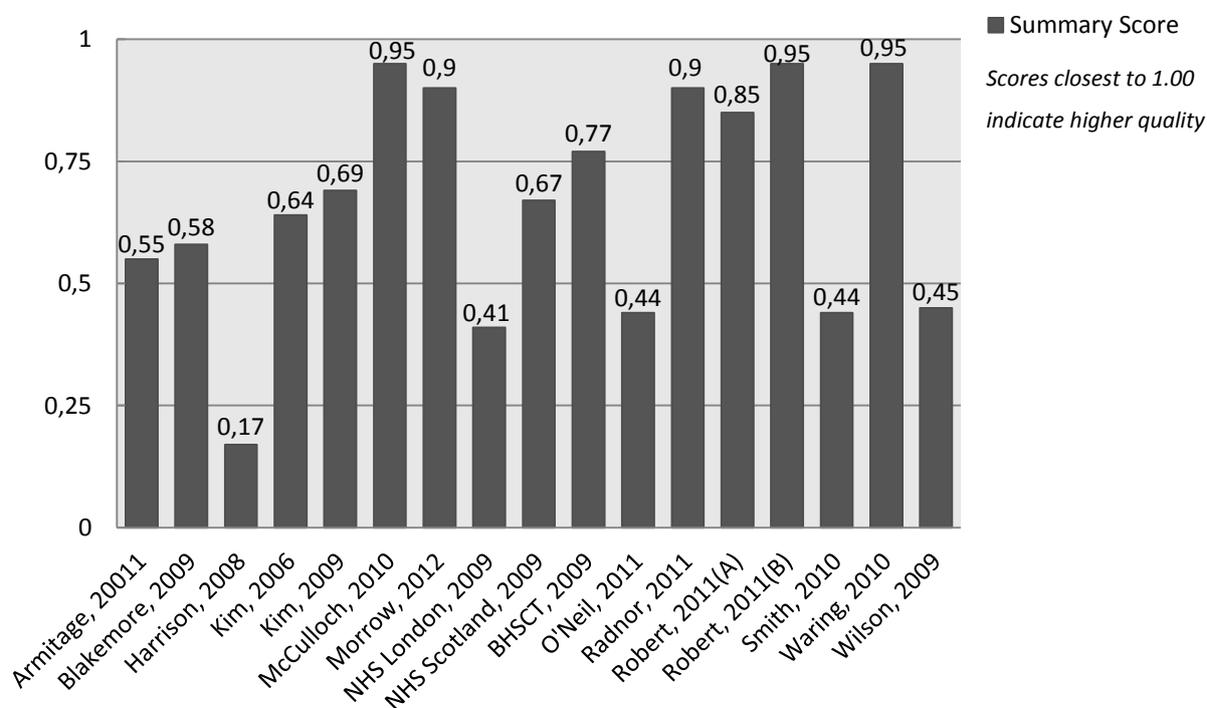
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## TABELS

**Table 1.** Summary scores of critical appraised articles



**Table 2.** Demographical details of participants

Participant	Age	Gender	Position	Educational level	Years of employment
<b>N1</b>	55	Female	Senior Nurse	Secondary/Professional	33
<b>N2</b>	50	Female	Senior Nurse	Secondary/Professional	30
<b>N3</b>	55	Female	Staff Nurse	Secondary/Professional	34
<b>N4</b>	38	Female	Staff Nurse	Secondary/Professional	21
<b>N5</b>	48	Female	Staff Nurse	Higher/ Professional	23
<b>N6</b>	33	Female	Staff Nurse	Higher/Professional	15
<b>N7</b>	43	Female	Staff Nurse	Secondary/Professional	21
<b>N8</b>	59	Female	Staff Nurse	Higher/Professional	37