



# AGREE II

**A critical appraisal of:  
Developing and Sustaining Nursing  
Leadership: Healthy Work Environments  
BPG.  
using the AGREE II Instrument**

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Appraiser: Elizabeth Walker

Date: 19 March 2012

Email: [elizabeth.walker@peelregion.ca](mailto:elizabeth.walker@peelregion.ca)

URL of this appraisal: <http://www.agreetrust.org/appraisal/1326>

Guideline URL:

[http://www.rnao.org/Page.asp?PageID=122&ContentID=1196&SiteNodeID=241&BL\\_ExpandID=](http://www.rnao.org/Page.asp?PageID=122&ContentID=1196&SiteNodeID=241&BL_ExpandID=)

# Overall Assessment

Title: Developing and Sustaining Nursing Leadership: Healthy Work Environments BPG.

Overall quality of this guideline: 5/7

Guideline recommended for use? Yes.

Notes:

I would like to look for additional info re SUMARI and Joanna Briggs institute (Australia). I would also like to know the status of this guideline i.e. can we expect an update? I have been unsuccessful obtaining a copy of the search strategy for a different guideline, so have not asked for that document for this BPG.

Domain	Total
1. Scope and Purpose	21
2. Stakeholder Involvement	18
3. Rigour of Development	38
4. Clarity of Presentation	19
5. Applicability	17
6. Editorial Independence	8

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## 1. Scope and Purpose

**1. The overall objective(s) of the guideline is (are) specifically described.**

Rating: 7

P. 19 purpose and scope outlined well target audience is nurses in all roles, domains and practice settings. wider audience also identified.

**2. The health question(s) covered by the guideline is (are) specifically described.**

Rating: 7

p. 17 Background context over the past 20 years well outlined. Changes in nursing positions (with a loss at management level) highlights need for nursing leadership. Benefits for clients i.e. improved nursing care outlined.

**3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.**

Rating: 7

p. 19 target audience is very broad, but specifically described.

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## **2. Stakeholder Involvement**

### **4. The guideline development group includes individuals from all relevant professional groups.**

Rating: 5

p.2 Development group of 17 nurses from across the country. Most with masters level preparation, some with PhD. No male nurses. No non-nurses eg from business/sociology background.

### **5. The views and preferences of the target population (patients, public, etc.) have been sought.**

Rating: 6

p 4 59 people listed as stakeholders - 2 males? 1 who is not a nurse - MEd, PhD p. 128 Appendix B Guideline Development Process of seeking and incorporating stakeholder feedback is outlined. From personal experience, stakeholders apply to RNAO to serve in this capacity.

### **6. The target users of the guideline are clearly defined.**

Rating: 7

p. 19 all nurses, all roles, all settings.

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## **3. Rigour of Development**

### **7. Systematic methods were used to search for evidence.**

Rating: 5

Lit search completed by Joanna Briggs Institute. Appendix B & C p 129-131 outline data bases searched initially and search terms used but not search strategy. Second stage includes date search completed (December, 2003) but not date range for all. Unpublished studies sought through one database. Insufficient detail to be able to replicate search.

### **8. The criteria for selecting the evidence are clearly described.**

Rating: 3

Questions posed to guide search include- What leadership attributes foster leadership and lead to a healthy work environment in health care? and What impact or influence does the work environment have in developing and sustaining nursing leadership to produce positive

outcomes in the health care setting . . . limit to English; published and unpublished titles and abstracts reviewed. those which met inclusion criteria were retrieved and again assessed for relevance.

## **9. The strengths and limitations of the body of evidence are clearly described.**

Rating: 3

p. 130 "Papers were assessed by two independent reviewers for methodological quality prior to inclusion in the review using an appropriate CA instrument from the SUMARI package (System for Unified Management, Assessment and Review of Information) Disagreements between reviewers resolved through discussion and involvement of a third reviewer if necessary. 48 papers, experimental, qualitative and textual (narrative?) were included in the review. Table 1 p. 28 evidence rating system does not convey quality. Results of appraisal not reported in review.

## **10. The methods for formulating the recommendations are clearly described.**

Rating: 4

p. 128 Appendix B "Through a process of discussion and consensus, recommendations for practice, education, and organizations and policy were developed." Draft guideline sent to external stakeholders for review and feedback using specific questions for comment plus overall feedback. Too little info - discussion and consensus can be swayed by 1 or 2 participants.

## **11. The health benefits, side effects, and risks have been considered in formulating the recommendations.**

Rating: 5

No risks stated but some benefits are.

## **12. There is an explicit link between the recommendations and the supporting evidence.**

Rating: 5

Each recommendation is followed by text discussing the evidence and listing refs but there are no data tables to determine which refs are at which level. The type of evidence is footnoted for each recommendation but one can't tell which papers are which type.

## **13. The guideline has been externally reviewed by experts prior to its publication.**

Rating: 6

See stakeholder list.

#### **14. A procedure for updating the guideline is provided.**

Rating: 7

p. 77 According to the text, a revision should have been initiated one year ago (i.e. 4 yrs 6 mos following publication) Do we know if it has been?

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### **4. Clarity of Presentation**

#### **15. The recommendations are specific and unambiguous.**

Rating: 6

Clearly written including suggested strategies.

#### **16. The different options for management of the condition or health issue are clearly presented.**

Rating: 6

Strategies outlining options for implementing recs are contained in text boxes following each recommendation.

#### **17. Key recommendations are easily identifiable.**

Rating: 7

Summary on pg 25/6 lists all recommendations which are grouped under headings. They follow sequentially in the body of the text.

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### **5. Applicability**

#### **18. The guideline describes facilitators and barriers to its application.**

Rating: 2

Some included in strategy.

#### **19. The guideline provides advice and/or tools on how the recommendations can be put into practice.**

Rating: 6

p. 20/1 and Appendix D - measures

#### **20. The potential resource implications of applying the**

**recommendations have been considered.**

Rating: 2

p. 79 reports minimal information.

**21. The guideline presents monitoring and/or auditing criteria.**

Rating: 7

p 78/79 identifies indicators. Appendix D identifies tools

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## **6. Editorial Independence**

**22. The views of the funding body have not influenced the content of the guideline.**

Rating: 7

p.3 Ministry of Health and Long-Term Care funding this work "This guideline was developed by an expert panel convened by the RNAO, conducting its work independent of any bias or influence from funding agencies."

**23. Competing interests of guideline development group members have been recorded and addressed.**

Rating: 1

Not found. Not found in other RNAO guidelines.

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Created online at [www.agreetrust.org](http://www.agreetrust.org) 19 March 2012