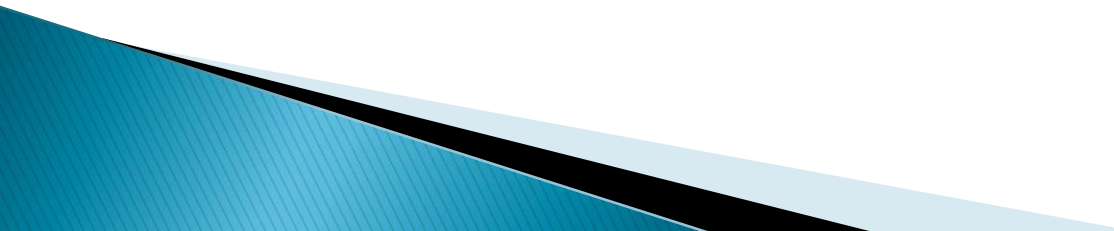


# Current Assessments of Quality and Safety Competencies in Registered Professional Nurses: An Examination of Nurse Leader Perceptions

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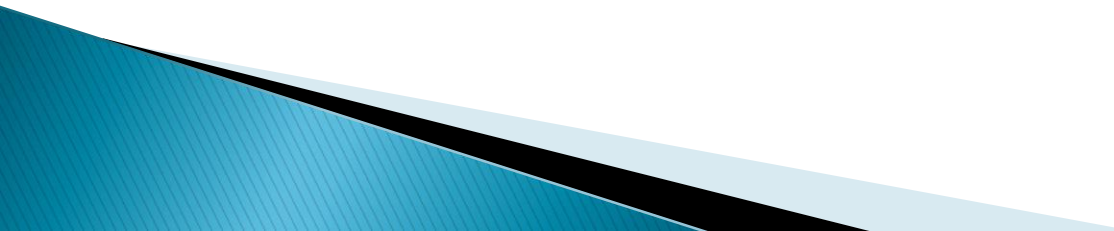
# What are the Quality and Safety Competencies?

- ▶ Patient –Centered Care
- ▶ Teamwork and Collaboration
- ▶ Evidence–Based Practice
- ▶ Informatics
- ▶ Quality Improvement
- ▶ Safety

# What Did I Want to Know?

- ▶ To what extent are nurse executives and managers satisfied with their new graduate registered nurses' practice related to each of the six QSEN core competencies for nursing?
  - Are there perceived differences based on educational preparation of the new graduate?
- ▶ To what extent are nurse executives and managers satisfied with their experienced registered nursing staff's practice related to each of the six QSEN core competencies?
  - Are there perceived differences based on educational preparation of the experienced nurse?

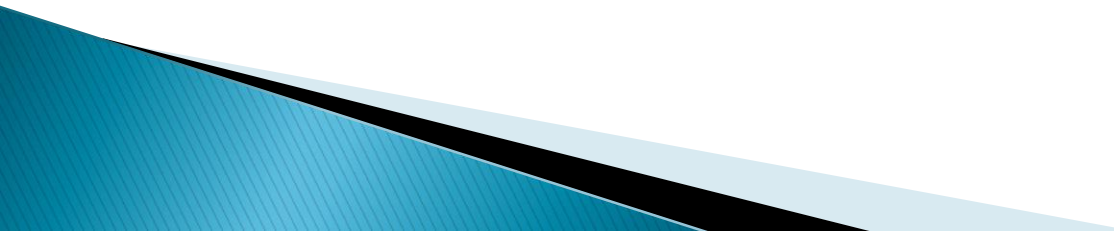
# What Do I Want to Know?

- ▶ What types of learning opportunities that support the six QSEN core competencies are available to existing registered nurses employed in their clinical agency?
  - ▶ What are the barriers to and facilitators of learning experiences for nurses related to the six QSEN core competencies within healthcare facilities?
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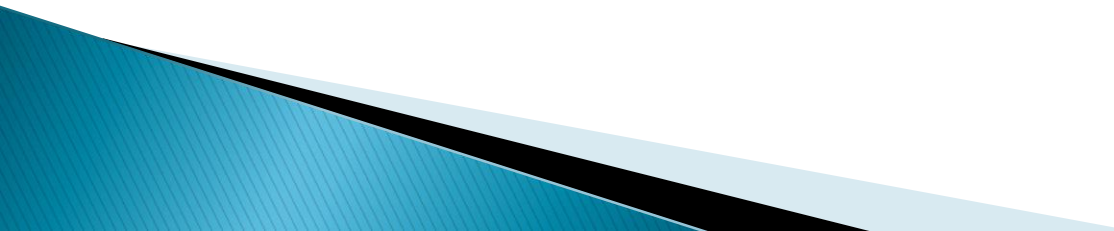
# Mixed Methods Research Design



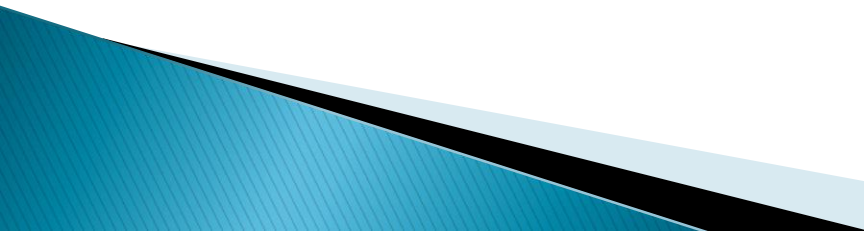
# The Survey

- ▶ Developed based on literature review, content expert opinion
  - ▶ Fielded with 3 groups of nurse leaders with iterative revisions
  - ▶ Constructed in Survey Monkey to facilitate data collection and aggregation – 7–10 minute completion time
  - ▶ 12 item forced response with open ended comments permitted–included demographic data
- 

# The Survey continued

- ▶ Launched via the American Organization of Nurse Executives email blast to membership as an opt in invitation to participate
  - ▶ Informed consent documents were built into survey
  - ▶ Survey was open for 3 weeks with two email requests to participate.
  - ▶ 110 nurse leaders responded
- 

# Respondent Demographic Highlights

- ▶ Most self-identified as Director/Associate/Assistant Director of Nursing (34%) with Nurse Manager close at (32%)
  - ▶ The majority (62%) were prepared at the masters level
  - ▶ Most (33%) were in nurse leader positions for greater than 20 years
  - ▶ Most (48.6%) worked in community hospitals
  - ▶ Facility size 251–500 beds (41.3%)
  - ▶ 49% worked in suburban settings
- 



**And the survey showed....**



# Overall Satisfaction Levels

<b>Competency</b>	<b>EXP BSN</b>	<b>EXP ADN</b>	<b>BSN New Grad</b>	<b>ADN New Grad</b>
<b>Patient Centered Care</b>	86.4%	71.1%	69.2%	59.6%
<b>Teamwork and Collaboration</b>	82.8%	68.2%	61.7%	51.0%
<b>Evidence- Based Practice</b>	70.0%	30.9%	61.6%	27.9%
<b>Informatics</b>	64.5%	47.7%	68.3%	51.0%
<b>Quality Improvement</b>	61.0%	41.1%	45.7%	25.2%
<b>Safety</b>	77.1%	65.1%	64.1%	53.0%

# Experienced Nurse Results



# Experienced Nurse Observations

## ➤ **BSN prepared:**

- Overall satisfaction with all six Q&S competencies
- Highest satisfaction with PCC and T&C (>80%)
- Least satisfaction with EBP, Informatics, QI (70–61%)

## ➤ **ADN prepared:**

- Overall satisfaction with 3 Q&S competencies—PCC, T&C, Safety(71–65%)—all lower than BSN
- <50% satisfaction with EBP, QI, Informatics
- Overall lower levels of satisfaction across all domains when compared to BSN

# New Graduate Nurse Results

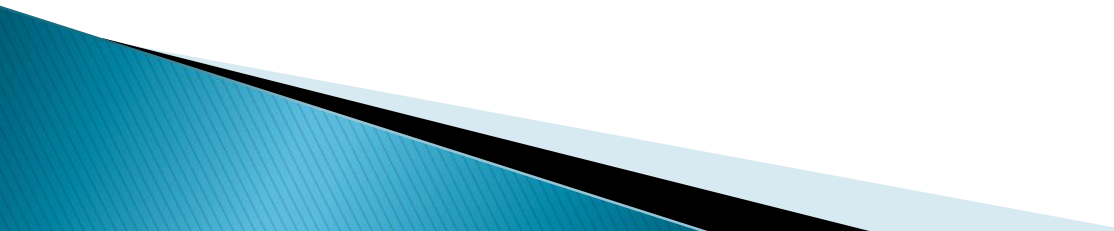
# New Graduate Nurse Observations

## ▶ BSN prepared:

- ▶ Overall satisfaction (61–69%) with 5 Q&S competencies excluding QI (45%)
- ▶ Most satisfied with PCC, Informatics, Safety
- ▶ More satisfied with Informatics when compared to **experienced BSN nurses**
- ▶ More satisfied with EBP, Informatics and QI competencies when compared with **ADN experienced nurses.**

# New Graduate Nurse Observations

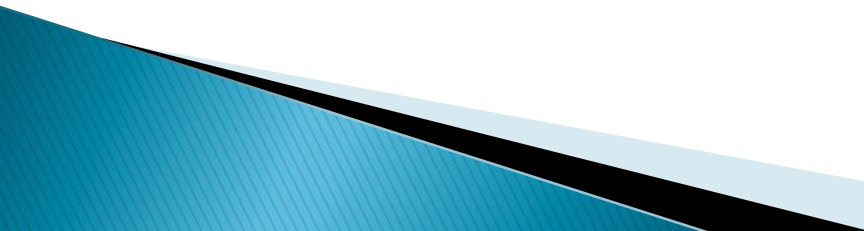
## ▶ ADN prepared:

- ▶ Overall satisfaction with PCC, Safety, T&C (59%–51%)
  - ▶ Higher levels of dissatisfaction with QI,EBP (33–37%)
  - ▶ Overall lower levels of satisfaction when compared to BSN new grads across all dimensions
  - ▶ Overall lower levels of satisfaction when compared to ADN experienced nurses (except informatics)
  - ▶ Lowest levels of satisfaction among all four groups
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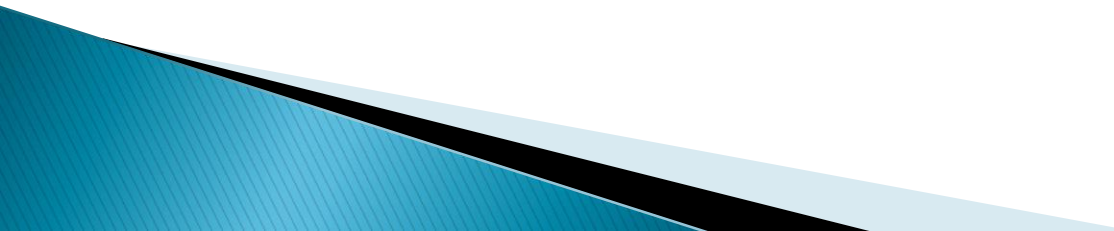
# Preceptor Expertise



# Preceptor Observations

- ▶ Expert proficiency in PCC, T&C, Safety (51–54%)
  - ▶ Intermediate proficiency EBP, QI, Informatics (45–52%)
  - ▶ Novice rating highest for Informatics(20%) and EBP (18%)
  - ▶ Approximately 50 % of preceptors are not rated as experts in Q&S competencies
  - ▶ Focus group “ Shocked”
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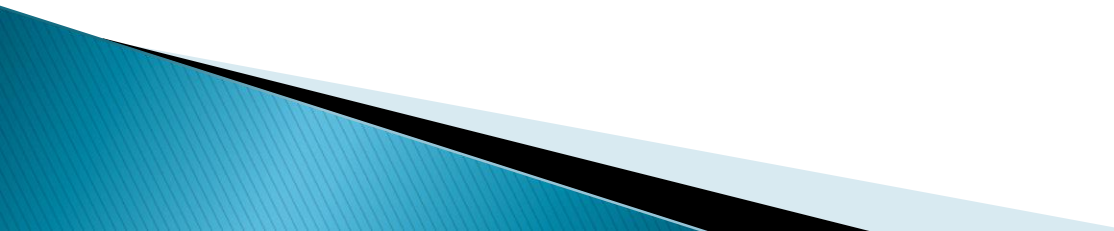
# Preceptor Implications

- ▶ What do lower levels of proficiency in EBP, QI & Informatics mean for the orientation of new staff—particularly ADN new grads?
  - ▶ Can BSN new grads be tapped as resource nurses/ super users when it comes to EBP & Informatics?
  - ▶ Preceptor rankings similar to findings in study of faculty preparedness to teach across the 6 Q&S domains ( Smith et al, 2007)
- 

# Q.3 What types of learning experiences available for Q&S ?

Competency	Most Prevalent	Least Prevalent
PCC	Orientation/preceptor	Simulation/DEU
T&C	Preceptor/orientation	Simulation/DEU
EBP	External CE/Unit based lectures-in-service	Simulation/DEU
INFORMATICS	Orientation/preceptor/ External CE	Simulation/journal clubs/case study
QI	Orientation/unit based Lectures-in-service	Simulation/journal clubs
Safety	Orientation/preceptor/ Unit based lectures-in-service	Simulation/DEU/ journal clubs

# Learning Strategy Observations

- ▶ A wide variety of learning strategies are used
  - ▶ Not all methods are ideal for all domains
  - ▶ Heavy reliance on orientation, preceptors (front loading of education)
  - ▶ Moderate utilization of web-based learning, return demo, interdisciplinary learning, consultations, case studies, readings
  - ▶ Low utilization of simulation, DEU, journal clubs, new graduate residencies
- 

**Q5 The one professional issue regarding my staff on the top of my mind right now related to quality and safety is...**

**(86 free text responses)**



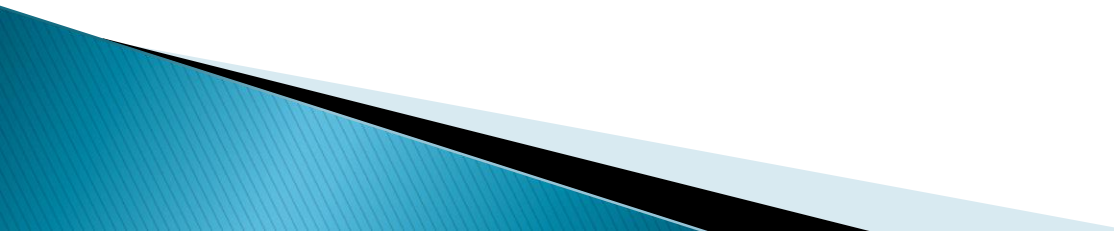
<b>Category</b>	<b>Frequency</b>	<b>Exemplar</b>
<b>EBP</b>	<b>15</b>	<b>“Application of known EBP –stop trying to recreate the wheel”</b>
<b>QI</b>	<b>13</b>	<b>“understanding the big picture of QI initiatives” “Not sure staff nurses know how to use data to drive practice to get good outcomes”</b>
<b>Safety</b>	<b>13</b>	<b>“patient safety and incorporating it into the care of the patient and family”</b>

<b>Attributes</b>	<b>11</b>	<b>“lack desire to participate in professional nursing organizations” “tenured nurses who have less competence than new graduates”</b>
<b>Critical Thinking</b>	<b>10</b>	<b>“Getting my nurses to understand the link between all these competencies”</b>
<b>Teamwork and Collaboration</b>	<b>9</b>	<b>“Conflict management” “How workplace violence affects patient care”</b>
<b>Patient -centered care</b>	<b>9</b>	<b>“very young workforce seemingly more interested in themselves than the patient”</b>

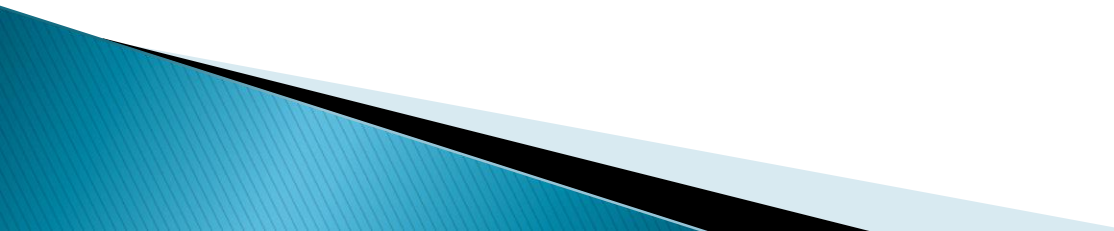
<b>Time</b>	<b>5</b>	<b>“staff don’t have time to attend in-services” “competing priorities and educating staff to manage them”</b>
<b>Informatics</b>	<b>5</b>	<b>“competence with newly introduced knowledge based charting” “keeping up with new technology”</b>
<b>Resources</b>	<b>4</b>	<b>“RN patient ratios are too high and not enough support staff” “few staff development resources for med/surg nurses”</b>



# Focus Groups

- ▶ Two focus groups were conducted in January, 2011
  - ▶ Nurse leader participants were recruited from two tertiary care medical centers in NY region
  - ▶ Invitation was crafted by researcher and extended via Directors of Nursing Education at each site via email and personal communication
  - ▶ Sessions were audio-recorded and field notes taken
- 

# Focus Group Participants

- ▶ N=11
  - ▶ 5 Nurse Managers
  - ▶ 6 Nursing Directors
  - ▶ 4 BSN prepared
  - ▶ 6 Masters prepared
  - ▶ 1 DNP prepared
  - ▶ 100% female
- 

**And the Focus Groups said....**



# Satisfaction with new grads

- ▶ Most agreed with findings:
  - “Not surprised that BSN’s higher in EBP”
  - “Agree with findings– find that school attended has impact for both ADN and BSN students”
  - “BSN prepared grads are better prepared with information–not just clinical–BSN thinks more globally”
  - “Big disconnect in school related to quality indicators”
  - “BSN curriculum is getting stronger”
- ▶ Some surprises:
  - “I would have expected ADN’s to score higher in these categories”
  - “In my experience I have not seen a difference in BSN/ADN new grads r/t PCC, T&C, Safety but have for Informatics, QI and EBP”

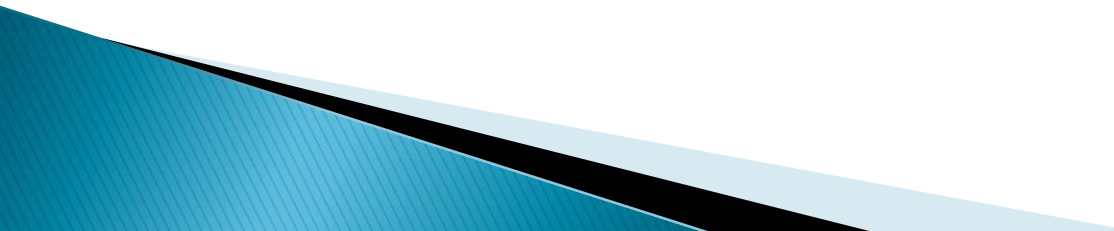
# Satisfaction with experienced nurses

- ▶ Most agree with findings:
  - “Agree–BSN RN’s participate more frequently in PI initiatives and contribute to change on unit”
  - “Agree– BSN’s increase necessary knowledge and are more interested in learning and committee work”
- ▶ Some surprises:
  - “With experience it does not seem that ADN’s elevate to level of BSN’s”
  - “Concerned with EBP and QI by now nurses should be citizens in our hospitals and know expectations”
  - “Very satisfied” scores should have been much higher.

# Preceptor Findings

- “Thought % expert for preceptors in PCC, T&C, EBP, Safety would have been higher”
- “Thought preceptor would have been higher in EBP/QI– I am shocked they are so low”
- “Very surprised that preceptors are not more expert–why do you want a preceptor with some proficiency?”
- “Some of my most experienced nurses can feel inadequate when technology is introduced–difficult transition–brought my unit to its knees”. (Expected finding)

# Learning opportunities feedback

- ▶ Surprised by low utilization of new grad residencies and simulation
  - ▶ “A lot covered in orientation–need more education for sustainability”
  - ▶ “Thought precepted experiences would have higher %’s on PCC and safety”
  - ▶ Interdisciplinary learning experiences identified for only 53.9% on T&C.
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# Barriers and Facilitators of Q&S learning experiences

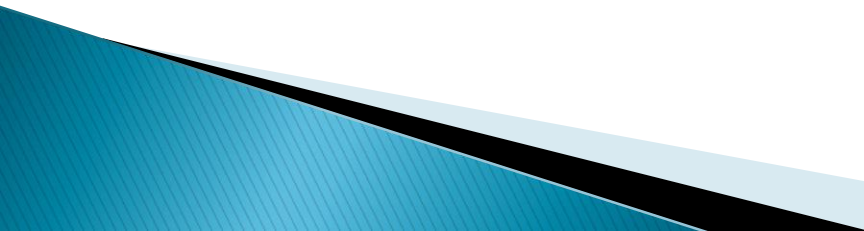
- ▶ Complacency/resistance among experienced nurses
- ▶ Workload, acuity and time pressures
- ▶ Lack of preceptor focus– checklist oriented
- ▶ Culture not supportive
- ▶ Competing priorities
- ▶ Clear expectations and goals–leadership
- ▶ Have quality education programs available
- ▶ Smart nurses
- ▶ Open communication between preceptor and orientee
- ▶ Preceptor skill set development
- ▶ Incentives for ongoing education

Barriers

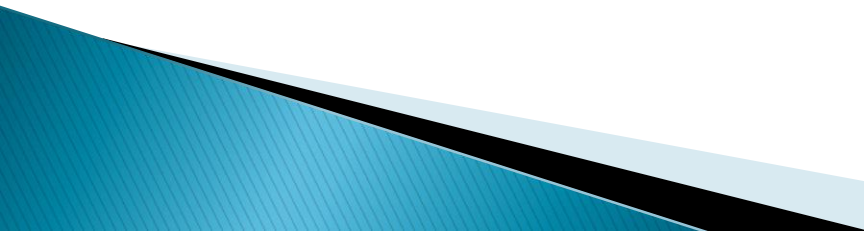
Facilitators



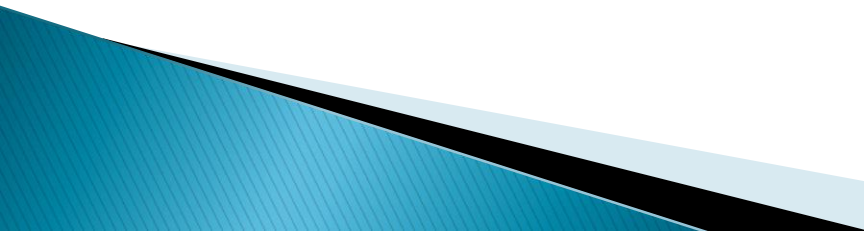
# Implications for Nurse Administrators

- ▶ Preferential hiring of BSN new graduates
  - ▶ Evaluate selection processes of preceptors
  - ▶ Creation of cultures of T&C
  - ▶ Promote continuous learning
  - ▶ Actively seek to establish academic/service partnerships
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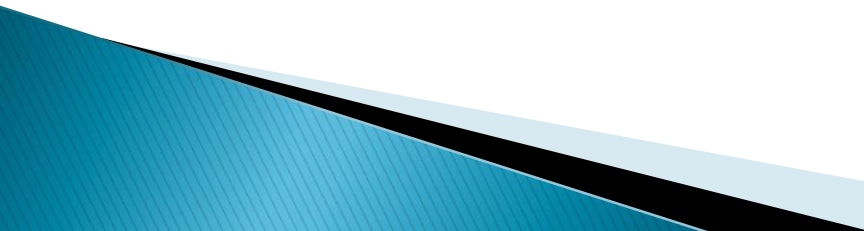
# Implications for Academic Educators

- ▶ Incorporate QSEN into curricula– let go of curricular sacred cows
  - ▶ Expand ADN to BSN articulation models
  - ▶ Expect more from students R/T EBP and QI
  - ▶ Tap into student expertise in Informatics
  - ▶ Incorporate Team STEPPS training
  - ▶ Be unrelenting in designing interprofessional learning opportunities
  - ▶ Engage in innovation with service partners
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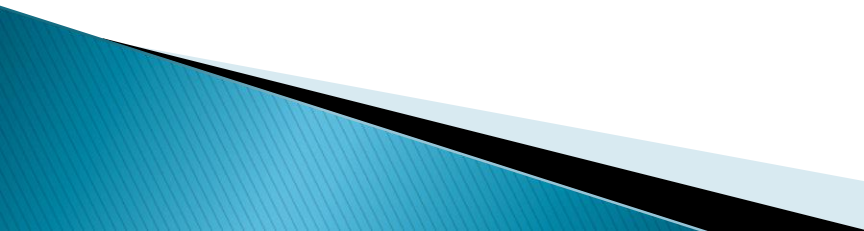
# Implications for Nursing Professional Development

- ▶ Recognize that ADN new grads have pronounced learning needs r/t Q&S competencies. (EBP, QI,)
  - ▶ Revamp preceptor development programs
  - ▶ Influence preceptor selection
  - ▶ BSN new grads as EBP and Informatics role models
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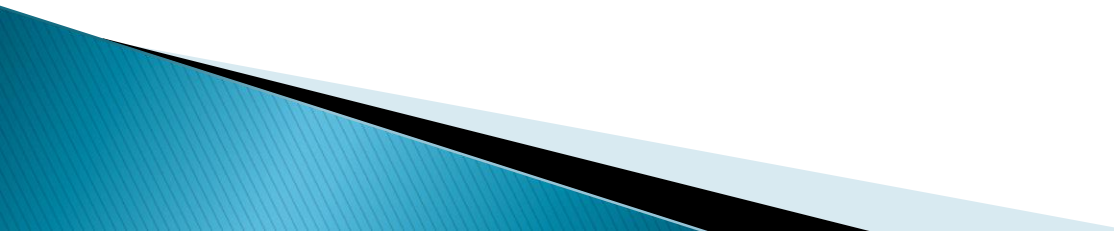
# Implications for Nursing Professional Development cont.

- ▶ Assure a variety of Q&S learning methods
  - ▶ Recognize that the EHR will become our Q&S friend
  - ▶ Assure that nursing students have access to learning experiences that facilitate their Q&S learnings.
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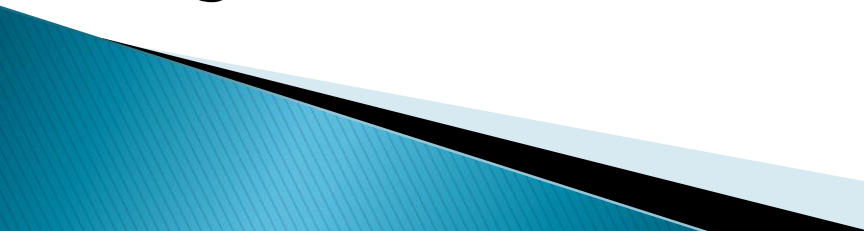
# Limitations

- ▶ Based on self-report
  - ▶ Outdated mental model of Q&S competencies?
  - ▶ Small number of respondents
  - ▶ Focus groups at tertiary care with BSN preferences and extensive simulation resources
  - ▶ Researcher position and experience (influence and bias)
- 

# Future Areas of Study

- ▶ Effectiveness of specific teaching/learning strategies on Q&S competency development in practicing clinicians.
  - ▶ Strategies to enhance Q&S competencies in ADN prepared nurses
  - ▶ Do academic/service partnerships promote development of Q&S competencies among students and clinicians?
- 

# Future Areas of Study

- ▶ How can Q&S competencies be incorporated into nurse residency programs?
  - ▶ Development of instruments to assess Q&S knowledge, skills and attitudes in service settings.
  - ▶ Develop and evaluate new approaches to preceptor development to increase ability to assess and develop Q&S competencies in new graduates.
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