

The background of the slide features a close-up photograph of autumn foliage. In the upper portion, there are bright yellow leaves with prominent veins, interspersed with dark green pine needles. Below this, there are larger, deep red leaves. The bottom right corner shows a pile of dry, brown pine needles. The overall lighting is soft, highlighting the textures of the leaves.

The Power of Nurse Preceptors to Influence Practice Related to Central Line-Associated Bloodstream Infections

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Defining the Problem

- 250,000 Central Line-Associated Bloodstream Infections annually in U.S.
- 12% mortality rate
- Cost: \$25,000 per episode
- Increased length of stay
- Human suffering
- **PREVENTABLE!**



Previous Research



Purpose: To examine the relationships among sociodemographic attributes, autonomy, self-efficacy, beliefs, attitudes, and behavioral intention by registered nurses to use best practice disinfection techniques in needleless intravenous systems.

Previous Research



- Descriptive, correlational design
- Instrumentation
 - Dempster Practice Behaviors Scale
($\alpha = 0.95$)
 - General Perceived Self-Efficacy Scale
($\alpha = 0.75 - 0.90$)
 - Smith/Becker Attitudes Toward
Disinfection Techniques

Theoretical Framework

- Fishbein and Ajzen's Theories of Reasoned Action and Planned Behavior
- Six components:
 - Beliefs about outcomes
 - Evaluation of outcomes
 - Normative beliefs ←
 - Motive to comply ←
 - Behavioral control
 - Behavioral intention



Previous Research Findings

Beliefs (social norms) of all colleagues (e.g., unit leaders, physicians, PICC nurses) were significantly correlated with behavioral intention, but perceptions of staff nurses' attitudes had the most powerful influence over decisions to scrub the hub

($r = 0.45$, $p = 0.00$).



Conclusion

Staff nurses' practice decisions are
MOST INFLUENCED



By Their PEERS!

Implications for Practice



Since practice by new hires is most influenced by staff nurse peers (e.g., preceptors, other experienced staff nurses), programs should be aimed at educational pedagogy aligning preceptor practice with established, empirically-derived guidelines.

Preceptor Project

- Conducted one-on-one, targeted conversations with preceptors.
 - Thanks for serving
 - Power of influence
 - Latest evidence based practice
 - Resources
 - Barriers to best practice
- Written brochure, “Venous Access Specialty Guide for Preceptors.”



Top 5 Lessons Learned

Number 5

The biggest barrier to a 15 second “hub scrub” is TIME.

- Distractions (like the phone in her pocket)
 - A long task list
- Perception that there is not enough time
- Need to prioritize so many important patient care activities



Top 5 Lessons Learned

Number 4

Staff nurses want to know what happens to their patients.

- Nurse patient relationship
- Immediate consequence of not scrubbing?
- Caring



Top 5 Lessons Learned

Number 3

Preceptors are not always up to date on the latest best practices and policy changes.

- Learn from preceptees
- Want to see the evidence
- Want unit based teaching
- Reported “culture change” with focused education
- Example: Mask with cap change



Top 5 Lessons Learned

Number 2

Preceptors want to do the right thing.

- High Reliability Organizations
 - » 200% Accountability
- Willing to give and receive correction
- Other disciplines
- “We all just want a good outcome for the patient.”

Top 5 Lessons Learned

Number 1

Thanks for asking!

- Someone took the time
- Want to have a voice
- Want feedback
- Appreciate recognition for their work



Implications for Practice

- Time management/Prioritization
- Follow-up with patient stories
- Keeping preceptors updated on latest evidence-based practices
- HRO – teaching other disciplines
- Preceptor feedback & appreciation



Thank you!

Questions?



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