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

Elaine L Smith EdD, MBA, RN, NEA–BC, ANEF
Vice President Nursing Education
North Shore LIJ Health System
What are the Quality and Safety Competencies?

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

2007 Cronenwett, Sherwood et al
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?
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
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

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

- 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
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”
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)
<table>
<thead>
<tr>
<th>Competency</th>
<th>Most Prevalent</th>
<th>Least Prevalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC</td>
<td>Orientation/preceptor</td>
<td>Simulation/DEU</td>
</tr>
<tr>
<td>T&amp;C</td>
<td>Preceptor/orientation</td>
<td>Simulation/DEU</td>
</tr>
<tr>
<td>EBP</td>
<td>External CE/Unit based lectures–in–service</td>
<td>Simulation/DEU</td>
</tr>
<tr>
<td>INFORMATICS</td>
<td>Orientation/preceptor/ External CE</td>
<td>Simulation/journal clubs/case study</td>
</tr>
<tr>
<td>QI</td>
<td>Orientation/unit based Lectures–in–service</td>
<td>Simulation/journal clubs</td>
</tr>
<tr>
<td>Safety</td>
<td>Orientation/preceptor/ Unit based lectures–in–service</td>
<td>Simulation/DEU/ journal clubs</td>
</tr>
</tbody>
</table>
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)
<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Exemplar</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP</td>
<td>15</td>
<td>“Application of known EBP – stop trying to recreate the wheel”</td>
</tr>
</tbody>
</table>
| QI       | 13        | “understanding the big picture of QI initiatives”  
              “Not sure staff nurses know how to use data to drive practice to get good outcomes” |
<p>| Safety   | 13        | “patient safety and incorporating it into the care of the patient and family” |</p>
<table>
<thead>
<tr>
<th>Attributes</th>
<th>Score</th>
<th>Issues</th>
</tr>
</thead>
</table>
|                                  | 11    | “lack desire to participate in professional nursing organizations”
<p>|                                  |       | “tenured nurses who have less competence than new graduates”                               |
| Critical Thinking                | 10    | “Getting my nurses to understand the link between all these competencies”                   |
| Teamwork and Collaboration       | 9     | “Conflict management”                                                                    |
|                                  |       | “How workplace violence affects patient care”                                             |
| Patient–centered care            | 9     | “very young workforce seemingly more interested in themselves than the patient”           |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Time           | 5     | “staff don’t have time to attend in-services”  
“competing priorities and educating staff to manage them” |
| Informatics    | 5     | “competence with newly introduced knowledge based charting”  
“keeping up with new technology” |
| Resources      | 4     | “RN patient ratios are too high and not enough support staff”  
“few staff development resources for med/surg nurses” |
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.
Barriers and Facilitators of Q&S learning experiences

Barriers

- Complacency/resistance among experienced nurses
- Workload, acuity and time pressures
- Lack of preceptor focus—checklist oriented
- Culture not supportive
- Competing priorities

Facilitators

- 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
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
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
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
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.
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.


