

Title:

Using the Competence Scale for Senior Clinical Nurses to Examine Safe Staffing

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Session Title:

Poster Presentations

Slot (superslotted):

PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM

Slot (superslotted):

PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:

measurement scale, nurse competence and nursing staffing

References:

1. Patricia R. E. (2010). The complex work of RNs: Implications for healthy work environments. *The Online Journal of Issue in Nursing*, 15(1), 1-12.
2. Marlene K., Claudia S. (2005). Revising the essentials of magnetism tool: There is more to adequate staffing than numbers. *Journal of Nursing Administration*, 35(4), 188–198.
3. Royal College of Nursing (2010). Guidance on safe nurse staffing levels in the UK. London: RCN. Available at www.rcn.org.uk (Internet).
4. Itsuko A., Miyoko U., Masaki S., Eri N. (2013). Development of competence scale for senior clinical nurses. *Japan Journal of Nursing Science*, 10, 55–67.

Abstract Summary:

Aim of this study was to examine whether the CS-SCN is a useful marker of appropriate nurse staffing. A cross-sectional questionnaire survey was undertaken. Distributions for the competence score of wards by box plot were different. The results suggest the CS-SCN offers useful scale for measuring safe nurse staffing.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to have knowledge and skill to measure nursing competence.	The learner will be able to know measuring the senior clinical nurses competence.
The learner will be able to know appropriating measurement scale to safe staffing.	The managers can staff appropriately the senior clinical nurses depending on knowing their competence.
The learner will be able to know the CS-SCN is a useful marker of appropriate nurse staffing.	The senior clinical nurses might be safely staffed by using CS-SCN.

The learner will be able to know how to examine and evaluate safe staffing.	The CS-SCN was developed as a concise scale to measure and evaluate the competence of senior clinical nurses.
The learner will be able to know different nursing competence.	The distributions according to the competence score of wards by box plot were different.

Abstract Text:

Background: To achieve the intended outcome of healthy work environments, in the form of quality care, safe patient outcomes, and nurse recruitment and retention, attention must be directed to the invisible, cognitive work of nursing (i.e., work that promotes suitable work flow and care delivery), and to factors that support or complicate this invisible work¹. Nurse staffing has always been a complex issue, but delivery of safe, quality, cost-effective patient care is important, along with the creation of a safe environment for patients and medical professionals.

The perception of adequacy of a staffing scale is a 6-item scale assessing the most common factors affected by nurses' perceptions of adequate staffing². One of the central themes was to develop the role of the Senior Charge Nurse (SCN) and equip these clinical leaders with the information and tools needed to monitor and improve quality in their areas³.

We developed the Competence Scale for Senior Clinical Nurses (CS-SCN)⁴ as a concise scale to measure and evaluate the competence of senior clinical nurses. The CS-SCN comprises five factors: "Role accomplishment", "Self-management", "Research", "Practice and coordination", and "Work implementation". Measuring competence is important to achieve safe and appropriate nurse staffing,

Objective: The aim of this study was to examine whether the CS-SCN is a useful marker of appropriate nurse staffing.

Methods: A cross-sectional questionnaire survey using the CS-SCN was undertaken at a hospital in Japan in 2013. Subjects comprised 219 senior clinical nurses (27 males, 191 females) defined as those with ≥5 years of clinical experience. Total score for each factor was calculated by wards which were involved of internal medicine, surgery, ICU, ER, OR, obstetrics and gynecology, etc. We compared competence scores for each factor by ward. We tested whether differences in scores were statistically significant by Kruskal-Wallis test, and distributions were tested by box plot.

This study was approved by the research ethics committee of the authors' institution.

Results: No competence scores showed significant differences, but distributions for the competence score of wards by box plot were different. With regard to the total score (range:22-88) of all factors, the highest level was 86, and the lowest level was 35. Score ranges were 7–28 for "Role accomplishment", 2–8 for "Self-management", 2–8 for "Research", 5–20 for "Practice and coordination", and 6–24 for "Work implementation". Mean total score was 61.2 (range, 45–76) for highest-level ward and 49.5 (range, 42–61) for lowest-level ward.

Conclusions: The results suggest that CS-SCN offers useful scale for measuring safe nurse staffing.

Conflicts of interest: The authors declare no potential conflict of interest with respect to the research and authorship.

Acknowledgments: This work was supported by Japan Society for the Promotion of Science, the Ministry of Education, Culture, Sports, Science, and Technology (KAKENHI grant No. 26463250), Japan.

