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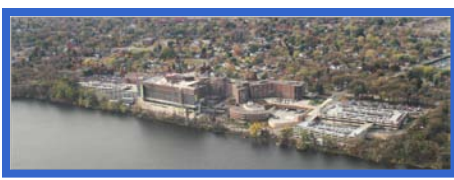


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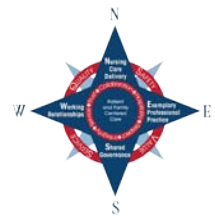
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Demonstrating Nurse-Sensitive Outcomes: Do Barrier Perceptions Differ By Role?

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Introduction

- 1855: Florence Nightingale conducts first nursing outcomes research in Scutari, Turkey
- 1966: Donabedian introduces structure, process, and outcome
- 1980s to present: evolution to outcome focus
- Evidence demonstrates barriers to change, use of research, EBP, and dissemination of research outcomes in public health
- No existing evidence on barriers to outcome demonstration
- Demonstration of healthcare intervention effectiveness required
- Magnet established standards for excellence and expectations for outcome demonstration
- Nurses must understand and demonstrate the value nursing practice adds to the business of health care

Research Question

What are the differences in perception of barriers to comprehensively addressing demonstration of nursing practice outcomes related to Magnet designation requirements between Chief Nursing Officers, Magnet Program Directors, Nursing Leaders, and Direct Care Registered Nurses?

Methods

- Survey instrument developed
 - Expert input from CNOs, MPDs, and DC RNs
- 3 parts:
 - 21 Demographic questions
 - 7 Likert scale items
 - 1 open ended question on best practices
- Cronbach's $\alpha = 0.838$: tool reasonably reliable and valid
- Design: Descriptive, cross-sectional survey
- Setting: 2012 national Magnet conference
- Sample: Administered to 526 Magnet conference attendees
 - n = 331 (62.9% return)
 - 12 (3.6%) to 16 (4.8%) missing responses per question
- Analysis: alpha = .05
 - SPSS and Minitab
 - Frequencies, Chi Square, ANOVA, post hoc Tukey SD
- Limitations: Recent recognition of barriers to outcome demonstration, No existing reliable and valid survey tool, Convenience sample, Cross-sectional study design,

Results

Demographic Results

Characteristic	Response Category: n (%)							
Your Current Position	CNO: 18 (5.4%)	MPD: 81 (24.5%)	Direct Care RN: 86 (26.0%)	Leader: 49 (14.8%)	Other: 93 (28.1%)	Missing: 4 (1.2%)		
Highest Nursing Education Level		Assoc/Diploma: 27 (8.2%)	Bachelors: 133 (40.2%)	Masters: 146 (44.1%)	Doctoral: 19 (5.7%)	Missing: 9 (1.8%)		
Highest Non-Nursing			Bachelors: 68 (20.5%)	Masters: 45 (13.8%)	Doctoral: 8 (2.4%)	Missing: 210 (63.4%)		
Years of Nursing Experience	0 - 9 yrs: 48 (14.5%)	10 - 19 yrs: 72 (21.8%)	20 - 29 yrs: 86 (26.0%)	30 - 39 yrs: 96 (29.0%)	40 - 50 yrs: 20 (6.0%)	Missing: 9 (2.7%)		
Hospital Magnet Status			Magnet: 178 (53.8%)	Not Magnet, Active journey: 115 (34.7%)	Not Magnet, Non-Journey: 21 (6.3%)	Missing: 9 (5.1%)		
Number of Beds in Your Hospital	1 - 49: 5 (1.5%)	50 - 99: 6 (2.7%)	100 - 199: 46 (13.9%)	200 - 299: 41 (12.4%)	300 - 499: 103 (31.1%)	500+: 105 (34.7%)	Non-hospital: 3 (0.3%)	Missing: 9 (2.7%)
Hospital Location	SE US: 40 (12.1%)	NE US: 47 (14.2%)	Midwest US: 95 (28.7%)	South US: 40 (12.1%)	SW US: 74 (22.4%)	NW US: 8 (2.4%)	Outside US: 15 (4.5%)	Missing: 12 (3.6%)

Chi Square Results By Category X2, df, significance

Resource Availability	40.711, 8, p=0.000**
Perceived Organizational Value	5.987, 8, p=0.649
Benchmarks	4.084, 8, p=0.849
Competing Priorities	21.938, 8, p=0.005**
Process Understanding	25.851, 8, p=0.001**

Interpreting Significance:
* = p ≤ 0.05
** = p ≤ 0.001

Summary of best practice hospital processes to reduce barriers Organizational

- Engaged senior leadership
 - Commitment as an organizational priority
 - Communication is crucial: early, ongoing, and frequent
 - Resources dedicated to collecting data and producing reports
 - Unit level data displays
 - Accountability process for displaying, discussing, and submitting trended, benchmarked results
 - Differentiation between Magnet and other external quality reporting requirements and traditional performance improvement processes
 - Frequent and repeated educational meetings to facilitate leader and staff process understanding
- Magnet Program Director**
- Relationship-building with nursing leaders and unit quality contacts
 - Comprehensive understanding of hospital units, required indicators by unit, and benchmarking
 - Facilitate fit between organizational and Magnet processes
 - Establish timely processes for units to communicate required outcomes

Summary of barrier perceptions by role

CNO = Chief Nursing Officer
MPD = Magnet Program Director
NL = Nurse Leader
DC RN = Direct Care RN

Perceive less of a barrier	Barrier	Perceive more of a barrier
DC RNs	Coordination of quality data management system	MPDs
DC RNs	Ease in obtaining needed EHR quality outcome reports	MPDs
CNOs	Presence of dedicated support personnel to analyze, report, and articulate outcome data	DC RNs
MPDs & DC RNs	Too many personnel hours are needed to meet Magnet quality indicator requirements	CNOs and NLS
CNOs & DC RNs	Multiple competing priorities make it difficult to complete Magnet outcome requirements	MPDs
DC RNs, CNOs, & NLS	Direct Care RNs plan projects with meaningful before and after measures	MPDs
DC RNs, CNOs, & NLS	Hospital establishes defined outcome measures before initiating projects	MPDs

Likert Scale Mean Responses 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree	Chief Nursing Officer	Magnet Program Director	Nurse Leader	Direct Care RN	Other	All	Sig
Resources (Q 1, 3, 4, 5, 6, 17)							
Q1. Our hospital has a coordinated system for managing quality data.	2.556	2.383	2.714	2.860	2.581	2.624	p=0.001
Q3. It is easy to get quality indicator reports from the Electronic Health Record.	1.500	1.444	1.612	1.942	1.548	1.633	p=0.001
Q4. Our hospital has dedicated support personnel to analyze, report, and articulate data.	1.944	2.148	2.326	2.721	2.387	2.382	p=0.000
Q5. Our hospital has a culture of continuous quality improvement in place.	2.833	2.864	2.878	2.930	2.774	2.856	p=0.248
Q8. Too many personnel hours are needed to meet Magnet quality indicator requirements.	1.722	2.037	1.694	2.058	2.097	1.991	p=0.031
Q17. The ease required to comprehensively manage Magnet quality outcomes is too high.	1.556	1.840	1.816	1.860	1.968	1.862	p=0.314
RESOURCES TOTAL	2.018	2.119	2.174	2.395	2.226	2.225	p=0.000
Meaningful (Q 2, 10, 20)							
Q2. Magnet quality indicator data influences nursing practice changes in my hospital.	2.722	2.691	2.735	2.826	2.634	2.719	p=0.325
Q10. Measuring Magnet quality indicators is valuable to our hospital.	2.778	2.926	2.898	2.942	2.882	2.905	p=0.402
Q20. The only reason we track some indicators is to meet Magnet requirements.	1.389	1.691	1.551	1.651	1.763	1.664	p=0.389
MEANINGFUL TOTAL	2.279	2.434	2.382	2.463	2.416	2.420	p=0.383
Benchmarks (Q 11, 12, 14, 19)							
Q11. Our practice area has benchmarks available.	2.833	2.728	2.735	2.663	2.527	2.661	p=0.190
Q12. Benchmark databases provide meaningful feedback on quality indicators.	2.889	2.716	2.837	2.872	2.806	2.810	p=0.366
Q14. Current Magnet indicators are not meaningful for quality care improvement.	1.278	1.173	1.184	1.233	1.301	1.232	p=0.594
Q19. External vendors exist that provide unit-based indicator benchmarks needed for Magnet.	2.278	2.358	2.082	2.151	2.108	2.186	p=0.220
BENCHMARKS TOTAL	2.328	2.244	2.206	2.228	2.183	2.222	p=0.539
Priorities (Q 6, 13, 18)							
Q6. Multiple competing quality initiatives make it difficult to complete Magnet requirements.	2.056	2.346	2.286	1.977	2.280	2.205	p=0.036
Q13. Increasing regulatory obligations limit our resources to measure outcomes.	2.167	2.173	2.102	2.046	2.075	2.101	p=0.885
Q18. Daily operating priorities limit administrative participation in Magnet quality processes.	2.167	2.370	2.163	2.186	2.237	2.242	p=0.606
PRIORITIES TOTAL	2.134	2.300	2.201	2.078	2.209	2.192	p=0.223
Process Understanding (Q 7, 9, 15, 18, 21)							
Q7. Staff RNs plan projects that include use of meaningful "before" and "after" measures.	2.222	1.790	2.000	2.477	1.903	2.058	p=0.000
Q9. Our hospital is able to create trend charts with axis labels, data labels, and data tables.	2.611	2.790	2.796	2.779	2.871	2.801	p=0.418
Q15. Staff RNs understand why "before" and "after" quality outcome measurement is important.	2.167	2.037	2.286	2.198	2.032	2.122	p=0.351
Q18. There is clear communication to RNs about required Magnet quality indicators.	2.333	2.111	1.959	1.930	2.011	2.024	p=0.378
Q21. Our hospital consistently establishes defined outcome measures before initiating projects.	2.278	1.802	2.265	2.477	2.194	2.186	p=0.000
PROCESS TOTAL	2.322	2.106	2.260	2.371	2.201	2.238	p=0.025

Conclusions/ Implications

Study provides some of the first evidence to demonstrate existence of barriers and differences in barrier perception related to role.

Barriers Identified:

- Identifying and allocating needed resources to support outcome reporting
- Ensuring understanding of, and accountability for, outcome demonstration at all levels of the organization
- Optimizing MPD role and knowledge to facilitate relationship-building and communication specific to Magnet Recognition Program® requirements

Implications for Practice:

- Design of MPD roles to ensure integration of Magnet process knowledge into hospital data collection and reporting
- Opportunity for MPDs to ensure CNO and direct care RN enculturation of Magnet outcome reporting requirements
- Design data collection and reporting methodologies/templates to optimize increasingly challenged nursing resources

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