

Registered Nurses' Perception of Top of License Practice Activities



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Introduction/Background

- The call for nurses to work at the “top of license” has emerged as a path toward leveraging the unique knowledge and capacity of the largest portion of the healthcare workforce; nurses
- As patient acuity and complexity have increased, healthcare organizations have simply increased nursing resources to keep pace with these burgeoning patterns.
- Reaching top of license requires re-definition and re-design of healthcare teams based on consideration of three basic questions: (1) What activities should be redistributed to nursing support staff? (2) What activities should be redistributed to nursing team members? (3) What activities should be done with reduced frequency?

Aims/Purpose

- Examine the alignment of actual nursing practices/activities to recommended The Advisory Board Company: Nursing Executive Center's top of license practices/activities.
- Compare bachelor degree (BSN) prepared nurses' top of license practices/activities to associate degree (ADN) prepared nurses' top of license practices/activities.

Setting

- The study was conducted at a large Midwestern Academic Center with Magnet Designation.

Sample

- A purposeful and convenient sample of 17 RNs who meet the following inclusion criteria: (1) full-time staff RNs working at OSUWMC with more than two years of acute care nursing work experience and greater than or equal 6 months of work experience on the study unit, who demonstrate interest in the study will be approached for participation. Exclusion criteria:(1)Diploma graduate;(2)MS/Doctorate prepared.

Study Design

- Qualitative study using focus groups.
- Four focus groups (two BSN groups and two ADN groups) with three to five RNs each to explore their perceptions of nursing activities. .
- The study was conducted on-site at the hospital in a quiet and removed conference room.
- Moderators facilitated the discussion in a semi-structured manner by introducing the purpose of the study, defining top of license practice, and asking some general questions about nurses' perceptions of the top of license practices.

Study Design

- The moderator then discussed the eight recommended Advisory Board Company's top of license responsibilities and asked the group to identify nursing activities.
- Categories of top of licenses practices included: (1):Assess clinical and psychosocial patient needs; (2) Establish patient goals and track progress; (3) Provide patient centered outcome focused care; (4) Educate and engage patients and their families; (5) Manage key components of the clinical record; (6) Coordinate care with inter professional caregivers; (7) Facilitate safe patient transitions to the next care setting..
- The moderator asked the group to identify which activities align with the recommended top of license activities. Consensus stability will determine when to stop the iteration.
- Each focus group lasted approximately 30-60 minutes. The discussion was audiotaped and transcribed. at the hospital in a quiet and removed conference room

Analyses

- The transcripts were reviewed and the respondents individual responses to the defined nursing activities were reviewed and then placed in categories. Inter-rater agreement was established between two research team members.
- The number of nursing activities categorized into each TOL category was counted. A total percentage of activities was calculated and this was compared between AD and BSN groups.

Preliminary Findings

	Assess Clinical	Establish Patient Goals	Patient Centered outcomes	Educate and Engage	Manage Clinical Record	Coordinate Care w Team	Transitions	New Tech/EBP
BSN %	0.45	0.40	0.49	0.39	0.38	0.34	0.33	0.39
ADN %	0.5	0.60	0.51	0.61	0.63	0.66	0.67	0.61

Discussion

- Each category had a higher percentage of ADN responses
- More research needs to be done in order to verify these results

References

Storfjell JL, Ohlson S, Omoike O, Fitzpatrick T, Wetasin K. Non-value-added time: the million dollar nursing opportunity. *J Nurs Adm* 2009;39(1):38-45.

Capuano T, Bokovoy J, Halkins D, Hitchings K. Work flow analysis: eliminating non-value-added work. *J Nurs Adm.* 2004;34(5): 246-256.

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