

Registered Nurses' Perception of Top of License Practice Activities

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Abstract

The rapid changes in health care in tandem with the increasing complexity of inpatient care requires that nursing leaders and healthcare administrators think carefully about how best to maximize the education and skill set of the Registered Nurse (RN). Given the shortage of healthcare providers, gaps in care often fall to the RN, and thus RNs have to take on responsibilities that fall below their scope of practice. RNs therefore are unable to perform other activities that they see as value added, such as spending more time with the patient and providing important patient education. The purpose of this study is to explore nurses perceptions of what practices constitutes top of license practice. This is a qualitative study using focus groups in which we asked both bachelor and associate degree prepared nurses a list of questions that categorized their daily activities and explored their perception of what activities were top of license. A constant comparative method was used to identify and examine nurses' activities. Preliminary results suggest that nurses may not be practicing to their full educational capacity. These findings will provide the forum to begin to discuss new and innovative ways to maximize nursing work models.

Chapter I: Introduction

In 2010, The Institute of Medicine (IOM) published a landmark report, *The Future of Nursing: Leading Change, Advancing Health*. This document provided a set of critical recommendations outlining how nursing could significantly contribute to improving healthcare and patient outcomes. One of the recommendations, “*nurses should practice to the full extent of their education*”, reflects the need for this change. 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. In recent years, as patient acuity and complexity have increased, healthcare organizations have simply increased nursing resources to keep pace with these burgeoning patterns. However, current market pressures and fiscal realities will not support this approach moving forward. Reaching top of license requires re-definition and re-design of healthcare teams based on consideration of three basic questions: What activities should be redistributed to nursing support staff? What activities should be redistributed to nursing team members? What activities should be done with reduced frequency? Top of license in the nursing workplace is a topic that needs to be further explored in order to maximize nursing workload. The specific aim of this study is to:

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

Chapter II: Literature Review

The rapid changes in health care in tandem with the increasing complexity of inpatient care requires that nursing leaders and healthcare administrators think carefully about how best to maximize the education and skill set of the Registered Nurse (RN). Therefore, top of license practice is very important in the health care world. According to Virkstis (2014) “the idea of operating at the top of your license means practicing to the full extent of your education and training, instead of spending time doing something that could be effectively done by someone else”(p.1). Nurses in the health care setting are spending too much time participating in activities that can be performed by other members of the healthcare team. They are not practicing to their fullest extent and are not using their education to the best of their ability. There are many different nursing activities that should be included in the nursing workflow and others that can be delegated to other healthcare team members. The Advisory Board of Nursing stated that practicing at top of license can be divided into eight core nursing responsibilities that cannot be delegated to other staff members. These activities include: (1) assess clinical and psychosocial patient needs, (2) establish patient goals and track progress (3) provide patient centered, outcomes focused care (4) educate and engage patients and their families (5) manage key components of the clinical record (6) coordinate care with interprofessional caregivers (7) facilitate safe patient transitions to the next care setting (8) assess and incorporate new technologies and evidence-based practice (Advisory Board Company, 2013). According to an article by Tang et. al (2006) “nurses’ essential tasks revolved around three themes: monitoring patients, maintaining patients’ health records, and managing technology use” (p.1). The tasks listed in these articles are ones that cannot be performed by Patient Care Assistants (PCA) on the floor. They require a higher level of critical thinking and can help the nurse to reach top of

license practice. Mohammadkarim et al (2014) explains “ the high volume of their regulatory tasks and obligations makes it difficult to identify and respond to emergencies” (p.1). If nurses are practicing at top of license, they will be able to focus on other tasks and respond to emergencies. Other activities such as ambulation, toileting, and feeding the patients are activities that can and should be delegated to the PCAs. If these tasks are delegated, the nurses will have more time to focus on the patient’s needs such as discharge planning and education. Education and discharge planning are needs that cannot be fully met if other basic needs are not met first. When these tasks are not delegated, care for the patient is diminished.

Missed care happens everyday in the nursing setting. Kalisch et al (2009) explains, “the volume of missed care is underestimated, and that the consequences to the patients could be greater than currently understood” (p.1). If nurses were practicing at top of license, then the care of the patients would not be missed. Missed care can impact patient safety and lead to unwanted events, such as falls in the hospital. Nurses need to be practicing at top of license so that they can focus on patient safety and so that the volume of missed care throughout the hospital can be diminished.

Even though top of license practice can be defined, the activities that fall under this definition are different for differently prepared nurses. There are several differences between Bachelor’s Prepared Nurses (BSN) and Associate Degree Nurses (ADN). A recent study showed that changes in healthcare and healthcare policy have created a need for new education models that create more bachelors prepared nurses through university and community college partnerships. This new education model focuses on evidenced based practice and patient centered care, areas that are not focused on in an ADN program (Giddens et. al, 2015, p.1). Associate Degree Prepared nurses are more focused on specific tasks and less on the evidence

that supports that task. Another recent study showed how important evidence based practice truly is in nursing practice. Nurses need to be able to use the research to evaluate their patients and make educated decisions about their care (Aglen, 2016, p.1). This is a main focus in the BSN coursework; however, this is not emphasized in the ADN curriculum. Nevertheless, another study found that there are not very many differences between Bachelors prepared and Associate Degree nurses or differences in the course work between the two programs. This study found that there needs to be a redesign in the pre-licensure coursework for both programs and this coursework needs to focus on professional value development (Fisher, 2014, p.1). Professional value development is a very important part of the nursing process and allows nurses to focus on top of license practice.

In conclusion, working within the complex healthcare environment of today, nurses must provide care that is efficient and effective. There is a growing body of literature that describes the workflow of nurses in an acute care environment. It has been found, that nurses spend a considerable amount of non-value added time on activities that could potentially be delegated to other team members who could accomplish the care safely and with greater cost effectiveness. Inefficiencies in organizational systems also contribute to non-value added time. In addition, realigning these care responsibilities may lead to greater nursing job satisfaction. Top of license in the nursing field is a topic that needs to be looked at and studied more closely.

Chapter III: Methods

Study Design/Sample: The proposed project used a subanalyses of a larger study. This substudy included a focus group and used a qualitative approach. We conducted four focus groups (two BSN groups and two ADN groups) with three to five RNs each to explore their perceptions of nursing activities. We compared the differences in perceptions between nurses with BSN and ADN degrees. Purposive sampling was used and included medical-surgical RNs who work on different but similar medical-surgical units. Inclusion criteria:(1) full-time staffs 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) Masters/Doctorate prepared.

Human subject protection: The study sought Institutional Review Board (IRB) approval to conduct the study at OSUWMC upon acknowledgement of funding. To reduce issues related to breach of confidentiality we requested a waiver of consent documentation from the IRB for all of the nurse subjects so that their name is not associated with any data collected during the focus groups. Strict efforts to protect confidentiality of data included keeping research data in the locked office, drawer or file cabinet of the PI. The major risks associated with this study included breach of confidentiality of subjects. All tape recording and transcripts were discarded upon completion of the study.

Setting: The study was conducted on-site at the hospital in a quiet and removed conference room.

Procedure: Moderators facilitated the discussion in a semi-structured manner. The moderator started the focus group 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.

Following this initial discussion, the moderator then introduced the eight recommended Advisory Board Company's top of license responsibilities and presented the group with findings from the observations made in an observational pilot study. The moderator asked the group to identify which activities from the pilot study data aligned with the recommended top of license activities. Consensus stability determined when to stop the iteration.

We collected demographic information including age, gender, education, and years of experience. Each focus group lasted approximately 30-60 minutes. The discussion was audiotaped and transcribed. All demographic data was then de-identified.

Analysis Plan: We began with open coding to identify all nursing activities performed and grouped them into descriptive and explanatory categories. The categories then underwent changes as new information was found and compared. The constant comparative method thematically discovered nursing activities that represent participants' perspectives on top of license activities. This resulted in nurses' agreement on the alignment of their nursing activities to the eight Advisory Board's recommended top of license activities. Charts were then created by taking all activities that BSN nurses identified and activities that ADN nurses identified. Thus, a chart was generated which summarized the activities that the BSN and ADN nurses identified with each top of license activity

Chapter IV: Results

The following tables reflect the eight TOL practices that the Advisory Board have described and show what activities ADN and BSN nurses put into each category.

Advisory Board TOL Category: Assess Clinical and Psychosocial Patient Needs

Assessing clinical and psychosocial patient needs means to view the patient and determine what their needs are while they are in the hospital.

BSN			ADN	
Physical Assessment	Admissions/Discharge		Assessment	Medication Administration
Therapeutic Communication	Charge Nurse Duties		Emotional Support	Communication
Data Interpretation	Floating Off Floor		Teamwork	Case Management
Report	Patient Satisfaction Rounding		Analyze Values	Patient Education
Patient Education	Communication Report		Charting	Prioritization
Basic Skills	Order Review		Basic Skills	Report

Travel	Helping Nurses			
Breaking Sitters	Documentation			
Extras				

In this category, it was expected that certain activities such as physical assessment and data interpretation would fall into this section. The focus groups revealed that both BSN and ADN prepared nurses placed many different activities under the first category of Assess Clinical and Psychosocial Patient Needs. Some of the activities that BSN nurses placed in this category included physical assessments, therapeutic communication, and charge nurse duties. Some of the activities that ADN nurses placed in this category also included physical assessment and emotional support along with teamwork and providing housekeeping needs to the patient. Assessment of the patient was one of the only activities that were mentioned in all four focus groups under this category. Assessing a patient is the building block of determining their needs for the day. If the assessment of the patient is not completed, then the nurse will be unable to determine what the next steps should be to care for that patient. In conclusion, it was found that BSN focused more on leadership through activities such as charge nurse and activities external to the patient such as traveling.

Advisory Board TOL Category 2: Establish Patient Goals and Track Progress

Establish patient goals and track progress means determining what the patient needs to do in order to leave the hospital and tracking the steps made each day.

BSN			ADN	
Data Interpretation	PCA Delegation/Handoff		Meeting Patient Needs	Medication Pass
Order Review	Assessment		Admission/Discharge	Documentation
Documentation	Therapeutic Communication		ADL's	Patient Education
Admission/Discharge	Dressing Changes		Dressing Changes	Prioritization
MD/RN Rounding			Coordinating Care	Rounding
			Report	Working as a Team

In this category, many activities were expected to be placed under this section. Some of these activities include admissions/discharge and documentation. The focus groups found that Bachelors and Associate prepared nurses thought of many different activities that fit under Establish Patient Goals and Track Progress. BSN nurses placed activities such as data interpretation and charting in this category. ADN nurses placed activities such as coordinating nursing activities and giving report under this category. The activity of admitting and discharging patients was mentioned under this category in three out of the four focus groups. The participants described how you want to create patient goals for when they leave the hospital. Patients need goals in order to be able to track their progress. They can keep track of these goals

and use them to see how they are doing after leaving. In conclusion, it was found that ADN focused more on team activities such as coordinating care and working as a team.

Advisory Board TOL Category 3: Provide Patient Centered Outcome Focused Care

Providing patient centered outcome focused care means to always have the focus on the patient.

BSN			ADN	
Medication Administration	Admission/ Discharge		Meet Patient Needs	Analyze Values
Assessment	Patient Education		Advocating	Patient Education
Direct Patient Care	Supporting Other Staff		Medication Management	Admission/Discharge
Emotional Support	Charge Nurse		Coordinating Nursing Activities	Meet Patient Needs
Patient Advocacy	Helping Other Nurses		Analyze Values	Medication Management
Bedside Report	Patient Satisfaction		Patient Education	

MD/RN Rounding	
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Some of the activities that were expected to be placed in this category included emotional support and patient advocacy. Some that were not expected were medication administration and helping other nurses. The focus groups showed that Bachelors and Associate prepared nurses stated many similar activities under this category. Activities that BSN nurses thought belonged in this category included medication administration, patient advocacy, and helping other nurses with their responsibilities. Activities that ADN nurses felt belonged in this category also included medication administration and patient advocacy. These two activities were mentioned by each of the four focus groups. These activities are the center of patient centered care. Patient advocacy is one of the most important activities that a nurse performs each day because without this, the patient may fall through the cracks and may not receive an optimal level of care. In conclusion, it was found that BSN focused more on teamwork through activities such as MD/RN rounding and helping other nurses.

Advisory Board TOL Category 4: Educate and Engage Patients and their Families

Educate and engage patients and their families' means to teach the patient and family about their illness and include them in the plan of care.

BSN			ADN	
Direct Patient Care	Therapeutic Communication		Assessment	Advocacy
Medication	Documentation		Patient	Coordinating

Administration			Education	Care
Family Needs	Assist with ADL's		Family Support	ADL's
MD/RN Rounding	Patient Education		Safety	Working as a Team
Admission/Discharge	Supporting Other Staff Members		Medication Administration	Helping other team members
Charge Nurse	Floating Off Unit			

This category had a variety of answers in each focus group. An expected finding was that the activity patient education was placed in this category. Activities that BSN nurses considered under this category included admissions/discharges and medication administration. An activity that ADN nurses considered that BSN nurses did not was safety. Safety education is so important to reduce errors while patients stay in the hospital. If a patient and their family are not educated properly, serious complications could occur such as falls. If the nurse takes the necessary time to educate the patient on safety concerns, these risks could be diminished. In conclusion, it was observed that ADN did not consider how the doctors played a role in this category. They did not talk about MD/RN rounding, which is an activity that BSN discussed at length.

Advisory Board TOL Category 5: Manage Key Components of Clinical Record

Managing key components of the clinical record means making sure the patient's chart is up to date during their stay in the hospital.

BSN			ADN		
Order Review	Floating off unit		Medication Management	Documentation	Charting
Documentation	Critical Thinking		Clerical Work	Assessment	Checking Orders
Admissions/Discharge	Supporting Other Staff		Coordination of Care	Helping Other Team Members	Report
Charge Nurse					

An expected activity that was placed in this category was documentation and admissions/discharge. Bachelors prepared nurses stated activities such as critical thinking, documentation, and supporting other staff. Associate prepared nurses stated that activities such as assessment and coordination of care. All four focus groups stated that Documentation should belong under this category. Documentation is the key to making sure that a patient's clinical record is up to date while in the hospital. If something goes wrong and documentation is not complete up to this time, then the patient could suffer because of it. BSN talked more about different types of leadership then ADN in this category by discussing how charge nurse activities fit into this category as well. In conclusion, it can be seen that both BSN and ADN nurses considered similar types of activities for this category.

Advisory Board TOL Category 6: Coordinate Care with Interprofessional Caregivers

Coordinating care with interprofessional caregivers means working with members of other professional teams to discuss care of the patient.

BSN			ADN	
Coordinate with Interprofessional Staff	Liaison between Patient and MD		Meet Patient Needs	Admission/ Discharge
Travel with Patient	Documentation		Communication	Advocating
MD/RN Rounding	Delegation		Coordinating Nurse Activities	Patient Education
Admission/ Discharge	Medication Administration		Clerical Work	Helping Other Team Members
Critical Thinking	Charge Nurse		Interdisciplinary Communication	
Helping Other Staff				

In this category, the expected findings were activities such as MD/RN rounding and traveling with the patients. Coordinating with other caregivers is something that happens on a

daily basis in the hospital setting. Bachelors prepared nurses put activities such as acting as a liaison between the doctor and patients and helping other staff members. Associate prepared nurses placed activities such as patient education and meeting patient needs in this category. One activity that was stated in all focus groups under this category was helping other staff members. This activity is very important and is one that should take place each day. In conclusion, ADN focused more on advocating for the patient compared to that of the BSN nurses.

Advisory Board TOL Category 7: Facilitate Safe Patient Transitions to the Next Care Setting

Facilitate safe patient transitions to next care setting focuses on making sure the patient is ready to transfer to another facility if need be.

BSN			ADN	
Travel with Patient	Admissions/Discharge		Emotional Support	Coordinating Care
Teletracking	Charge Nurse		Safety	Clerical Work
Interdisciplinary Communication	Therapeutic Communication		Admissions/Discharge	Report
			Analyze Data	Medication Administration
			Checking Orders	Documentation

			Working as a Team	Housekeeping
			Patient Education	

Activities that were expected to be placed in this category included admissions/discharge and analyzing data. In this category, there were very many different answers that each focus group stated they felt belonged. Bachelors prepared nurses stated that traveling with the patient and teletracking belonged in this category while associate prepared nurses stated that checking orders and working as a team belonged in this category. The only activity that was the same in all focus groups was admissions and discharges. Admissions and discharges are very important to the safety of the patient and help to prevent readmissions in the future. In conclusion, ADN nurses thought of many more activities that fit under this category and had a broader range of activities as well.

Advisory Board TOL Category 8: Assess and Incorporate New Technologies and Evidence-Based Practice

Assess and incorporate new technologies and evidence-based practice means using the most up to date research to base nursing practice on.

BSN				ADN		
Online Policy	Floating Off the	Admissions /Discharge		Safety	Housekeeping	Working as a Team

Review	Unit					
Charge Nurse	Basic Nursing Skills			Documentation	Interpret Data	

This was also another category that had answers that were very spread-out throughout the focus groups. Some expected answers were policy review and basic nursing skills. There were no similar answers between the bachelors and associate prepared nurses. This was also the category that had the least amount of answers in each focus group. Evidence based practice is something that is very important in the nursing practice and is something that shapes the way we take care of patients each day. In conclusion, ADN nurses were the only ones to focus on safety for the patients and teamwork in this category.

Chapter V: Discussion and Conclusion

The study was limited to only a few units in one hospital within one academic health system, limiting generalizability. Data collection occurred only over a few months, which is a brief time period and subject to seasonal variations in hospital admissions. Participation bias is a limitation, as this study requires nurses' participation and consent.

There are many nursing implications that this study exhibits. The IOM proposes that nurses should work to the full extent of their education and licensure. Working within the complex healthcare environment of today, nurses must provide care that is cost-effective, efficient, and produces high quality outcomes. Our findings provided the pilot data to begin the very critical discussion about innovative new nursing care delivery models that must be developed, and are critical to the survival of the United States healthcare system

This study showed that nurses consider many different activities that they perform on a daily basis as top of license practice. These answers vary between bachelors and associate prepared nurses as well. Some similar answers included where admissions/discharge should fall as well as documentation. Some differences included where certain nursing skills should be placed along with patient education. This study helps to provide information to begin discussions on how top of license can be improved in nursing practice.

References

- The Advisory Board Company. (2013). Achieving Top-of-License Nursing Practice.
<http://www.advisory.com/research/nursing-executive-center/studies/2013/achieving-top-of-license-nursing-practice>.
- The Advisory Board Company. (2014). What is top-of-license nursing practice?
<http://www.advisory.com/research/nursing-executive-center/multimedia/video/2014/defining-top-of-license-practice>.
- Aglen, B. (2016). Pedagogical strategies to teach bachelor students evidence-based practice: A systematic review. *Nurse Education Today*, 36.
- Giddens J, Keller T, and Liesveld, J. (2015). Answering the call for a bachelors-prepared nursing workforce: an innovative model for academic progression. *Journal of Professional Nursing*, 31(6),
- Fisher, M. (2014). A comparison of professional value development among pre-licensure nursing students in associate degree, diploma, and bachelor of science in nursing programs. *Ebscohost*.
- Kalisch, B.J., Landstrom, G.L. & Hinshaw, A.S. Missed nursing care: a concept analysis. *Journal of Advanced Nursing*. 2009; 65(7); 1509-17.
- Mohammadkarim B, Ravangard R, Raadbadi M, Masovi S, Fesharaki M, and Mehrabian F. (2014). Factors affecting intensive care units nursing workload. *Iran Red Crest Medical Journal* 16(8).

Tang Z, Mazabob J, Weavind L, Thomas E, Johnson TR. A time-motion study of registered nurses' workflow in intensive care unit remote monitoring. *AMIA Annu Symp Proc.* 2006:759-763.