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Evaluation of Nursing Home Nurses' Basic Skills Competency

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ABSTRACT

Background: Nurses must possess the skill sets needed to appropriately provide residents' care, especially in nursing homes. Most of the literature on these topics referred to student nurses, new nurses, or experienced nurses in acute care settings rather than nursing home nurses. **Purpose:** The purpose of this review was to search for studies to determine whether and how nursing home nurses' basic skills competency had been evaluated. **Method:** A review of pertinent literature was undertaken to search for nurse's basic skills competency in nursing home settings. **Findings**: Barriers to nursing home nurses education included staffing shortages, lack of organizational support, distance to an educational site, uncompensated time, lack of funding for nurse educators, lack of flexible scheduling, and lack of partnerships with schools of nursing. Educational needs included training in pressure ulcers, infectious diseases, pulmonary problems, dementia care, personal care, management of chronic conditions, education relevant to care of older adults. **Conclusion**: Nurses who worked in particular specialty areas such as the long-term care, lacked the opportunity to practice some core skills, which decreased their confidence and competence. There is a dire need for additional research on this topic.

1. INTRODUCTION

A search of the literature was undertaken to discover whether and how nursing home nurses' basic skills competency had been evaluated. A variety of terminology was encountered that required careful delineation for better understanding. The collective term "basic nursing skills" in the literature did not often refer to the core or fundamental clinical skills such as bed baths, physical assessment, medication administration, use and care of feeding tubes, or urinary catheterization. When the term "basic nursing skills" was used, the phrase most often referred to higher-level skills such as critical thinking and decision-making, teamwork, evidence-based practice, and therapeutic communication (see Figure 1). Definitions for various forms of competency and proficiency, when provided, were not always the same within the literature using those terms. Most of the literature on these topics referred to student nurses, new nurses, or experienced nurses in acute care settings rather than nursing home nurses. What follows is a review of the literature.

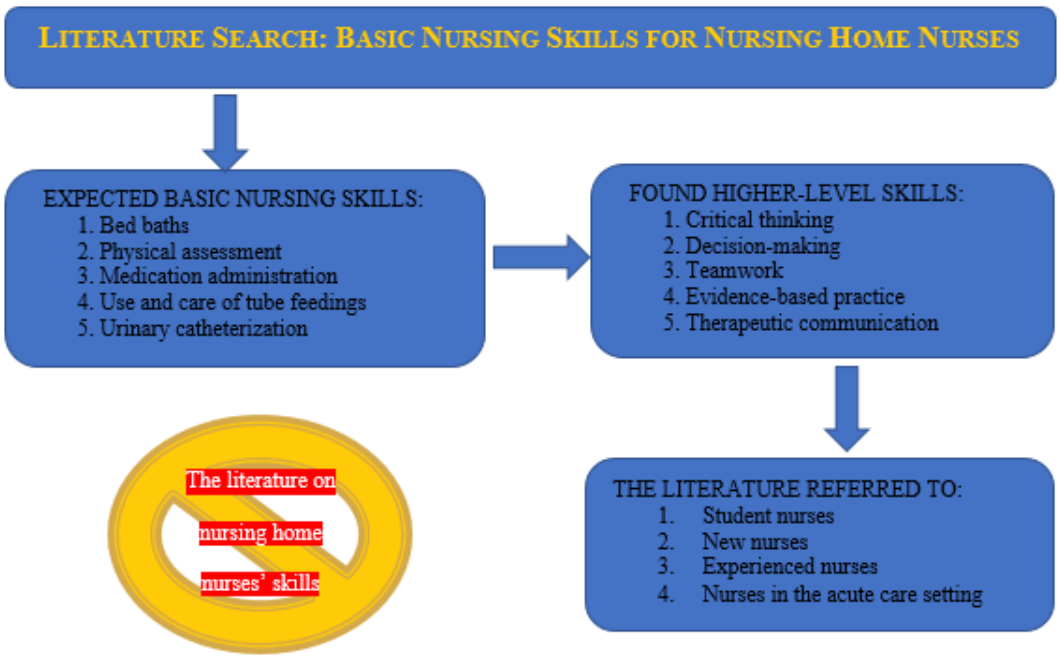

Figure No. 1: Literature search results for basic nursing skills for nursing home nurses.

2. FINDINGS

2.1 Fundamental Clinical Skills

When reviewing the literature, it was difficult to find research in any setting on new or experienced nurses and clinical skills typically taught in the first year of pre-licensure nursing programs. The literature on nursing home nurses' skills are scarce. Yang, Kim, Park, and Yang [1] and Park [2] used the term "core clinical skills" in their research among acute care nurses and senior nursing students, respectively. Each used similar lists of 20 skills which included vital signs, personal protective equipment (PPE), simple catheterization, cleansing enema, medication administration, and all types of injections. A study by Adair, Hughes, Davis, and Wolcott-Breci [3] simply used the term "clinical skills" when referring to 46 skills which they asked novice nurses to demonstrate, including gait belt use, use of PPE, handwashing, injections, urinary catheterization, and intermittent bolus feeding. "Technical nursing skills" was the term used by Kajander-Unkuri et al. [4] when they evaluated graduating student nurses performing such skills as hand hygiene, all types of injections, vital signs, spiritual support, medication administration, and passive exercises.

Schneider and Ruth-Sahd [5] argued that nurses must continue to focus on the basic clinical skills learned in the earliest years of nursing programs. They pointed out that the recent discussion of patient care issues affecting safety, healthcare cost, and hospital readmission has refocused nursing care back to the fundamentals. They contended that, while higher-level nursing skills are necessary, instruction on the fundamental, clinical nursing skills should not be sacrificed.

2.2 Higher-Level Nursing Skills

In contrast to the nursing skills learned in the first year of nursing school, higher-level nursing skills and competencies are much more frequently studied and reported in the literature. Most of the research involved experienced, newly graduated, or soon-to-be graduating nurses practicing in acute care settings.

Strong [6] encouraged nurses at all levels to make sure that they meet the competencies listed under each of the ANA's 17 standards of nursing practice. Also included in the article were references to the Quality and Safety Education for Nurses (QSEN) competencies and the American Organization of Nurse Executives principles behind competencies which nurses

will need in the future. These competencies included the nursing process, patient-centered care, knowledge and caring, access-based knowledge, teamwork and collaboration, evidence-based practice, and safety.

Meretoja, Isoaho, and Leino-Kilpi [7] published their work on the development of a Nurse Competence Scale (NCS) citing Benner's competency framework as the source of the competencies assessed. The scale included 73 items under seven headings: helping role, teaching-coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality, and work role. Decision-making guided by ethical values, mastering the content of patient education, analyzing patient well-being, able to recognize situations posing a threat to life early, coordinating the multidisciplinary team's nursing activities, and acting autonomously are examples of the 73 items from the list.

Multiple researchers have studied common complex nursing care or competencies which included management skills, communication skills, leadership, informatics and technology, delegation, evidence-based practice, and problem-solving. Zheng, Shi, Jiang, Li, and Zhang [8] evaluated ICU nurses' core competencies. A survey by Strong, Kane, Petras, Johnson-Joy, and Weingarten [9] asked nurse leaders to evaluate the importance of nursing competencies. Welsh [10] studied the confidence levels of medical-surgical registered nurses when performing what she classified as complex nursing care. An integrative review of nursing competency standards in the literature was done by Halcomb, Stephens, Bryce, Foley, and Ashley [11]. Professional practice skills were discussed [12] as necessary to nurses' effectiveness and compassion in addition to meeting legal and professional requirements for nurses preparing to revalidate their licensure.

2.3 Definitions of Competence, Competency, and Proficiency

While nurses are required to maintain competency according to the Indiana Nurse Practice Act [13], the definition of competence or competency in the literature varied if it was defined at all. As seen in Figure 2, Strong [6] reminded nurses that maintaining competency is their responsibility; however, the term competency was not defined. Welsh [10] and Bezemek [14] used the terms competent and competency or clinical competency but did not provide definitions.

Strong et al. [9] cited the American Nurses Association's (ANA) Social Policy Statement when quoting its definition of nursing practice competencies as "an expected level of

performance that integrates knowledge, skills, abilities, and judgment." In an Australian review of competency assessment tools, Franklin and Melville [15] found several similar definitions of competency each of which incorporated the terms used in the ANA's definition. Zheng et al. [8] evaluated ICU nurses' core competencies to develop a method of measuring or assessing competence. They cited a 1997 article by McLagen in their introduction when they defined core competencies as an integration of knowledge, skills, and attitudes required for nurses to achieve effective or superior performance and outcomes [8].

An integrative review of nursing competency standards in the literature was done by Halcomb et al. [11]. In their introduction, they cited the International Council of Nurses' definition of competence which incorporated terminology like the ANA definition. They also cited the very simplified definition used by the United Kingdom's Department of Health which says it is what individuals must know and do to accomplish whatever the job requires [11]. Lavoie et al. [16] cited the work of Canadian author, Tardiff, when defining competency as a complex knowledge of how to act based on the effective mobilization and combination of a variety of internal and external resources in a family of situations. Hsieh and Chen [17] cited an article by Dracup and Bryan-Brown when defining competence as a possible level of performance that results from an integration of knowledge, abilities, critical thinking, and reflective learning experiences.

Meretoja, et al. [7] used the Nurse Competence Scale (NCS) to compare nurse competency among three different generations of acute care nurses. In their discussion, they stated that competence was best in nursing actions, which could be considered to be the core of nursing care. In another study, Numminen et al. [18] published research using five instruments, including the NCS, to evaluate the relationship between individual and workplace factors and nurses' competence. They found that older nurses had higher levels of competence and job satisfaction. These experienced nurses also had a higher commitment to nursing. A subsequent systematic review by Flinkman et al. [19] found that the use of the NCS had helped to influence nurses' competency levels resulting in improved patient outcomes. The reviewed research primarily involved new or experienced registered nurses in acute care settings. None involved nurses working in long-term care.

The term proficiency, though not defined, was only found in the literature discussing the skills performance of nursing students. Kumm, Godfrey, Richards, Hulen, and Ray [20] compared senior nursing students' proficiency as perceived by nurse preceptors evaluating

student performance in six areas of competency including technical skills and clinical knowledge. Prion, Gilbert, Adamson, Kardong-Edgren, and Quint [21] reported their research in developing a clinical competency tool for use during simulations in undergraduate nursing programs. Their nursing skills description included both proficiency and competence when describing skills performance.

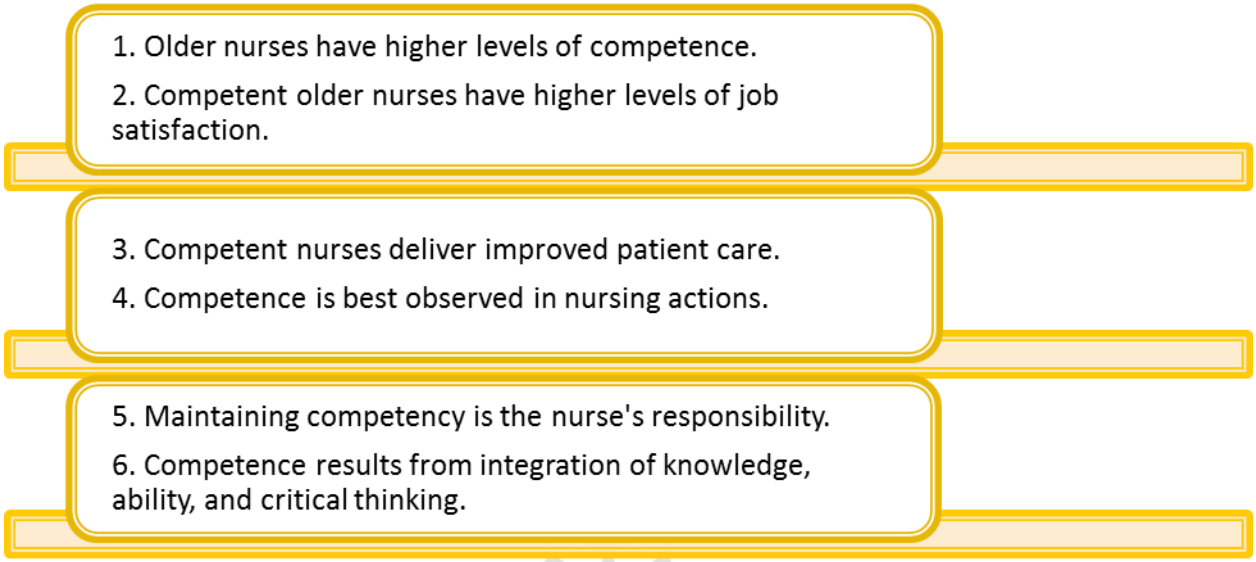

Figure No. 2: Nurse Competence

2.4 Educational Methods and Competence

Saleh et al. [22] described research done in Saudi Arabia using a competence fair as an educational intervention to improve nursing competence. The nurses were given pre-tests and post-tests to measure the effectiveness of the educational activities in the competence fair. Researchers assessed the nurses' competencies in vital sign measurement, blood glucose measurement, administration of oxygen therapy, medication administration, blood and blood product administration, and adult physical assessment. When attending the fair, the nurses went to stations set up to review each core competency. Each had already received self-study packets on these competencies ahead of time. Validation of each competency occurred at each station before the nurse moved on to the next station.

The retention of clinical competence among nursing students was studied by Terry et al. [23]. These authors tested three different methods of instruction to determine which was the most effective in helping nursing students retain knowledge. They found that blended online and face-to-face instruction, including hands-on practice, provided the greatest retention of

competency in using a skill. The combination of teaching strategies allowed the students to have an increased ability to perform the skill even after an extended time without access to the equipment. They recommended this blended instruction method to educators who want to maximize the learning and retention of clinical skills competency by their students.

2.5 Nursing Home Nurses, Competency, and Continuing Education

The literature concerning nursing home nurses and competency or continuing education was difficult to find and sometimes involved the previously discussed higher level nursing skills. Although the terms "nurse competencies" and "nursing homes" appeared in the title of an article by Mueller, Burger, Rader, and Carter [24], the discussion was about nursing home culture-change competencies which nursing home nurses need to develop including communication, person-centered care, teamwork, and shared decision-making. In a Taiwanese study, Hsieh and [17] looked for relationships between nurses' knowledge, care intention, and practical experience and their long-term care nursing competence using three categories developed by the International Council of Nurses. The three categories include 124 items under professional, ethical and legal practice; care provision and management; and professional, personal, and quality development.

Yang et al. [1] discovered that nurses who worked in specialty areas lacked the opportunity to practice some core skills which decreased their confidence and competence. Nursing home nurses, though often not certified in geriatric nursing, would be considered to work in a specialty area. They do not always have residents requiring clinical skills such as urinary catheterization or tube feeding. The results of Park's [2] research showed that the review and practice of clinical skills increase confidence and clinical competence.

Five articles explained in more detail below, provided important insights into the topic of continuing education and nursing home nurses. The authors explained deterrents and barriers encountered, but also suggested ways to overcome these problems. All recommended a common means to improve continuing education that was of particular interest.

Bourbonniere and Strumpf [25] published a literature review attempting to find the best methods for providing continuing education to strengthen the geriatric nursing competencies of nursing home RNs that would result in improved patient outcomes. As a result of this review, the authors recommended the development of a standardized curriculum that might lead to certification and education individualized to the needs of the facility or groups within

it. They recommended interactive learning sessions no longer than one hour, either on-site or at local, easily accessed sites. They also suggested the use of advanced practice nurses and academic partnerships to provide education and consultations to RNs in nursing homes.

Murray [26] studied the attitudes of long-term care nurses toward continuing education and their possible relationship to deterrents to participation in educational activities. She found positive attitudes toward continuing education. However, lack of course relevance, time constraints, and lack of confidence were the most common deterrents. As a result, she recommended collaboration with local schools of nursing to develop courses relevant to the care of older adults. She also recommended flexibility in scheduling and involving nurses in the development of continuing education programs that interest them.

A qualitative study was done by Fairchild et al. [27] to determine what nurse administrators of small rural hospitals and long-term care facilities perceived as the continuing education needs of their nursing staff. Under the category of clinical nursing skills, an observation was made that new nurses needed much more support and supervision and that nurses returning to the workforce often needed refreshing of their clinical skills. They also found a lack of funding for education programs or nurse educators and recognized the need for partnerships with schools of nursing.

Dyck and Kim [28] found that the top five educational needs expressed by nursing home nurses in a rural area of Illinois were clinical problems such as pressure ulcers, infectious diseases, and pulmonary problems. They described the top barriers to scheduling and attending continuing education as the distance to the educational site, time not compensated, and inadequate staffing. In addition to providing continuing education as part of a benefits package for nurses, the authors recommend partnering with local schools of nursing and their faculty to provide educational in-services.

A UK Delphi study of the most pressing professional development needs of nursing home RNs was done by Cooper et al. [29]. They found that staffing shortages and lack of organizational support often deterred nurses from getting adequate continuing education. The most important needs for education were in the areas of dementia care, personal care, and management of chronic conditions. They recommended collaboration with those in the health and social sciences to help with the continuing education needs of long-term care RNs to improve the quality of care for older adults.

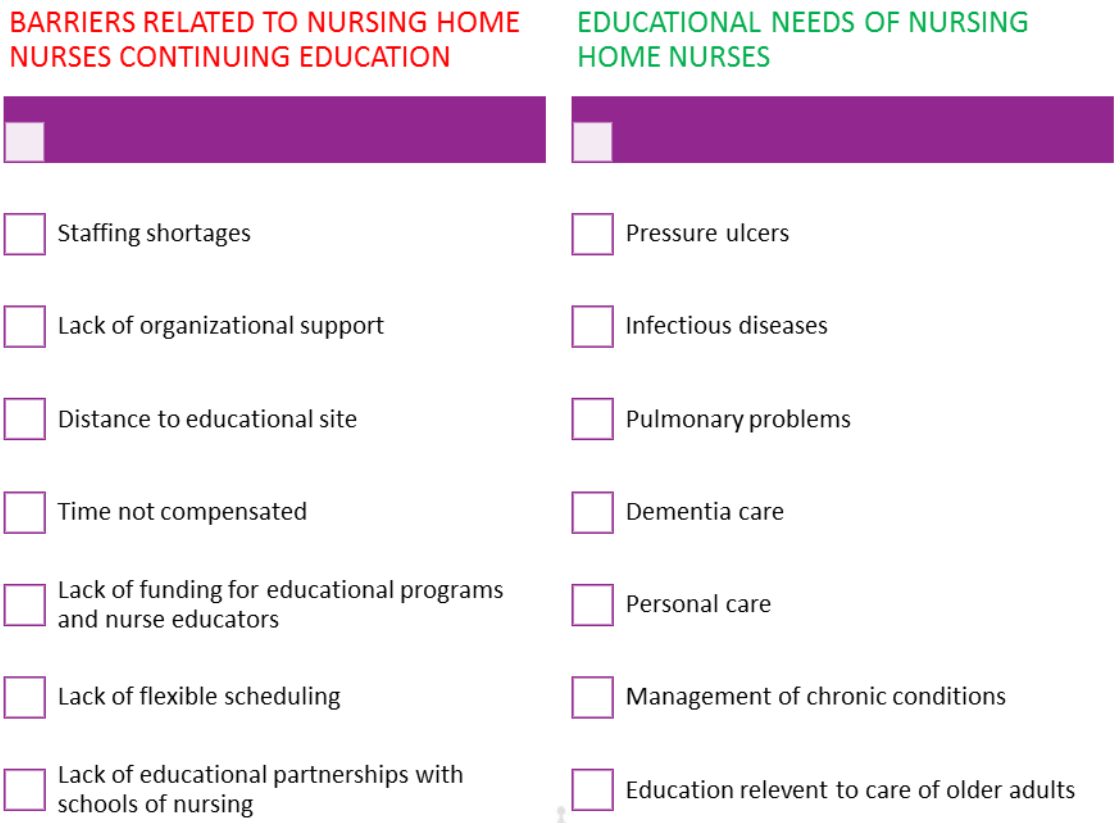

Figure No. 3: Educational needs and barriers related to nursing home nurses

3. CONCLUSION

Nurses who worked in particular specialty areas such as the long-term care, lacked the opportunity to practice some core skills, which decreased their confidence and competence. Continuing education to strengthen the geriatric nursing competencies of nursing home RNs would result in improved patient outcomes. Based on the findings of the literature on nursing home nurses' educational competency, there is a dire need for additional research on this topic.

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