How the Code of Ethics is Organized

Provisions 1-3 cover the most fundamental values and commitments of the nurse

Provisions 4-6 cover the boundaries of duty and loyalty

Provisions 7-9 cover aspects of duties beyond individual patient encounters.

Each standard has interpretive statements that provide context and can be shaped by the changes in nursing so as to be a dynamic document.
Provision 7

The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

3 Interpretive Statements:
7.1 Advancing the profession through active involvement in nursing and in health care policy.
7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice.
7.3 Advancing the profession through knowledge development, dissemination, and application to practice.

Objectives

At the conclusion you will have greater understanding of:
• How education advances nursing;
• Why legislating continuing education for nurses may help in a changing healthcare landscape;
• What the pro and con arguments are for BSN as minimum entry into practice for nurses;
• What certification is and why it’s important;
• How Magnet standards can influence nursing knowledge and education standards.

Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice.

Where does Magnet Recognition Program Fit In?
Today's leaders are required to transform their organization's values, beliefs, and behaviors. This requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing practice.

Solid structures and processes provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization.

The goal of this component is more than the establishment of strong professional practice; it is what that professional practice can achieve.

While not technically a component, Global Issues includes the various factors and challenges facing nursing and health care today. Strong leadership, empowered professionals, and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.

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Nursing Continuing Education

- May be accredited, CNE credits awarded (or not)
- Accreditation is a voluntary, peer review process intended to strengthen and sustain the quality and integrity of continuing nursing education, making it worthy of public confidence.
- Requires a planning committee to oversee the application process
- Education is reviewed for:
  - content;
  - to ensure objectives are achievable based on content outline proposed;
  - that the educator has sufficient background in an area to provide the material;
  - for any conflict of interest.

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Why Legislate Continuing Education?

- It is estimated that human knowledge is now doubling every 5-7 years! (Baird & Henderson, 2001)
- Provides nurses with updated knowledge...
- Engages nurses in the process of being a life-long learner
Which States Require Nursing Continuing Education?

ANA, 2011

- Alaska
- Hawaii

Not required

Required

Former UMDNJ Staffer Files Whistleblower Lawsuit

Whistleblower alleges she was accused for assisting, diagnosing and administering medications to patients outside the scope of her role.

Office of the Ombudsman, UMDNJ

1.4.12.2012

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How About Ethical Dilemmas for Mandatory Non-CNE Education?

HealthStream Learning Center (HLC) courses are to be completed **only by the employee assigned**. If any employee other than the assigned person takes a course, **both employees will be subject to termination.**

What are the Implications for BSN as Entry Into Practice?

- **Goldmark Report in 1923** first identified educational entry into practice as an RN should be a BSN
- **ANA identified educational preparation as an issue** with the publication of a **1965 position paper**
- **Now evolved into focus for AD/Diploma graduates attaining BSN within 10 years (ANA, 2008)**
- **Patricia Benner in a Carnegie Foundation study** identified that ASN programs usually take 3 years to complete, not 2; many students are ‘locked out’ of courses because of oversubscribing which extends the length of time and only 16% of ASN students go on to complete a BSN which causes a vacuum of nurses who are academically prepared for leadership roles and advanced degree preparation

<table>
<thead>
<tr>
<th>Pro:</th>
<th>Con:</th>
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<tbody>
<tr>
<td>-Preparation involves greater focus on education on leadership skills, case management, and research</td>
<td>-May limit #s of those entering profession</td>
</tr>
<tr>
<td>-Ensures time to cover more complex curriculum resulting from the expansion of nursing knowledge</td>
<td>-Cost</td>
</tr>
<tr>
<td>-Higher proportion of BSN-educated RNs has demonstrated improved outcomes</td>
<td>-Access, particularly in economically challenged areas</td>
</tr>
<tr>
<td></td>
<td>-Faculty shortage</td>
</tr>
<tr>
<td></td>
<td>-May limit #s of nurses practicing at the bedside</td>
</tr>
</tbody>
</table>

Research demonstrates that while Diploma/AD RNs excel at entry into practice, after 9 months BSN exceed in critical thinking, organizational abilities & use of EBP

AACN Position Statement, 2000

3/1/2012
Nursing Education Demographics at TJUH

In 1 year, the # of nurses with Diplomas/ASN decreased by 3% and the # of nurses with BSN INCREASED by 3%!

New Magnet Standard

• “Provide an action plan and set a target, which demonstrates evidence of progress toward having 80% of direct care nurses obtain a baccalaureate degree in nursing or higher by 2020.”

• Will be scored starting June 2013

• Current Jefferson stats: 76% have BSN or higher!!

Magnet Standards for Education

• For redesignation:
  – A list of continuing education programs (not orientation or in-services) and the # of nurses attending each for the last 24 months

• List must cover:
  • Research/EBP
  • Application of Ethical Principles
  • ANA Bill of Rights for Nurses
  • Professional Standards
  • Cultural Competence
  • Data and information analysis competencies
  • Quality improvement
  • Leadership
  • Nurse Practice Act
  • Patient privacy, security, confidentiality
  • Regulatory requirements
Magnet Standards for Education

• SE3/SE 3 EO: How the organization sets expectations and supports nurses at all levels who seek additional formal nursing education. AND: Has met goals for improvement in formal education

• SE5/SE 5 EO: The structures and processes used by nursing to develop and provide continuing education programs for nurses at all levels and settings. AND: The effectiveness of 2 programs

Definitions

• Certification: “a process by which a nongovernmental agency validates, based on predetermined standards, an individual nurse’s qualification and knowledge for practice in a defined functional or clinical area of nursing” (AACN, n.d)

• The American Board of Nursing Specialties defines certification as, “the formal recognition of the specialized knowledge, skills, and experience demonstrated … by a nursing specialty to promote optimal health outcomes.”

• Competence: acquisition of “know how” (Benner, 2001)

• Competency is “an interpretively defined area of skilled performance” (Benner, 2001, p. 292)
Literature Review

• Nursing certification is important to healthcare organizations and the public... studies have identified that achieving certification provides for a **demonstrable level of competence in nursing practice**


Competence as Byproduct of Certification?

• Schmalenberg and Kramer (2008): certified nurses reported significantly higher scores regarding **assessing quality of care** than noncertified nurses (p=.008)

• Cary (2001): 65% of respondents (n=18,385) chose "**feel more competent in my skills as a professional nurse**" as an attribute of certification.

• Nurses who are nationally certified experience a greater degree of **perceived empowerment** from external validation of their knowledge and expertise (Piazza, Donahue, Dykes, Griffin, & Fitzpatrick, 2006)

• Certified nurses experience **enhanced confidence in identifying complications** (Schmalenberg & Kramer, 2008)
Why Certification Matters to Our Patients

- According to the American Board of Nursing Specialties, Specialty nursing certification is considered THE standard by which the public recognizes quality nursing care.

What Certification Means to Nurses

- Certification is used by some to encourage safe and competent care by being a lifelong learner.
- Qualitative study done 2009 with 70 RNs indicated certification had immediate and long-lasting benefits to the nurse (Behrendt, 2009).

Certification is a marker of professional commitment

- Certification validates nurses’ sense of professional commitment.
- Certification provides for external validation.
- Certification symbolizes others’ professionalism and professional commitment.
- Certification is used by those outside of nursing to confirm professionalism.
Categories Grouped to Make Theme:
Certification provides de facto understanding of competence

- Certification enables the nurse to be seen as an expert
- Certification provides for differentiation of practice
- Certification links theory and practice

Categories Grouped to Make Theme:
Certification boosts confidence

- Certification isn’t an end but a beginning
- Certification opens doors

Magnet Standards for Certification

- SE 4SE4EO:
  • How the organization sets goals and supports professional development and professional certification, such as tuition/registration reimbursement and participation in external local, regional, national, and international conferences or meetings.

  • That the organization has met goals for improvement in professional certification. Graphically summarize at least 2 years of data to display changes over time. Include participation of nurses in all specialties.
Support for Certification at TJUH

- Certification review courses
  - Provides theoretical underpinnings of practice
  - Gives opportunity to gain experience with test questions
  - Increases confidence to take exam
- Reimbursement for Certification Prep materials
  - Books
  - Courses
  - Webinars
- Pearls CE Review
  - Pearls Review link

Recognition of Certification

- Bonus for achieving Certification
- Certification Caravans
- Certified Nurses Day activities

Certification Outcomes

- 2009: 21%
- 2010: 27%
- 2011: 29%
Nursing Research or…
WWFD (What would Florence do?)

Goal

- To generate an empirical knowledge base to guide nursing practice, through observation or experiment.
- To synthesize guidelines, standards, protocols or policies to direct the implementation of nursing interventions.
- To provide a scientific basis for nursing practice and demonstrate the effectiveness of nursing interventions.

Knowledge Development

- Nursing research
  - Who can be a nurse researcher?
  - What is ethical conduct of research and how is it ensured
    - CITI training for all individuals involved in research activities
    - IRB processes
    - Departmental Review process (developed by EBP subgroup)
IRB: Ensuring the Rights of Human Subjects

Informed Consent
- Every research subject must be given full & complete information about the:
  a. purpose
  b. procedures used
  c. methods of data collection
  d. potential harm & benefits
  e. any alternative methods of treatment

Ethical Rights/Responsibilities in Research
- Any research should be guided by
  - Respect for people
    - Informed consent
    - Ability to stop participation at any time
  - Beneficence
    - Doing good for others
    - Preventing harm
      - Preventing others from knowing identities
    - What are some instances this might be difficult
  - Justice
    - Avoiding exploitation and abuse of participants

Ethical Dilemmas In Nursing Research
- Unwitting participation
  - Nurses as subjects
  - Nurses as data collectors
- Lack of access to study protocol
- Lack of education/training on study processes
- Ethics related to study participants
  - Reviving unpleasant memories, causing moral distress but continuing with the interview anyway
  - Identifying moral distress but not referring the participant for follow up counseling
- What if a study participant reveals illegal activity?
Ethical Case Study

- A novice researcher was conducting qualitative research
  - A study participant indicated she was dealing drugs
  - The researcher’s academic advisor told her to delete the portion about dealing drugs
  - One year later the study participant’s spouse was dead from a drug overdose

Evidence-Based Practice in Nursing

- EBP is a process by which nurses make clinical decisions based on:
  - the best available research evidence
  - clinical practice (experience)
  - patient preferences
  - available resources

Goals of EBP

- Provide practicing nurses with evidence-based data
- Resolve problems in the clinical setting
- Achieve excellence in care delivery
- Introduce innovation
- Reduce variations in nursing care
- Assists with efficient and effective decision-making
Research Utilization vs EBP

**Research Utilization**
- Use results of studies
- Randomly selected
- Support nursing care
- Less systematic

**Evidence-Based Practice**
- Considers all research
- Utilized thorough integrative review
- Context of clinical expertise and value system of the patient
- More systematic

Magnet Standards for Research/EBP

- Entire component focused on this:
  - New Knowledge, Innovations & Improvements
- NK2: Nurses must be members of IRB
- NK4: The structures and processes used by the organization to develop, expand, and/or advance nursing research
- NK4EO: Provide a list of nursing research from last 2 years
- NK6: The structures and processes used to evaluate existing nursing practice, based on the evidence
- NK7: The structures and processes used to translate new knowledge into nursing practice
- NK7EO: How NK7 has affected patient outcomes

What the Interpretive Statement for Provision 7 Says

All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation, dissemination, and application of knowledge in practice. However, an organizational climate and infrastructure conducive to scholarly inquiry must be valued and implemented for this to occur.
Structures and Processes for EBP and Research

- Shared governance committees
  - Have as part of scope of work evaluating and improving practice
- Office of Nursing Research
  - Functions to help guide knowledge development, research ideas, and implementation of evidence into clinical practice
- Nurse Residency program
- Nursing products
  - Required to demonstrate evidence for new product evaluation process
- Others??

Outcomes of EBP Work

- Bundles and Protocols:
  - Foley catheter: Nurse Driven Foley Protocol
  - Central lines: CLABSI bundle
  - VAP: VAP bundle
- Restraints: Elimination of leather restraints and implementation of restraint reduction strategies
- DVT prevention: Research conducted by 2 TJUH CNSs led to education initiatives, purchase of products
- Falls: ETAR
- Pressure ulcers: Refinement of Braden score into targeted interventions based on assessment criteria
- Presentations at local, regional and national conferences
Nursing Ethics and Magnet

- Magnet is a framework
- Provides organizational attention to nursing practice, satisfaction, patient outcomes, nursing research, and an environment supportive of collaboration
- Using Magnet Components helps ensure that every Jefferson nurse has the opportunity to advance their profession (a key concept of Provision 7) through participation in shared governance, access to resources such as continuing education, support for certification, and nursing research
- Magnet standards are a framework; it’s how we as Jefferson nurses implement and sustain these standards that MAKE us Magnet

References