Comparing New BSN RN Self Skills Assessment to Actual Skills Demonstration

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The purpose of the study was to compare the self-skills assessment with the skill competence during an actual skills demonstration of newly hired bachelor of science in nursing (BSN) registered nurse graduates. This retrospective study included 32 randomly selected BSN registered nurse graduates from January 2010 to December 31, 2010. The participants were already hired into a midwest health system. Because this was a retrospective study, no demographic data were collected, and no consent from participants was needed. This study included a clinical skills check list where the participants rated themselves on specific skills utilizing a Likert scale ranging from 1 (*no knowledge*) to 4 (*able to perform independently*). The same clinical check list was utilized by an expert registered nurse when the skill was demonstrated. This study compared the difference between the subject's self-rating of skills and the clinical demonstration of the skills. We used *t* tests in the analysis to demonstrate the differences between the participant's self-rating of skills and the expert evaluation of the clinical demonstration of the skills. The data were inserted into the Statistical Package for the Social Sciences 19 software program to assist in the analysis process. The study demonstrated 17 significant differences in the skills ratings between the participant and competency demonstration of new BSN graduates. These significant results (2 tailed) ranged from .000 to .048.The 17 out of 46 specific skills where differences were noted included the following: staple removal, nasal pharyngeal suctioning, urinary catheter specimen collection, site care dressing change, urinary catheter irrigation, Juzo application and measurement, 5-lead telemetry, oral airway insertion, hemovac/Jackson Pratt, oral pharyngeal suctioning, urinary catheter insertion, dry suction chest drainage, bed to cart/slider board, urinary catheter removal, antiembolism stockings, measurement and application, removal of iv and sit-and-stand alarm. Overall, the participants rated their skill levels lower in 15 out of 17 significant skills when compared with their competency assessment (*t* test: −3.284, *df* = 31, *P* = .003). In two skill ratings (urinary catheter specimen collection and oral pharyngeal suction), the participants rated themselves higher than the competency demonstration. Two skills that had a mean participant and expert score between 1 (no knowledge) and 2 (able to perform with 1-to-1 coaching) were oral airway insertion and dry suction chest drainage. Some possible reasons why the participants rated

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themselves lower could be the use of different or unfamiliar terms or uncertainty of the procedure at a different health institution. Some newly graduated BSN nurses may have not performed the skills on a regular basis or only in simulation. (Index words: Nursing skills; New BSN nursing graduates; Competency; Safe clinical skills; Nursing orientation; Technical skills) J Prof Nurs 30:180–184, 2014.

New Nurses' Perception of Skill Competence Compared With Expert Evaluation

QUALITY AND SAFETY Education for Nurses (QSEN) emphasizes patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Cronenwett et al., 2007). Assessing clinical skills of new bachelor of science in nursing (BSN) registered nurse (RN) graduates usually begins their individualized nursing orientation to a nursing position. This clinical assessment may benefit the individual nurse, the health system and, potentially, influence the patient care outcomes that are promoted by QSEN.

Yet, nursing literature notes that the newly graduate nurse feels less prepared for today's demanding work force, entering the profession as a novice, with the first few months up to a year as a crucial time in the new nurse's professional life (Gerrish, 2000; Marshburn, Engelke, & Swanson, 2009; Scott, Engelke, & Swanson, 2008; Wangensteen, Johansson, & Nordstrom, 2008). Not only is nursing practice becoming more complex, but the employers are requiring qualified and competent staff nurses to provide the safe patient care (Tzeng & Ketefian, 2003). There are transition programs being designed to help with this bridge from education into practice, yet few have included the new graduates' perception of competence in technical skills as a form of evaluation in the program (Burns & Poster, 2008; Lofmark, Smide, & Wikblad, 2006; Marshburn et al., 2009).

Greenberger, Reches, and Riba (2005) noted that nursing graduates generally perceive that they are technically competent. However, the competence in technical skills seemed to depend on the type of nursing program of the graduated nurse, the chance to practice the skill in nursing school, and opportunities for employment in a health care institution in which the skills can be utilized.

Boxer and Kluge (2000) investigated the most frequently used clinical skills for first year practicing RNs and further studied which of these skills were considered essential. The researchers' findings were interesting with the fact that some of the skills that were considered most essential were not performed very often by the new nurses, which gives credence for assessment of technical skills by experts.

Through this research study, the researchers wanted to add to the body of knowledge of nursing skill competence and address the perception of the new BSN RN graduate regarding their skill level compared with the actual skills demonstration, assessed by an expert nurse. Many of the technical skills assessed in this study were considered frequently used and/or essential by the participants in the study by Boxer and Kluge (2000).

Purpose

The purpose of the study was to compare the self-assessment of skills by new BSN RNs to an actual skill competence demonstration. The expert RN at the learning assessment center completes this skills evaluation on every nurse who is hired at the health system.

Design

This retrospective study included 32 randomly selected BSN RNs from January 2010 to December 31, 2010 who were hired as new graduates by a health system in the midwest. Because this was a retrospective study and no demographic data were collected, nor a consent form signed, demographic data could not be collected. The study was approved by the health system's institutional review board.

Methods

The 32 novice RN participants were selected using a random numbers table from an electronic listing of all newly hired BSN RN graduates during the calendar year of 2010. Each new hire was scheduled to spend time at the institution's learning assessment center before specific unit orientation at the hospital. During this time, each participate completed the clinical skills checklist, which assessed the novice nurse's own perception of their ability to perform 46 specific skills. The participants rated themselves utilizing a Likert scale ranging from 1 (*no knowledge of the skill*) to 4 (*able to perform the skill independently*). The same Likert-based clinical skills checklist was then utilized by an expert RN at the learning assessment center during actual skill demonstration by the novice nurse. The expert nurses maintained interrater reliability by conscientiously following each step of the 46 clinical skill procedures as stated in Perry and Potter (2010).

We used *t* tests in the analysis to demonstrate the differences between the participant's self-rating of skills and the expert evaluation of the clinical demonstration of the skills. The data were inserted into the Statistical Package for the Social Sciences 19 software program to assist in the analysis process.

Findings

The study demonstrated 17 significant differences in the skills ratings between the participant self-assessment and competency demonstration of the new BSN graduates. These significant results (two tailed) ranged from