



Filling the gap: Developing health economics competencies for baccalaureate nursing programs

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ABSTRACT

Background: The need for greater involvement of the nursing profession in cost containment efforts has been documented extensively. More thorough education of nurses in the subject of health economics (HE) is one of the factors that could contribute toward achievement of that goal.

Purpose: The project's main contribution is the development of the unique list of essential HE competencies for baccalaureate nursing students.

Methods: The proposed competencies were developed and validated using the protocol by Lynn (1986) for two-stage content validation of psychometric instruments. An additional validation step that included a nationwide survey of nurse administrators was conducted to measure the value they place on the health economics-related skills and knowledge of their employees.

Results: A set of six HE competencies was developed. Their validity was unanimously approved by the panel of five experts and additionally supported by the survey results (with individual competencies' approval rates of 67% or higher).

Conclusions: The incorporation of economic thinking into the nationwide standards of baccalaureate nursing education, and professional nursing competencies, will enhance the capacity of the nursing workforce to lead essential change in the delivery of high-value affordable health care nationwide.

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Introduction

The goal of cost containment has been one of the biggest priorities of U.S. health care policy during recent decades. With the passage of the Affordable

Care Act, value-focused initiatives are receiving even more attention. Nurses, as the largest professional group in the health care workforce, are in a central position to implement and ensure the success of initiatives to increase the value of health care. However, the extent to which nursing employers and

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administrators recognize the potential for registered nurses to be engaged in improving the value of care remains largely unexplored. This paper reports findings from a unique survey of nursing administrators' valuation of and preference for employing registered nurses with enhanced knowledge of health economics (HE).

The need for greater involvement of the nursing profession in cost containment efforts has been documented extensively in the literature (Center for American Nurses, 2008; Keepnews, 2011; Knepper, Sonenberg, & Levine, 2015). Multiple studies provide evidence for the important role nurses play in driving value-based care. A thorough review of such studies can be found in Aiken (2008), which showcased how strategically designed improvements in nursing care can lead to both better clinical outcomes and cost savings. Reductions in nurse workload and increases in the number of nurses with baccalaureate degrees are among many possible efficient improvements in the parameters of nursing care (Aiken, 2008).

Recognizing that nurse engagement in improving health care value is a multifaceted process; Platt and Kwasky (2012) provided an extensive literature review and discussion about the relevance of HE education for the nursing profession. They argued that more thorough education of nurses in the subject of health economics is one of the factors that could contribute toward achievement of that goal. It is essential that nurses at the bedside are familiar with the principles of economic thinking, which equip them with knowledge about how their decisions both affect patient care and influence the overall financial landscape.

This strategy is aligned with and follows recommendations of the Institute of Medicine (IOM)'s report "The Future of Nursing: Leading Change, Advancing Health" (2011). The report documents the need for major reforms in the nursing profession, including the need to change the way nurses are educated (IOM, 2011, p. 4). It also lays out recommended strategies and possible actions, including recommendation #7 "to integrate ... business practices across the curriculum" (IOM, 2011, p. 14).

Background

The appeal to add more health policy–related content to the curriculum of health care professionals is not new (Greenfield, 1990), but progress in this direction over the course of >20 years has been quite slow (Patel, Lypson, & Davis, 2011).

One of the goals of this article was to build a strong case that increased presence of HE content in nursing curricula is not only highly desirable but also practically feasible and can be accomplished with encouragement from appropriate educational authorities and corresponding changes in accreditation standards. Platt and Kwasky (2012) recommended

appealing to the two major accrediting bodies of baccalaureate nursing programs in the United States, the American Association of Colleges of Nurses (AACN) and the Accrediting Commission for Education in Nursing, to make a health economics course a mandatory requirement in the curriculum of baccalaureate nursing programs. For such a major policy shift to happen, there must be a strong case for the value, applicability, and practical usefulness of HE concepts in nursing education and the nursing profession as a whole. Building on the previous work of Platt and Kwasky (2012), we hypothesize that the extent of nurses' and nursing administrators' current awareness in this subject area is relatively low, which prevents them from seeing the benefits of health economics in the work they do.

To test this hypothesis, we conducted a survey of nurse administrators to measure the value they place on the health economics–related skills and knowledge of their employees. To conduct this survey, we needed to define HE competencies for the professional nurse first. The identification of these HE competencies both supported the survey and also provides a framework for HE competencies that could be included in the Bachelor of Science in Nursing (BSN) curriculum.

Methods

Study Design

Identification of HE competencies for baccalaureate nursing programs was a multistage process based on the protocol by Lynn (1986) for content validation. Lynn (1986) offers a well-defined formal protocol for content development and validation of any psychometric instrument, such as a set of HE competencies. The protocol provides specific guidelines to ensure the rigor of the instrument's quality assessment and remove possible subjectivity of judgment. It suggests two stages of content validation. First, during the stage of instrument development, the instrument's domain (extent of content coverage) is established, generation of items (e.g., competencies) is performed, and the structure of the entire instrument is formalized. According to Lynn (1986), it is sufficient if this first stage of instrument development is performed by just one (or more) experts. Then, during the next stage of the instrument's validation, a panel of experts evaluates each item separately and the whole instrument in its entirety. Use of this protocol quantifies the objective parameters of quality assessment.

During the content development stage, the following steps were performed. The first step was a review of existing evidence of HE course competencies found in literature, with a specific emphasis on those developed specifically for the nursing profession, if any. Appropriate guidelines for course competency development, both academic (not discipline-specific)

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