Online Education for Nurse Supervisors Managing Nurses Enrolled in Alternativeto-Discipline Programs

David M. Cadiz, PhD, MBA; Chris O'Neill, RN, DMin; Susan Schroeder, MPH, MCHES, PMP; and Vicky Gelatt, MA

More than 40 state boards of nursing in the United States offer alternative-to-discipline programs (ADPs) to protect the public from the harm of impaired practice and to support nurses in early recovery from substance use disorders. When nurses in ADPs return to work, worksite monitors, usually supervisors, observe and manage them for safe practice.

We used an experimental design to evaluate a computer-based nurse supervisor course on developing knowledge and skills to aid in the monitoring and management of nurses enrolled in ADPs. Results of the study showed significant mean changes in knowledge, self-efficacy, and substance abuse stigma in the experimental group, and there were significant mean differences on these outcomes between the experimental and control groups. The positive knowledge and self-efficacy effects remained 4 weeks after the training, but the effects were diminished. The results suggest that the course positively affects knowledge and self-efficacy, reduces substance abuse stigma, and adds another effective education resource for supervisors managing nurses enrolled in ADPs.

Research generally indicates that the prevalence of substance use disorders (SUDs) among nurses is similar to that among the general population, which is estimated to be 6% to 8% (Dunn, 2005). The Bureau of Labor Statistics (2014) reported that in 2012 there were 2.7 million registered nurses in the United States, which means that 162,000 to 216,000 nurses could have SUD. Several factors predispose health care professionals to alcohol and drug use, including occupational factors, such as routine access to drugs and the stressful nature of the work (Trinkoff, Storr, & Wall, 1999). Although a SUD diagnosis alone does not equate to impaired practice (National Council of State Boards of Nursing [NCSBN], 2011), when SUD impacts a nurse's performance, patient safety is at risk.

The nursing profession has clearly responded to the issue of nurses with SUD. When addressing the topic of impaired practice, the American Nurses Association's *Code of Ethics for Nurses* makes three primary statements:

- Nurses must be vigilant to protect the patient, the public, and the profession.
- Nurses have a duty to protect patients.
- Nurses must ensure that the impaired nurse receives assistance (Fowler, 2008).

This ethical mandate aligns with the statutory requirements by which more than 40 state boards of nursing (BONs) in the United States have established alternative-to-discipline programs (ADPs), which allow nurses who have sought treatment for SUD or a mental disorder to continue working while being monitored for safe practice over an extended period of time. This

article presents the process of designing and evaluating an online course for those who monitor nurses returning to work who are enrolled in ADPs.

Worksite Monitors

The major goals of ADPs include reducing the obstacles to early identification, reporting, and referral to treatment of nurses whose practice is impaired; offering nurses the opportunity for rehabilitation before discipline; and protecting the public by monitoring the nurse's practice. When an ADP-nurse returns to work, the role of the worksite monitor, often the direct supervisor, is important because the ADP-nurse's performance can impact patient safety (O'Neill & Cadiz, 2014). ADPs need to establish a minimum standard for workplace monitoring as is required for a clinical diagnosis of SUD and random toxicology tests. Therefore, nurse supervisors need specialized education when taking on the role of a monitor.

Worksite monitoring should be conducted by a nurse who is competent to assess both the general performance of the nurse returning to work and the extent to which the nurse's practice meets the standards of care as defined in the nurse practice act. A nurse with any level of supervisor authority—for example, the nurse manager, the charge nurse, or the nurse administrator—can accept responsibility for monitoring (NCSBN, 2011). In some cases, the authority may be delegated to a qualified nurse peer who observes and reports on the performance of the nurse. Nurse supervisors, however, continue to play an integral

role in maintaining safety and managing performance because they are responsible for ensuring that nursing performance meets minimum standards.

Unfortunately, nurse supervisors may not have the awareness to recognize the early signs of impaired practice and the skills to intervene when a nurse's performance is unsafe or unprofessional (Quinlan, 2003). Even when they are skilled and knowledgeable, they may not be confident enough to implement policies of the employer and the ADP in a timely way.

Specialized Education

With few exceptions, there is a general lack of specialized education on managing nurses enrolled in an ADP. In a recent paper, Cadiz, Truxillo, and O'Neill (2012) described the development and evaluation of a classroom-based course for nurse supervisors who are also worksite monitors. The primary objective of the course is to provide the knowledge, skills, and self-efficacy to properly manage ADP nurses to protect patient safety and ensure that the nurse is fit to practice safely and productively. The classroom course covers meeting legal and ethical responsibilities, observing and documenting performance, communicating in difficult interpersonal situations, recognizing signs of substandard employee performance, and overcoming fear of intervening when substance use is suspected. The evaluation results of the course showed significant positive changes in knowledge, perceived training relevance, and self-efficacy to manage a subordinate in an ADP (Cadiz, Truxillo, & O'Neill, 2012).

Classroom training, however, does have drawbacks. It requires time commitments from nurse supervisors who already have many daily tasks. It also requires that expert trainers conduct the class at a particular place, which limits access to the training. Online education, on the other hand, is available at any time, can be accessed from any location with an Internet connection, and allows the trainee to set the pace of learning (Arbaugh, 2005). A meta-analysis comparing classroom education and online education found that online education is as effective and, in some cases, more effective in improving declarative (i.e., factual) knowledge and procedural knowledge (Sitzman, Kraiger, Stewart, & Wisher, 2006). Given the proven effectiveness of online education and the flexibility of accessibility it offers, we determined that developing a computer-based course for worksite monitors would be beneficial. The classroom-based course mentioned above was used as a basis in developing this online course.

Developing the Online Course

We followed several steps in a formative process to increase the likelihood that an online version of the course would have a positive impact on learning outcomes. We began by conducting interviews and focus groups on the classroom course and changing the content and design based on the feedback. For example,

participants asked for more exercises to practice the skills being taught. Next, we conducted in-depth interviews with four nurse supervisors (including seasoned supervisors with previous worksite monitor education and inexperienced supervisors without worksite monitor education) and four key stakeholders (monitoring and training experts). The outcome of the interviews and focus groups helped identify the following:

- Priority content
- Common substance use—related behavior and performance issues in the workplace, which we incorporated into our script writing for the video and text-based situational judgment testing
- Common barriers to responding to these issues, which guided the development of a self-assessment activity
- Knowledge or skill gaps in existing supervisor training programs
- Online training design issues
- Perceived need for and acceptance of online training.

During the development of the online course modules, we conducted six separate 1-hour usability interviews with six supervisors to gain feedback on the ease of navigation and comprehension of the flow of content. In sum, the data from our formative research guided the development of program content, the overall instructional design, and specific interactive features.

A final step of the process was to ensure that the modules adhered to evidence-based adult learning and instructional design principles for online education. Although the content underwent some changes, constructive confrontation, an empirically supported process used in substance-use contexts (Darbro, 2009; Trice & Beyer, 1984), was retained as a key technique. In addition, the behavioral modeling technique remained integrated. However, instead of facilitators demonstrating the skills in front of a class, participants are presented with video vignettes of people demonstrating the improper and proper use of the intervention skills. Behavioral modeling training (BMT) is rooted in social learning theory and focuses on a trainee's ability to acquire knowledge by observing someone else perform the task (Taylor, Russ-Eft, & Chan, 2005). The effectiveness of BMT as a method for learning skills is supported meta-analytically (Taylor et al., 2005).

Additionally, best practices for online education effectiveness identified by Sitzman, Kraiger, Stewart, and Wisher (2006) were integrated into the course, including opportunities to practice the skills through interactive learning exercises, instant feedback to the participant throughout the training, and user control over the pace of the training. There are also interactive learning exercises that use scenario-based learning (SBL), which puts the learner in the role of problem solver responding to realistic workplace problems or situations. There are numerous opportunities to receive feedback based on participant decisions made during the scenario. SBL's foundation is situated learning theory (Lave & Wenger, 1991), which argues that knowledge and understanding are most effectively acquired in the context in which they are

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