Feature Article

Future distinguishing competencies of baccalaureate-educated registered nurses in nursing homes

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ABSTRACT

In view of the likelihood that the complexity of care required by those admitted to nursing homes will continue to increase, an expert consensus study was conducted to reach consensus on the competencies which distinguish baccalaureate-educated registered nurses from other nursing staff working in nursing homes. Thirty-one international experts, identified through literature and our professional network, participated in a two-round web-based survey and an expert meeting. Experts reached consensus on 16 desirable competencies, including some not traditionally associated with nursing expertise e.g. being a team leader, role model and coach within the nursing team. These findings suggest that revision of current nursing curricula, nurse training programs and nursing home job profiles might be needed to meet the medically and psychologically complex needs of nursing home residents.

Introduction

Worldwide, the aging of the population will increase demand for long-term care services.[1,2] Older adults want to stay at their own homes as long as possible, so only the most frail and dependent residents enter nursing homes.[3,4] In the future nursing homes will not only have to grapple with higher demand for services and the increasingly complex needs of residents, but also with significant workforce shortages and poorly trained staff.[2] The role of nursing staff is likely to become more complex as there is a trend to offer residents more personal choice, the diversity of care options is increasing and technological innovations continue.[5] Future nursing home employees are likely to work with robotic care providers making continuous use of new electronic monitoring and decision-making systems.[5] In addition to the shift to home and community based care for long-term living and support, other significant changes are occurring in health care systems worldwide that are influencing the resident population in nursing homes.[5,6] First, an increase in the use of sub-acute care for short term rehabilitation (v. medical-surgical or rehabilitation hospital) is resulting in more residents with acute needs and an increase in the flow of residents in and out of the nursing home.[7] Second, long-stay residents are most likely to have moderate to severe dementia.[8] Other changes are country-specific. For example in the United States (US), there is a growth in accountable care organizations (ACOs) requiring nursing homes to be preferred partners in health systems as well as an increased focus on nursing home quality benchmarks.[5,9] In the Netherlands, nursing home care is increasingly organized in small-scale and homelike environments, especially for people with dementia, in which nursing staff have integrated tasks.[10]

These changes demand explicit competencies of highly-skilled staff. Recent evidence suggests that an increase in baccalaureate-educated registered nurses (BRNs) leads to better quality of care (QoC) in hospitals,[11] but the impact on nursing home care is less clear.[12,13] We opine that an increase in the proportion of BRNs would lead to an improvement in quality of life and QoC for nursing home residents. We assume that BRNs in nursing homes, similar to BRNs in hospitals, may be better able to deal with the more complex care needs and could supervise less educated staff. However budget constraints have meant that there are few registered nurses (RNs) working in nursing homes and little is known about their unique contribution to QoC.[14]

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As in many countries few RNs hold a baccalaureate degree, BRNs are an especially scarce resource in nursing homes, so obtaining more information on how to allocate them in nursing homes is desirable. Understanding how best to allocate BRNs depends on reaching a consensus on the competencies, i.e. skills, knowledge and attitudes, which will, in future, distinguish BRNs from other nursing staff. An understanding of what distinguishes BRNs from other nursing staff would help nursing home administrators to make informed decisions about human resource allocation[15] and could also inform future BRN educational programs. When reviewing current competency profiles, we found that information was lacking on specific competencies for BRN in nursing homes, although worldwide, a tremendous amount of BRN competency profiles exists. For example in the US, there are more than 600 registered nurse to bachelor of science in nursing (RN-BSN) programs alone.[16] However, BRN competency profiles in the US are often based on a general profile, the American Association of Colleges of Nursing (AACN) Essentials,[17] not mentioning setting-specific (i.e. nursing home) competencies for BRNs. We identified only four existing BRN-specific competency profiles[18–21] that are focusing on the care for older adults (Table 1). Although different nurse competency profiles for dementia care exist, none specifically addresses BRNs.[22] Only few profiles exist that focus on the nursing home setting, for example the "Nursing home culture change competencies for nurses".[23] Distinguishing profiles for BRNs are missing.

The aim of this study was to obtain insight into the competencies, which should in the future, distinguish BRNs from other nursing staff (e.g. registered nurses or licensed nurses) in nursing homes. As nursing home systems develop[5,24] it is important to ensure that BRNs are equipped with competencies that will enable them to meet future demands.

Method

We conducted an expert consensus study to obtain insight into the competencies which should, in the future, distinguish BRNs from other nursing staff. The study consisted of three different steps. First, a survey on future tasks and distinguishing competencies of BRNs in nursing homes was completed by expert panelists. Second, an expert meeting was held to discuss and interpret the findings of this survey with the expert panelists. Third, a final survey was completed by the expert panelists, aimed to determine the degree of consensus on the future distinguishing competencies of BRNs working in nursing homes.

The expert panel

Forty-one experts from various countries were identified through a literature search and our professional network. We defined an expert as an academically qualified person experienced in institutional long-term care and having expertise in the current work of BRNs in nursing homes in his or her country. We did not include BRNs since they would likely be influenced by their current working conditions and thus would have trouble envisioning alternative views of staff allocation. All identified experts were invited to participate in the consensus study.

Survey on future tasks and distinguishing competencies of BRNs in nursing homes

The survey was developed by our research team, who are all researchers in geriatrics. The survey had five parts. Part 1 asked about background information (age, gender, etc.). Part 2 consisted of questions on the current pattern of employment of BRNs in nursing homes (proportion of nursing home staff who are BRNs, current responsibilities of BRNs in the nursing home context). Part 3 was designed to elicit the respondent's opinions about the future of nursing homes, including opinions about the minimum and ideal proportion of nursing home staff that should be bachelor-educated in 2030. In Part 4 the respondent described how he or she foresaw the responsibilities of BRNs in nursing homes in 2030, by answering questions such as "*In your opinion, how much time will bachelor-educated registered nurses working in nursing home wards/ units (in your country in the year 2030) in general spend on clinical responsibilities?*". Part 5 asked the respondent to list 3–5 competencies specific to BRNs which he or she believed would be important in the nursing home context in 2030. Answering the questions in Parts 2 through 4 was intended to prompt the respondent to consider the competencies that should *in future* distinguish BRNs from other nursing staff.

Table 1
Overview of limitations of existing BRN competency profiles for the care of older adults.

Name of the BRN competency profile	Country/Year	Developed by	Specific for nursing home setting	Distinguishing competencies of BRNs from other nursing staff	Future-relevancy explicitly mentioned[a]	Broad overview of competencies[b]
Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults[18]	United States/2010	American Association of Colleges of Nursing/ Hartford Institute for Geriatric Nursing	–	–	✔	✔
Competencies for the RN to deliver person-centered long-term care[19]	Canada/2012	Research group (McGilton et al)	–	–	✔	–
Baccalaureate Gerontological and Geriatric Nursing Competence Profile[20]	The Netherlands/2012	Working group (members from educational and health care organizations)	–	–	✔	✔
Working areas of academically qualified registered nurses[21]	Germany/2014	German Nursing Council/German Society of Nursing Science	✔	✔	–	–

[a] Considering changes that are occurring in health care systems.
[b] i.e., not restricted to a specific area of expertise.