

Professional Role Clarity and Competency in Health Care Staffing – The Missing Pieces

EXECUTIVE SUMMARY

- ▶ Professional role clarity and role competency are the missing pieces to achieving staffing excellence.
- ▶ The relationships among professional practice models, professional role competency, professional role clarity, patient safety, data, and staffing effectiveness build a solid equation, which supports improved patient outcomes.
- ▶ An essential variable binding these elements is housed in the patient handover conversation.
- ▶ Ensuring this handover is an evidence-based, data-driven conversation which contains both the medical and nursing plans of care provides standardization in nursing practice and improves patient safety.
- ▶ This powerful equation resets the nursing standard of practice and identifies the missing pieces to staffing excellence, namely, the integration of professional role clarity and professional role competency.

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IN TODAY'S HEALTH CARE environment, understanding the key variables that ensure patient safety is critical. Reports of medical errors abound in the news with efforts from all sectors trying to better understand how to reduce risk for the patient (Institute of Medicine, 1999, 2011). In 2008, thought leaders came together to tackle the issue of defining excellence in staffing; a challenge worth pursuing given the impact staffing has on patient care, outcomes, and safety. The right person with the right resources matched with the right patient, at the right time, for the right reason, in the right place, is the formula to ensure patient safety and staffing excellence.

Based on the work of these thought leaders, a definition of excellence in staffing was developed and key elements at the heart of the issue identified. Excellence in staffing was defined as "a dynamic, evidence-driven process that results in the efficient, effective use of qualified staff and the stewardship of resources to achieve the best possible outcomes for patients, their families, the workforce, and the organization in which care is delivered" (Douglas, 2008, p. 3). It further states excellence in staffing includes the orchestration of elements that effectively match qual-

ified staff and resources to the care needs of patients. The question at hand is what does "qualified" staff mean? The concept of professional role clarity and role competency as a key aspect of what ultimately influences the degree to which someone is considered "qualified" in a professional role is explored.

Qualified Staff: Illusive Or Definable?

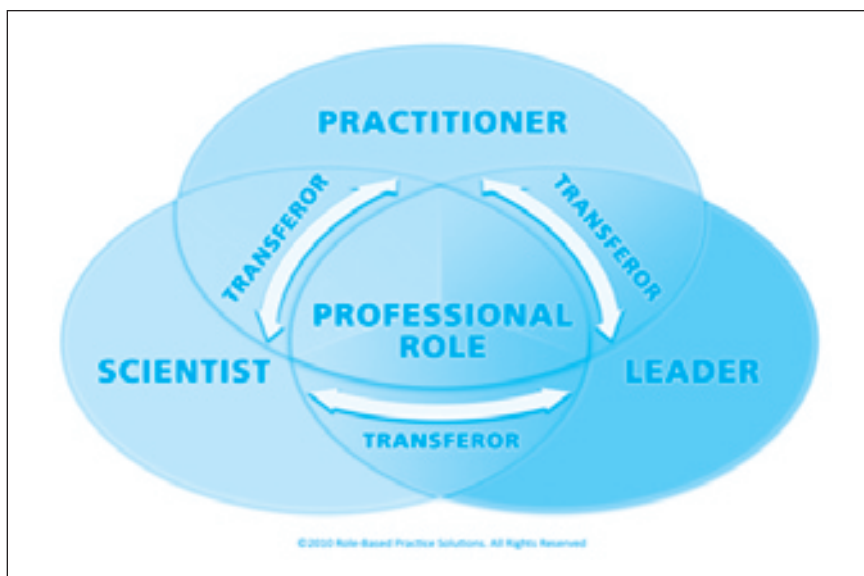
Role clarity and role competency result from a clear and well-developed framework that guides the thinking of an individual, which, in turn, influences his or her behavior, and ultimately defines how a professional practices. Although the concepts of role clarity and role competency are equally important to understanding professional, technical, and assistive roles, the professional role and its impact on staffing excellence will be addressed in this article. Professional role clarity and professional role competency are considered two key elements foundational to the development and sustainability of qualified professional staff. This is supported by the American Nurses Credentialing Center's (ANCC, 2011) definition of the Forces of Magnetism™, Professional Models of Care, which states models of care must give

registered nurses (RNs) the responsibility and authority for providing direct patient care while supporting accountability for individual practice.

A model of care that focuses attention on authority, responsibly, and accountability gives credence to the powerful work that individuals in the professional role provide in the delivery of care. A well-defined model of the professional role provides a framework that becomes the foundation for a common language. This framework clarifies the basis for autonomy in practice and the rationale for oversight through monitoring and measuring of professional role competency, focused on the common goal of raising the standard of practice. Professional role clarity and role competency requires focused attention and clear definition so this powerful work can be realized through the appropriate alignment of human resources within a staffing model, ensuring clarity of thought about one's role, especially in the midst of complex patient care situations.

To be "qualified" requires the individual in the professional role to understand clearly her or his professional role based on a framework that spells out the expectations and obligations of the role and its related role authority. A professional practice framework that deliberately focuses on the concept of the "professional role" as a foundational element within the model, rather than assuming its presence, provides the opportunity for a greater understanding of professional role obligations. This, in turn, guides thinking and influences decisions that impact professional practice (O'Rourke 1989; O'Rourke & Davidson, 2003). Increased recognition of the need to clearly define and quantify professional role competency is essential to ensuring excellence in practice and improvement in patient outcomes (Jones, White, & Smith, 2009; Loos

Figure 1.
O'Rourke Model of the Professional Role™



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& Garon, 2011; Smith & Kehl, 2009).

The footing upon which to determine effective staffing is through a professional practice model. Identifying "who delivers the care" is defined by role clarity and role competency of the individual. Clarifying the "who" through identification of assumed responsibility, authority, and professional role competency creates the explanation of the "why." All of these components serve to inform staffing decisions related to appropriate assignment of "qualified" staff. The answers to these questions provide important information that drives staffing decisions. A professional practice approach to staffing in which the level of professional role competency is factored into the staffing models lays the groundwork to ensure excellence in staffing and patient safety.

The Value of Professional Role Clarity and Competency

The word *professional* is as replete in the literature as it is in

every day parlance, ranging from scholarly descriptions to a popular meaning of a job well done. In reference to the professional role, a more precise definition is needed to better explain the concept.

Although the concept of a professional practice model is not new, the inclusion of a clearly defined model of the professional role that spells out the core components is under-represented in these models (O'Rourke, 2007). For example, the O'Rourke Model of the Professional Role™ contains four domains: leader, scientist, transferor, and practitioner (see Figure 1).

These four role components capture and organize all the dimensions of a profession into an integrated set of behaviors which, when adopted and internalized by the individual, become the internal locus of control for one's practice. Fulfilling these role obligations drives the individual's desire to excel, knowing this kind of role-driven behavior will ensure practice excellence and improved patient outcomes.

In this model, each individual in a professional role is expected to have the capacity for self-direction and decision-making authority as a leader who is authorized and legally obligated to lead their practice in an autonomous manner. The privilege for decision making stems from the commitment of all professions to do no harm and to work in the patient's best interest based on a set of professional, legal, and ethical standards. While decision making is housed in the *leader* component of the professional role, it is securely linked to the *scientist* component as an evidence-based decision-making process. The professional role is responsible for generating knowledge for practice and it is the scientist role component that frames the obligation to be grounded in a scientific and evidence-based practice, and has capacity to use theory in conjunction with practical experience to direct that practice.

Each person in the professional role must own the obligation to transfer knowledge about the patient and patient condition. It is important a professional internalizes she or he is a *transferor*, who through the process of teaching, collaborating, and communicating within the interdisciplinary team and with the patient, is continually engaged in the transmission and exchange of pertinent information that supports decisions required to manage the patient condition. The role integration of transferor also guides interactions that support the right of the patient to collaborate and participate in his or her own care.

Evidence-based and data-driven decision-making skills within an environment of dialogue and exchange of information, converge to support the provision of care enacted through the *practitioner* component of the model. It is here at the application of practice level that self-directed, evidence-based decision-making authority and skill come together and lay the

foundation for the delivery of safe patient care. Thus, professional role competency at the point of care is essential for the patient's safe passage and must be a factor in the staffing decision.

Professional Role Competency And Safe Staffing

Central to the issue of safe staffing is the element of a qualified resource that must be competent to manage the fluctuations in the patient's condition within an appropriate level of care. This is an obligation reserved for the professional role. Information about the level of professional role competency is essential to safe staffing. Data, together with knowledge of the patient population, technical skill, and experience create the equation that better defines who is best suited to be selected as the qualified professional for the staffing assignment. Ownership for the responsibility to monitor and evaluate one's practice to a set of standards automatically puts in motion an evaluation process as to whether the person identified in the staffing assignment has the authority for the required level of oversight needed to care for the patient adequately. This evaluation process is an essential trigger for the re-evaluation of the staffing pattern to ensure patient safety.

Autonomy and Governance Of Nursing Practice

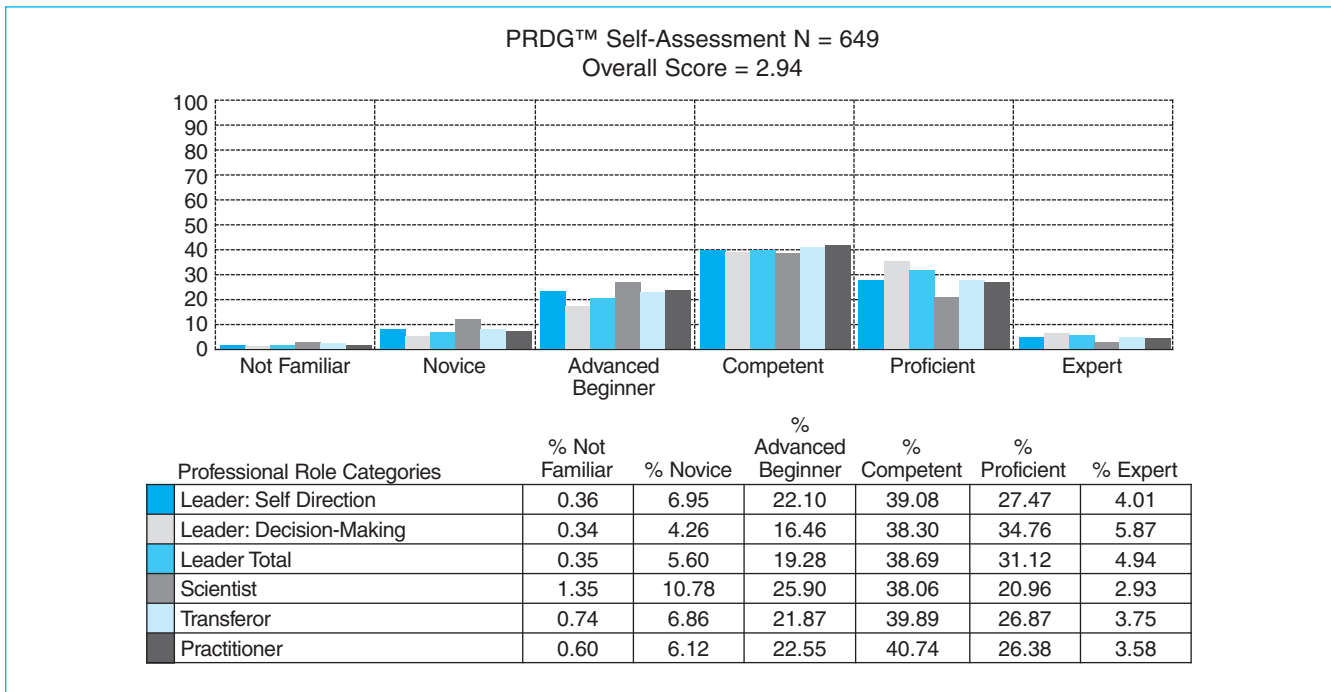
In a professional practice model it is important to separate the role and responsibility related to the term *professional*, a concept that refers to all professions, and the RN component that speaks to the discipline-specific work of nursing. An RN is a professional first, an RN second (discipline-specific role), and third is engaged in a functional role (staff nurse, manager, educator, researcher, consultant). In nursing, service and academia must support role clarity that ensures professional role competency equally as much as clinical and content competen-

cy (Kulikowski & O'Rourke, 2010).

When it is clearly understood autonomy stems from being in a profession and adoption of a set of obligations that go with the privilege of self-regulation, then it is easy to understand why autonomous nursing practice is expected. ANCC (2011) defines autonomous nursing care as the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge. The nurse is expected to engage in autonomous practice consistent with professional standards (Loos & Garon, 2011). Independent judgment is an obligation to be exercised within the context of an interdisciplinary approach to patient care. It is due to the nature of our autonomy that governance of practice and peer review are important structural supports which are paramount for our profession (Segura-Smith, 2011).

As self-directed decision makers, professionals require a forum in which to address practice issues based on professional and ethical standards (O'Rourke & Davidson, 2003). In a professional model, control of practice is a privilege and an obligation. Monitoring of practice is how we ensure best practice is delivered at the bedside. Professional role competency is the ability to meet a fundamental set of expectations that uphold the standard of practice. Professional role competency data helps inform staffing decisions at a granular level to ensure the right qualified individual is appropriately assigned. For example, data generated from the Professional Role Development Guide™ is used to show how the individual, unit, and organization can benefit from an evidence-based approach to staffing. Professional role competency serves as the basis of quantifying a professional role orientation at the individual, unit, and organization levels. It also informs by drawing a

Figure 2.
PRDG™ Reconciliation Report



picture of professional role decision-making practice while clarifying and strengthening the professional role (see Figure 2).

The Art and Science Of the Handover Conversation

Standardization in nursing practice is paramount to ensuring patient safety and improving patient outcomes. One area in which we consistently find variation in practice is in the handover conversation. Nurses tend to be task oriented and are focused on the completion of the skill, rather than on the evaluation and care coordination required of the implemented plan. Differentiation by nurses on the medical plan of care that is dependently driven through physician orders, and the independent nursing plan of care, which is independently initiated, is essential if the nurse is to function at the full extent of the professional and legal role. Contained within the principles of a profes-

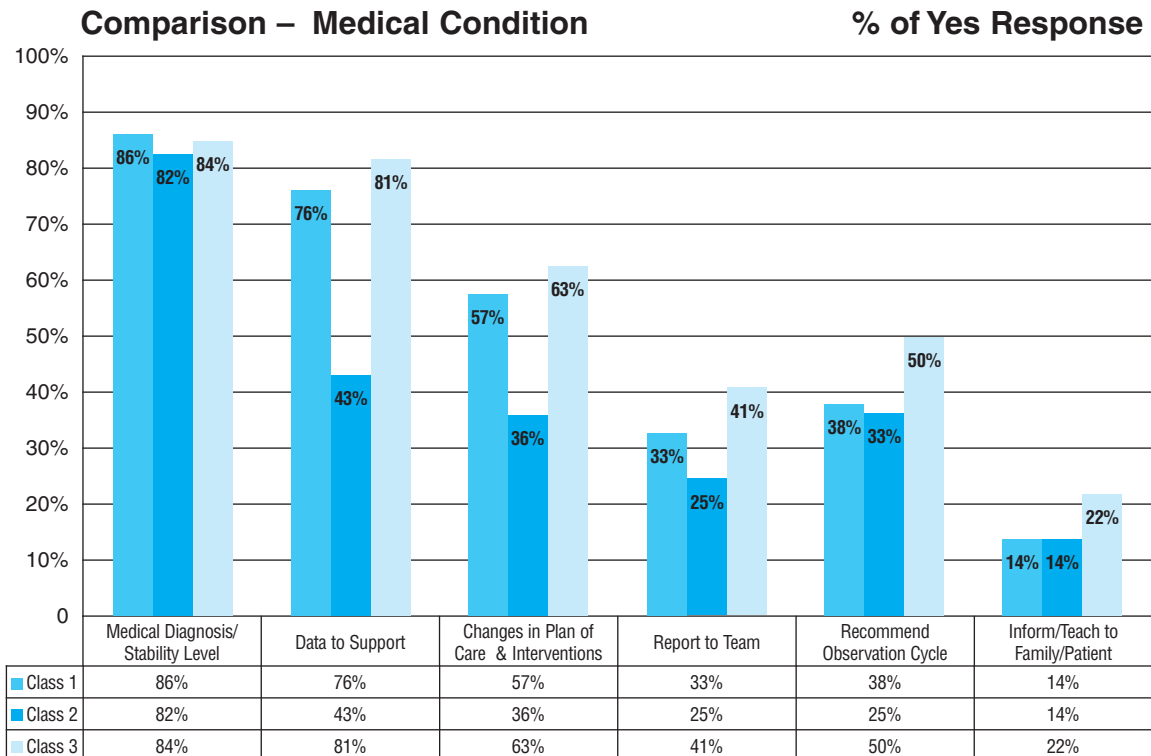
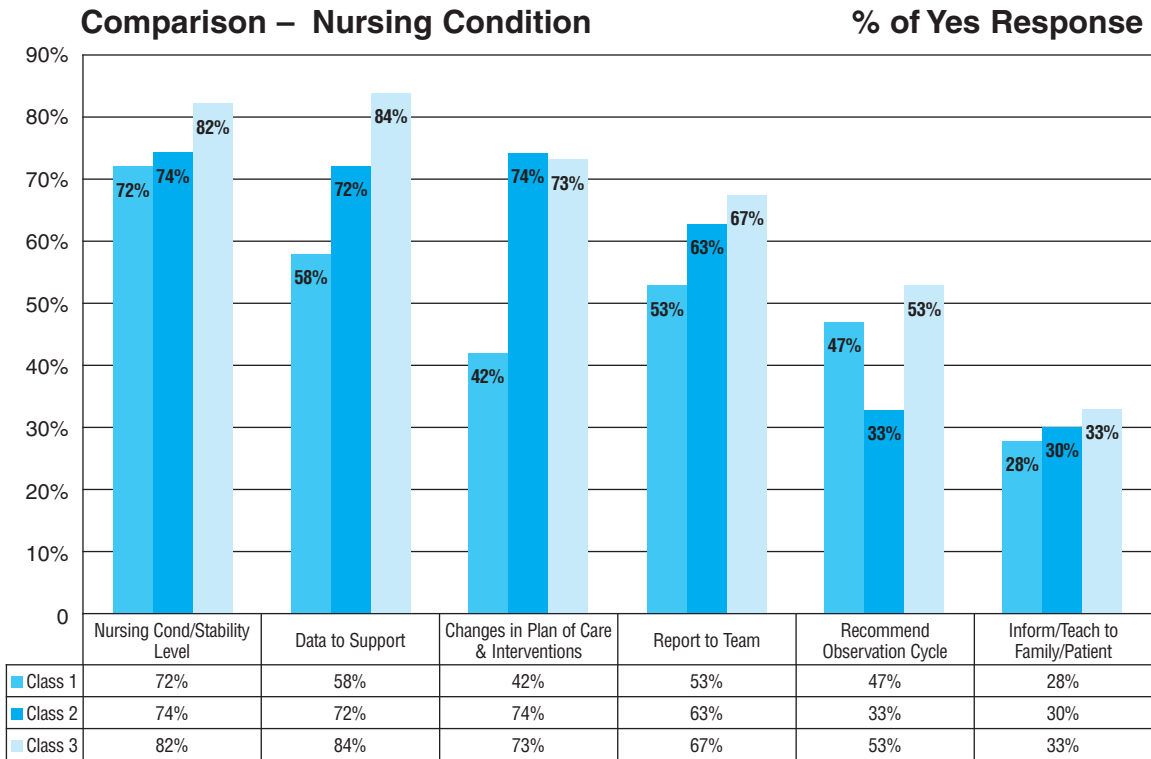
sion is the obligation to communicate to all members on the health care team, and becomes a key practice that promotes patient safety. Nurses are comfortable with the medical conversation, including medical data and interventions, which is grounded in the traditional medical model (O'Rourke, 2011). Identifying nursing-sensitive indicators integrated into a nurse-driven plan of care is lacking and in some cases nonexistent. Teaching, the method by which RNs transfer knowledge to the patient and family, is a fundamental nursing function that is becoming compartmentalized and delivered through a series of pamphlets and TV channels, removing the essential nurse-patient interaction from the teaching moment.

A component of staffing excellence is the acknowledgment that continuity of care is formalized in the patient handover. This transfer of information on the patient condition, a professional role obliga-

tion, ensures the patient continues to move in a positive direction on the health-illness continuum. Precious patient care hours at the beginning of the shift can be lost if there is not a handover conversation to adequately clarify the existing plan of care and reflect the patient's current medical and nursing condition.

Standardization of this process provides for the shift from a task-based to a professional-role-based orientation. This paradigm shift, which resets the standard of practice and facilitates the improvement of patient outcomes through standardization of practice, shifts the focus and establishes a data-driven and evidence-based measurement to the handover conversation. With a standardized and professional-role-based handover, the RN supports the patient's recovery process and coordinates care delivery while positively impacting patient outcomes (see Figures 3 & 4).

**Figures 3 & 4.
Patient Handover Observation Audit**



Staffing and Patient Safety

While there are a number of considerations that play into staffing decisions, we must return to the two fundamental questions: What do we know about the patient? What do we know about the professional role competency and skill of the caregiver? Laying the foundation for patient safety is found in the answer to these two questions.

To improve quality and manage care effectively and efficiently, nursing executives have recognized that there is a foundational missing piece (Jones et al., 2009; Loos & Garon, 2011; Smith & Kehl, 2009). Nurse leaders are asking the question: How does a nurse manager and/or executive adequately assess how the organization is using the professional role of the RN? Nurse leaders are seeing a task, rather than a professional role orientation, and are seeking ways to shift away from this current paradigm. They are looking to understand more than the technical skill set of the care provider. Recognition by nurse executives that an understanding of an RN's professional competency, decision-making skills, ability to transfer knowledge of the patient condition, and be a patient advocate on the interdisciplinary team is essential to the improvement of patient outcomes.

Herein lies an opportunity for nursing to focus on the professional standard of practice and support professional role competency to ensure improvement in patient outcomes. A paradigm shift needs to occur so managers re-orient to the standards of practice and move away from managing to the indicators. Unless there is clarity about the role of the RN as a professional in the care delivery system, degradation of the role may result. This change could result in a risk in the quality of the care delivery system that is provided.

Within this new framework, how does a manager ensure safe decisions are being made? Through understanding both the patient and the nurse, we better understand their intersection in the care delivery model. This refocus will allow for professional role clarity and strengthening of the nursing standard to one that ensures accountability, responsibility, and authority, resulting in adequate and comprehensive staffing decisions. Accountability, which means disclosure for one's actions, is the cornerstone of professional practice because it is linked to the powerful decision-making authority of the professional role.

Professional role clarity and role competency are the missing pieces to achieving staffing excellence. The big picture must first be visualized to see how each component interlocks so that together an interdependent and clear solution is attained. The relationships among professional practice models, professional role competency, professional role clarity, patient safety, data and staffing effectiveness, build a solid equation, which supports improved patient outcomes. Each component is essential when aspiring to staffing excellence. Without all of the elements present, the results can potentially lead to poor outcomes for the patient. An essential variable linking the elements together is housed in the patient handover conversation. Ensuring handover is an evidence-based, data-driven conversation containing both the medical and nursing plans of care provides standardization in nursing practice and improves patient safety. This powerful equation resets the nursing standard of practice and identifies the missing pieces to staffing excellence, namely, the integration of professional role clarity and professional role competency. \$

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