

Implementing a Just Culture Policy in Nursing Program Supports AACN New Essentials



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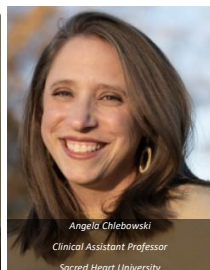
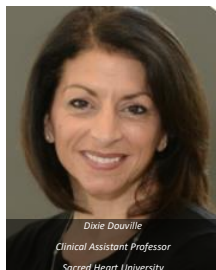
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Background and Significance

- Health care systems shifted to a culture of safety nearly 2 decades ago
- ANA and AACN recommend that students be prepared in academic environments with established just culture (JC), so they are ready to function in current health care systems
- JC policies and evaluation of these policies in nursing programs are needed
- The RaDonda Vaught case reinforces the need for JC

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Review of Literature

- JC principles for nursing education first appeared in the QSEN teamwork and collaboration competencies (Cronenwett et al., 2007)
- AACN new *Essentials* explicitly defines JC and includes specific competencies for entry-level professional nursing students to recognize their role in sustaining and fostering a JC (AACN, 2021)
- National database [Safe Student Reports](#) to track and trend national student errors and near misses (Disch & Barnsteiner, 2014)
 - These data can be used to design interventions to reduce student errors
- North Carolina Board of Nursing developed the [Student Practice Event Evaluation Tool](#) (SPEET) to evaluate student practice events that parallel the standard in practice

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North Carolina State Board of Nursing

<https://www.ncsbn.org/13657.htm>

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Safe Student Reports Videos

Jump to

Quarterly Conference Calls

NCSBN's quarterly conference calls discuss the Safe Student Reports (SSR) research study with participating nursing programs.

SSR Quarterly Call	SSR Quarterly Call	SSR Quarterly Call	SSR Quarterly Call
January 17, 2022 Nancy Sweeney, PhD, RN, FAAN Josephine S. Steward, MBA, RN	January 13, 2021 Nancy Sweeney, PhD, RN, FAAN Josephine S. Steward, MBA, RN	October 26, 2020 Nancy Sweeney, PhD, RN, FAAN Josephine S. Steward, MBA, RN	July 21, 2020 Nancy Sweeney, PhD, RN, FAAN Josephine S. Steward, MBA, RN
Safe Student Reports Conference Call - January 2022	Safe Student Reports Conference Call - January 2021	Safe Student Reports Conference Call - October 2020	Safe Student Reports Conference Call - July 2020
NCSBN's quarterly conference call to discuss the Safe Student Reports (SSR) research study with...	NCSBN's quarterly conference call to discuss the Safe Student Reports (SSR) research study with...	NCSBN's quarterly conference call to discuss the Safe Student Reports (SSR) research study with...	NCSBN's quarterly conference call to discuss the Safe Student Reports (SSR) research study with...
2022 RECORDED WEBINAR	2021 RECORDED WEBINAR	2020 RECORDED WEBINAR	2020 RECORDED WEBINAR

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North Carolina Board of Nursing (NCBON)
STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)

Event(s)	Event Number					Score	
	0	1	2	3	4		5
G General Nursing Practice Understanding expected based on program level, course objectives/outcomes	No prior counseling for practice related issues	Prior counseling for single non-related practice issue	Prior counseling for single "related" issue	Prior counseling for "same" issue	Prior counseling for multiple related or non-related practice issues	Prior counseling for same or related issue with no or little evidence of improvement	
U Internal Program or Agency Policies/standards/inter-disciplinary orders	Has knowledge, skill and ability - Incident was accidental, inadvertent, or an oversight	Task driven/note learning or wrong action for this circumstance	Failed to demonstrate appropriate understanding of options/resources or Aware of safety issues but in this instance cut corners	Understands rationale but failed to recognize situations in terms of overall picture or to prioritize actions or in this instance, failed to obtain sufficient info or consult before acting	Able to recognize potential problems. In this instance "heiligent" or failed to act according to standards. Risk to client outweighed benefits.	Knows or should have known correct action, role and limitations. In this instance action was "gross negligence/unsafe act" and demonstrated no regard for patient safety.	
I Decision/choice	Unintentional breach or no policy/standard/ order available	Policy not enforced or cultural norm or common deviation of staff or policy/order misinterpreted	Student cut corners or deviated in this instance from policy/standard/order as time saver. No evidence or suggestion of a pattern of behavior.	Aware of policy/standard/ order but ignored or disregarded to achieve perceived expectations of faculty, staff, patient or others. May indicate pattern or single event.	Disregarded policy/standard/order for own personal gain	Maliciously disregarded policy/standard/order	
D Ethical/credibility/accountability	Accidental/ mistake/ inadvertent error	Advantages to patient outweighed risk	Emergent situation - quick response required	Non-emergent situation Chose to act/not to act without weighing options or utilizing resources. Used poor judgment.	Clearly a prudent student would not have done. Unacceptable risk to patient/agency/public. Disregard for patient safety.	Conscious choice. Put own interest above that of patient/agency/public. Egregious choice. Neglected red flags	
E	Identified own error and self-reported. Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Admitted to error and accepts responsibility. Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Acknowledged role in error but attributes to circumstances and/or blames others to justify action/inaction. Cooperative during investigation. Demonstrates desire to improve practice.	Denies responsibility until confronted with evidence. Reluctantly accepts responsibility. Made excuses or made light of occurrence. Marginally cooperative during investigation.	Denied responsibility despite evidence. Indifferent to situation. Uncooperative and/or dishonest during investigation.	Took active steps to conceal error or failed to disclose known error.	

Criteria Score: _____

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**North Carolina Board of Nursing (NCBON)
STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)**

Mitigating Factors – check all identified		Aggravating Factors – check all identified	
Unavailable resources (inadequate supplies/equipment)		Especially heinous, cruel, and/or violent act	
Interruptions/chaotic environment/emergencies – frequent interruptions/distractions		Knowingly created risk for more than one client	
Inadequate supervision by faculty or preceptor		Threatening/bullying behaviors	
Inappropriate assignment by faculty or preceptor		Prior formal student disciplinary record for practice issue(s)	
Non-supportive environment – interdepartmental/staff/student conflicts		Other (identify)	
Lack of response by other departments/providers			
Other (identify)			
Total # mitigating factors identified		Total # aggravating factors identified	

Criteria Score (from page 1)	
Mitigating factors (subtract 1 point for 1 – 3 factors; 2 points for 4 – 6 factors; and 3 points for 7 or more factors)	
Aggravating factors (add 1 point for each identified factor)	
Total Overall Score	

Human Error	At-Risk Behavior	Reckless Behavior
# criteria in green= ____	# criteria in yellow= ____	# criteria in red = ____
IF 3 or more criteria in Green OR Address event by consoling student and/or improvement plan with student	IF 3 or more criteria in yellow OR Address event by coaching student, and/or developing remedial improvement plan with student	IF 3 or more criteria in red OR Consider disciplinary action and/or remedial event with student

Evaluator: _____

School Name: _____

Date of Event: _____

NCBON Consultant: _____

Action Taken: _____

NOTE: This SPEET is NOT used if event involves misconduct such as: academic cheating, confidentiality, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, mental/physical impairment. Instead, these are managed through established mechanisms outside of this clinical framework.

Human Error = Inadvertently doing other than what should have been done; a slip lapse, mistake.
 At-Risk Behavior = Behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
 Reckless Behavior = Behavioral choice to consciously disregard a substantial and unjustifiable risk.
 Consoling = Comforting, calming; supporting student while examining event.
 Coaching = Supportive discussion with the student on the need to engage in safe behavioral choices.
 Remedial Action = Actions taken to aid student including education, training assignment to program level-appropriate tasks.
 Counseling = A first step disciplinary action, putting the student on notice that performance is unacceptable.
 Disciplinary Action = Punitive deterrent to cause student to refrain from undesired behavioral choices.

<https://www.ncbon.com/education-resources-for-program-directors-just-culture-information>

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Study Purpose

1. To evaluate prelicensure nursing students' perceptions of JC before and after implementing a JC policy based on the NCBON SPEET.
2. To identify areas of strengths and opportunities for improvement.

Research Design

- A quasi-experimental design was used to evaluate nursing students' perceptions of JC before implementing a JC policy and at 4-months after the policy implementation
- Study was approved by university IRB (#200804A)

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Setting

- A moderate size faith-based university in a suburban community in the northeast, US
 - Prelicensure nursing program directly admits over 250 students as freshmen annually
 - Retains on average, 83% through graduation
 - Students are assigned a nursing advisor upon admission
 - Students begin nursing coursework in the sophomore year

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Sample

- All students enrolled in the prelicensure program at the start of the fall semester 2019 were recruited for this study
- These students could be in their freshman, sophomore, junior, or senior years
- A 3-minute video describing the study was viewed by students in a nursing course and emails were sent inviting them to complete the pre and post-implementation surveys

Intervention Description and Timeline

January-April 2020	May-August 2020	August-September 2020	September 2020	December 2020-January 2021
<ul style="list-style-type: none"> • Ad hoc committee assembled to conduct evidence search and review; to develop a JC policy in the CON • JC policy reviewed and approved by CON faculty 	<ul style="list-style-type: none"> • Developed JC 10-minute self-paced learning module that was placed on CON faculty and student learning management systems • Module content included JC definition, relevant JC terms, JC policy and process, and a 6-question post-module self-assessment of knowledge with multiple attempts to achieve 100% • JC policy added to all CON 2020-2021 student guides. 	<ul style="list-style-type: none"> • A 3-minute video describing the study was viewed by students in a nursing course • Email sent to students inviting them to complete the pre-implementation JCAT-NE 	<ul style="list-style-type: none"> • CON requirement that faculty and students complete the JC learning module by 9/15/20 • Faculty completion of module was tracked in the learning management system • Students completed module as part of a course assignment 	<ul style="list-style-type: none"> • Email sent to students inviting them to complete the post-implementation JCAT-NE

JC, just culture; CON, College of Nursing; JCAT-NE, Just Culture Assessment Tool for Nursing Education

Measures

- JCAT-NE (Just Culture Assessment Tool-Nursing Education) (Walker et al., 2019)
 - 26-items*
 - Likert scale from 1=“Strongly Agree” to 7=“Strongly Disagree”
 - 6 dimensions
 - Feedback & communication
 - Openness of communication
 - Balance
 - Trust
 - Quality of the event reporting
 - Continuous improvement
 - Established validity CVI=1 and reliability Cronbach alpha .75 (Walker et al., 2019) and .94 (Walker et al., 2020)

* Downloaded from QSEN website March 2020

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Data Collection and Analysis

- Using the university email system, all nursing students (n=781) were sent a study invitation that included a link to access the JCAT-NE
- Email included instructions on how to create a unique identifier so surveys 1 and 2 could be matched
- Negatively worded items 2, 4, 9, 10, 13, 14, 26 were recoded (e.g., “Strongly Disagree” coded as 7) so that higher scores reflected a higher perception of JC
 - Possible JCAT-NE scores 26-182

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Results: Nursing Student Characteristics

Demographic	All Students (n=349) n (%)	Matched Students (n=113) n (%)
Gender (missing n=1)		
Male	12(3.4)	3(2.6)
Female	333(95.4)	110(96.5)
Prefer not to answer	3(0.9)	
Race (missing n=3)		
White	277(79.4)	93(81.6)
Black or African American	5(1.4)	1(.9)
Hispanic, Latino or Spanish	29(8.3)	9(7.9)
Asian	19(5.4)	4(3.5)
Some other race, ethnicity	5(1.5)	4(3.6)
Prefer not to answer	10(2.9)	1(.9)
Year in Program (missing n=1)		
Freshman	51(14.6)	14(12.3)
Sophomore	174(49.9)	60(52.6)
Junior	94(26.9)	31(27.2)
Senior	29(8.3)	8(7.0)
Clinical experience outside of nursing program (missing n=4)		
No experience with working in a healthcare organization	129(37.0)	34(29.8)
Some experience working in a healthcare organization, e.g., nursing assistant, patient care associate, volunteer	188(53.8)	68(59.6)
Other	15(4.3)	4(3.5)
Prefer not to answer	12(3.4)	5(4.4)
	Mean (SD)	Mean (SD)
Age (missing n=48)	19.47(1.57)	19.44(1.67)

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Results: Overall JCAT-NE Scores

Program Level	n(%)	Mean (SD)
Freshman	51(14.6)	134.92(12.35)
Sophomore	174(49.9)	134.56(14.78)
Junior	94(26.9)	132.82(18.32)
Senior	29(8.3)	120.52(17.69)*

*Significant at $p < .001$

- Survey 1 response rate 45% (n=349)
- Survey 2 response rate 37% (n=286)
- Surveys 1 and 2 were able to match 113 (14%)
- All students
 - JCAT-NE score range 83-170; M=132.97, SD 16.15; Cronbach alpha was .88

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Results: Select Nursing Students' JCAT-NE Scores Baseline, Before/After JC Implementation

JCAT-NE Item	JC Dimension	All Students		Matched Students	
		Mean (SD) n=348	Median n=348	Mean (SD) n=113	
Students feel uncomfortable discussing safety related events with nursing faculty/instructors.	Openness of Communication	5.16(1.60)	6.00	5.30(1.44)	4.70(1.72)* p=.002
I trust nursing faculty/instructors to do the right thing.	Openness of Communication	6.34(0.86)	6.00	6.40(0.85)	6.30(.81) ^a p=.064
Students fear disciplinary action when involved in a safety related event.	Balance	2.83(1.36)	3.00	2.80(1.42)	3.20(1.68) ^a p=.066
The nursing program devotes time, energy, and/or resources toward making safer learning experiences and improved patient safety.	Continuous improvement	6.01(1.02)	6.00	6.00(1.11)	5.90(1.06) ^a p=.068

Note. Unshaded questions 1 = "Strongly Disagree" to 7 = "Strongly Agree". Shaded questions are negatively worded items that were reversed scored so a higher score indicates disagreement with the statement. *Wilcoxon Signed Rank Test, significant at p<.05, ^aborderline significant at p<.07.

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Results: JCAT-NE Dimension Mean Scores Survey 1and 2

Dimension (# of items for dimension)	All Students	Matched Students		p-value
	Survey 1 Mean (SD) n=348	Survey 1 Mean (SD) n=113	Survey 2 Mean (SD) n=113	
Feedback and Communication (3)	15.51(3.41)	15.80(3.30)	15.60(3.19)	.677
Openness Communication (5)	28.44(4.65)	28.50(4.82)	27.50(5.29)	.026*
Balance (5)	22.34(4.29)	22.50(4.48)	23.00(5.17)	.307
Quality of event reporting process (4)	16.18(1.76)	16.40(1.79)	16.0(1.58)	.140
Continuous Improvement (4)	23.36(3.35)	23.50(3.39)	23.40(3.43)	.683
Trust (5)	27.13(4.38)	27.20(4.58)	27.40(4.54)	.765

Note. Friedman's test; *Significant at p<.05

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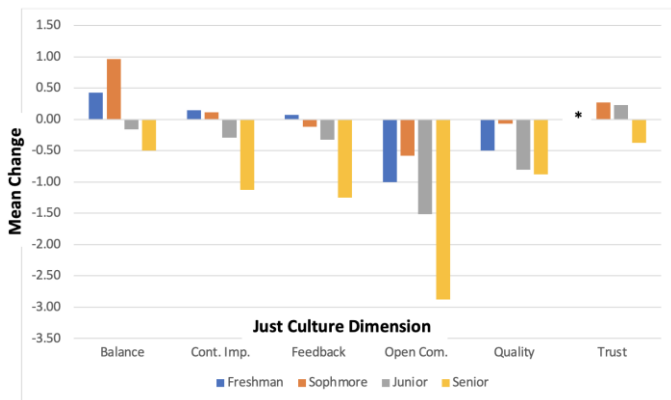
Results: JCAT-NE Dimension Mean Scores for Survey 1 by Program Level for All Students

Dimension		Freshman n=51	Sophomore n=174	Junior n=94	Senior n=29	F	p-value
Feedback and Communication	M	15.47	15.95	15.73	12.21	11.08	<.001*
	SD	3.36	3.00	3.64	3.40		
Openness of Communication	M	29.63	28.86	28.47	23.76	12.52	<.001*
	SD	3.68	4.29	4.79	5.26		
Balance	M	22.71	22.42	22.31	21.31	.70	.552
	SD	3.53	4.15	4.91	4.33		
Quality of Event Reporting	M	16.29	16.25	15.97	16.24	.64	.592
	SD	1.79	1.80	1.75	1.46		
Continuous Improvement	M	23.75	23.49	23.28	22.24	1.42	.238
	SD	3.01	3.27	3.53	3.68		
Trust	MD	27.08	27.58	27.06	24.76	3.53	.015*
	SD	3.55	3.97	5.02	5.20		

* Significant at p<.05

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Results: Mean Change in JCAT-NE Dimension by Academic Year in Matched Students



- * Freshman near-zero mean change

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Caveats/Limitations

- Convenience sample of nursing students from one program/university
- Sample was homogeneous for age, race, gender
- Response rates
 - Overall
 - Survey 1 – 45%
 - Survey 2 – 37%
 - Matching – 14%
 - Unequal groups at each level of analysis with seniors have lowest #s
- No evaluation of the JC process after implementation

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Main Takeaways

- Overall perception of JC is satisfactory
- Opportunities for improvement in feedback and communication, openness of communication, trust
- New questions
 - Why does JC decrease as prelicensure nursing students progress through the program?
 - What can we do to build/strengthen JC?
 - Does competency-based education support JC?

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AACN Essentials

Domain 5: Quality and Safety AACN (2021)

Core value in
nursing practice

Enhance quality,
reduce risk

5.2 Contribute to a
culture of patient
safety.

5.3 Contribute to a
culture of provider
and work
environment safety.

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Implications for Nursing Education

- NCSBON JC resources and tools e.g., SPEET can be used to develop JC policy and process in nursing programs
- Nursing programs must routinely evaluate their policies and make changes to be fair and just
- Recognizing and facilitating psychological safety for all
- Developing learning cultures that value and routinely evaluate JC process
- Patience and persistence...cultivating a JC takes years

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Implications for Clinical Practice

- Add JC content to new graduate orientations because students with the lowest perception of JC were closest to entering practice
- Conversations that recognize that new graduate nurses are entering practice with fear of reporting safety events and respond by developing new graduate orientations that reinforce JC principles

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Implications for Policy

- AACN new competency-based education should facilitate the development of JC in nursing education so it's a great time to discuss and add during curriculum mapping work
- Healthcare workers need protection from litigation for accidental medication errors

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