Executive Summary

The purpose of this survey is to assess the state of implementation of the Massachusetts Nurse of the Future Nursing Core Competencies (NOFNCC) within academic and practice settings. The Massachusetts Action Coalition Nurse of Future Competency Team, as part of the MA Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation, worked with the University of Massachusetts Donahue Institute to design a survey. This is the second administration of the survey (the first was in 2014) and includes comparison of similar groups of organizations/institutions over time. The NOFNCC were developed by the MA Nurse of the Future Competency Committee as an outcome of the 2006 working session hosted by the MA Department of Higher Education and the MA Organization of Nurse Executives.

Survey Highlights:

- Overall implementation/use of the NOFNCC/RN for both academic institutions and practice organizations increased from 2014 to 2016: from 78% to 89% for academic institutions and from 43% to 56% for practice organizations.

- The percentage of respondents who reported that their school was integrating the NOFNCC/RN into their curriculum increased for both 2-year colleges and 4-year colleges/universities: from 70% to 83% for 2-year colleges and from 82% to 95% for 4-year colleges/universities.

- There was a large increase in the percentage of public institutions that integrated the NOFNCC/RN into their curriculum (from 69% to 90%).

- The percentage of respondents who reported that their work setting was using the NOFNCC/RN to guide practice increased for both academic medical centers or hospitals (47% in 2014 and 55% in 2016) and community hospitals (42% in 2014 and 56% in 2016).

- There was a large increase in the percentage of non-profit organizations that used the NOFNCC/RN to guide practice (from 42% to 57%).

Discussion:

The survey highlights several differences between the academic and practice sectors, as well as more specific differences among institutions within the academic sector. According to respondents, the NOFNCC were being integrated into curriculum at academic institutions at a much higher rate (89%) than they were being used within practice organizations (56%). Usage among practice organizations, however, increased slightly more over the two-year period (from 43% to 56% or 13 percentage points) than integration into curriculum among academic institutions (from 78% to 89% or 11 percentage points). This likely speaks to the development of the NOFNCC having been primarily among academic institutions and, consequently, a closer “fit” to concepts and systems in place in that sector.

Among academic institutions, the NOFNCC were integrated within curriculum at a higher rate among four-year colleges and universities than two-year colleges (something that may be related to the competencies being focused on RNs rather than LPNs). There was very little difference in usage of the competencies between academic medical centers/hospitals and community hospitals.
While there is some difference in ordering, respondents from academic institutions and practice organizations generally reported the same specific competencies as being implemented the most. The top competencies being integrated or used in 2016 were:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Academic Institutions</th>
<th>Practice Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>91%</td>
<td>70%</td>
</tr>
<tr>
<td>Evidence-based Practice</td>
<td>88%</td>
<td>70%</td>
</tr>
<tr>
<td>Patient Centered Care</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Safety</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>Teamwork and Collaboration</td>
<td>82%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Among competencies that were being integrated or used to a lesser extent, some differences occurred between academic institutions and practice organizations. Specifically, among academic institutions Leadership (70%) was integrated into curriculum at a higher rate than among practice organizations (48%). On the other hand, among practice organizations Quality Improvement (67%) was used at a higher rate than among academic institutions (55%).

In terms of barriers to implementation, respondents from academic institutions were more likely to report no barriers to integration (35%) than practice organizations were for usage (15%). The most frequently cited barrier among academic respondents was that they didn’t understand how the NOFNCC are different from existing national standards (26%) while the most frequently cited barrier among practice respondents was that they didn’t have the time or resources for implementation (40%).

Other frameworks used in academic and practice settings varied widely. Among respondents from all academic institutions, QSEN (Quality Safety Essentials in Nursing) was the most commonly cited other framework used to guide curriculum development at 72% (70% for two-year colleges and 75% for four-year colleges/universities). However, this hides a substantial difference with regard to use of the AACN baccalaureate essentials which were used by 94% of respondents from four-year colleges/universities and only 9% of two-year colleges. The most commonly cited other framework among respondents from practice organizations was the Joint Commission/National Patient Safety Goals (79%).

**Recommendations:**

- **Continue work on integration and usage of the NOFNCC.** There is still room for growth among both academic institutions and practice organizations.

- **Develop toolkits that are specific to academic and practice contexts.** Currently the Implementation Toolkit is the same for both. There are enough differences in climate and context between the two sectors to need more specialized/tailored information in materials, especially with regard to addressing perceived barriers to implementation.

- **Strengthen outreach related to the LPN competencies.** There are significant differences between two-year colleges and four-year colleges/universities related to (a) their level of integration of the NOFNCC into their curriculum, and (b) other frameworks used to guide curriculum development. These likely have to do with a focus on LPNs for many two-year institutions.

- **Develop outreach materials that are specific to less commonly integrated/used competencies to boost their implementation.**

- **Strengthen outreach to long-term and home care facilities as they are largely absent from the current implementation landscape.** Again, this may require development of specialized outreach materials and/or strengthening outreach related to the LPN competencies.