LEADING A CHANGE IN NEEDS ASSESSMENT
GETTING RID OF THE SURVEY

DESCRIBE A SELF-DIRECTED PROCESS FOR IDENTIFYING AND TRACKING EDUCATIONAL NEEDS AMONG NURSING STAFF.
WHY NEEDS ASSESSMENT?

- To determine right education for the right people
- To determine where there are knowledge/skill gaps
- To determine best utilization of educational resources
  - Instructional design
  - Delivery method/approach
  - Education staff
- To determine outcomes and evaluation parameters
- To involve the adult learner in the educational process

COLLECTING NEEDS DATA

- Sources of data
- Current practice
CURRENT STATE

In general (some exceptions apply!)
- Surveys are used nearly exclusively
- Surveys ask for interest level, preferences, or likelihoods, all self-report data
- Done yearly, or less frequently
- Few are validated or tested
- Response rates 30% or lower
- Responses are broad topics, without much specificity
- Actual questions are not shared, the emphasis is on the results and not the tool used
- Demographics are included in surveys, but few use that data to make any conclusions
- Responses are broad topic areas without specifics, ex: “Med-Surg Nursing”
- Responses are mostly preferences for live education, online a second choice
REFERENCE LIST


### Staff Development Needs Assessment, 2003

**SECTION 1**

**Essential Judgement Skills**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
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<tr>
<td>Clinical Judgement Skills</td>
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<td>Clinical Skills</td>
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<td>Critical Thinking</td>
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**SECTION 2**

**Laundry List of Topics, no common themes except for attendance issues**

**2004**

- 41 questions
- Asked about help with education
- Gave list of topics, pick one
- Importance of CE to the nurse
- Free text for topics
- 20% return
- 30% agreement on top topics
- Laundry list
ELECTRONIC SURVEY VIA LMS
2005-2006
- 41 questions
- shifted to list of topics from Ed Council, rate preferences
- asked about basic interest level
- 40% return rate
- no clear preference for delivery
- top topics were medication related
- most frequent written comments were about process of education and not topic related

ELECTRONIC SURVEY VIA LMS
2006-2007
- 27 questions
- 51% return
- shift to personal accountability, quality assessment of education, and perceived effectiveness in role
- no specific topics presented, just categories
ELECTRONIC SURVEY VIA LMS
2008-2010
- 13 questions
- between 44%-65% return
- shift to 3 domains of learning, self-reported confidence, biggest challenge, demographics
- 100 pages of data, charts took 1/2 day to theme and organize
- confident, satisfied, no themes r/t demo, no preferred style
- challenges are not addressable by educators (time, staffing, acuity)
- agreement: unit-specific education, leadership, communication skills (15-20%), equipment (28%),

IN SHORT

- We struggled with questions over and over
- We were spending hours in data and summarizing every year
- Unit-specific results were most valuable
- The preferred method, time of day, etc, questions were meaningless on an organizational level
- Satisfaction with process was low at staff level, despite high return rates approaching 70%
- Leadership overreaction to top themes; top concerns represented just 25% of total, and most were <10%
NEW PROCESS

Bye-Bye Survey!

INFLUENCE OF THE LITERATURE

- Surveys take a long time to prepare, administer and analyze
  - We wanted a faster process that didn’t contribute to survey fatigue
- Surveys get at interests in a broad way
  - We wanted more specificity and direction
- Surveys have low response rates
  - We wanted greater involvement in educational direction
- Surveys are once/year or less frequent
  - We wanted more “just in time” focus
- Surveys ask about interest, preference, or “wants”
  - We wanted wants, but also needs; interest doesn’t equal intent
- Surveys ask about demographics and format preferences
  - We wanted to use existing work units to gather this data easier instead of applying a decision to the entire population; the demographic data didn’t show anything significant anyway
PROCESS

- Process in place since Fall 2010 with a pilot, full go-live April 2011.
- Changed in 2011, eliminated survey
- Relies on Ed Council reps entering data to spreadsheet
- Audit checks q 2 months to ensure upkeep

EDUCATOR INPUT

- Determination of Sources of Data
- Determination of Target Audience
- Determination of Spreadsheet Format and Location
SUMMARIZING DATA

OVERALL PARTICIPATION

- 41 units/areas
  - 37 reported education in past 12 months
    - 83% participation rate
  - 1 reported education but incomplete data
  - 6 had no reported education
SUMMARY RESULTS

April 2012-April 2013

- 569 topics were identified
- 37 participating units/areas (83%)
- 1251 offerings of these topics were presented*

- 10,855 reported attendance at the offerings*

*Number is actually higher due to data entry error
TOPICS & EFFECTIVENESS

- Specific to work setting in terms of
  - actual needs,
  - wants,
  - and format preferences

- Updated just in time, not once/year

- Staff have greater reported awareness of how their needs are translated into education

- Magnet, JC, CMS visits have reported no concerns, one agency called the approach “innovative”

NURSING EDUCATION COUNCIL & CLINICAL EDUCATION/INFORMATICS

- Broad system membership and representation

- Responsible for co-direction of education house-wide

- Determines and addresses needs “just in time”
  - New infusion pump education
  - Changes to bedside monitoring and a refresher
  - G-tube care
  - Albuterol dosing changes
  - EMR downtime education for Charge Nurses
PROS AND CONS

Survey
- One time/year, all done
- Easy to get data of what the needs were
- Can push out to each individual RN

New Process
- Ongoing, just-in-time
- Allows a feedback loop
- Results are ready for each work setting with no data analysis
- No paper
- Less time overall, as analysis group is not needed

ADVANTAGES OF EACH
## DISADVANTAGES OF EACH

<table>
<thead>
<tr>
<th>Survey</th>
<th>New Process</th>
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<tr>
<td>- Misinterpretation of questions</td>
<td>- Monitoring compliance with spreadsheet</td>
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<tr>
<td>- Response rates vary</td>
<td>- Errors made, rework to data analysis</td>
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<td>- Survey fatigue</td>
<td>- Low frequency of education in some areas</td>
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<td>- Responses are broad and all over the place</td>
<td>- One person oversees process</td>
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<td>- Time consuming to analyze written responses</td>
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## ERROR CORRECTION

![Spreadsheet image]
Assessment around teaching of organ/tissue donation
- Survey, 43-47% return rate
- Assessed curriculum content
  - Instruction in organ donation
  - Instruction in skills related to organ donation
  - Assessment of students’ knowledge (medical and nursing)
- Questions not shared

Focused on new grad employer toolkit development
- Surveyed those in state <2 years experience, mailer and online survey
- Return of <2%
- Casey-Fink Graduate Nurse Experience Survey, 24 questions
- Rank the top 3 skills uncomfortable performing
- Also assessed stress and job satisfaction
  - Finances, job performance were top responses
  - Workload was primary cause of role transition difficulty
  - Improved work environment, orientation, support, and unit socialization were needed

Orientation needs for clinical nursing instructors
- Asserts that orientation programs based on stakeholder assumptions or wish lists of potential attendees
- Seal-Whitlock survey instrument was used, valid tool
- 53 questions, 17% return
- Questions not shared, a wide list of needs was identified from accessing websites, knowing policies, correlation of theory with clinical work, and the role of the instructor in simulation

Assessed continuing ed needs of rural nurses
- Survey pilot study results are shared, 27 participants
  - Topic interest
  - Learning style preference
  - "would you" complete online course

Assessing need for continuing ed
- Used class/education offering evaluation forms
- Both formative and summative evaluation data gathered
- Debrief held, changes proposed
- 11% of participants had suggestions for future topics
- Needs also determined via Ed Council meetings
GORMLEY ET AL, 2012
- Assessed CE preferences of nurses statewide
- Electronic survey, likert scale of preferences and relevance of Nursing Grand Rounds (NGR)
- Response rate 21%
- 80% said NGR “relevant/very relevant”
- Topics included: code mgt, communication, diabetes mgt, pain mgt, EBP, wound care, obstetrics, psychiatric/mental health issues, cardiac care, perioperative services
- Preference for recorded, online education, traditional classroom close 2nd

JOHNSON, 2012
- Survey for Clinical Nurse Educators
- Web-based survey
- Based on scope and standards
- Rating scale:
  - Never perform/not part of my job
  - Novice/rarely perform
  - Limited Experience/perform occasionally
  - Competent/perform on average
  - Very comfortable/perform frequently
  - Expert/perform more than frequently
- Qualitative questions re: challenges, top three activities, etc
- Results are not shared, to be used to clarify roles, develop orientation further, and professional development

JOHNSTON-HANSON, 2012
- Nursing department Ed Council effort
- Previous efforts (surveys, interviews) found many topics with little specificity to prioritize
- Council identified topic areas through review of goals, strategic plan, quality data, regulatory standards, and new services/equipment
- Topics collapsed into a few categories
- Staff rated their level of knowledge according to Benner’s model
- Highest percent of novice/advanced beginner responses are priority

LAWLER, 2013
- Assessed need in care of adults with congenital heart defects
- Survey design focus on one disease state, 34% return
  - 15 multiple choice questions
  - Knowledge of care
  - Adequacy of resources
  - Need for education
- Preferred learning method
- Found a gap in nursing knowledge-questions not opinions
- Preference for online delivery
- Actual questions not shared

MARYNIAK, 2013
- Development of training for frontline nurse leader training
- Conducted survey of leadership staff
- Addressed critical components
- No details of the actual survey are presented

MCKIBBIN, ET AL, 2011
- Needs related to emergency preparedness
- Used the EPIQ survey
  - Three parts, 44 questioned
  - Self-perceived knowledge, familiarity, preferences assessed
  - 44% return
  - Validity, reliability testing
- Actual questions not shared
- Preference for live education, then online
- Limitations noted: self-report, not randomly selected, perceived knowledge may not be consistent with actual knowledge
**MOORE, 2013**
- Needs of nursing staff in mental health settings
- Paper questionnaire, 30% return
- Info sources being accessed
- Training already received
- Assessment of training
- Perceived priorities/barriers in future training
- Topic identification
- Closed and open ended questions
- Questions not provided
- Preferred live, onsite or online

**MORTON, 2005**
- Assessment used to develop educational calendar, academic
- Yearly process, 5 step process, comprehensive
- Meetings and information gathering
- Survey process
  - Identify learning need, reason for, source of, number and types of staff with need
  - Suggested topics and content areas, teaching strategies, resources needed, and expected outcomes
- Uses a written form adapted from VA
- Suggests that yearly plan is necessary, and that emergent topics will be added via routine scheduled educational times

**NALLE, 2010**
- Needs of nurses in a voluntary CE state
- States evidence of systematic needs assessment is limited in literature
- 25 question online survey based on review of literature, author experience, and technologic considerations
- Pilot tested and refined
- Return rate not shared due to distribution method, 672 completed
- Described RNS reason for getting CE, rate its importance
- Select top three topics: leadership/mgt, EBP, professional issues, advanced practice, acute med-surg nursing (18%-28% agreement)
- Limitations noted: small sample size, online format, self-report limitations

**RENNIE & MACKENZIE, 2006**
- Measured psychosocial learning needs in oncology
- Survey instrument was piloted and refined
- Criterion set that 72% endorsement = top priority learning need, arbitrary
- Return rate not shared, number surveys sent out is unknown
- Stated limitation of measuring interest, which doesn’t equate with motivation or intent and that interest doesn’t mean there is a knowledge gap

**WHILE ET AL, 2007**
- Asserts that few assessments are effective and are instead wish lists
- Psychometric development and testing of an objective tool
  - Three phased approach, comprehensive
  - Did face, content validity
  - Focused on nurses working with MS patients
  - Multiple sources of data
    - Stakeholder survey
    - Interviews and focus groups with RNs
    - Telephone interviews with patients
  - Used 80% agreement to determine top 10 needs (broad list of topic areas)
  - Ended up with 65 question scale, construct validity, 43% return
  - Didn’t ask a lot of interest questions, more purposeful statements to agree/disagree with

**WOOLFORDE, ET AL, 2012**
- Learning needs of nurse educators
- Online survey
- Priority on technologic advances
- Return rate not shared
- Measured interest in technology in education