Inside Orthopaedic Nursing Practice: Results of the ONCB Job Task Analysis

OUTLINE

- Credentialing refers to three ways to identify nurses and others in health care: licensure, registration, and certification (Chappell et al., 2018).
- Earning licensure gives a nurse the opportunity to practice professionally.
- Certification by an independent organization supports the nurse’s specialty expertise and knowledge (Kienzle, Grant, Chang, & Lunenfeld, 2017).
- Consumer protection is the purpose of both licensure and specialty nursing certification.

PURPOSE

To identify current orthopaedic nursing practice patterns and determine content for future certification examinations.

METHODOLOGY

The ONCB has conducted a JTA every 5 years since the inception of its ONCB certification program in 1988. The 2005, 2010, and 2015 studies included APRNs. A survey methodology was again used for the 2018 RDS. After an Advisory Committee was named, members completed seven activities as their part in the JTA:
1. Develop a sampling plan.
2. Identify tasks and knowledge statements for the survey instrument.
3. Identify major classifications of tasks and knowledge statements.
4. Determine the rating scales.
5. Determine the relevant demographic variables of interest.
6. Discuss the linkage between the knowledge and task statements, and how they will be used to create examination specifications.
7. Integrate the components of the survey in preparation for pilot testing. (Fabyan & Kassem, 2018a, 2018b, p. 1)

SAMPLE

The target orthopaedic nursing registered nurse (RN) and nurse practitioner (NP) were defined broadly as follows:
- An orthopaedic nurse is an RN who has recent relevant work experience, which may have occurred in any setting with a variety of patient populations with musculoskeletal conditions.
- An orthopaedic nurse practitioner (NP) is a registered nurse who is licensed as an NP and has recent relevant work experience as an NP with patients who have musculoskeletal conditions. (Fabyan & Kassem, 2018a, 2018b, p. 3)

Email invitations with a link to the online survey were sent to orthopaedic-certified RNs and NPs. The surveys also were sent to RNs and NPs who were certified but may have been practicing in musculoskeletal health. Potential participants were certified ONCB and members of the National Association of Orthopaedic Nurses.

SURVEY DESIGN

Because of the national scope of this study, Advisory Committee members determined demographic questions should be included to assess specific qualities of survey respondents. For example:
- Size and type of practice
- Certification held
- Percentage of time addressing musculoskeletal conditions
- Medical conditions seen in patient population
- Number of years as an orthopaedic nurse
- Committee members then identified task and knowledge statements for the survey from the following:
- Results of the previous role delineation study
- Existing examination specifications
- Tasks related to individual job responsibilities
- Knowledge statements from current test specifications
- The final survey had 54 knowledge/unit statements and 158 task statements.

FINDINGS & DISCUSSION

OF 6,469 emails sent, 804 valid responses were received (12.3% response rate), considered very acceptable for JTA.
- 627 RNs (95.4%)
- 77 NPs (8.51%)
Committee members agreed the high number of RN respondents was representative of the specialty.
Both RNs and NPs shared similar results in regard to the percentage of time treating patients with similar orthopaedic conditions (see Figure 1).

Adequacy of the survey instrument as it relates to reliability was determined. Reliability (coefficient alpha) between survey items (tasks or knowledge statement) estimates the extent to which each scale represents a consistent collection of items (Fabricius & Haiman, 2016, p. 146).
Inter-rater reliability is more important because it indicates the degree to which raters agree on the significance of an item. This overlap also indicated new knowledge \\ It would be another sample of orthopaedic RNs and NPs would give ratings similar to the current study sample.

ONC-C EXAMINATION

ONC-C members of the Advisory Committee completed the same process in analyzing results from NP respondents.
Examination specifications were organized by APRN roles rather than by content areas (see Tables 4 and 5).

PASSING POINT DETERMINATION

After completion of the JTA and revision of examination content outcomes, psychometricists and test developers developed new examination forms to use for standard setting.
A passing point study or standard setting procedure must be conducted when a new examination form is developed.
In mid-August 2017, the Passing Point Task Force of five ONCBs and six ONC-Cs began the process of recommissioning a passing point for the new forms.

Under the guidance of the psychometric staff, task force members reviewed the results and identified recommended passing points for each ONCB examination.
Passing points were approved by the ONCB. Information on the passing point for each examination is available on the ONCB web site (www.oncb.org).

CONCLUSION

Data from the JTA are critical to the evaluation of current test specifications and decisions about any necessary changes based on RN and NP practice.
Study results help task force members develop updated examination specifications (content outlines) that are made available to candidates, test writers, and other interested individuals.
Content outlines could be used as examination frameworks.

Referenced information

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