

# 2013

## **Psychiatric-Mental Health Nursing** Role Delineation Study National Survey Results

March 2014

## **About this Report**

This report pertaining to the practice of Psychiatric-Mental Health nursing was based on the results of a 2013 national study of psychiatric-mental health, medical-surgical, pediatric, gerontological, and cardiac-vascular nursing practice.

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We also would like to thank the ANCC staff who also spent numerous hours working to make this study possible:

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- Chie Ohba, PhD
- Gossie Nworu

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## **Background**

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States. Its vision is to drive nursing excellence, quality care and improved outcomes. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. More than 19,000 candidates took an ANCC certification examination in 2013. In addition to certification, ANCC provides services such as the Magnet and Pathways to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

### **Role Delineation Study Overview**

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice expectations, performance requirements, and environments. ANCC has a current goal of conducting a study of each specialty approximately every three years in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings are used to update the content of its respective certification examinations.

The 2013 Role Delineation Study for Psychiatric-Mental Health, Medical-Surgical, Pediatric, Gerontological, and Cardiac-Vascular Nursing involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities nurses actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

### **Updated Test Content Outlines**

The results of this role delineation study were used for updating the test content outline for the ANCC Psychiatric-Mental Health Nursing Board Certification Examination. Examination forms produced based on the Psychiatric-Mental Health Nursing Test Content Outline developed through this study are scheduled to go into effect October 25, 2014. A copy of the test content outline is available on the American Nurses Credentialing Center website.

### **Role of the Content Expert Panels**

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to the nursing specialties included in this study to serve on specialty specific content expert panel. They developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outlines for the certification examinations. All of the content experts serving on the panels were certified by ANCC in the nursing specialty they represented and were invited to serve on the panel based upon their expertise in the specialty.

## Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities nurses within the specified specialties perform in practice. The role delineation study panel met for three days beginning February 11, 2013 to draft a pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

### Survey Chronology

The survey development and administration timeline was as follows:

#### February – April 2013

- The role delineation study panel along with staff from ANCC drafted the survey.
- The survey was pilot tested and revised.

#### May – June 2013

- The final survey was administered on the web.

#### August – September 2013

- The survey activity results were analyzed, and activity weights were determined.
- Each panel met to review the survey results and activity weights.

### Sample Selection

In February, there were a total of 8,585 actively ANCC-certified Psychiatric-Mental Health Nurses. A random sample of 1,500 nurses ANCC board certified in Psychiatric-Mental Health Nursing, stratified by region, was selected from the ANCC certification database to participate in the national survey. An additional 25 were randomly selected to participate in the pilot survey. Table 1 presents the ANCC-certified Psychiatric-Mental Health nurses selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Psychiatric-Mental Health Nurses Selected per Geographic Region

Geographic Region	Number of Selected ANCC-certified	Percent
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	464	31
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	477	32
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	326	22
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	232	15
Other – AE, AP, APO	1	0
Total	1,500	100

## Survey Development and Measures

Starting on February 11, 2013 the role delineation study panel met in Silver Spring, MD to draft the national 2013 Role Delineation Study for Psychiatric-Mental Health, Medical-Surgical, Pediatric, Gerontological, and Cardiac-Vascular Nursing survey. The panel members reviewed and discussed the work activities which had been used in the ANCC's 2010 *Role Delineation Survey of Five Nursing Specialties – Cardiac-Vascular, Medical-Surgical, Gerontological, Pediatric, and Psychiatric-Mental Health Nursing* as well as the following American Nurses Association (ANA) scopes and standards:

- *Nursing: Scope and Standards of Practice: Nursing* (2010)
- *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (2013 draft)
- *Pediatric Nursing: Scope and Standards of Practice* (2008)
- *Gerontological Nursing: Scope and Standards of Practice* (2010)
- *Cardiovascular Nursing: Scope and Standards of Practice* (2008)

They updated the work activity list to reflect current practice of nursing within the five specialties. As a result of this meeting, the panel reached consensus on a list of 65 work activities to be used in the 2013 survey. These work activities were divided into 8 domains: Assessment and Diagnosis; Planning and Outcomes Identification; Implementation; Evaluation; Nurse-Patient Relationship; Patient Education; Leadership; and Population Health. The complete text of the work activities list is presented in **Appendix A**. The workgroup also identified and finalized a set of 15 demographic questions. (See **Appendix B**.)

During the same meeting, the workgroup reviewed and approved three scales that respondents would use to rate the work activities listed in the survey — Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the performance of a work activity is expected), and Consequence (the consequence of performing a work activity incorrectly). The performance expectation scale was specifically designed to distinguish entry-level skills. These three questions and the instructions for answering them are presented in Table 2.

Table 2. Survey Questions for Rating Work Activity Statements

Performance Expectation: When is a newly certified <<specialty>> nurse first expected to perform this activity? -- Within the first 6 months of certification within the specialty. -- After the first 6 months of certification within the specialty. -- Never expected to perform this activity within the specialty.
Frequency: How often does a newly certified <<specialty>> nurse perform this activity (consider within a one year period)? -- Always -- Frequently -- Occasionally -- Seldom -- Never
Consequences: Does incorrect performance of this activity cause: -- No negative consequences. -- Mild negative consequences. -- Moderate negative consequences. -- Severe negative consequences

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, importance of each scale to the performance of the work activity was considered. Performance expectation scale was determined to be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then

regarded as more critical than the frequency scale. Therefore, the scales were combined so that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of newly certified specialists and have the greatest impact on public health or safety. Thus this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

## Data Collection

*Pilot Testing.* Using the same procedures intended for administering the national data collection, the survey was piloted in March and April 2013. Twenty-five ANCC-certified Psychiatric-Mental Health nurses were included in the selection of 125 ANCC-certified nurses randomly selected from across the nation to take the pilot survey. Overall, 42 (34 percent) of the nurses invited to take the pilot survey responded (7 psychiatric-mental health nurses).

*National Survey.* In May and June 2013, the 1,500 ANCC-certified Psychiatric-Mental Health nurses selected to take the national web-based survey were sent three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a 5 hour reduction of their continuing education requirement for their ANCC recertification.

The first follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

The final follow-up reminder letter was sent out only to those who had not yet responded to the survey and was sent out approximately two-weeks prior to the end of the survey.

## Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initial study workgroup, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of within the specialty, could cause severe negative consequences if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 39. A score of 32 suggests that a work activity is generally expected to be performed within the first six months of certification within the specialty and have moderate negative consequences if incorrectly performed. Therefore, work activities with scores of 32 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as *never expected* on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.



**Table 3. Construction of the Overall Criticality Variable**

Survey Response Options			Overall Criticality Ranking
Performance Expectations	Consequences	Frequency	
Within the first 6 months of certification within the specialty	Severe negative consequences	Always	41
		Frequently	40
		Occasionally	39
		Seldom	38
		Never	37
	Moderate negative consequences	Always	36
		Frequently	35
		Occasionally	34
		Seldom	33
		Never	32
	Mild negative consequences	Always	31
		Frequently	30
		Occasionally	29
		Seldom	28
		Never	27
	No negative consequences	Always	26
Frequently		25	
Occasionally		24	
Seldom		23	
Never		22	
After the first 6 months of certification within the specialty	Severe negative consequences	Always	21
		Frequently	20
		Occasionally	19
		Seldom	18
		Never	17
	Moderate negative consequences	Always	16
		Frequently	15
		Occasionally	14
		Seldom	13
		Never	12
	Mild negative consequences	Always	11
		Frequently	10
		Occasionally	9
		Seldom	8
		Never	7

Table 3. Construction of the Overall Criticality Variable (Continued)

Survey Response Options			Overall Criticality Ranking
Performance Expectations	Consequences	Frequency	
After the first 6 months of certification within the specialty (Continued)	No negative consequences	Always	6
		Frequently	5
		Occasionally	4
		Seldom	3
		Never	2
Never expected to perform this activity within the specialty			1

## Survey Results

The total sample size of the national survey included 1,500 ANCC-certified Psychiatric-Mental Health nurses. A total of 484 completed surveys were returned. Forty (40) respondents indicated they were not currently practicing in Psychiatric-Mental Health nursing for an overall response rate of 32 percent and a usable response rate of 30 percent.

Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC-certified Psychiatric-Mental Health nurses selected within the region.

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Returned (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	464 (30.93)	142 (31.98)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	477 (31.80)	149 (33.56)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	326 (21.73)	95 (21.40)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	232 (15.47)	58 (13.06)
Other – AE, AP, APO	1 (.07)	0 (0)
Total	1,500 (100.00)	444 (100.00)

### Demographic Information

**Appendix B** details the Psychiatric-Mental Health nurses responses to 15 demographic questions which included inquiry on the respondent's background and practice setting.

#### *Demographic Background*

Approximately 89 percent of the respondents were female and 82 percent reported to be white. Approximately 78 percent of the overall sample fell into the age group of 45 to 64 years of age.

Approximately 45 percent of the Psychiatric-Mental Health nurses indicated that their entry-level (initial) education in Nursing was through an Associate Degree in Nursing program and 29 percent indicated it was through a Baccalaureate in Nursing program. Thirty five percent of the Psychiatric-Mental Health nurses indicated that they held a Baccalaureate in Nursing as their highest degree in nursing. Approximately 28 percent indicated that they held an Associate Degree in Nursing as their highest nursing degree and 17 percent of the respondents indicated that they held a Masters in Nursing.

The average number of years of experience the Psychiatric-Mental Health nurses had as an RN was 26 years. The respondents also reported on average 22 years of experience working within the specialty.

Thirty six percent of the respondents indicated working as a Staff Nurse (including community, clinic, in-patient/client, or other setting, 16 percent indicated working as a Charge Nurse, and almost 16 percent indicated working in management.

### Practice Settings

Approximately 45 percent of the Psychiatric-Mental Health nurses indicated that they practiced in cities with populations between 50,000 and 249,999. Towns with a population between 2,500-49,999 had the second highest percent of respondents (21 percent) and Metropolitan areas with a population between 250,000 and 999,999 had the third highest percent of respondents (15 percent).

In terms of practice setting, approximately 67 percent of the Psychiatric-Mental Health nurses indicated that they practice in a Psychiatric/Mental Health Facility. Seventy eight percent of the respondents indicated they care for patients with Psychiatric conditions while 8 percent indicated caring for patients with Acute conditions. The Psychiatric-Mental Health nurses reported spending a vast majority of their time treating Adult and Older Adult patients ages 18 years and older.

### Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 65 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in **Appendix C**. The scales were highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.9443, 0.9858, and 0.9570, respectively. (Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.)

In **Appendix D**, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 19 work activities were rated by the 444 respondents as highly critical (with a mean overall criticality rank of 32 or above).

Table 5. Number of Work Activities by Mean Overall Criticality Range and Population for Psychiatric-Mental Health Nursing

	Mean Overall Criticality Score								Total number above 32.0
	37.0 and above	Between 32.0 and 36.9	Between 27.0 and 31.9	Between 22.0 and 26.9	Between 17.0 and 21.9	Between 12.0 and 16.9	Between 7.0 and 11.9	6.9 and under	
Number of Work Activities	2	17	24	7	6	9	0	0	19

Table 6 and 7 displays the 20 highest-ranking and the 20 lowest-ranking work activities by mean overall criticality respectively. The grey shading in Table 6 highlights the only work activity that received a criticality rating of 37 and above. Activity 21. *Administer medications and other treatments that are appropriate to the patient situation*, received the highest ranking of 38.59. However, in Table 7, activity *Participate in the development of new approaches for care delivery that promote population health* received the lowest ranking of 12.92

Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality	
		Mean	Standard Deviation
21	Administer medications and other treatments that are appropriate to the patient situation.	38.59	5
31	Maintain appropriate physical and emotional boundaries.	38.20	5
2	Obtain a current medication and treatment list.	36.77	5
12	Document assessment findings.	36.49	5
22	Respond proactively to changes in patient condition to prevent or minimize adverse patient outcomes.	36.45	6
17	Create a safe, therapeutic, developmentally appropriate environment conducive to care.	36.33	7
20	Reconcile medications and treatments across transitions of care.	35.94	8
23	Document nursing interventions.	35.93	5
32	Advocate for patient.	34.89	6
11	Identify actual or potential risks to health and safety (e.g., interpersonal, environmental, lack of external resources).	34.82	8
24	Evaluate patient's response to interventions.	34.30	6
33	Document pertinent aspects of nurse-patient interactions.	34.11	6
29	Develop a therapeutic relationship specific to the patient condition.	33.91	7
1	Obtain patient history using age-appropriate, system-specific, standardized/evidence-based tools.	33.24	6
28	Document patient's response to interventions and changes to the plan of care.	33.20	7
16	Document plan of care and expected outcomes.	32.98	7
6	Obtain diagnostic test results.	32.48	10
10	Identify barriers to effective communication (e.g., psychosocial, literacy, financial, cultural) and make appropriate adaptations.	32.40	8
18	Implement age and developmentally appropriate evidence-based nursing interventions specific to the plan of care.	32.20	8
30	Support patient's identified support-systems consistent with patient/guardian's preferences.	31.68	7

Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality	
		Mean	Standard Deviation
57	Identify and address legal, ethical, and regulatory situations and issues.	26.01	14
55	Coordinate patient safety initiatives.	25.51	13
51	Use technologies to enhance nursing practice	23.70	12
38	Incorporate information technology resources into the education plan.	23.44	12
3	Assess for use of complementary and alternative healthcare practices (e.g., therapeutic touch, herbal preparations, acupuncture).	22.46	14
63	Collaborate with interdisciplinary team to identify community resources to assist and support patients in self-management.	21.98	12
8	Synthesize available data and knowledge to identify patterns and variances.	21.92	13
48	Serve as a clinical resource.	19.89	12
53	Participate in key roles of quality improvement activities	19.20	12
56	Seek opportunities to advance professional nursing practice.	18.10	12
59	Incorporate evidence on population-specific risk behaviors or factors when providing health information and consumer education.	17.59	13
49	Mentor colleagues for the advancement of nursing practice, the profession, and quality health care.	16.20	11
60	Participate in activities that promote partnerships between or among health care providers, employers and communities.	16.13	12
61	Develop educational programs for individuals.	15.83	13
64	Coordinate with community resources to provide strategies for health promotion and disease management.	15.25	13
54	Participate in key roles related to change management activities.	14.28	12
58	Influence healthcare policy involving health care consumers and the profession.	14.27	12
62	Develop educational programs for groups.	14.02	11
50	Serve as a clinical content expert for the design and enhancement of competencies, policies, procedures, processes, and systems that affect nursing care.	13.22	10
65	Participate in the development of new approaches for care delivery that promote population health.	12.92	11

## **Appendix A**

### **Work Activities Statements**

**Domain 1: Assessment and Diagnosis**

1. Obtain patient history using age-appropriate, system-specific, standardized/evidence-based tools.
2. Obtain a current medication and treatment list.
3. Assess for use of complementary and alternative healthcare practices (e.g., therapeutic touch, herbal preparations, acupuncture).
4. Perform a physical assessment using age-appropriate, system-specific, evidence-based tools and techniques.
5. Perform a psychosocial assessment using age-appropriate, system-specific, evidence-based tools and techniques.
6. Obtain diagnostic test results.
7. Review findings provided by interdisciplinary team and external resources.
8. Synthesize available data and knowledge to identify patterns and variances.
9. Identify nursing diagnoses using a standardized classification system.
10. Identify barriers to effective communication (e.g., psychosocial, literacy, financial, cultural) and make appropriate adaptations.
11. Identify actual or potential risks to health and safety (e.g., interpersonal, environmental, lack of external resources).
12. Document assessment findings.

**Domain 2: Planning and Outcomes Identification**

13. Prioritize nursing diagnoses and/or problems.
14. Formulate expected outcomes with the patient, family, significant other, and interdisciplinary team to facilitate continuity across the continuum of care.
15. Develop an individualized, patient-centered age and developmentally appropriate plan of care.
16. Document plan of care and expected outcomes.

**Domain 3: Implementation**

17. Create a safe, therapeutic, developmentally appropriate environment conducive to care.
18. Implement age and developmentally appropriate evidence-based nursing interventions specific to the plan of care.
19. Collaborate with the interdisciplinary team and external resources to coordinate the plan of care across the continuum.
20. Reconcile medications and treatments across transitions of care.
21. Administer medications and other treatments that are appropriate to the patient situation.
22. Respond proactively to changes in patient condition to prevent or minimize adverse patient outcomes.
23. Document nursing interventions.

**Domain 4: Evaluation**

24. Evaluate patient's response to interventions.
25. Evaluate the effectiveness of the interdisciplinary plan of care.
26. Modify the plan of care in collaboration with patient, family, significant other, and interdisciplinary team based on ongoing assessment data.
27. Disseminate results/changes in the plan of care to patient, family, significant other, and interdisciplinary team consistent with patient preferences.
28. Document patient's response to interventions and changes to the plan of care.

**Domain 5: Nurse-Patient Relationship**

29. Develop a therapeutic relationship specific to the patient condition.
30. Support patient's identified support-systems consistent with patient/guardian's preferences.
31. Maintain appropriate physical and emotional boundaries.
32. Advocate for patient.
33. Document pertinent aspects of nurse-patient interactions.



**Domain 6: Patient Education**

34. Identify learning preferences and needs.
35. Identify motivating factors and barriers to learning.
36. Create an environment conducive to effective teaching/learning.
37. Incorporate health promotion and wellness into the education plan.
38. Incorporate information technology resources into the education plan.
39. Develop an individualized education plan with the involvement of the patient, family, significant other, and interdisciplinary team.
40. Implement the education plan.
41. Evaluate the education plan's effectiveness.
42. Modify the education plan based on evaluation of outcomes.
43. Document the education provided and its effectiveness.

**Domain 7: Leadership**

44. Model effective communication.
45. Model effective problem solving and conflict resolution.
46. Promote teamwork and engagement of healthcare providers to optimize patient care and support a healthy work environment
47. Identify and address personal attitudes, values and beliefs in self and others that may negatively impact delivery of care.
48. Serve as a clinical resource.
49. Mentor colleagues for the advancement of nursing practice, the profession and quality health care.
50. Serve as a clinical content expert for the design and enhancement of competencies, policies, procedures, processes, and systems that affect nursing care.
51. Use technologies to enhance nursing practice
52. Delegate elements of care to licensed and/or unlicensed personnel in accordance with applicable legal or policy parameters or principles.
53. Participate in key roles of quality improvement activities
54. Participate in key roles related to change management activities.
55. Coordinate patient safety initiatives.
56. Seek opportunities to advance professional nursing practice.
57. Identify and address legal, ethical, and regulatory situations and issues.
58. Influence healthcare policy involving health care consumers and the profession.

**Domain 8: Population Health**

59. Incorporate evidence on population-specific risk behaviors or factors when providing health information and consumer education.
60. Participate in activities that promote partnerships between or among health care providers, employers and communities.
61. Develop educational programs for individuals.
62. Develop educational programs for groups.
63. Collaborate with interdisciplinary team to identify community resources to assist and support patients in self-management.
64. Coordinate with community resources to provide strategies for health promotion and disease management.
65. Participate in the development of new approaches for care delivery that promote population health.

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## **Appendix B**

### **Demographic Data Summary**

1.Primary place of work

	Recruited (Percent of total pop.)	Respondents (percent of total pop.)
Northeast	464 (31)	142 (31)
South	477(32)	149 (34)
Midwest	326 (22)	95 (21)
West	232 (15)	58 (13)
Other	1 (0)	0 (0)
Total	1,500	444

2. What is your gender?

	Count	Percent
Female	395	89.16
Male	48	10.84
Total	443	100.00
No Response	1	

3. What is your age?

	Count	Percent
Under 25 years old	0	0.00
25 - 34 years old	9	2.03
35 - 44 years old	40	9.03
45 - 54 years old	124	27.99
55 - 64 years old	220	49.66
65 and older	50	11.29
Total	443	100.00
No Response	1	

4. What is your racial/ethnic background?

	Count	Percent
African-American	38	8.66
White, non-Hispanic	360	82.00
Asian/Pacific Islander	22	5.01
American Indian/Alaska Native	1	0.23
Other	18	4.10
Total	439	100.00
No Response	5	

5. What describes your entry-level (initial) education in nursing?

	Count	Percent
Diploma in Nursing	90	20.55
Associate Degree in Nursing	196	44.75
Bachelor's in Nursing	128	29.22
Other	24	5.48
Total	438	100.00
No Response	6	

6. What is the highest degree you have earned in nursing?

	Count	Percent
Diploma in Nursing	48	10.81
Associate Degree in Nursing	126	28.38
Bachelor's in Nursing	155	34.91
Master's in Nursing	74	16.67
Doctorate in Nursing Practice (DNP)	1	0.23
Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)	3	0.68
Other	37	8.33
Total Responses	444	

7. Do you hold any degrees outside of nursing?

	Count	Percent
Yes	166	37.64
No	275	62.36
Total	441	100.00
No Response	3	

8. Do you hold other nursing certifications?

	Count	Percent
Yes	84	19.18
No	354	80.82
Total	438	100.00
No Response	6	

9. How many years have you been:

	a registered nurse (RN)		working within Psychiatric-Mental Health Nursing?		certified in Psychiatric-Mental Health Nursing	
	Count	Percent	Count	Percent	Count	Percent
Less than 1	1	0.23	1	0.23	2	0.46
1 to 9	32	7.29	60	13.67	160	36.53
10 to 19	89	20.27	111	25.28	158	36.07
20 to 29	134	30.52	164	37.36	109	24.89
30 to 39	138	31.44	88	20.05	9	2.05
40 to 49	41	9.34	13	2.96	0	0.00
50 to 59	3	0.68	1	0.23	0	0.00
60 or over	1	0.23	1	0.23	0	0.00
Total	439	100.00	439	100.00	438	100.00
Invalid	3		2		3	
No Response	2		3		3	
Mean	26.21		22.18		13.01	

10. How many hours per week do you work as a Psychiatric-Mental Health nurse?

	Count	Percent
0	5	1.17
1 to 10	16	3.75
11 to 20	32	7.49
21 to 30	25	5.85
31 to 40	310	72.60
41 to 50	28	6.56
51 to 60	6	1.41
61 to 70	3	0.70
Over 71	2	0.47
Total	427	100.00
Invalid	5	
No Response	12	

11. What percent of time do you spend with each type of patient?

	Infant (birth to 23 months)		Pre-schooler (2 to 4 years)		School-Age (5 to 12 years)	
	Count	Percent	Count	Percent	Count	Percent
0	439	98.87	415	93.47	356	80.36
1 to 19	4	0.90	21	4.73	43	9.71
20 to 39	1	0.23	6	1.35	24	5.42
40 to 59	0	0.00	0	0.00	11	2.48
60 to 79	0	0.00	0	0.00	4	0.90
80 to 100	0	0.00	2	0.45	5	1.13
Total	444	100.00	444	100.00	443	100.00
Invalid	0		0		1	
Mean	0.15		0.90		4.92	

	Adolescents (13 to 17 years)		Adults (18 to 64 years)		Young-Old (65 to 74 years)	
	Count	Percent	Count	Percent	Count	Percent
0	303	68.40	45	10.16	98	22.12
1 to 19	73	16.48	24	5.42	202	45.60
20 to 39	34	7.67	53	11.96	88	19.86
40 to 59	13	2.93	40	9.03	23	5.19
60 to 79	4	0.90	63	14.22	7	1.58
80 to 100	16	3.61	218	49.21	25	5.64
Total	443	100.00	443	100.00	443	100.00
Invalid	1		1		1	
Mean	8.40		62.81		17.15	

	Middle-Old (75 to 84 years)		Oldest-old (85 years and older)	
	Count	Percent	Count	Percent
0	174	39.28	277	62.53
1 to 19	188	42.44	126	28.44
20 to 39	52	11.74	25	5.64
40 to 59	11	2.48	4	0.90
60 to 79	3	0.68	1	0.23
80 to 100	15	3.39	10	2.26
Total	443	100.00	443	100.00
Invalid	1		1	
Mean	10.24		5.75	

12. Which best describes your work?

	Count	Percent
Staff Nurse (including community, clinic, in-patient/client, or other setting)	162	36.49
Clinical Nurse Specialist	10	2.25
Nurse Practitioner	11	2.48
Case Manager	23	5.18
Education	22	4.95
Management	70	15.77
Research	2	0.45
Charge Nurse	73	16.44
Clinical Nurse	12	2.70
Other	59	13.29
Total	444	100.00



13. Which best describes your primary practice setting?

	Count	Percent
Medical Unit	1	0.23
Surgical Unit	0	0.00
Medical/Surgical	1	0.23
Intensive Care Unit	0	0.00
Cardiac Surgery Intensive Care Unit	0	0.00
Correctional Care Unit	4	0.90
Same Day Surgery	0	0.00
Same Day Medical	0	0.00
Recovery Room	0	0.00
Labor and Delivery/Post Partum	1	0.23
Emergency Department	10	2.26
Outpatient Clinic	30	6.79
Home Care or Home Health	12	2.71
Hospice	0	0.00
Long Term Care	4	0.90
Psychiatric/Mental Health Facility	294	66.52
Pediatrics	1	0.23
Rehabilitation	1	0.23
School (e.g., Elementary, Middle, or High)	4	0.90
College or Post-Secondary Education Facility	5	1.13
	0	0.00
Pediatric Intensive Care Unit	1	0.23
Neonatal Intensive Care Unit	0	0.00
Physician's Office	5	1.13
Other	68	15.38
<hr/>		
Total	442	100.00
No Response	2	

14. Which describes your patients?

	Count	Percent
Well (minor illness)	8	1.81
Maternity	0	0.00
Acute	38	8.60
Chronic	21	4.75
Terminally Ill	0	0.00
Psychiatric	346	78.28
Other	29	6.56
<hr/>		
Total	442	100.00
No Response	2	

15. What is the geographical location of your practice setting?

	Count	Percent
Rural (population less than 2,500)	18	4.07
Town (population 2,500 - 49,999)	91	20.59
City (population 50,000 - 249,999)	198	44.80
Metropolitan (population 250,000 - 999,999)	68	15.38
Greater Metropolitan (population greater than 999,999)	52	11.76
Regionally (population across a designated area such as several states)	8	1.81
Nationally (population across the United States)	7	1.58
Internationally (population across multiple nations)	0	0.00
<hr/>		
Total	442	100.00
No Response	2	

## **Appendix C**

### **Work Activities Descriptive Statistics**

Psychiatric-Mental Health Nursing  
Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
1	Obtain patient history using age-appropriate, system-specific, standardized/evidence-based tools.	443	1.96	0.22	2	1.67	0.87	2	3.69	0.55	4	33.24	6
2	Obtain a current medication and treatment list.	443	1.98	0.16	2	2.25	0.85	2	3.81	0.49	4	36.77	5
3	Assess for use of complementary and alternative healthcare practices (e.g., therapeutic touch, herbal preparations, acupuncture).	443	1.51	0.75	2	1.00	0.93	1	2.55	1.38	3	22.46	14
4	Perform a physical assessment using age-appropriate, system-specific, evidence-based tools and techniques.	443	1.82	0.48	2	1.85	0.89	2	3.35	0.99	4	31.54	10
5	Perform a psychosocial assessment using age-appropriate, system-specific, evidence-based tools and techniques.	443	1.85	0.41	2	1.62	0.89	2	3.49	0.81	4	30.98	9
6	Obtain diagnostic test results.	443	1.86	0.45	2	1.86	0.95	2	3.29	0.94	4	32.48	10
7	Review findings provided by interdisciplinary team and external resources.	443	1.85	0.37	2	1.52	0.85	2	3.36	0.72	3	30.13	9
8	Synthesize available data and knowledge to identify patterns and variances.	443	1.50	0.58	2	1.26	0.85	1	2.85	1.07	3	21.92	13
9	Identify nursing diagnoses using a standardized classification system.	443	1.85	0.45	2	1.43	0.90	1	3.36	1.01	4	30.19	9
10	Identify barriers to effective communication (e.g., psychosocial, literacy, financial, cultural) and make appropriate adaptations.	443	1.91	0.29	2	1.69	0.93	2	3.65	0.60	4	32.40	8
11	Identify actual or potential risks to health and safety (e.g., interpersonal, environmental, lack of external resources).	443	1.93	0.28	2	2.11	0.90	2	3.70	0.59	4	34.82	8
12	Document assessment findings.	443	1.98	0.17	2	2.21	0.83	2	3.90	0.38	4	36.49	5
13	Prioritize nursing diagnoses and/or problems.	444	1.83	0.43	2	1.53	0.88	2	3.50	0.81	4	30.07	10
14	Formulate expected outcomes with the patient, family, significant other, and interdisciplinary team to facilitate continuity across the continuum of care.	444	1.73	0.46	2	1.53	0.83	2	3.32	0.75	3	27.71	10
15	Develop an individualized, patient-centered age and developmentally appropriate plan of care.	444	1.86	0.36	2	1.67	0.83	2	3.59	0.64	4	31.31	9

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Psychiatric-Mental Health Nursing

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
16	Document plan of care and expected outcomes.	444	1.93	0.26	2	1.73	0.82	2	3.71	0.53	4	32.98	7
17	Create a safe, therapeutic, developmentally appropriate environment conducive to care.	444	1.93	0.27	2	2.38	0.84	3	3.87	0.42	4	36.33	7
18	Implement age and developmentally appropriate evidence-based nursing interventions specific to the plan of care.	444	1.89	0.33	2	1.74	0.78	2	3.64	0.60	4	32.20	8
19	Collaborate with the interdisciplinary team and external resources to coordinate the plan of care across the continuum.	444	1.77	0.44	2	1.58	0.78	2	3.43	0.70	4	28.78	10
20	Reconcile medications and treatments across transitions of care.	444	1.91	0.36	2	2.32	0.90	3	3.67	0.77	4	35.94	8
21	Administer medications and other treatments that are appropriate to the patient situation.	444	1.98	0.18	2	2.61	0.73	3	3.84	0.50	4	38.59	5
22	Respond proactively to changes in patient condition to prevent or minimize adverse patient outcomes.	444	1.94	0.24	2	2.38	0.81	3	3.78	0.45	4	36.45	6
23	Document nursing interventions.	444	2.00	0.07	2	2.03	0.88	2	3.88	0.37	4	35.93	5
24	Evaluate patient's response to interventions.	444	1.96	0.21	2	1.88	0.82	2	3.76	0.46	4	34.30	6
25	Evaluate the effectiveness of the interdisciplinary plan of care.	444	1.77	0.47	2	1.56	0.80	2	3.33	0.79	3	28.82	10
26	Modify the plan of care in collaboration with patient, family, significant other, and interdisciplinary team based on ongoing assessment data.	444	1.75	0.47	2	1.56	0.78	2	3.21	0.81	3	28.27	10
27	Disseminate results/changes in the plan of care to patient, family, significant other, and interdisciplinary team consistent with patient preferences.	444	1.78	0.44	2	1.59	0.80	2	3.23	0.80	3	28.86	10
28	Document patient's response to interventions and changes to the plan of care.	444	1.93	0.27	2	1.81	0.85	2	3.63	0.61	4	33.20	7
29	Develop a therapeutic relationship specific to the patient condition.	444	1.94	0.25	2	1.86	0.88	2	3.79	0.47	4	33.91	7
30	Support patient's identified support-systems consistent with patient/guardian's preferences.	444	1.92	0.27	2	1.55	0.84	2	3.45	0.68	4	31.68	7
31	Maintain appropriate physical and emotional boundaries.	444	1.98	0.13	2	2.52	0.77	3	3.95	0.30	4	38.20	5

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Psychiatric-Mental Health Nursing  
Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
32	Advocate for patient.	444	1.97	0.19	2	1.93	0.91	2	3.80	0.51	4	34.89	6
33	Document pertinent aspects of nurse-patient interactions.	444	1.97	0.20	2	1.80	0.88	2	3.72	0.57	4	34.11	6
34	Identify learning preferences and needs.	444	1.84	0.38	2	1.48	0.82	1	3.47	0.68	4	29.75	9
35	Identify motivating factors and barriers to learning.	444	1.85	0.37	2	1.52	0.82	2	3.48	0.69	4	30.18	9
36	Create an environment conducive to effective teaching/learning.	444	1.85	0.38	2	1.49	0.83	2	3.50	0.68	4	30.04	9
37	Incorporate health promotion and wellness into the education plan.	444	1.84	0.38	2	1.40	0.82	1	3.41	0.69	4	29.25	9
38	Incorporate information technology resources into the education plan.	444	1.64	0.59	2	1.01	0.85	1	2.62	1.04	3	23.44	12
39	Develop an individualized education plan with the involvement of the patient, family, significant other, and interdisciplinary team.	444	1.70	0.52	2	1.45	0.83	1	3.14	0.96	3	26.77	11
40	Implement the education plan.	444	1.80	0.46	2	1.48	0.84	2	3.27	0.90	3	28.93	10
41	Evaluate the education plan's effectiveness.	444	1.75	0.47	2	1.41	0.85	1	3.23	0.90	3	27.60	11
42	Modify the education plan based on evaluation of outcomes.	444	1.71	0.50	2	1.37	0.85	1	3.11	0.92	3	26.42	11
43	Document the education provided and its effectiveness.	444	1.86	0.37	2	1.49	0.85	1.5	3.49	0.77	4	30.18	9
44	Model effective communication.	444	1.83	0.38	2	1.76	0.88	2	3.77	0.47	4	31.13	9
45	Model effective problem solving and conflict resolution.	444	1.75	0.44	2	1.74	0.86	2	3.60	0.60	4	29.20	10
46	Promote teamwork and engagement of healthcare providers to optimize patient care and support a healthy work environment	444	1.77	0.43	2	1.72	0.87	2	3.67	0.56	4	29.65	10
47	Identify and address personal attitudes, values and beliefs in self and others that may negatively impact delivery of care.	444	1.75	0.46	2	1.82	0.92	2	3.43	0.80	4	29.74	11
48	Serve as a clinical resource.	444	1.42	0.52	1	1.25	0.88	1	3.04	0.86	3	19.89	12
49	Mentor colleagues for the advancement of nursing practice, the profession and quality health care.	444	1.25	0.49	1	1.20	0.91	1	2.81	0.94	3	16.20	11

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Psychiatric-Mental Health Nursing  
Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
50	Serve as a clinical content expert for the design and enhancement of competencies, policies, procedures, processes, and systems that affect nursing care.	444	1.08	0.54	1	1.08	0.91	1	2.29	1.14	2	13.22	10
51	Use technologies to enhance nursing practice	444	1.63	0.53	2	1.15	0.87	1	2.88	0.96	3	23.70	12
52	Delegate elements of care to licensed and/or unlicensed personnel in accordance with applicable legal or policy parameters or principles.	444	1.70	0.49	2	1.79	0.97	2	3.23	0.84	3	28.49	12
53	Participate in key roles of quality improvement activities	444	1.43	0.53	1	1.14	0.88	1	2.69	0.90	3	19.20	12
54	Participate in key roles related to change management activities.	444	1.14	0.63	1	1.02	0.89	1	2.14	1.14	2	14.28	12
55	Coordinate patient safety initiatives.	444	1.55	0.55	2	1.82	1.05	2	3.01	0.99	3	25.51	13
56	Seek opportunities to advance professional nursing practice.	444	1.39	0.54	1	1.02	0.89	1	2.79	0.97	3	18.10	12
57	Identify and address legal, ethical, and regulatory situations and issues.	444	1.57	0.57	2	1.80	1.04	2	2.96	1.13	3	26.01	14
58	Influence healthcare policy involving health care consumers and the profession.	444	1.15	0.60	1	1.04	0.93	1	2.07	1.17	2	14.27	12
59	Incorporate evidence on population-specific risk behaviors or factors when providing health information and consumer education.	444	1.29	0.64	1	1.14	0.90	1	2.42	1.17	3	17.59	13
60	Participate in activities that promote partnerships between or among health care providers, employers and communities.	444	1.27	0.61	1	1.00	0.86	1	2.23	1.08	2	16.13	12
61	Develop educational programs for individuals.	444	1.23	0.65	1	0.99	0.87	1	2.19	1.14	2	15.83	13
62	Develop educational programs for groups.	444	1.16	0.60	1	0.97	0.81	1	2.04	1.05	2	14.02	11
63	Collaborate with interdisciplinary team to identify community resources to assist and support patients in self-management.	444	1.52	0.58	2	1.24	0.91	1	2.65	1.04	3	21.98	12
64	Coordinate with community resources to provide strategies for health promotion and disease management.	444	1.17	0.66	1	1.04	0.91	1	2.07	1.22	2	15.25	13
65	Participate in the development of new approaches for care delivery that promote population health.	444	1.11	0.61	1	0.89	0.87	1	1.86	1.13	2	12.92	11

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

**Appendix D**  
**Work Activities Mean Overall Criticality – Rank Order**



Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
21	Administer medications and other treatments that are appropriate to the patient situation.	444	38.59	5
31	Maintain appropriate physical and emotional boundaries.	444	38.20	5
2	Obtain a current medication and treatment list.	443	36.77	5
12	Document assessment findings.	443	36.49	5
22	Respond proactively to changes in patient condition to prevent or minimize adverse patient outcomes.	444	36.45	6
17	Create a safe, therapeutic, developmentally appropriate environment conducive to care.	444	36.33	7
20	Reconcile medications and treatments across transitions of care.	444	35.94	8
23	Document nursing interventions.	444	35.93	5
32	Advocate for patient.	444	34.89	6
11	Identify actual or potential risks to health and safety (e.g., interpersonal, environmental, lack of external resources).	443	34.82	8
24	Evaluate patient's response to interventions.	444	34.30	6
33	Document pertinent aspects of nurse-patient interactions.	444	34.11	6
29	Develop a therapeutic relationship specific to the patient condition.	444	33.91	7
1	Obtain patient history using age-appropriate, system-specific, standardized/evidence-based tools.	443	33.24	6
28	Document patient's response to interventions and changes to the plan of care.	444	33.20	7
16	Document plan of care and expected outcomes.	444	32.98	7
6	Obtain diagnostic test results.	443	32.48	10
10	Identify barriers to effective communication (e.g., psychosocial, literacy, financial, cultural) and make appropriate adaptations.	443	32.40	8
18	Implement age and developmentally appropriate evidence-based nursing interventions specific to the plan of care.	444	32.20	8
30	Support patient's identified support-	444	31.68	7

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
	systems consistent with patient/guardian's preferences.			
4	Perform a physical assessment using age-appropriate, system-specific, evidence-based tools and techniques.	443	31.54	10
15	Develop an individualized, patient-centered age and developmentally appropriate plan of care.	444	31.31	9
44	Model effective communication.	444	31.13	9
5	Perform a psychosocial assessment using age-appropriate, system-specific, evidence-based tools and techniques.	443	30.98	9
9	Identify nursing diagnoses using a standardized classification system.	443	30.19	9
35	Identify motivating factors and barriers to learning.	444	30.18	9
43	Document the education provided and its effectiveness.	444	30.18	9
7	Review findings provided by interdisciplinary team and external resources.	443	30.13	9
13	Prioritize nursing diagnoses and/or problems.	444	30.07	10
36	Create an environment conducive to effective teaching/learning.	444	30.04	9
34	Identify learning preferences and needs.	444	29.75	9
47	Identify and address personal attitudes, values and beliefs in self and others that may negatively impact delivery of care.	444	29.74	11
46	Promote teamwork and engagement of healthcare providers to optimize patient care and support a healthy work environment	444	29.65	10
37	Incorporate health promotion and wellness into the education plan.	444	29.25	9
45	Model effective problem solving and conflict resolution.	444	29.20	10
40	Implement the education plan.	444	28.93	10
27	Disseminate results/changes in the plan of care to patient, family, significant other, and interdisciplinary team consistent with patient preferences.	444	28.86	10
25	Evaluate the effectiveness of the interdisciplinary plan of care.	444	28.82	10

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
19	Collaborate with the interdisciplinary team and external resources to coordinate the plan of care across the continuum.	444	28.78	10
52	Delegate elements of care to licensed and/or unlicensed personnel in accordance with applicable legal or policy parameters or principles.	444	28.49	12
26	Modify the plan of care in collaboration with patient, family, significant other, and interdisciplinary team based on ongoing assessment data.	444	28.27	10
14	Formulate expected outcomes with the patient, family, significant other, and interdisciplinary team to facilitate continuity across the continuum of care.	444	27.71	10
41	Evaluate the education plan's effectiveness.	444	27.60	11
39	Develop an individualized education plan with the involvement of the patient, family, significant other, and interdisciplinary team.	444	26.77	11
42	Modify the education plan based on evaluation of outcomes.	444	26.42	11
57	Identify and address legal, ethical, and regulatory situations and issues.	444	26.01	14
55	Coordinate patient safety initiatives.	444	25.51	13
51	Use technologies to enhance nursing practice	444	23.70	12
38	Incorporate information technology resources into the education plan.	444	23.44	12
3	Assess for use of complementary and alternative healthcare practices (e.g., therapeutic touch, herbal preparations, acupuncture).	443	22.46	14
63	Collaborate with interdisciplinary team to identify community resources to assist and support patients in self-management.	444	21.98	12
8	Synthesize available data and knowledge to identify patterns and variances.	443	21.92	13
48	Serve as a clinical resource.	444	19.89	12

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
53	Participate in key roles of quality improvement activities	444	19.20	12
56	Seek opportunities to advance professional nursing practice.	444	18.10	12
59	Incorporate evidence on population-specific risk behaviors or factors when providing health information and consumer education.	444	17.59	13
49	Mentor colleagues for the advancement of nursing practice, the profession and quality health care.	444	16.20	11
60	Participate in activities that promote partnerships between or among health care providers, employers and communities.	444	16.13	12
61	Develop educational programs for individuals.	444	15.83	13
64	Coordinate with community resources to provide strategies for health promotion and disease management.	444	15.25	13
54	Participate in key roles related to change management activities.	444	14.28	12
58	Influence healthcare policy involving health care consumers and the profession.	444	14.27	12
62	Develop educational programs for groups.	444	14.02	11
50	Serve as a clinical content expert for the design and enhancement of competencies, policies, procedures, processes, and systems that affect nursing care.	444	13.22	10
65	Participate in the development of new approaches for care delivery that promote population health.	444	12.92	11

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**2013 Role Delineation Study: Psychiatric-Mental Health Nursing.**

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