

# 2010 Role Delineation Study: Pediatric Nurse

## National Survey Results



**December 2010**

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## About this Report

This report pertaining to the practice of pediatric nurses was based on the results of American Nurses Credentialing Center's 2010 Role Delineation Study of Five Nursing Specialties: Cardiac Vascular, Gerontological, Medical-Surgical, Pediatric, and Psychiatric and Mental Health.

*Prepared by:*  
Castle Worldwide, Inc.  
900 Perimeter Park Drive, Suite G  
Morrisville, NC 27560

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## Cardiac Vascular Nurse

- Aida Ramos, MSN, RN-BC, NP-C
- Cari Zhang, MSN, RN-BC
- Mary Paquette, MSN, RN-BC
- Mary Sieggreen, MSN, RN-BC
- Rene Wells Lavoie, BSN, RN-BC
- Jimmy Callicutt, MSN, RN-BC
- Jean Vreeland, BSN, RN-BC
- Michele Sepe, MSN, ANP-BC, RN-BC
- Angela Klein, BSN, RN-BC
- Myra Torres, BSN, RN-BC
- Catherine Ware, BSN, RN-BC
- Lola Coke, PhD, ACNS-BC, RN-BC

## Gerontological Nurse

- Susan Shorter, ADN, RN-BC
- Leslie Green, MSN, RN-BC
- Camilla Camburn, MSN, RN-BC
- Kathy Urban, MN, RN-BC, ACNS-BC
- Deborah Karas, MSN, RN-BC
- Helen Farrar, MS, RN-BC
- Joseph Osentoski, BAS, RN-BC
- Teresa Novy, BSN, RN-BC
- Anastasia Reddick, BSN, RN-BC
- Elaine Melia, BSN, RN-BC
- Paula Newinski, BSN, RN-BC
- Darlene Shoemaker, MS, RN-BC

## Medical-Surgical Nurse

- Jane Hawks, PhD, RN-BC
- Judith Jefferson Gordon, MBA, BSN, BS, RN-BC
- Rebecca Pierce, MA, ADN, RN-BC
- Adlene McElroy, MSN, MS, RN-BC
- Vallye Brooks, BSN, RN-BC
- Donna Burns, MBA, MS, BSN, RN-BC
- Melissa Buchanan, ADN, RN-BC
- Sherlyn Farrish-Barner, MSN, RN-BC
- Kathleen Taylor, BSN, RN-BC
- Sheri Wilson, BSN, RN-BC

#### **Pediatric Nurse**

- **Bonnie Brown, MSN, RN-BC**
- **Linda Jamison, RN-BC**
- **Mary Koehler, MSN, RN-BC**
- **Diane Saylor, RN-BC**
- **La Donna Northington, DNS, RN-BC**
- **Suzanne Wright Warner, BNS, RN-BC**
- **Ruth Bindler, PhD, BSN, RN-BC, DPNAP**
- **Geraldine Stanton, ASN, RN-BC**
- **Karen Leif, MA, BSN, RN-BC**
- **Desiree Sana-Hanscom, MHA, BSN, RN-BC**

#### **Psychiatric and Mental Health Nurse**

- **Duane Anderson, BSN, RN-BC**
- **Marlene Allen, ADN, RN-BC**
- **Tina Aown, MSN, RN-BC**
- **Susan Phillips, MSN, PMHCNS-BC, PMHNP-BC**
- **Catherine Meliniotis, BSN, RN-BC**
- **Heidi Kraft, BSN, RN-BC**
- **Heidi McMullan, BSN, RN-BC**
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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 be a galvanizing force for quality healthcare through credentialing excellence. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurses, clinical nurse specialists, and other disciplines. Approximately 10,000 – 12,000 candidates take an ANCC certification examination each year. 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 role delineation study of nurses approximately every three years in order to capture changes in work activities (referred to as “tasks” in this report) and the knowledge and skill areas required to perform those tasks. The findings are used to update the content of its respective certification examinations. This 2010 role delineation study (performed concurrently for five nursing specialties—cardiac vascular, gerontological, medical-surgical, pediatric, and psychiatric and mental health) 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 tasks that nurses working in these specialties actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the tasks 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 to update the test content outlines for each of the five specialty examinations contained within the study. Examination forms based on this updated test content outline for pediatric nursing are scheduled to go into effect May 6, 2012. A copy of the test content outline is available on the American Nurses Credentialing Center website.

### Role of the Content Expert Panels

For this study, ANCC invited content experts to develop a list of tasks and demographic items for the survey, link knowledge and skill areas to the tasks list, and finalize the test content outlines for the respective 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 panels based upon expertise in their specialties.

# Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the tasks nurses actually perform in practice. Since the survey instrument used in this study was designed to be used across five nursing specialties, representatives from each of these five nursing specialties were asked to serve as members of a 10-member initial study workgroup (see *Joint Role Delineation Panel* table on page 4) that acted as a sort of steering committee for the specialty-specific role delineation panels. The members of the joint panel met for three days (February 10-12, 2010) to construct a comprehensive list of tasks to be included in the survey. The list of tasks were organized and grouped into domains. Furthermore, the joint panel also constructed a generic map of knowledge and skill areas relevant to the tasks included in the survey.

## Survey Chronology

The survey development and administration timeline was as follows:

February - May 2010

- The joint role delineation panel along with staff from ANCC and Castle drafted the survey, including demographic questions and the list of tasks to be rated.
- The survey was pilot tested.

June - August 2010

- The survey was revised based on pilot study results and feedback from a few selected specialty organizations.
- The final survey was approved and administered to the national sample on the Web.

September - November 2010

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

## Sample Selection

In January 2010, there were a total of 660 active ANCC-certified pediatric nurses who had received their certification as a pediatric nurse within the previous 10 years. All 660 pediatric nurses were selected from the ANCC certification database, with the constraint that the participants were to have received their ANCC certification within the previous 10 years.

## Survey Development and Measures

On February 10-12, 2010, the joint role delineation panel, along with members of ANCC and Castle, met in Silver Spring, Maryland, to construct the list of tasks to be included in the 2010 Role Delineation Study of five nursing specialties—Cardiac Vascular, Gerontological, Medical-Surgical, Pediatric, and Psychiatric and Mental Health Nursing. The panel members first reviewed and updated the target population statements for each of the five nursing specialty areas. They used the scope and standards of practice for each of these specialties, which the panelists reviewed and discussed during the meeting. From the scope and standards, the panelists identified the performance domains and tasks potentially performed by nurses working within these specialties. The goal of this process was to create a comprehensive list of relevant tasks that were potentially performed by nurses in any one of the specialty areas, regardless of whether it was performed in the others.

As a result of this meeting, the panel reached consensus on a list of 51 tasks to be used in the 2010 survey. These tasks were divided into seven domains: (1) Assessment and Diagnosis, (2) Planning and Outcomes Identification, (3) Implementation, (4) Evaluation, (5) Nurse-Patient Relationship, (6) Patient, Family, Significant Other, and Caregiver Education, and (7) Management and Leadership. The complete text of the task list is presented in **Appendix A**, including two tasks that were added to that list at a later date. The joint panel also initially identified a set of 19 demographic items for inclusion in the

survey; one was later removed based on a review of the pilot survey results. (See **Appendix B** for the final set of demographic items).

During the same meeting in February, the joint panel reviewed and approved three scales that respondents would use to rate the tasks listed in the survey — frequency (the frequency with which a task is performed), performance expectation (how soon on the job the performance of a task is expected), and consequence (the consequence of performing a task incorrectly). These three scales and their corresponding rating descriptions are illustrated in Table 1.

**Table 1. Rating Scales for Rating Task Statements**

<p><i>Frequency:</i> Frequency refers to how often the &lt;specialty&gt; nurse performs the task, considering a one-year period. The following scale was used to record frequency:</p> <ul style="list-style-type: none"><li>0 = Never</li><li>1 = Rarely</li><li>2 = Sometimes</li><li>3 = Often</li><li>4 = Repeatedly</li></ul> <p><i>Performance Expectation:</i> Performance expectation refers to the point in the &lt;specialty&gt; nurse’s career at which he or she is expected to perform the task. The following scale was used to record performance expectation:</p> <ul style="list-style-type: none"><li>0 = Not at all</li><li>1 = Within the first six months (including exactly 6 months) of working as a &lt;Specialty&gt; nurse</li><li>2 = After the first six months (excluding exactly 6 months) of working as a &lt;Specialty&gt; nurse</li></ul> <p><i>Consequence:</i> Consequence refers to the degree to which the inability of the &lt;specialty&gt; nurse to perform the task would be seen as causing harm to stakeholders. (Harm may be seen as physical, psychological, emotional, legal, financial, etc.) The following scale was used to record consequence:</p> <ul style="list-style-type: none"><li>0 = No harm</li><li>1 = Minimal harm</li><li>2 = Moderate harm</li><li>3 = Substantial harm</li><li>4 = Extreme harm</li></ul>
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Members from ANCC and Castle discussed the methodology that would be used to rank the overall importance of the tasks listed in the survey. A series of analyses was used to determine the relative importance of the task statements. A more detailed description of these analyses is provided below (see the Data Analysis section), but the primary purpose was to use the consequence and frequency ratings to compute the relative importance of each task. Tasks with large relative importance scores can be interpreted as activities that are performed frequently or in which failure to perform them can result in serious harm, or both. These tasks were viewed as more critical to the certification process and were therefore weighted more heavily during the development of the updated test content outline.

In addition to computing the relative importance values for the task statements, the pediatric role delineation panel (see page 4) reviewed the performance expectation ratings and identified tasks that were either not expected of a pediatric nurse (i.e., rating of “0”) or that were expected to be performed, but not within the first six months (i.e., rating of “2”) of working in the specialty. The panel discussed each identified task to determine whether it should be removed from testing consideration and not included in the development of the updated test content outline. Final determinations for excluding a task were made based on panel consensus consistent with supporting survey data.

## Data Collection

*Pilot Testing.* Using the same procedures for administering the national data collection, the survey was piloted in May 2010. Fifty (50) ANCC certified nurses from each specialty who had received their certification within the previous 10 years were randomly selected to take the pilot survey (250 invitations total). Overall, 84 (34 percent) of the nurses invited to take the pilot survey responded, and 13 (26 percent) of the 50 pediatric nurses responded. Also during this time, a few selected specialty organizations were asked to review the list of tasks.

*Survey Revision.* Two small revisions were made to the survey before it was finalized and administered to the national sample. First, after reviewing the results from the pilot survey, members from the joint panel agreed to remove one demographic question due to inconsistency of response data and low applicability to the overall purpose of the study. Second, based on feedback from the specialty organizations' reviews of the survey, two task statements were added to the survey (in Domain 1: Assessment and Diagnosis):

- Obtain a home medication list
- Perform a medication reconciliation

*National Survey.* On July 12, 2010, the 602 pediatric nurses (not including those selected for the pilot survey) selected to take the national Web-based survey were sent an alert letter via the United States Postal Service. On July 13, 2010, each nurse was also sent an e-mail containing the same information. The alert letter and e-mail explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the Internet. Both indicated that the participant's responses would be kept confidential and also notified that respondents completing the survey would receive a five-hour reduction of their continuing education requirement for their recertification.

A follow-up postcard and two follow-up e-mails were sent out in the ensuing weeks. The follow-up correspondence thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already. The follow-up postcard and first follow-up e-mails were sent to all selected nurses, and the final follow-up e-mail was sent out only to those who had not yet responded to the survey. The survey was closed on August 5, 2010.

## **Data Analysis**

The analysis of survey data consisted of two separate processes that were performed more or less concurrently. The first process consisted of the pediatric role delineation panel's review of the performance expectation ratings and the identification of tasks that are either not expected of a pediatric nurse (i.e., rating of "0") or that are expected to be performed, but not within the first six months (i.e., rating of "2"). Discussions ensued regarding the tasks with the goal of removing those that were not seen as being expected of a pediatric nurse. Tasks designated for removal were not included in the development of the test content outline.

The second process—the analysis of the consequence and frequency ratings—was used to determine the relative importance of each of the tasks. The details of those analyses are summarized below.

*Factor analysis.* First, a factor analysis was performed on the consequence and frequency ratings to ensure that the data were sufficiently unidimensional for conducting an Item Response Theory (IRT) analysis. The factor analysis revealed that over 37 percent of the total variance was explained by the first unrotated factor, easily surpassing Reckase's (1979) recommendation that the first unrotated principal factor of the item responses should account for over 20% of the total variance if the items are to be rescaled using the one-parameter logistic IRT model.

*Reliability analysis.* The rating scales were also highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.872, 0.983, and 0.942, respectively. Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.

*IRT analysis.* The factor analysis showed the survey data to be sufficiently unidimensional, which led to the subsequent IRT analysis. To put the measures of consequence and frequency on the same interval scale, the consequence and frequency ratings were rescaled using Andrich's Rating Scale model (Andrich, 1978). The Rating Scale model belongs to a family of mathematical models known collectively as Item Response Theory (IRT). The IRT analysis was implemented using *Winsteps 3.70.0.5* (Linacre, 2010). These rescaled values are referred to as *item endorsements*.

*Computation of Relative Importance.* The consequence and frequency item endorsements that resulted from the IRT analysis were then used to determine the relative importance of each task. The consequence and frequency item endorsements were first transformed to the N(5,1) scale to eliminate negative values. Subsequently, the transformed consequence and frequency item endorsements were multiplied together, and the magnitude of those values were treated as indicators of the relative importance of each task. The relative importance of the tasks, including tasks that were eventually removed from testing consideration, is reported in **Appendix D**.

# Survey Results

The total sample size of the national survey included 602 ANCC certified pediatric nurses who had received their certification within the previous 10 years. A total of 255 valid pediatric nurse surveys were returned for an overall response rate of 42 percent.

## Demographic Information

**Appendix B** details the pediatric nurses' responses to the final survey's 18 demographic questions that included inquiry on the nurses' backgrounds and practice settings.

### *Demographic Background*

Nearly 98 percent of the respondents were female and approximately 86 percent reported to be white. Approximately 29 percent of the sample fell into the age group of 30-39 years, 33 percent into the age group 40-49 years, and 24 percent into the age group 50-59.

Approximately 53 percent of the pediatric respondents indicated that a Bachelor's in Nursing was their highest degree in nursing, with another 26 and 13 percent indicating Associate in Nursing and Master's in Nursing as their highest degree, respectively. Less than one percent indicated they held a Doctorate in Nursing (Practice or Research).

The average number of years of experience the pediatric nurse respondents had as an RN was nearly 18 years. The respondents also reported on average nearly 16 years of experience working as a pediatric nurse.

### *Practice Settings*

Approximately 48 percent of the pediatric nurse respondents indicated that they practiced in cities with populations between 50,000 and 249,999. Metropolitan areas with a population between 250,000 – 999,999 had the second highest percent of respondents (25 percent). Less than one percent of the respondents indicated working in a rural (population less than 2,500) practice location.

In terms of practice setting, the highest percentage of pediatric nurse respondents indicating they practice in an pediatric clinic (42.9 percent). Another 13 percent indicated working medical surgical units, and nearly seven percent indicated working in a pediatric intensive care unit.

Approximately 64 percent of pediatric nurses reported that "staff nurse" best described their work. Another 11 percent listed "charge nurse" as best describing their work. Eighty-five (85) and 62 percent of respondents described their patients as dealing with acute and chronic illnesses, respectively. The pediatric nurses also indicated that 91 percent of their time was spent in caring for infants (pre-birth to 2 years—32.5%), children (ages 3 to 12 — 33.7%), and adolescents (ages 13 to 17 years). When asked how many hours per week on average they spent working as a pediatric nurse, the average response was 32.5 hours with a standard deviation of 10.03 hours.

## Task Descriptions

*Task Summary Statistics.* Descriptive statistics (means, standard deviations, and medians) for the consequence and frequency ratings and frequency statistics for the performance expectation ratings are reported in **Appendix C** for all 53 tasks.

The mode of the performance expectation ratings, the mean for the frequency and consequence ratings, and relative importance (based on the multiplied item endorsements from the IRT analysis) is reported for all 53 tasks in **Appendix D**, presented in rank order or relative importance. It should be noted that **Appendices C** and **D** contain statistics for the entire set of tasks before the pediatric panel reached a decision to remove a few of the tasks from consideration due to a variety of reasons (e.g., performance expectation ratings that were either too high or too low).

*Performance Expectation.* One task—1.12: Identify nursing diagnoses using a different system—had a performance expectation rating mode of zero (i.e., not at all). Five tasks had a rating mode of 2 (i.e., 7.3: Improve quality of nursing care delivery, 7.1: Serve as a preceptor, 7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care, 6.4: Develop educational programs for groups, 1.9: Synthesize available data and knowledge to identify patterns and variances).

*Consequence.* The highest rated task with respect to consequence was 3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques. Two of the top five rated tasks were from the Management and Leadership domain (domain 7) and included 7.7: Follow legal and regulatory requirements in nursing care delivery and management, and 7.2: Coordinate patient safety measures. Another two were from Assessment and Diagnosis (domain 1): 1.2: Obtain a home medication list, and 1.3: Perform a medication reconciliation. The lowest rated task was again 1.12: Identify nursing diagnoses using a different system.

*Frequency.* Four of the top five rated tasks with respect to frequency all came from the Nurse-Patient Relationship domain (domain 5), and included 5.1: Approach the patient in a developmentally appropriate manner, 5.4: Maintain a developmentally appropriate therapeutic relationship, 5.2: Establish trust, and 5.3: Develop rapport. The lowest rated task was again found to be task 1.12.

*Task Relative Importance.* The task with the highest relative importance value was 35.3: 7.6: Follow ethical standards in nursing care delivery and management. Task 5.6: Maintain appropriate physical and emotional boundaries was the second highest rated task. Task 2.4: Develop an individualized, developmentally appropriate plan of care was the lowest rated task.

# Appendix A

## Task Statements

### **Domain 1: Assessment and Diagnosis**

#### Tasks:

- 1.1 Obtain patient history using age-appropriate, system-specific, evidence-based tools.
- 1.2 Obtain a home medication list.
- 1.3 Perform a medication reconciliation
- 1.4 Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.
- 1.5 Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.
- 1.6 Collect data on psychoses.
- 1.7 Obtain diagnostic test results.
- 1.8 Review findings provided by others.
- 1.9 Synthesize available data and knowledge to identify patterns and variances.
- 1.10 Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.
- 1.11 Identify nursing diagnoses using clinical pathways.
- 1.12 Identify nursing diagnoses using a different system. [Specify the system]
- 1.13 Create a problem list based on assessment data.
- 1.14 Document assessment findings in patient records.

### **Domain 2: Planning and Outcomes Identification**

#### Tasks:

- 2.1 Prioritize nursing diagnoses and/or problems.
- 2.2 Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).
- 2.3 Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system. [Specify other]
- 2.4 Develop an individualized, developmentally appropriate plan of care.
- 2.5 Document plan of care and expected outcomes in patient records.

### **Domain 3: Implementation**

#### Tasks:

- 3.1 Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.
- 3.2 Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.
- 3.3 Create a safe, developmentally appropriate, therapeutic environment conducive to care.
- 3.4 Coordinate patient care.
- 3.5 Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.
- 3.6 Document nursing interventions in patient records.

### **Domain 4: Evaluation**

#### Tasks:

- 4.1 Collect data related to the patient's response to interventions.
- 4.2 Collect data on factors that impact the patient's care.
- 4.3 Evaluate the patient's response to interventions and the effectiveness of the plan of care.
- 4.4 Update the plan of care.
- 4.5 Communicate changes to the patient, family, significant other, and interdisciplinary team.
- 4.6 Document the patient's response to interventions and changes to the plan of care in patient records.

## **Appendix A – Task Statements**

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**Domain 5: Nurse-Patient Relationship**

## Tasks:

- 5.1 Approach the patient in a developmentally appropriate manner.
- 5.2 Establish trust.
- 5.3 Develop rapport.
- 5.4 Maintain a developmentally appropriate therapeutic relationship.
- 5.5 Support the patient's parents, family, significant others, and caregivers.
- 5.6 Maintain appropriate physical and emotional boundaries.
- 5.7 Serve as patient advocate.
- 5.8 Document pertinent aspects of the nurse-patient relationship in patient records.

**Domain 6: Patient, Family, Significant Other, and Caregiver Education**

## Tasks:

- 6.1 Identify learning needs.
- 6.2 Identify barriers to learning.
- 6.3 Develop an individualized education plan with the involvement of the patient, family, significant other, and caregiver.
- 6.4 Develop educational programs for groups.
- 6.5 Implement the education plan.
- 6.6 Evaluate the education plan's effectiveness.
- 6.7 Document the education provided and its effectiveness in patient records.

**Domain 7: Management and Leadership**

## Tasks:

- 7.1 Serve as a preceptor.
- 7.2 Coordinate patient safety measures.
- 7.3 Improve quality of nursing care delivery.
- 7.4 Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care.
- 7.5 Use electronic information systems in nursing care delivery.
- 7.6 Follow ethical standards in nursing care delivery and management.
- 7.7 Follow legal and regulatory requirements in nursing care delivery and management.

## **Appendix B**

### **Demographic Data Summary**

**1: What is your gender?**

	Count	Percent
Female	246	97.6
Male	6	2.4
Total	252	100.0

**2: What is your age?**

	Count	Percent
Under 20 years old	0	0.0
20 to 29 years old	17	6.7
30 to 39 years old	73	28.7
40 to 49 years old	84	33.1
50 to 59 years old	62	24.4
60 years old and over	18	7.1
Total	254	100.0

**3: What is your ethnicity?**

	Count	Percent
African-American	8	3.1
White, non-Hispanic	218	85.8
Asian/Pacific Islander	10	3.9
American Indian/ Alaskan Native	2	0.8
Hispanic/Latino	14	5.5
Other	2	0.8
Total	254	100.0

**4: Which of the following describes your entry-level (basic) education in nursing?**

	Count	Percent
Diploma in Nursing	31	12.3
Associate Degree in Nursing	83	32.9
Bachelor's in Nursing	131	52.0
Other	7	2.8
Total	252	100.0

**5: What is the highest degree you have earned in nursing?**

	Count	Percent
Diploma in Nursing	15	6.0
Associate Degree in Nursing	66	26.3
Bachelor's in Nursing	134	53.4
Master's in Nursing	33	13.1
Doctorate in Nursing Practice (DNP)	0	0.0
Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)	1	0.4
Other	2	0.8
Total	251	100.0

**6: Do you hold any degrees outside of nursing?**

	Count	Percent
Yes	59	23.4
No	193	76.6
Total	252	100.0

**7: Are you certified as a pediatric nurse?**

	Count	Percent
Yes	251	99.6
No	1	0.4
Total	252	100.0

**8a: How many years have you been certified as a pediatric nurse?**

	Count	Percent
0-5	191	75.8
6-10	50	19.8
11-15	7	2.8
Over 15	4	1.6
Total	252	100.0

**8b: How many years have you been certified as a pediatric nurse?**

N	252
Min	0
Max	25
Mean	4.75
SD	3.77

**9: Do you hold other nursing certifications?**

	Count	Percent
Yes	50	20.0
No	200	80.0
Total	250	100.0

**10a: How many years have you been in practice as an RN?**

	Count	Percent
0-5	14	5.5
6-10	60	23.6
11-15	61	24.0
16-20	32	12.6
21-25	28	11.0
26-30	34	13.4
31-35	11	4.3
36-40	13	5.1
Over 40	1	0.4
Total	254	100.0

**10b: How many years have you been in practice as an RN?**

N	254
Min	4
Max	41
Mean	17.56
SD	9.54

**11a: How many years have you worked as a pediatric nurse?**

Years	Count	Percent
0-5	0	0.0
6-10	55	21.9
11-15	78	31.1
16-20	33	13.1
21-25	33	13.1
26-30	29	11.6
31-35	8	3.2
36-40	14	5.6
Over 40	1	0.4
Total	251	100.0

**11b: How many years have you worked as a pediatric nurse?**

N	251
Min	4
Max	39
Mean	15.69
SD	8.72

**12: How many hours per week do you work as a pediatric nurse?**

Hours	Count	Percent
0-20	29	0.1
21-35	82	0.3
36-40	129	0.5
Over 40	9	0.0
Total	249	1.0

**13a: What percent of time do you spend with each type of patient?**

	Infant (pre-birth to 2 yrs)		Child (ages 3 to 12)		Adolescents (ages 13 to 17)		Adults (ages 18 to 65)		Aging Adult (over 65 yrs)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 - 20%	53	20.8	40	15.7	98	38.4	233	91.4	246	96.5
21 - 40%	165	64.7	164	64.3	145	56.9	17	6.7	6	2.4
41 - 60%	26	10.2	44	17.3	8	3.1	4	1.6	3	1.2
61 - 80%	3	1.2	6	2.4	2	0.8	1	0.4	0	0
81 - 100%	8	3.1	1	0.4	2	0.8	0	0	0	0
Total	255	100	255	100	255	100	255	100	255	100
Average (percent)	32.5		33.7		25.2		6.2		2.4	

**14: Which of the following best describes your work?**

	Count	Percent
Staff Nurse (including community, clinic, in-patient/client, or other setting)	162	63.8
Clinical Nurse Specialist	3	1.2
Nurse Practitioner	5	2.0
Case Manager	6	2.4
Education	13	5.1
Management	19	7.5
Research	1	0.4
Charge Nurse	28	11.0
Clinical Nurse	0	0.0
Other	17	6.7
Total	254	100.0

**15: Which of the following best describes your primary**

**Appendix B – Demographic Data Summary**

**2010 Role Delineation Study: Pediatric Nurse – National Survey Results**

**practice setting?**

	Count	Percent
Medical Unit	5	2.0
Surgical Unit	4	1.6
Medical/Surgical	33	13.0
Intensive Care Unit	2	0.8
Cardiac Surgery Intensive Care Unit	2	0.8
Correctional care Unit	0	0.0
Same Day Surgery	6	2.4
Same Day Medical	0	0.0
Recovery Room	2	0.8
Labor and Delivery/Post Partum	0	0.0
Emergency Department	15	5.9
Outpatient Clinic	15	5.9
Home care or Home Health	4	1.6
Hospice	2	0.8
Long Term Care	1	0.4
Psychiatric/Mental Health Facility	0	0.0
Pediatrics	109	42.9
Rehabilitation	0	0.0
School (Elementary, Middle, or High)	5	2.0
College or Post-Secondary Education Facility	4	1.6
Pediatric Intensive Care Unit	17	6.7
Neonatal Intensive Care Unit	4	1.6
Other	24	9.4
Total	254	100.0

**16: Which of the following describes your patients  
(more than one could be selected)**

	n	number selecting	percent
Well (minor illness)	255	77	30.2
Maternity	255	11	4.3
Acute	255	217	85.1
Chronic	255	159	62.4
Terminally Ill	255	73	28.6
Psychiatric	255	79	31.0
Other	255	18	7.1

**17: In which state is your primary practice setting located?**

	Count	Percent
Alabama (AL)	1	0.4
Alaska (AK)	1	0.4
Arizona (AZ)	9	3.5
Arkansas (AR)	1	0.4
California (CA)	8	3.1
Colorado (CO)	1	0.4
Connecticut (CT)	8	3.1
Delaware	0	0.0
District of Columbia (DC)	0	0.0
Florida (FL)	6	2.4
Georgia (GA)	10	3.9
Guam (GU)	0	0.0
Hawaii	0	0.0
Idaho	1	0.4
Illinois (IL)	4	1.6
Indiana (IN)	2	0.8
Iowa (IA)	12	4.7
Kansas (KS)	0	0.0
Kentucky (KY)	2	0.8
Louisiana (LA)	5	2.0
Maine (ME)	2	0.8
Maryland (MD)	1	0.4
Massachusetts (MA)	9	3.5
Michigan (MI)	2	0.8
Minnesota (MN)	38	14.9
Mississippi (MS)	4	1.6
Missouri (MO)	4	1.6
Montana (MT)	0	0.0
Nebraska (NE)	1	0.4
Nevada (NV)	0	0.0
New Hampshire (NH)	2	0.8
New Jersey (NJ)	21	8.2
New Mexico (NM)	6	2.4
New York (NY)	26	10.2
North Carolina (NC)	1	0.4
North Dakota (ND)	2	0.8
Ohio (OH)	3	1.2
Oklahoma (OK)	0	0.0
Oregon (OR)	6	2.4
Pennsylvania (PA)	3	1.2
Rhode Island (RI)	0	0.0
South Carolina (SC)	1	0.4
South Dakota (SD)	2	0.8
Tennessee (TN)	12	4.7
Texas (TX)	7	2.7
Utah (UT)	0	0.0
Vermont (VT)	0	0.0

**17: In which state is your primary practice setting located?**

	Count	Percent
Virginia (VA)	3	1.2
Washington (WA)	7	2.7
West Virginia (WV)	1	0.4
Wisconsin (WI)	1	0.4
Wyoming (WY)	0	0.0
Missing	19	7.5
<b>Total</b>	<b>255</b>	<b>100.0</b>

**18: What is the geographical location of your practice setting?**

	Count	Percent
Rural (population less than 2,500)	1	0.4
Town (population 2,500 to 49,999)	25	9.8
City (population 50,000 to 249,999)	122	48.0
Metropolitan (population 25,000 to 999,999)	64	25.2
Greater Metropolitan (population greater than 999,999)	30	11.8
Regionally (population across a designated area such as several states)	9	3.5
Nationally (population across the United States)	2	0.8
Internationally (population across multiple nations)	1	0.4
<b>Total</b>	<b>254</b>	<b>100.0</b>

## Appendix C

### Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings

**Note:** For each of the tables in Appendix C, recall the following descriptions for each of the three rating scales:

*Consequence:* Consequence refers to the degree to which the inability of the <specialty> nurse to perform duties in each performance domain or task would be seen as causing harm to stakeholders. (Harm may be seen as physical, psychological, emotional, legal, financial, etc.) The following scale was used to record consequence:

- 0 = No harm
- 1 = Minimal harm
- 2 = Moderate harm
- 3 = Substantial harm
- 4 = Extreme harm

*Frequency:* Frequency refers to how often the <specialty> nurse performs duties in each of the performance domains or tasks considering a one-year period. The following scale was used to record frequency:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Repeatedly

*Performance Expectation:* Performance expectation refers to the point in the certified nurse's career at which he or she is expected to perform the work activity. The following scale was used to record performance expectation:

- 0 = Not at all
- 1 = Within the first six months (including exactly 6 months) of working as a <Specialty> nurse
- 2 = After the first six months (excluding exactly 6 months) of working as a <Specialty> nurse

## Domain 1 Ratings: Assessment and Diagnosis

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
1.1: Obtain patient history using age-appropriate, system-specific, evidence-based tools.	255	2.0	1.8	1.1	255	4.0	3.7	0.7	0	2	0.8
									1	249	97.6
									2	4	1.6
1.2: Obtain a home medication list.	255	2.0	2.4	1.1	255	4.0	3.7	0.6	0	2	0.8
									1	251	98.4
									2	2	0.8
1.3: Perform a medication reconciliation	255	2.0	2.4	1.1	255	4.0	3.5	0.8	0	4	1.6
									1	247	96.9
									2	4	1.6
1.4: Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.	255	2.0	2.4	1.1	255	4.0	3.8	0.5	0	1	0.4
									1	244	95.7
									2	10	3.9
1.5: Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.	255	2.0	1.7	1.0	255	4.0	3.6	0.7	0	3	1.2
									1	229	89.8
									2	23	9.0
1.6: Collect data on psychoses.	254	2.0	1.5	1.1	254	2.0	1.7	1.2	0	59	23.1
									1	124	48.6
									2	72	28.2
1.7: Obtain diagnostic test results.	255	2.0	2.2	1.3	255	4.0	3.5	0.8	0	2	0.8
									1	242	94.9
									2	11	4.3
1.8: Review findings provided by others.	255	2.0	1.8	1.1	255	4.0	3.3	0.9	0	2	0.8
									1	221	86.7
									2	32	12.5
1.9: Synthesize available data and knowledge to identify patterns and variances.	254	2.0	1.6	1.1	254	3.0	2.7	1.2	0	18	7.1
									1	118	46.3
									2	119	46.7
1.10: Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.	255	1.0	1.0	1.0	255	3.0	2.5	1.5	0	51	20.0
									1	185	72.5
									2	19	7.5

\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

### Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
1.11: Identify nursing diagnoses using clinical pathways.	254	1.0	1.2	1.0	254	3.0	2.8	1.3	0	28	11.0
									1	203	79.9
									2	23	9.1
1.12: Identify nursing diagnoses using a different system. [Specify the system]	252	0.0	0.6	0.9	252	0.0	1.2	1.6	0	135	53.6
									1	97	38.5
									2	20	7.9
1.13: Create a problem list based on assessment data.	254	1.0	1.5	1.0	254	3.0	3.0	1.2	0	21	8.3
									1	211	83.1
									2	22	8.7
1.14: Document assessment findings in patient records.	255	2.0	2.3	1.2	255	4.0	3.9	0.5	0	1	0.4
									1	251	98.4
									2	3	1.2

## Domain 2 Ratings: Planning and Outcomes Identification

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
2.1: Prioritize nursing diagnoses and/or problems.	255	2.0	1.9	1.0	255	4.0	3.6	0.7	0	2	0.8
									1	225	88.2
									2	28	11.0
2.2: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).	255	1.0	1.2	1.0	255	3.0	2.6	1.5	0	49	19.2
									1	152	59.6
									2	54	21.2
2.3: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system.	252	1.0	1.4	1.1	252	3.0	2.7	1.4	0	39	15.4
									1	160	63.2
									2	54	21.3
2.4: Develop an individualized, developmentally appropriate plan of care.	254	2.0	1.6	1.0	254	4.0	3.5	0.8	0	2	0.8
									1	228	89.4
									2	25	9.8
2.5: Document plan of care and expected	254	1.0	1.5	1.1	254	4.0	3.5	0.9	0	7	2.7

\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

## Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

outcomes in patient records.

Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
								1	238	93.3
								2	10	3.9

### Domain 3 Ratings: Implementation

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
3.1: Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.	253	1.0	1.0	1.0	253	2.0	2.0	1.7	0	89	35.0
									1	138	54.3
									2	27	10.6
3.2: Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.	253	2.0	1.6	1.0	253	3.0	3.1	1.1	0	11	4.3
									1	195	76.8
									2	48	18.9
3.3: Create a safe, developmentally appropriate, therapeutic environment conducive to care.	254	2.0	2.3	1.2	254	4.0	3.8	0.5	0	0	0.0
									1	239	94.1
									2	15	5.9
3.4: Coordinate patient care.	254	2.0	2.1	1.1	254	4.0	3.7	0.6	0	1	0.4
									1	206	81.1
									2	47	18.5
3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.	254	4.0	3.2	1.1	254	4.0	3.9	0.4	0	1	0.4
									1	250	98.4
									2	3	1.2
3.6: Document nursing interventions in patient records.	254	2.0	2.0	1.2	254	4.0	3.9	0.4	0	3	1.2
									1	251	98.8
									2	0	0.0

### Domain 4 Ratings: Evaluation

Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
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\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

### Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
4.1: Collect data related to the patient's response to interventions.	254	2.0	1.9	1.0	254	4.0	3.6	0.7	0	4	1.6
									1	231	90.9
									2	19	7.5
4.2: Collect data on factors that impact the patient's care.	253	2.0	1.9	1.0	253	4.0	3.4	0.9	0	5	2.0
									1	213	84.2
									2	35	13.8
4.3: Evaluate the patient's response to interventions and the effectiveness of the plan of care.	253	2.0	2.1	1.0	253	4.0	3.7	0.5	0	1	0.4
									1	236	93.3
									2	16	6.3
4.4: Update the plan of care.	253	1.0	1.5	1.0	253	4.0	3.5	0.8	0	2	0.8
									1	238	94.1
									2	13	5.1
4.5: Communicate changes to the patient, family, significant other, and interdisciplinary team.	253	2.0	2.2	1.2	253	4.0	3.8	0.5	0	0	0.0
									1	244	96.4
									2	9	3.6
4.6: Document the patient's response to interventions and changes to the plan of care in patient records.	253	2.0	2.0	1.1	253	4.0	3.7	0.6	0	4	1.6
									1	246	97.2
									2	3	1.2

### Domain 5 Ratings: Nurse-Patient Relationship

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
5.1: Approach the patient in a developmentally appropriate manner.	254	2.0	1.6	1.0	254	4.0	3.9	0.3	0	0	0.0
									1	237	93.3
									2	17	6.7
5.2: Establish trust.	254	2.0	1.8	1.0	254	4.0	3.9	0.3	0	1	0.4
									1	244	96.1
									2	9	3.5
5.3: Develop rapport.	253	2.0	1.5	0.9	253	4.0	3.9	0.4	0	5	2.0
									1	235	92.9

\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

### Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
5.4: Maintain a developmentally appropriate therapeutic relationship.	254	2.0	2.1	1.1	254	4.0	3.9	0.4	2	13	5.1
									0	0	0.0
									1	244	96.1
5.5: Support the patient's parents, family, significant others, and caregivers.	254	2.0	1.6	1.0	254	4.0	3.8	0.4	2	10	3.9
									0	0	0.0
									1	233	91.7
5.6: Maintain appropriate physical and emotional boundaries.	254	2.0	2.0	1.2	254	4.0	3.8	0.5	2	21	8.3
									0	3	1.2
									1	222	87.4
5.7: Serve as patient advocate.	254	2.0	2.2	1.2	254	4.0	3.7	0.6	2	29	11.4
									0	2	0.8
									1	209	82.3
5.8: Document pertinent aspects of the nurse-patient relationship in patient records.	254	1.0	1.3	1.0	254	3.0	3.1	1.1	2	43	16.9
									0	7	2.8
									1	222	87.4
									2	25	9.8

### Domain 6 Ratings: Nurse-Patient Relationship

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
6.1: Identify learning needs.	252	2.0	1.9	1.1	253	4.0	3.7	0.6	0	2	0.8
									1	226	89.0
									2	26	10.2
6.2: Identify barriers to learning.	252	2.0	2.1	1.1	253	4.0	3.6	0.7	0	1	0.4
									1	229	90.2
									2	24	9.4
6.3: Develop an individualized education plan with the involvement of the patient, family, significant other, and caregiver.	252	2.0	1.8	1.0	253	4.0	3.3	0.9	0	5	2.0
									1	201	79.1
									2	48	18.9

\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

### Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
6.4: Develop educational programs for groups.	252	0.0	0.8	1.0	253	1.0	1.5	1.1	0	59	23.2
									1	45	17.7
									2	150	59.1
6.5: Implement the education plan.	251	2.0	1.5	1.0	252	3.0	2.9	1.1	0	11	4.3
									1	184	72.7
									2	58	22.9
6.6: Evaluate the education plan's effectiveness.	251	1.0	1.5	1.0	252	3.0	2.9	1.1	0	11	4.3
									1	177	70.0
									2	65	25.7
6.7: Document the education provided and its effectiveness in patient records.	252	2.0	1.5	1.0	253	4.0	3.2	1.0	0	8	3.1
									1	217	85.4
									2	29	11.4

### Domain 7 Ratings: Management and Leadership

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
7.1: Serve as a preceptor.	253	2.0	1.5	1.3	254	2.0	2.1	0.8	0	5	2.0
									1	7	2.8
									2	242	95.3
7.2: Coordinate patient safety measures.	253	2.0	2.4	1.2	254	3.0	2.9	1.1	0	4	1.6
									1	155	61.0
									2	95	37.4
7.3: Improve quality of nursing care delivery.	253	2.0	1.8	1.1	254	3.0	2.6	0.9	0	2	0.8
									1	100	39.4
									2	152	59.8
7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care.	252	1.0	1.3	1.2	253	2.0	1.8	0.9	0	20	7.9
									1	13	5.1
									2	220	87.0
7.5: Use electronic information systems in nursing	253	2.0	1.8	1.2	254	4.0	3.7	0.7	0	2	0.8

\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

### Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Pediatric Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
care delivery.									1	243	95.7
									2	9	3.5
7.6: Follow ethical standards in nursing care delivery and management.	253	2.0	2.3	1.2	253	4.0	3.7	0.6	0	0	0.0
									1	250	98.4
									2	4	1.6
7.7: Follow legal and regulatory requirements in nursing care delivery and management.	253	3.0	2.6	1.2	253	4.0	3.8	0.6	0	0	0.0
									1	246	96.9
									2	8	3.1

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\* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

**Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings  
2010 Role Delineation Study: Pediatric Nurse – National Survey Results**

## **Appendix D**

### **Task Statements Sorted by Relative Importance**

<b>Pediatric</b>	<b>PE Mode</b>	<b>Avg Cons</b>	<b>Avg Freq</b>	<b>Relative Importance</b>
7.6: Follow ethical standards in nursing care delivery and management.	1.0	2.34	3.73	35.3
5.6: Maintain appropriate physical and emotional boundaries.	1.0	1.97	3.76	34.0
7.3: Improve quality of nursing care delivery.	2.0	1.77	2.63	33.7
6.7: Document the education provided and its effectiveness in patient records.	1.0	1.49	3.24	32.2
5.3: Develop rapport.	1.0	1.53	3.86	32.1
1.4: Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.	1.0	2.35	3.83	31.9
1.10: Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.	1.0	1.00	2.50	31.2
3.3: Create a safe, developmentally appropriate, therapeutic environment conducive to care.	1.0	2.31	3.76	30.9
1.1: Obtain patient history using age-appropriate, system-specific, evidence-based tools.	1.0	1.78	3.67	30.7
5.4: Maintain a developmentally appropriate therapeutic relationship.	1.0	2.08	3.89	30.2
1.7: Obtain diagnostic test results.	1.0	2.22	3.50	29.4
6.1: Identify learning needs.	1.0	1.90	3.65	29.1
7.1: Serve as a preceptor.	2.0	1.47	2.13	28.9
4.3: Evaluate the patient's response to interventions and the effectiveness of the plan of care.	1.0	2.05	3.73	28.3
7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care.	2.0	1.32	1.80	27.9
6.4: Develop educational programs for groups.	2.0	0.77	1.47	27.8
7.7: Follow legal and regulatory requirements in nursing care delivery and management.	1.0	2.55	3.76	27.7
5.1: Approach the patient in a developmentally appropriate manner.	1.0	1.64	3.92	27.6
3.1: Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.	1.0	0.99	1.99	27.5
1.5: Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.	1.0	1.68	3.57	27.2
6.2: Identify barriers to learning.	1.0	2.07	3.57	27.1
6.5: Implement the education plan.	1.0	1.51	2.85	27.1
4.6: Document the patient's response to interventions and changes to the plan of care in patient records.	1.0	1.97	3.74	26.7
1.2: Obtain a home medication list.	1.0	2.36	3.68	25.8
2.5: Document plan of care and expected outcomes in patient records.	1.0	1.50	3.54	25.7
1.13: Create a problem list based on assessment data.	1.0	1.46	3.02	25.5
4.1: Collect data related to the patient's response to interventions.	1.0	1.94	3.61	25.2
5.7: Serve as patient advocate.	1.0	2.23	3.68	25.1
3.6: Document nursing interventions in patient records.	1.0	2.04	3.85	24.1
1.11: Identify nursing diagnoses using clinical pathways.	1.0	1.17	2.78	24.1
1.14: Document assessment findings in patient records.	1.0	2.32	3.85	23.8
2.2: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).	1.0	1.21	2.58	23.3

<b>Pediatric</b>	<b>PE Mode</b>	<b>Avg Cons</b>	<b>Avg Freq</b>	<b>Relative Importance</b>
5.5: Support the patient's parents, family, significant others, and caregivers.	1.0	1.58	3.84	23.2
3.4: Coordinate patient care.	1.0	2.07	3.69	22.2
5.2: Establish trust.	1.0	1.75	3.89	21.2
1.6: Collect data on psychoses.	1.0	1.47	1.70	21.2
1.3: Perform a medication reconciliation	1.0	2.37	3.51	20.9
3.2: Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.	1.0	1.62	3.08	20.9
6.6: Evaluate the education plan's effectiveness.	1.0	1.46	2.85	20.7
6.3: Develop an individualized education plan with the involvement of the patient, family, significant other, and caregiver.	1.0	1.77	3.31	20.5
1.12: Identify nursing diagnoses using a different system. [Specify the system]	0.0	0.64	1.24	20.3
5.8: Document pertinent aspects of the nurse-patient relationship in patient records.	1.0	1.32	3.07	20.2
4.4: Update the plan of care.	1.0	1.50	3.47	20.0
1.8: Review findings provided by others.	1.0	1.84	3.31	19.6
7.2: Coordinate patient safety measures.	1.0	2.39	2.92	19.3
4.2: Collect data on factors that impact the patient's care.	1.0	1.86	3.38	19.2
7.5: Use electronic information systems in nursing care delivery.	1.0	1.76	3.66	18.7
1.9: Synthesize available data and knowledge to identify patterns and variances.	2.0	1.61	2.74	18.7
3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.	1.0	3.15	3.90	17.4
2.3: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system. [Specify other]	1.0	1.35	2.68	17.3
2.1: Prioritize nursing diagnoses and/or problems.	1.0	1.94	3.62	15.4
4.5: Communicate changes to the patient, family, significant other, and interdisciplinary team.	1.0	2.19	3.79	14.5
2.4: Develop an individualized, developmentally appropriate plan of care.	1.0	1.57	3.51	11.0

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8515 Georgia Avenue  
Suite 400  
Silver Spring, MD 20910-4392  
1.800.284.2378  
301.628.5000 *tel*  
301.628.5004 *fax*

[www.nursecredentialing.org](http://www.nursecredentialing.org)

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