



How clinical practice ability impacts
nurses' career journeys:

A framework for nurse leaders



A more advanced professional practice model.



While change in healthcare has been a long time coming, COVID-19 completely upended how we prepare new nurses, scale care for the acutely ill and those with chronic conditions, and ensure nurses have the necessary support – not only for their own well-being but for the safety of patients. One only needs to read the news of the day to understand how the healthcare crisis is impacting the delivery of care – and the nursing workforce.

Few would challenge the fact that the high-pressure, ever-changing nursing environment needs to be overhauled to support clinical practice advances. Today's

challenges have heightened the need for nurse leaders to commit to ensuring the development of clinical practice ability in nursing. Implementing professional practice models within the organization is the first step. Additionally, there is a growing need to apply a more formalized, advanced clinical practice ability framework as an adjunct to these models in order to facilitate optimal patient care and outcomes, while at the same time, nurse well-being.

13 million
healthcare professionals are needed by 2030 globally

1 out of 5
nurses over 52 years old plan on retiring over the next 5 years



In the US, we need 2x the number of new nurse graduates entering and staying in the workforce every year through 2025

Leveraging evidence-informed decision-making to advance the clinical practice ability in nursing

The clinical practice ability model allows nurses to perform adaptive, evidence-informed decision-making, use clinical judgement to solve complex nursing and patient problems and provide high-quality nursing care.

Applying the Clinical Practice Ability Framework as an adjunct to the professional practice model of an organization can improve nurse competency on care delivery, enhance workforce productivity, address compliance issues and drive better patient outcomes.

The case for an expanded practice framework

Global nursing shortages have escalated to crisis levels in the wake of the COVID-19 pandemic, compounding the severe nursing shortage we’ve known for years was on the horizon. As nurses leave the bedside, moving to other opportunities or retirement – and the aging population grows, we see an increasing need for healthcare. Despite the need for more nurses, the education sector has struggled to expand capacity due to a number of factors, including a shortage of nursing faculty, clinical sites, and other resourcesⁱ.

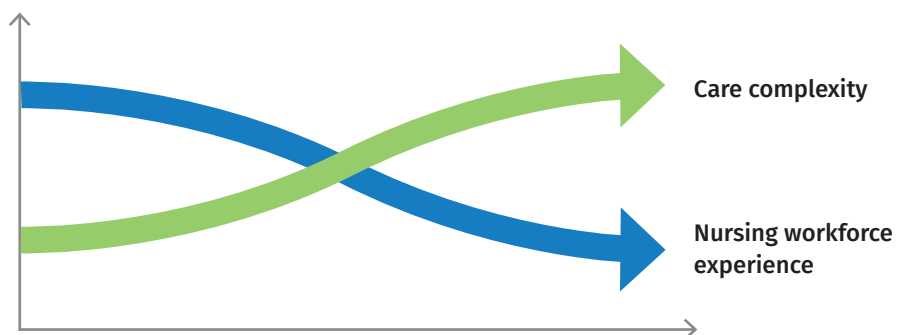
Together, these challenges have resulted in fewer experienced nurses in the workforce, even as nursing care complexity continues to rise. This has been referred to as the experience-complexity gapⁱⁱ – a problem that will continue to grow as more nurses retire. If left unaddressed, the quality of nursing careⁱ will suffer and undoubtedly impact patient safety.

Indeed, the COVID-19 pandemic and extended workplace stress have exacerbated this already ominous situation. Staff burnout is widespread and has led to a large exodus of experienced and novice nurses, leading to an ever-widening experience gap. According to the International Council of Nurses, 13 million practice-ready nurses will be needed globally to safely fill the future shortage gapⁱⁱⁱ.

Addressing the experience-complexity gap

As more experienced nurses retire and novice nurses enter the workforce, the net effect of this decline in the overall experience of the nursing workforce must be addressed in parallel with the growing complexity in care delivery. If left unaddressed, this “experience-complexity gap” will only continue to widen to create quality and patient safety issuesⁱⁱ.

The “experience-complexity gap”



The Novice Nurse Preparedness Gap

Incoming nurse graduates are completely unprepared/ minimally prepared as they start practice.

Practice Respondents 38%

Today's nurse graduates are less prepared than nurse graduates 5-10 years ago to enter practice.

Practice Respondents 66%

Source: Wolters Kluwer *Closing the Nursing Education-Practice Readiness Gap*

Increasing number of nurses prepared to leave the workforce

A January 2022 survey found that 52% of nurses either intended to or were considering leaving the profession, up from 40% the previous yearⁱⁱⁱ. Even more worrisome, the survey found that 63% of nurses under 35 intended to or were considering leaving.

Recently published research has also revealed that when faced with the complexities of patient care, new graduate registered nurses (NGRNs) practicing in the acute-care hospital setting were not adequately prepared, nor sufficiently supported, to handle the level of responsibility and demands of their work^{iv}. This raises concerns that NGRNs do not have the clinical experience to ensure patient safety or deliver high-quality care.

The practice of nursing requires nurses to continually expand their knowledge, skills, and abilities. Amid the nursing shortage, nurse leaders need to find consistent and reliable ways to support and advance the competency of new and experienced nurses.

While much research has been conducted and gathered on the nursing practice journey, less is known about the resources and infrastructure that best inform and support clinical practice ability. Given the high-stakes demands of nursing and the compelling circumstances of today's nursing workforce needs, healthcare leaders must consider implementing a framework that best supports the clinical practice needs of nurses within their organization to optimize safe, high-quality patient care.

Why an adjunct to professional practice model is crucial

Healthcare organizations have professional practice models in place to guide their patient care. These models have several defined attributes that demonstrate and reflect the organization's values, mission, and vision.

In addition to a professional practice model, healthcare organizations adopt nursing theory to provide guidance on how nurses should care for their patients. The tenets of nursing theory are incorporated in policies throughout the organization. Healthcare organizations readily adopt professional practice models and nursing theories; however, they often do not have a model that clearly defines how they will develop clinical practice ability and competency within their workforce.

This issue has become increasingly important, as an imbalance of novice to experienced nurses has escalated inefficiencies in current care and labor models. Having less competent nurses at the bedside has the potential to negatively impact patient care, resulting in increased hospital-acquired infections, morbidity, mortality, and other unintended outcomes, ultimately leading to a decline in overall reimbursement for hospitals based on declining quality scores.

To mitigate these issues and achieve optimal patient and practice outcomes, healthcare organizations must implement an adjunct model to support clinical practice ability and competency in the workforce.

From a theoretical framework to a competency-based model

A pivotal 2016 paper addressed a theoretical framework for teaching nursing students in a master's degree program. It was relatively new in China and aimed to define what it is meant to be competent in the Master of Nursing (MSN) level of practice^v. The authors determined that the framework consisted of three factors: (1) ability, (2) practice ability, and (3) practical knowledge.



Ability was defined as the premise of undertaking all activities and is composed of a psychological component, the desire to solve a problem, and physiologic behaviors, the ability to perform an action to solve a problem^{vi}. Ability is closely aligned to practice ability, defined as the ability to recognize a problem, the desire to solve it, and the knowledge, intelligence, and clinical judgment to do so. Practical knowledge is the knowledge obtained from actual practice or experience.

Pulling these concepts together is professional practice ability, demonstrating the use of practice ability, professional knowledge, and experience to solve problems. If a nurse has developed clinical practice ability, they have the ability to be competent.

Clinical practice ability and its relationship to competency

The concept of competency in nursing is an evolving one. It was once thought that teaching a nurse a skill and validating the ability to perform the skill demonstrated competency. As the nursing profession has matured, it is clear that skill demonstration does not make one competent.

In its Professional Role Competence position statement, the American Nurses Association (ANA) defines competency as an expected level of performance that integrates knowledge, skills, abilities, and judgments^{vii}. Nurse competency measurement must include the assessment of knowledge, application of knowledge to a specific situation, ability to perform specific skills, and use of critical thinking and reasoning to make an evidence- and legal/ethics-informed clinical judgment in a given situation.

Many organizations are adopting competency models to address this updated concept of competency. The National League for Nursing (NLN) defines a competent nurse as one who has the ability to provide excellent care, demonstrate sound judgment, and effectively implement evidence-based practice in an ever-changing clinical work environment^{viii}.

The National Council of State Boards of Nursing (NCSBN) is currently modifying its NCLEX exam for registered and licensed practical nurses to evaluate the clinical judgment of new graduates to align with what is now required of competent clinicians in clinical practice settings.

23% new grads

were practice ready by being able to identify and then manage a clinical change of status.

23% new grads

were not able to recognize the problem and have a sense of urgency to do something about it.

54% new grads

were not able to manage the problem once it was identified.

Kavanaugh, J., Szveda, C., 2017. A crisis in competency: The strategic and ethical imperative to assessing new graduate nurses' clinical reasoning. *Nurs Educ Perspective*; Mar/April; 38(2): 57-62.

Supporting the career journeys of nurses

During the course of their careers, nurses acquire skills, knowledge, experience, and clinical judgment that can help them advance through five stages: novice, advanced beginner, competent, proficient, and finally, expert^{ix}.

Nurses move through these stages at different rates. Astute healthcare organizations recognize this and ensure that nurses at the novice and advanced beginner stage are paired with preceptors and mentors as they transition to practice.

It is clear that clinicians must have access to evidence-based resources for use in daily practice and knowledge acquisition to achieve optimal patient and practice outcomes.

The Clinical Practice Ability Framework: supporting the most current evidence-based decisions

The Clinical Practice Ability Framework is a model that establishes structure within the nursing work environment to best support optimized practice, outcomes, and well-being for novice to expert nurses throughout the healthcare organization.

The Framework prioritizes quality and efficiency in care, using the most current, evidence-based clinical-decision guidance and resources, and organization-wide standardization.

Clinical practice ability in nursing is the ability to (1) perform adaptive, evidence-informed decision-making, (2) use clinical reasoning to solve complex nursing problems, and (3) provide high-quality nursing care.

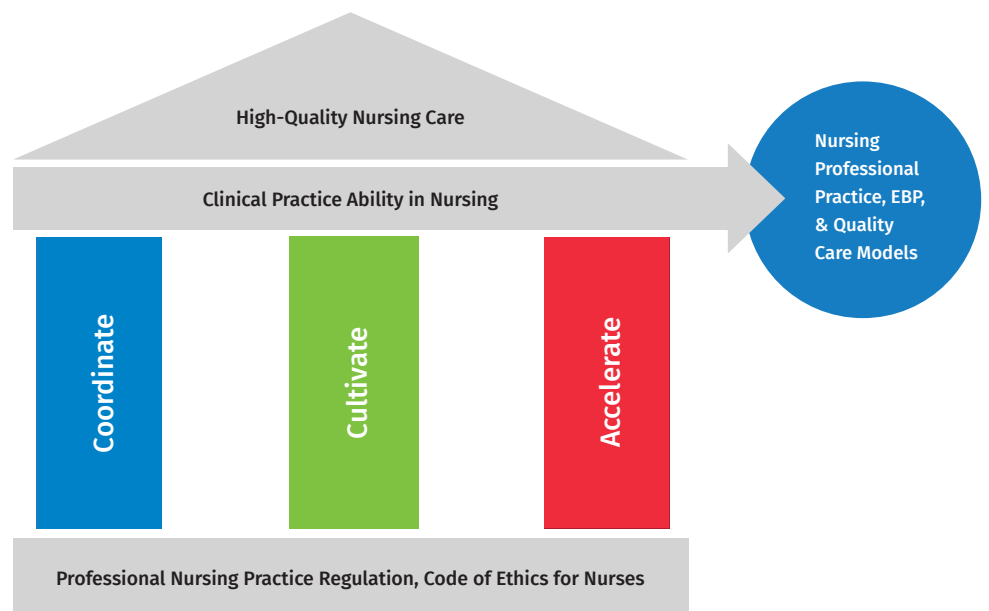
The Clinical Practice Ability Framework supports the work of nurse leaders by establishing an infrastructure within the work environment to best support optimized practice, outcomes, and well-being for novice to expert nurses throughout the healthcare organization.



The Framework's core pillars: coordinate, cultivate, accelerate

The Framework and its underlying processes must ensure that staff development and skill performance fall within a health system's defined policy and procedure guidelines. There are three supporting pillars of the Framework which include: *Coordinate, Cultivate, and Accelerate*. The model design enables staff to perform at the highest levels through the following:

- **Coordinate:** the intentional and strategic organization of clinical tools and resources. These resources **provide guardrails for safe practice** and effective decision-making, ensuring a patient- and survey-ready environment.
- **Cultivate:** the planned and deliberate cultivation of **new knowledge and experiential skills acquisition** and advancement of competency. Models must include repeatable, scalable methods to quickly identify and address information gaps and quickly deploy new knowledge.
- **Accelerate:** the purposeful acceleration of support and empowerment for staff to pursue **life-long and self-directed learning**.



The Framework recognizes that regulatory and ethical standards are foundational to professional nursing practice. In addition, the Framework assumes that without clinical practice ability, high-quality nursing care and quality-related recognition and awards are less likely.

Coordinate

Tools and resources to make the work environment a safe place for nurses to practice.

Formalized definitions for clinical practice and decision support documents (policy vs. procedure vs. guideline vs. protocol, etc.)

Formalized communication plan to disseminate clinical policy, procedure and practice changes.

Centralized inventory of all clinical tools and resources.

Guardrails for safe practice:

- Clinical policy manual
- Evidence-based clinical procedures manual
- Criterion-based skills checklists aligned with corresponding procedures
- Evidence-based clinical practice and decision support information
- Cloud-based “source of truth” solutions for clinical practice and decision support
- All clinical tools and resources easily accessed at the point-of-care; simple to use, practical, and integrated into the nursing workflow

Electronic, systematized repository of education materials for educators

Electronic, systematized solution for organizing and informing quality improvement (QI) and EBP projects accessible at points of inquiry (POIs)

Electronic incident reporting system accessible within the nursing workflow

Cultivate

New knowledge and skills acquisition to advance competency.

Technology-supported, streamlined, orientation at points-of-transition (POTs)

Standardized preceptor training and workflows

Ongoing targeted education (new knowledge acquisition)

Ongoing competency validation relevant to work and needs assessment-based (experiential skill acquisition)

Nurse residency program

Formalized mentoring program

Accelerate

Structural empowerment to achieve life-long learning and role advancement.

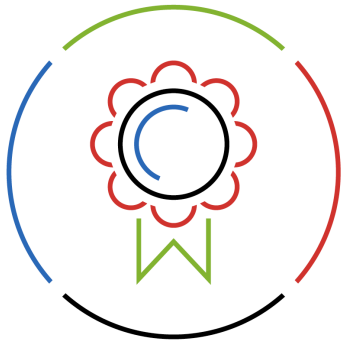
Access to elective professional development content

Access to peer-reviewed journals

Access to nursing professional certification review content

Opportunities for participation in nursing professional organization webinars, meetings, conferences

Scaffolded involvement in QI, policy development, nursing, and interdisciplinary practice committees, ongoing survey/patient-readiness activities, and leadership training



Benefits of the Model

High-quality nursing care has been shown to improve patient outcomes, increase patient and nurse satisfaction, reduce inpatient length of stay, and lower the cost of healthcare. By structuring the work environment of nurses to include the elements outlined in the Framework, clinical practice ability is enhanced, and high-quality care, a central aim of healthcare, is best supported and achievable.

1.

Supports ANCC Magnet Recognition Program® and Pathway to Excellence Program®

The mission to deliver the highest quality care to patients is not new. Healthcare organizations recognize that care quality is directly related to safe work environments. The ANCC Magnet Recognition Program® and Pathway to Excellence Program® are two highly valued credentialing programs that support these tenets.

The ANCC Magnet Recognition Program’s vision is to transform healthcare globally by bringing knowledge, skill, innovation, leadership, and compassion to every person, family, and community^x. This is accomplished through their mission to continually elevate the quality of patient care around the world in an environment where nurses, in collaboration with the interprofessional team, set the standard for excellence through leadership, scientific discovery, and dissemination and implementation of new knowledge.

The ANCC Pathway to Excellence Program provides guidance for healthcare organizations so that every nurse works in an environment that supports their needs and promotes high standards of care to improve healthcare for all^{xi}. The Clinical Practice Ability Framework supports both the ANCC Magnet Recognition Program and Pathway to Excellence Program by ensuring nurses have the appropriate clinical practice tools and resources needed to make evidence-informed practice decisions; continually acquire new knowledge and skills; pursue life-long, self-directed learning; and ultimately deliver high-quality nursing care through empowered leadership and autonomous practice.

Clinical Practice Ability Framework	ANCC Magnet Model Components	ANCC Pathway to Excellence Standards
Coordinate – clinical tools and resources to make the work environment a safe place for nurses to practice	<ul style="list-style-type: none"> • Structural empowerment • Exemplary professional practice • Empirical quality outcomes 	<ul style="list-style-type: none"> • Safety • Quality care • Well-being
Cultivate – new knowledge and experiential skills acquisition and advancement of competency	<ul style="list-style-type: none"> • New knowledge, innovations, and improvements 	<ul style="list-style-type: none"> • Safety • Quality care • Professional development
Accelerate – structural empowerment for staff to pursue life-long, self-directed learning and role advancement	<ul style="list-style-type: none"> • Transformational leadership • Exemplary professional practice • Empirical quality outcomes 	<ul style="list-style-type: none"> • Professional development • Safety • Quality care • Shared decision making • Leadership
High-quality nursing care	<ul style="list-style-type: none"> • Empirical quality outcomes • Transformational leadership • Exemplary professional practice 	<ul style="list-style-type: none"> • Leadership • Well-being • Shared decision making



2.

Underpins a culture of nurse well-being

The pandemic and the post-pandemic healthcare environment have made one thing abundantly clear: healthcare organizational culture must change to support the most valuable asset in an organization, its workforce.

To provide a safe work environment that demonstrates the value of each member of the workforce, organizations must:

- Ensure adequate evidence-based, informational resources and guidance at the point of care for clinical decision support and learning
- Have adequate personal protective equipment and provide a safe work environment
- Provide adequate numbers of competent staff to care for the patient population
- Emphasize well-being and foster resiliency to support retention of staff

In 2016, Leland Stanford Junior University published a model of practice that includes efficiency of practice, personal resilience, and a culture of wellness to support professional fulfillment in the medical profession.

The Stanford Model of Professional Fulfillment™ places emphasis on the work environment, values, and behaviors that promote self-care, professional growth, and redesign of workflow to enhance efficiency and teamwork across the disciplines^{xii}. This model directly counters burnout and fosters the resiliency of the medical staff.

It is similar to the Clinical Practice Ability Framework in that it fosters the integration of resources and support, cultivates new knowledge and skills, and empowers staff to pursue life-long learning and role advancement. The Clinical Practice Ability Framework and the Stanford Model of professional Fulfillment work synergistically to support high-quality medical and nursing services, optimizing practice and patient outcomes.





Implications for nurse leaders

Nursing leaders, now more than ever, need a framework for how to strategically adapt nurses' work environments to support and enhance clinical practice ability, inform actions and decision-making, and achieve and sustain high-quality nursing services and patient outcomes.

The Clinical Practice Ability Framework will assist nursing leadership in establishing a clinical information infrastructure that best supports the successful development and

Conclusion

Experience shows that the Clinical Practice Ability Framework aids the work of nurse leaders by establishing a structure within the work environment that supports optimized nursing practice, patient outcomes, and well-being for novice to expert nurses throughout the healthcare organization.

Furthermore, the Clinical Practice Ability Framework serves as an adjunct to other

optimization of clinical practice ability and competency in the workforce — from the novice to expert journey.

The use of this Framework will positively impact outcomes as a result of high-quality nursing care. Furthermore, it is an adjunct to other nursing professional practices, evidence-based care, care quality, and credentialing program models.

professional practice, evidence-based practice, and quality care models. The model's three pillars, coordinate, cultivate, and accelerate, work in unison to build and sustain clinical practice ability in nursing and support safe, high-quality nursing care, and improved outcomes.

The Clinical Practice Ability Framework serves as an adjunct to other professional practice, evidence-based practice, and quality care models.



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