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Executive Summary: Just Culture in Nursing Academia

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Executive Summary

Problem

To err is human, but in a healthcare environment, errors can be costly. Medical errors can negatively impact an organization, healthcare professionals, and patients. Additionally, medical errors can result in life-altering repercussions up to and including death (Stafford, 2000).

Research supports creating a culture that does not focus on just the individual committing the error, but also on system failures that contributed to the error (Barkell & Snyder, 2020; David, 2019; Foslien-Nash & Reed, 2020; Paradiso & Sweeney, 2019). Just culture provides a platform for organizations to improve patient safety and quality of care (Boysen, 2013).

Currently, the curriculum at many undergraduate nursing schools does not include specific lessons in just culture; however, including just culture training in the undergraduate curriculum leads to improved patient safety and outcomes (Walker et al., 2020). Understanding the importance of reporting errors, near misses, and good catches by undergraduate nursing students is an important element that should be considered a standard in the curriculum. This will guide the transition to nursing practice and instill habits that may lead to improved quality of care and patient safety (Freeman et al., 2020). Undergraduate nursing schools must educate and create their just culture approach to errors. This will create an environment of trust and learning that will follow the students into their practice (Boysen, 2013).

Literature Review

The just culture push occurring in various healthcare settings across the United States is beginning to pressure undergraduate nursing school leaders to adopt the same culture and principles (Barnsteiner & Disch, 2017). Historically, nursing schools have a culture of blame and shame when it comes to errors in the clinical setting (Barnsteiner & Disch, 2017; Disch et al., 2017; Walker et al., 2020). This culture builds on the behaviors of future nurses who continue to

have the reluctance to report errors (Disch et al., 2017). The curriculum lacks focus on how error and near-miss reporting impact patient safety and quality. Faculty lack tolerance for near misses and errors, often taking a punitive approach when faced with these clinical challenges (Cooper, 2014).

Educating nursing students on the concept of just culture should happen early and often. This continued education will help to engrain the cultural concept and improve transparency (Creating a Culture of Safety, 2022). Implementing a just culture in undergraduate nursing schools has proven to increase reporting by students (Lukewich et al., 2015). If this concept and understanding can translate to their nursing practice, reporting adverse events and safety and quality may improve (Barkell & Snyder, 2020; David, 2019; Foslien-Nash & Reed, 2020; Paradiso & Sweeney, 2019).

Student nurses state that they do not report errors out of concern that the error, regardless of the situation, will be used to negatively impact their educational opportunities. Students also do not feel comfortable telling faculty about errors or potential errors being committed by licensed nurses in the clinical setting (Walker et al., 2020). Questioning someone in an authoritarian position was another issue that students reported. Authoritarian positions were defined as faculty in the clinical setting, licensed nurses in the clinical setting, and faculty in the classroom setting (Fagan et al., 2016). Students also report that they do not know to whom to report safety issues; therefore, students often do not report errors at all (Fagan et al., 2016).

Walker et al. (2019) developed an assessment tool for use in undergraduate nursing schools to assess student understanding of just culture and the correlation to patient safety. The Just Culture Assessment Tool for Nursing Education (JCAT-NE) provides data specific to the perception that undergraduate nursing students have about just culture (Walker et al., 2019). The

JCAT-NE survey can be given to nursing students to assess perceptions and knowledge of just culture (Petschonek et al., 2013; Walker et al., 2019; Walker et al., 2021).

Students who practice professionalism and learn from near misses and/or errors are more likely to advocate for this in their nursing practice (Miranda & Olexa, 2013). When errors and near misses are reported, quality and safety improve (Boysen, 2013; Cooper, 2014; Disch et al., 2017; & Fagan, 2016). Support from faculty and senior leadership is imperative for the implementation and success of a just culture. A just culture is necessary to improve the quality of care, patient safety, and ensure that future and present nurses feel supported in reporting system failures and near misses (Miranda & Olexa, 2013).

Project Methods

The project's purpose was to evaluate just culture knowledge in undergraduate nursing students before and after the addition of just culture education. The goal is for just culture education to become a standard part of the nursing curriculum and that faculty to understand the need for the curriculum change to begin to build and support a just culture within the college of nursing. Students who practice professionalism and learn from near misses and/or errors are more likely to advocate for this in their nursing practice (Miranda & Olexa, 2013). When errors and near misses are reported, quality and safety improve (Boysen, 2013; Cooper, 2014; Disch et al., 2017; & Fagan, 2016). Support from faculty and senior leadership is imperative for the implementation and success of a just culture.

The project was implemented at a community college serving fifteen counties in the state of Illinois. The participating site has an accredited 2-year associate degree nursing program. The average annual enrollment for the associate degree nursing program is 210 students. The nursing program has a graduation rate of 96.4 %, and an NCLEX pass rate of 87.3 %. Approval to

proceed with the project was obtained by the project site community college and the Southern Illinois University Edwardsville Institution Review Board (IRB) committee in August 2022.

Third-semester undergraduate nursing students' (n=29) knowledge of just culture was assessed through the completion of the Just Culture Assessment Tool for Nursing Education (JCAT-NE) which is available for public use. The JCAT-NE instrument was reviewed by doctorly prepared nurse educator content experts for validation in two rounds. Scores on the JCAT-NE range from 27 to 189 (Walker et al., 2019). Reliability and validity testing of the JCAT-NE revealed a Cronbach's alpha of 0.75 (Walker et al., 2019). The JCAT-NE is a reliable and valid instrument that can be used to evaluate nursing students' perception of just culture in the academic setting (Petschonek et al., 2013, Walker et al., 2019). The JCAT-NE consists of a 27-question survey divided into six subscales of just culture. The subscales include feedback and communication about events, openness and communication, fairness/balance, quality of the safety-related event reporting system, continuous improvement processes, and fear of reporting, which utilizes a 7-point Likert scale with a 1-7 range (1- strongly disagree to 7 - strongly agree).

One week after the initial survey, the same group of third-semester undergraduate nursing students received in-person, structured, just culture education via PowerPoint with a 30-minute lecture developed and provided by the project leader. In addition, ten minutes of dialogue and an opportunity for questions by the students were offered at the end of the learning session. The just culture education was not required to obtain curriculum and standards approval by the college-wide curriculum and standards committee, but approval was received by the nursing faculty. Following the pre-assessment of the JCAT-NE and just culture education, student participants completed JCAT-NE (post-assessment). The projected implementation date was slated for second quarter of 2022, but a delay with the community college's IRB committee extended

implementation until November 2022. Data analysis and evaluation phases were expected to be completed in December 2022 but were completed in February 2023.

Evaluation

This single-site quality improvement project was designed to obtain quantitative pre- and post-data following just culture education delivered to third-semester undergraduate nursing students. The JCAT-NE pre-education survey was completed by 27 third-semester undergraduate nursing students, and the post-education survey was completed by 29 third-semester undergraduate nursing students. The mean, median, and standard deviation of the Likert scale responses were calculated for pre- and post-education. Whether the Likert scale was reversed, keeping in parallel with the table in Walker et al., (2020), the negatively worded items were reverse scored therefore, a higher score indicates disagreement with the survey statement (Walker et al., 2020). The difference in pre- and post-education means were calculated individually and overall. A positive overall difference in means indicated that students did gain a better understanding of just culture after receiving the formal education; however, the difference in means was not statistically significant.

A Mann-Whitney U test was performed on each survey question. Statistical significance is at $\alpha = 0.05$ (Bonferroni-corrected: 0.00185) to reduce the probability of committing a Type I error while using multiple statistical tests. Statistically significant differences were noted in 5 of the 27 items (survey questions 3, 13, 20, 21, and 22) in three of the subscales. From the Feedback and Communication subscale, the question “I often hear about safety-related event conclusions and outcomes” showed statistical significance with a p-value of <0.0001 and a difference in means of -2.00. The negative difference in means indicated that after the just

culture education, students felt that they heard less from faculty about follow-up on safety-related outcomes and conclusions compared to before receiving the just culture education.

The Fear of Reporting subscale had one question, “Students use safety-related events to tattle on each other” which showed statistical significance with a p-value of <0.0001 and a difference in means of 2.12. The positive difference in means indicated that students felt more comfortable reporting safety and quality events and that the reporting was a means for “tattling” on others.

The subscale Continuous Improvement Processes had three questions that showed statistical significance. The first question “By submitting safety event-related reports, I am making the clinical setting safer for patients and students” had a difference in means of 2.54 and a p-value of <0.0001 . This question had the largest positive difference in means which indicated that after the just culture education, students understood how reporting events can improve safety and quality outcomes.

“The nursing program sees safety-related events as opportunities for improvement” was the second question in the continuous improvement processes subscale. The positive difference in means was 1.74 with a p-value of 0.0004. The final question in the continuous improvement processes subscale was “The nursing program uses a fair and balanced system when evaluating nursing students’ involvement in safety-related events” with a 1.66 positive difference in means and a p-value of 0.0010. This result showed that students gained understanding about the current system for evaluating students after a safety-related event.

Impact on Practice

Adding just culture to the nursing school curriculum will improve just culture knowledge among undergraduate nursing students by providing formal education. A just culture will provide

a safer clinical setting and improve outcomes by increasing awareness of systematic issues that result in safety-related events. Offering students, the opportunity to be a part of the process improvements, solutions, and changes within the nursing practice through the addition of just culture education will promote engagement in safety throughout their nursing careers.

By teaching just culture early and formally in the nursing program, current and future nursing students will understand the importance of error reporting and its impact on safety and quality in the clinical setting therefore surveys will be completed in the first semester, not third. Students will start to learn the importance of reporting events and will begin to understand how this concept will evolve nursing practice and improve the safety of patients.

Conclusions

This quality improvement project demonstrated the benefits for nursing schools to have a just culture and have formal just culture education in the curriculum for nursing students. The addition of just culture education can continue to provide the nursing students with a strong framework and encourage event reporting starting at the undergraduate level. Education during the first semester will ensure students understand the need for event reporting prior to their first day in the clinical setting. Future studies include determining if performing just culture education early in a student's nursing program improves student error and near-miss reporting. In addition, future projects to evaluate faculty engagement and the level of embracement of just culture in the academic setting will provide insight into the continued need to shift to a just culture of safety.

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