A National Role Delineation Study of the Hospice and Palliative Nursing Assistant

Conducted for the

National Board for Certification of Hospice and Palliative Nurses

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Introduction

The purpose of this study was to identify the responsibilities of hospice and palliative nursing assistants as a first step in the development of a job-related certification examination. The National Board for Certification of Hospice and Palliative Nurses (NBCHPN®) requested the services of Applied Measurement Professionals, Inc. (AMP) to design and conduct a study that would provide the support necessary to develop specifications upon which a content valid certification examination could be built.

The title of this study includes the use of the term role delineation study. However, other equally appropriate terms could be used to describe this study, for example, job analysis or practice analysis. A role delineation study suggests breadth of focus; however, the term role delineation has sometimes been used to describe a strictly judgmental process that does not make use of the data collection methodology used in the present study. While these three terms could be considered synonymous, there may be some subtle differences. Job analysis is the traditional technical term that is consistent with traditional standards of practice used to describe validation procedures for certification examinations. Practice analysis is a contemporary term that provides an appropriate description of the present study, as practice analysis suggests that the focus of a study is broader than a single job. Again, role delineation is the term primarily used in this report, although the terms should be considered to be interchangeable in relation to this study.

The NBCHPN® appointed a Role Delineation Study Advisory Committee (AC) to conduct the activities necessary to identify responsibilities of hospice and palliative nursing assistants and develop Examination Specifications. The AC was reflective of the hospice and palliative nursing assistant profession in all relevant respects, for example: geographic, professional area, level of responsibility, educational background, gender, and work setting. All AC members had demonstrated expertise in their respective areas of specialization. AMP is grateful to these committee members for their guidance and expertise, as well as the time committed to this project. Without the AC's effort and expertise across the various specialty areas, this project would not have been accomplished. In addition, special mention should be made of the valuable contributions of NBCHPN® staff, especially Director of Certification, Sandra Lee Schafer, RN, MN, AOCN®.

In the next section of this final report, the methodology of the study is discussed. In particular, the design of the survey instrument is described, including the method of defining tasks, professional issues, rating scales, and demographic questions. Also discussed in the methodology section is the sampling plan and distribution of the web-based survey. The results section of this report discusses the respondents and their demographics, the adequacy of the instrument, and a summary of the responses. The final section of this report discusses the development of the Examination Specifications based on these data.

Methodology

The AC considered various resource materials that could be useful in gaining an understanding of the responsibilities of hospice and palliative nursing assistants. The primary resource was the previous practice analysis survey and the Detailed Content Outline developed on the basis of the practice analysis completed by NBCHPN® with AMP's assistance in 2008. Other materials assembled prior to the first meeting of the AC included orientation materials, a draft of rating scales used for role delineation, and a timeline for conducting the study. Background information was provided regarding both the role delineation process (and its relationship to the examination development process) and NBCHPN®'s role in the continuing development of a hospice and palliative nursing assistant certification examination. Seven major tasks were initiated during the AC meeting held in April 2012. These steps included:

1. Defining the target practitioner
2. Developing a sampling plan
3. Identifying tasks for the survey instrument
4. Identifying knowledge domains
5. Determining the rating scales
6. Determining the relevant demographic variables of interest
7. Integrating demographics, rating scales, and tasks into a survey instrument

A summary of each activity follows.

1. Defining the target practitioner

For the purposes of this study, the NBCHPN® adopted the following target practitioner definition of a hospice and palliative nursing assistant:

> *A nursing assistant who provides hospice and/or palliative care to patients and their families/caregivers in any setting.*

2. Developing a sampling plan

The AC considered various methods of identifying individuals who consider themselves to be hospice and palliative nursing assistants, or who would be knowledgeable about the duties of hospice and palliative nursing assistants. It was determined that invitation e-mails containing a link to the online role delineation study would be distributed by NBCHPN® to hospice and palliative nursing assistants listed in the NBCHPN® and HPNA databases.

3. Identifying tasks for the survey instrument

The draft list was thoroughly discussed during the meeting held in April 2012. Tasks representing individual job responsibilities were modified, added, and removed, and all tasks were verified as being appropriately linked to the associated knowledge domain (e.g., Patient Status and Environment). At the conclusion of this meeting, a draft list that included 152 tasks was developed by the AC. After the review of the draft task list, the AC authorized development of the final survey. The final survey list included 152 tasks.

4. *Identifying knowledge domains*

The committee identified 5 knowledge domains, under which the 152 tasks were categorized into subcategories. The AC unanimously agreed on the linkage of each task to the respective knowledge domain. The domains were as follows:

1. Patient Care: Activities of Daily Living
2. Patient Status and Environment
3. Psychosocial/Spiritual Care of the Patient and Family
4. Interdisciplinary Collaboration
5. Ethics, Roles, and Responsibilities

5. *Determining the rating scales*

The committee discussed the advantages and disadvantages of various rating scales that could be used in responding to the tasks. AMP suggested the use of a single significance scale. This single scale is intended to solicit judgments that combine the importance of a task with the frequency with which it is addressed in practice, after first considering the extent to which it is necessary to the performance in practice. The significance scale adopted by the AC is shown below.

How significant is this activity to your work?

0 = Not Part of My Work
1 = Not Very Significant
2 = Significant
3 = Very Significant
4 = Critically Significant

6. *Determining the relevant demographic variables of interest*

The committee identified 21 relevant and important demographic survey variables. Since this was a national study, it was important to identify the respondents' geographic regions of employment. Other demographic questions were written to assess characteristics of the representativeness of the respondents, including highest degree completed, nursing assistant training completed, certifications held, years of experience, nature of practice, work settings, employer, patient demographics, number of visits, work hour, interdisciplinary team meeting attendance, age, gender, and racial and ethnic background.

7. *Integrating demographics, rating scales, and tasks into a survey instrument*

After the first meeting, all components of the survey (demographics, rating scales, and tasks) were combined and designed into a draft survey instrument. As a pilot test, this draft was distributed to the AC and other individual content experts via an e-mail message, which included a link to the survey. Following a review of the comments, the final survey was prepared and distributed via an e-mail invitation.

Results

The survey was accessible via the Internet through the response deadline of July 31, 2012. Of the 1,328 e-mail invitations distributed, a total of 283 respondents accessed the survey, resulting in a raw response rate of 21%. After reducing the sample size for participants who completed 0% of the survey (no ratings provided for any tasks, n=25) and additional participants who indicated not working as a nursing assistant in hospice and palliative care (n=2), a total of 256 responses were considered to be valid responses, for a corrected response rate of 19%.

Demographic Information

Responses to some of the demographic variables are depicted in the following graphs.

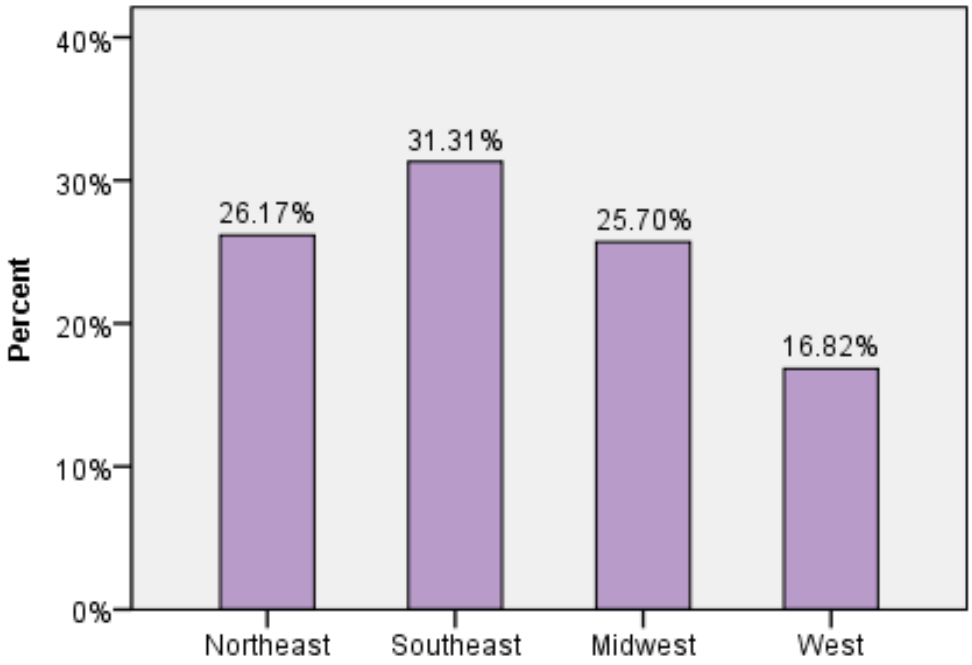

Figure 1. In what state do you work? (Recoded)

- Northeast: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT
- Southeast: AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, WV
- Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, OK, SD, WI
- West: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

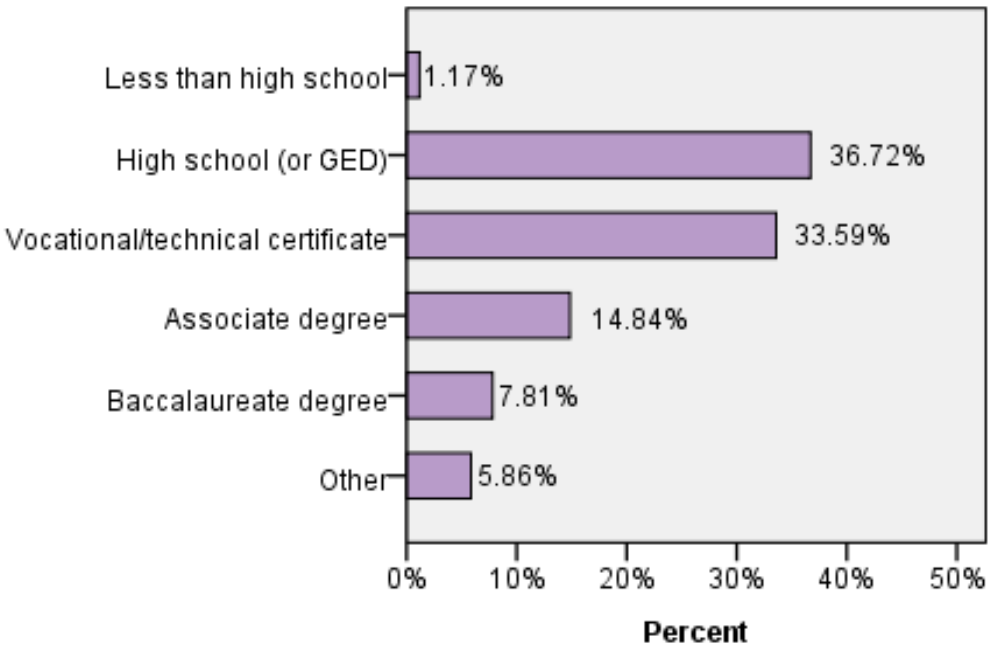

Figure 2. What is the highest degree you have completed?

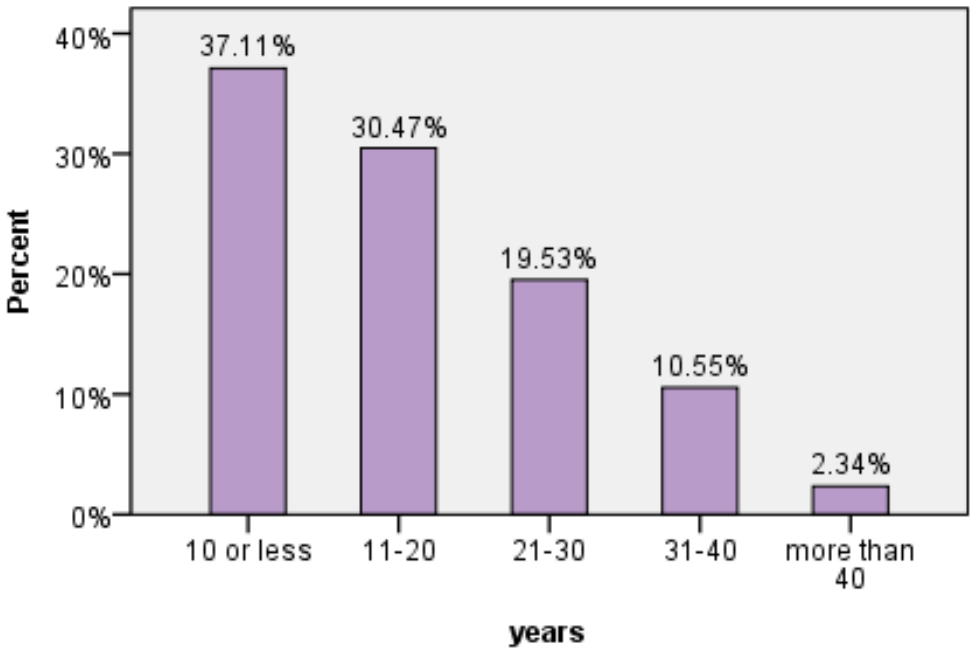

Figure 3. How many years have you been a nursing assistant?

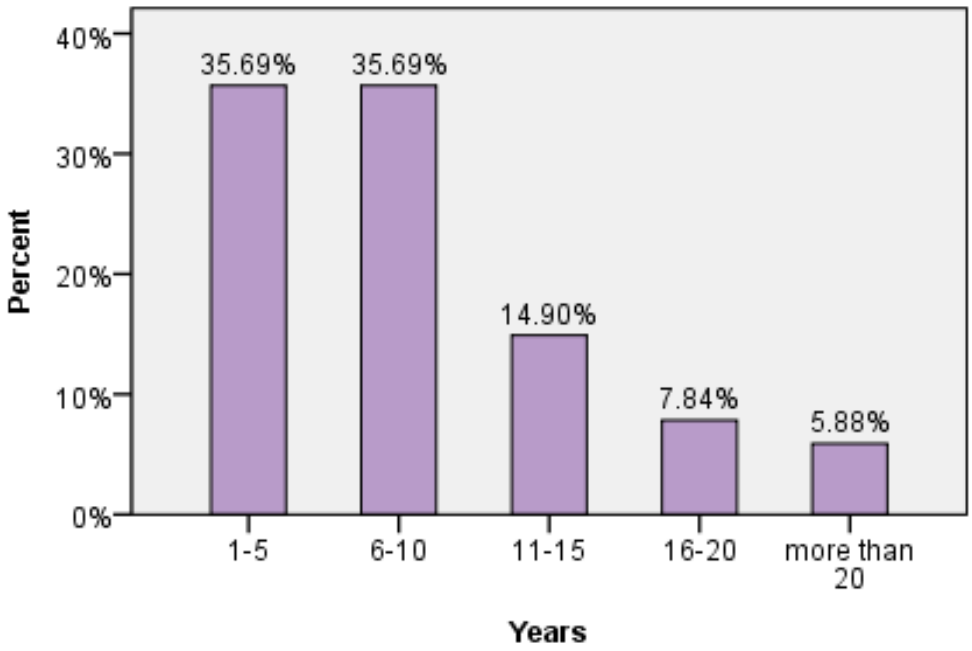

Figure 4. How many years have you been providing hospice and/or palliative care?

In summary, the demographic results were generally as expected. Although some of the analyses documented later in this report will investigate differences among various demographic groups, a description of the typical respondent may be of interest. This individual could generally be described as follows:

> The typical respondent is a female Caucasian from the Southeast in her 50s who has completed high school (or GED) and Certified Nursing Assistant training. She is certified as a nursing assistant and a CHPNA®, with less than 10 years of experience as a nursing assistant and in hospice and palliative care. She is a full-time hospice and palliative nursing assistant employed by a hospice provider and works primarily at patient's place of residence in a rural area (e.g., private home, assisted living facility, nursing home), but also provides care in other settings. She deals with hospice and palliative issues with all of her patients, among which 20 percent are adult and 80 percent are geriatric. She typically makes 25 patient visits in a week and attends interdisciplinary team meetings occasionally.

The AC concluded that this information is consistent with the population of hospice and palliative nursing assistants, and a sufficient number of responses in relevant subgroups were received to facilitate subsequent analysis.

Adequacy of the Instrument

More than 99% of those responding to the survey felt that the role delineation study at least adequately addressed the responsibilities of hospice and palliative nursing assistants. Twenty-five survey respondents (25) did not answer this question. Another aspect of the adequacy of the instrument relates to its reliability. Task reliability and rater reliability were both evaluated.

Task reliability estimates show to what extent each scale "hangs together." A high task reliability value may indicate that the scale represents a consistent collection of tasks. Rater reliability estimates are more important and indicate the degree to which raters agree on the significance of an item. Overall, the calculated reliability estimates are quite acceptable.

Task Ratings

Descriptive data for each of the 152 tasks were reviewed. While relative comparisons of the data are appropriate (e.g., when comparing tasks, the task with the higher mean rating could be said to be more significant to practice), it is important to consider the absolute meaning of the ratings. The reader should bear in mind that the response options (also known as anchors) for the significance scale were: 0) Not Part of My Work, 1) Not Very Significant, 2) Significant, 3) Very Significant, and 4) Critically Significant.

The mean of the ratings is based on all ratings of significance and does not include the zero (i.e., Not Part of My Work) ratings. Therefore, the mean significance ratings represent the level of significance judged by the respondents who believed that the task was part of the practice.

The mean significance ratings ranged from 2.18 to 3.82. The mean rating of significance, calculated across all 152 tasks, was 3.22, with a standard deviation of 0.34. A grouped frequency distribution of the overall mean task ratings for the 152 tasks is shown in Table 1.

Table 1. Distribution of Mean Task Ratings

Mean Rating	*N*	%
Greater than 3.49	34	22.37%
3.25-3.49	50	32.89%
3.00-3.24	33	21.71%
2.75-2.99	21	13.82%
2.50-2.74	7	4.61%
2.25-2.49	6	3.95%
Less than 2.25	1	0.66%
Total	152	100.00%

Ratings of Various Demographic Groups

The demographic questions were included in the survey to provide descriptive information about the respondents. For some demographic questions, however, it is important to ensure that individuals from different subgroups view the tasks required of hospice and palliative nursing assistants similarly, and that the ratings exceed a level of significance sufficient to warrant inclusion on a national examination.

Examination Specifications

In developing Examination Specifications (or a Detailed Content Outline), committee judgment must be used in interpreting the data gathered through the role delineation study. For purposes of this report, the Examination Specifications will be defined as the confidential document that is used to guide the examination development process, and includes sufficient detail to ensure the development of comparable examination forms. The Detailed Content Outline can be defined as a subset of the Examination Specifications; it is a document that includes a detailed listing of content available in outline form for candidates and item writers. Every examination item must be linked to the Detailed Content Outline as a first step in meeting the Examination Specifications during the examination development process.

Of particular importance to a national certification examination program is that the Examination Specifications must appropriately reflect the responsibilities of all groups who will participate in the certification program. Therefore, it is important to ensure that neither the Examination Specifications nor the resulting examinations include tasks that are not considered to be important responsibilities of the individuals for whom the examination is intended.

Application of Decision Rules and Criteria

Several decision rules were proposed for consideration by the AC in determining criteria by which tasks should be considered *ineligible* for assessment, and therefore excluded from the Detailed Content Outline. The general areas for consideration were discussed by the AC during web meetings held in September 2012, and were based on a variety of the demographic characteristics included in the survey.

The decision rules adopted by the AC, the order in which they were applied, and their impact on exclusion of tasks are summarized in Table 2. Applying the decision rules ensures that the resulting examination reflects the responsibilities of hospice and palliative nursing assistants, as judged by a demographically representative group of hospice and palliative nursing assistants.

As a result of implementing the decision rules, three tasks were removed from the task list. The remaining 149 tasks out of the original 152 tasks (98%) were eligible for assessment, from which a Detailed Content Outline and Examination Specifications could be generated. Following discussion, it was decided that no additional tasks were needed to appropriately reflect practice or would be needed to construct CHPNA® examination forms. The final Detailed Content Outline is shown in Appendix A.

Table 2. Decision Rules and Criteria to Remove Tasks

Decision Rule *The task must be:*	Criteria	Number of Tasks Eliminated
• part of practice	More than 70% of the respondents reporting a non-zero rating	1
• significant to practice	Overall mean rating at least 2.30	2
• significant throughout the United States	Mean rating at least 2.20 in all 4 US regions	No additional tasks
• significant regardless of educational preparation	Mean rating at least 2.20 in 2 out of 3 subgroups	No additional tasks
• significant regardless of CHPNA® certification status	Mean rating at least 2.20 for both subgroups	No additional tasks
• significant regardless of years of experience in hospice and palliative care	Mean rating at least 2.20 for the subgroup with 5 years of experience or less	No additional tasks
• significant regardless of work setting	Mean rating at least 2.20 for all 3 subgroups	No additional tasks

Confirmation of the Link between Tasks and Knowledge Domains

When developing the survey, the AC determined that each task was clearly linked to the associated knowledge domain. During the meetings in September 2012, the AC reconfirmed that linkage. Item writers will be instructed to classify items according to a specific task, and to ensure that the item is associated with the major knowledge domain. When approving items, the Examination Development Committee (EDC) will similarly confirm that linkage.

Development of Final Detailed Content Outline and Examination Specifications

For the CHPNA® examination, a Detailed Content Outline can be defined as a detailed listing of content available in outline form for candidates and item writers. The final 149 tasks were organized into the Detailed Content Outline, which may be used by candidates for preparation for the examination. The Examination Specifications remain confidential and are only used for examination development purposes. The Examination Specifications incorporate the detailed content of the Detailed Content Outline, and also include other information needed to ensure the development of comparable examination forms, as discussed in this section.

The AC determined that the remaining 149 tasks could be appropriately assessed by way of a total of 100 multiple-choice examination items to ensure appropriate content coverage. Item writers will be advised that any knowledge area underlying a task may be appropriate for assessment, and that the item should be directly related to the task, at an appropriate level of cognitive performance.

The AC determined that all items would be classified as requiring recall, application, or analysis on the part of the candidate. For purposes of such classification, the AC adopted the definitions shown in Table 3.

Table 3. Cognitive Level Definitions

Level	Definition
Recall	Requires recall or recognition of specific facts or concepts which generally does not vary relative to the situation.
Application	Requires the comprehension, interpretation, or manipulation of concepts or information to a given situation.
Analysis	Requires integration or synthesis of a variety of concepts or information to problem solve, integrate or make judgments about a situation (i.e., evaluating and rendering judgments on complex problems with many situational variables).

After agreeing on the number of items on the examination, the AC discussed how these items should be distributed across the knowledge domains. Based on the significance of the task ratings, the breadth of content within each major knowledge domain, and suggestions of survey respondents, the committee members used an iterative process to determine the number of items for each knowledge domain. The Detailed Content Outline with percent of items for each knowledge domain is shown in Appendix A.

During the present study, a variety of approaches were considered to establish the cognitive level distributions within the minor domains. The unanimous agreement of the AC was reached during the September 2012 meeting regarding the cognitive level distribution targets adopted for the Examination Specifications.

Appendix A

Detailed Content Outline

Certified Hospice and Palliative Nursing Assistants (CHPNA®) Detailed Content Outline

	%
1. Patient Care: Activities of Daily Living	**26%**
A. Assist with Hygiene 1. routine personal care (e.g., bathing, shaving) 2. oral care 3. personal odor control (e.g., colostomy, perineal, wounds) 4. skin care B. Assist with Ambulation/Mobility 1. foster/maintain independence 2. use of durable medical equipment (DME) 3. positioning 4. exercise and range of motion 5. transfers 6. prevention of falls C. Assist with Grooming and Dressing to Help Patients Look Their Best 1. hair care 2. nail care (e.g., cleaning, filing) 3. support patient/family choice for clothing and accessories (e.g., jewelry) 4. hearing aids and eyeglasses 5. foot care (e.g., soaking, cleaning) D. Assist with Toileting 1. bowel and bladder training (e.g., scheduled toileting) 2. catheter care 3. ostomy care 4. adaptive equipment (e.g., raised toilet seat) E. Nutrition/Hydration 1. support patient decision not to eat/drink 2. help patient/family cope with appetite and weight changes 3. feed patient safely 4. offer fluids 5. provide foods of patient choice 6. observe and report issues related to tube feeding and IV hydration	
2. Patient Status and Environment	**30%**
A. Observe and Report on Patient Condition 1. Patient status in relation to the documented diagnosis 2. Pain: a. level of pain (e.g., on a 0-10 scale) b. changes in pain c. nonverbal cues d. type and location of pain	

Certified Hospice and Palliative Nursing Assistants (CHPNA®) Detailed Content Outline

%

3. Medications
   a. effectiveness of medications
   b. side effects of medications
4. Non-Drug Treatment for Pain or Other Symptoms
   a. relaxation
   b. music
   c. deep breathing
   d. aroma therapy
   e. pet therapy
   f. diversional/recreational activities
   g. massage
   h. energy/touch therapy (e.g., Reiki)
   i. hot/cold compresses
   j. repositioning
   k. supportive stockings

B. Maintain Infection Control
1. universal precautions
2. biohazardous waste disposal (e.g., sharps, blood)
3. isolation techniques

C. Provide and Maintain Best Possible Patient/Family Environment to Support Patient
1. personal environment (e.g., familiar objects, pictures, homelike)
2. calming environment (e.g., lighting, important things within reach)
3. death in patient's place of choice (e.g., not ER, hospital)
4. care according to the patient's preferred schedule
5. safety (e.g., fall precautions, prevention of hazards, oxygen storage and use)
6. odor control

D. Identify Changes in Physical Status
1. activity level
2. vital signs
3. weight (e.g., rapid loss or gain)
4. skin impairment (e.g., breakdown, rash, itching)
5. injury
6. elimination habits
7. swallowing ability
8. nausea/vomiting
9. edema and ascites
10. signs of impending death

E. Identify Changes in Mental Status
1. confusion
2. responsiveness
3. emotional change (e.g., anxiety, fear, depression)

Certified Hospice and Palliative Nursing Assistants (CHPNA®) Detailed Content Outline	%
4. agitation 5. terminal restlessness 6. near death awareness F. Identify Changes in Functional Status 1. mobility 2. weakness 3. sleepiness 4. fatigue G. Identify Changes in Respiratory Status 1. effectiveness of Interventions a. nebulizers b. oxygen therapy c. inhalers d. air circulation (including use of fans) 2. respiratory concerns a. change in breathing patterns (including cough) b. increased secretions	
3. Psychosocial/Spiritual Care of the Patient and Family	**21%**
A. Spiritual Care 1. identify spiritual issues (e.g., guilt, estrangement, meaning of life) 2. honor individual spiritual beliefs 3. enable spiritual practices (e.g., sacraments, prayer, transport to services) 4. provide spiritual support 5. give patient permission to die B. Respect Differences and Maintain Neutral Attitude Regarding: 1. ethnicity 2. race 3. cultural background 4. religious/spiritual preference 5. sexual preference 6. age difference 7. living conditions (including social and economic circumstance) 8. treatment choices (e.g., advance directives) C. Assist with Identifying Patient and Family Support Needs 1. Education a. information about impending death b. agency/community services c. grief and loss d. energy saving techniques e. universal precautions	

Certified Hospice and Palliative Nursing Assistants (CHPNA®) Detailed Content Outline

%

f. isolation procedures
g. nutrition/hydration (including unique needs as the patient declines)
h. personal care techniques and comfort measures

2. Patient and Family Support
   a. respite (including volunteer support)
   b. companionship and compassion
   c. advocacy
   d. reframing hope (patient's expectations)
   e. presence (companionship) during the final hours
   f. end of life concerns (e.g., advance directives)

D. Assure Dignity and Honor Patient/Family Choices at the Time of Death
   1. preparation of the body and environment
   2. time for closure (e.g., final words)
   3. bereavement follow up (e.g., support groups, literature)

E. Participate in Bereavement/Grief Follow Up
   1. memorial services
   2. condolence cards, letters, or telephone calls

F. Assist with Communication Between Patient, Family, and Care Providers
   1. barriers to communication
   2. active listening
   3. reading
   4. life reviews
   5. goals of care
   6. adaptive communication devices (e.g., word boards)

G. Provide Support for Changes in Body Image
   1. amputation
   2. physical appearance (e.g., weight change, hair loss)
   3. elimination changes (e.g., ostomies, incontinence)

H. Offer Opportunities to Enhance Socialization
   1. volunteer visits
   2. activities of patient's choice (e.g., storytelling, walks)

I. Observe and Report Threats to Patient/Family Safety
   1. physical abuse
   2. neglect
   3. substance abuse
   4. caregiver's inability to provide care
   5. suicidal ideation

Certified Hospice and Palliative Nursing Assistants (CHPNA®) Detailed Content Outline	%
4. Interdisciplinary Collaboration	**11%**
A. Plan of Care 1. Encourage patient/family participation 2. Provide input to team members for the plan of care 3. Work with the team to carry out the plan of care 4. Communicate patient/family goals and wishes B. General 1. Communicate with other health care providers involved in care 2. Report signs of impending death (e.g., near death awareness, and physical signs) 3. Provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite) 4. Recognize and report change in family status 5. Review death with the team	
5. Ethics, Roles, and Responsibilities	**12%**
A. Identify and respond to ethical issues (e.g., confidentiality, honest communication) B. Maintain boundaries (e.g., within job description, with patient/family) C. Assist in resolving work-related conflicts D. Maintain documentation according to the plan of care E. Identify risks to personal safety (e.g., firearms in the home) F. Serve as a mentor/preceptor for new staff G. Assist with orientation of volunteers and staff H. Participate on committees I. Maintain continuing education J. Promote hospice and palliative care in the community K. Participate in: 1. professional organizations for nursing assistants 2. quality improvement activities 3. research activities (e.g., surveys) L. Practice self care (e.g., stress management)	