PEER-TO-PEER FEEDBACK: PROFESSIONAL DEVELOPMENT TO IMPROVE FEEDBACK SKILLS

A Major Paper Presented

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Abstract

Background: Peer-to-peer feedback is the most essential form of communication as it encourages nurses to evaluate the quality, safety, and effectiveness of nursing care amongst peers. Poor communication skills for providing feedback is a barrier identified in the literature, which can be addressed in professional development training.

Purpose/Specific Aims: The purpose of this quality improvement project was to evaluate the effect that a communication-focused professional development session had among new graduate registered nurses (RNs) as it relates to their self-efficacy to successfully provide meaningful, constructive feedback to peers aimed to improve communication skills.

Methods: This project utilized a modified General Self Efficacy Scale pre-survey, PowerPoint® presentation, professional development educational intervention and the same modified General Self Efficacy Scale post-survey one month post intervention. 12/25 participants completed the modified General Self Efficacy Scale (GSES) before and after the educational session. Descriptive statistical analysis was used to calculate and analyze the pre-and post-intervention GSES scores utilizing percentiles and total mean scores.

Results: Twenty-five RNs attended the peer feedback professional development session, 12 of the 25 nurses (N=12, 48%) completed both the pre- and post-GSES survey questionnaires. The results showed a significant difference between the mean pre- and post-GSES scores for all participants. The mean pre-GSES score of all participants was 18.8%. The mean post-GSES scores of all participants was 22.8%. There was a four-point increase between the mean pre-GSES score and the mean post-GSES score.

Conclusion: The communication-focused professional development session for RNs increased their perceived self-efficacy to provide feedback to their peers. Based on Bandura's self-efficacy theory, achieved through the session, participants increased perceived self-efficacy to provide feedback which will influence their ability to participate in successful delivery and acceptance of feedback during peer-to-peer feedback.

Key Words: peer-to-peer feedback; communication; self-efficacy; quality improvement project; professional development educational intervention; new graduate registered nurses

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PEER-TO-PEER FEEDBACK: PROFESSIONAL DEVELOPMENT TO IMPROVE FEEDBACK SKILLS

Background and Significance

Nursing is responsible to the public and the healthcare community to continuously advance the profession. One desirable practice is a structured, meaningful peer review process. According to the American Nurses Association (ANA) (2011), peer review is the process by which practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by their peers as measured against professional standards of practice. The key to success in nurse-to-nurse peer review is giving and receiving feedback and addressing problems directly. Nurses must share feedback consistently and constructively as an integral element of their work to ensure patient safety. In the literature, inadequate communication skills to provide meaningful, constructive feedback is a commonly identified barrier to mutually beneficial peer review (George & Haag-Heitman, 2011). Unfortunately, meaningful peer-to-peer feedback is absent in most practice environments. Minimal, if any, training, inadequate skills relating to the delivery and receiving of feedback, and improper preparation have generated feelings of anxiety, insecurity, and fear of failure among peer review participants (Bowen-Brady & Haag-Heitman, 2019). Empowering nurses to engage in peer-to-peer review at all levels is necessary to implement a peer-to-peer review model successfully. A critical component of this empowerment is providing nurses with the communication and interpersonal skills necessary to provide and accept feedback. Encouraging a nursing workforce to be strong patient advocates who are confident in their nursing and communication skills will encourage self-regulation of their practice and their peers'

practice, thereby ensuring continued quality and care delivery to the highest safety standard (George & Haag-Heitman, 2015).

Problem Statement and Study Question

This project aims to evaluate the effect of a communication-focused professional development session among new graduate registered nurses (RNs) as it relates to their self-efficacy. A quality improvement (QI) project was conducted to successfully provide meaningful, constructive feedback to peers to improve communication skills.

Next, a review of the literature will be presented.

Literature Review

A search of literature published between 2010 to 2022 was conducted using CINHAL, PubMed, and Google Scholar. The terms peer feedback, peer-to-peer feedback, peer review, peer-to- peer review, nursing, a culture of safety, and communication were used in the search. The search term "peer feedback" retrieved 1,838 results. The term nursing then was added with the Boolean operator "and" 294 results were retrieved. Studies conducted outside of health care settings and studies that did not include nurses were excluded. Six articles were then selected for inclusion in this literature review. The terms peer feedback and peer review are used interchangeably.

Professional Development

Nursing peer feedback is an effective way to hold nursing practice to the highest professional standards. This process allows nurses to take full ownership of their responsibilities to improve the quality of care and effectively advocate for their patients. According to research studies by LeClair-Smith et al. (2016), Ryiz-Semmel et al. (2019), and Whitney et al. (2016), feedback must be shared in a consistent, constructive, and nonpunitive manner as an integral element of nurse's work to ensure patient safety. The patient's wellbeing is influenced by the various and crucial day-to-day acts performed by healthcare professionals. Patient healing and safety require focused, competent care integrated into the realm of the nursing process. It can be argued that peer-to-peer feedback is the most essential form of peer review. This activity encourages nurses to evaluate peers' quality, safety, and effectiveness of nursing care. Most importantly, peer-to-peer review promotes self-regulation among nurses and provides opportunities to advance skill development, accountability, transparency, and autonomy, supporting a

safety culture (Lal, 2019). Bowen-Brady and colleagues (2019) conducted a descriptive, qualitative study to understand clinical nurses' perceptions who participated in an organizational peer review process to promote role actualization in a 162-bed urban community hospital. Focus groups were used to gather qualitative data. Study participants completed a detailed questionnaire relating to the nursing peer review process to guide focus group sessions. The results of this study validated that peer-to-peer feedback through shared governance is a valuable process for supporting professional growth and development for clinical nurses (Bowen-Brady et al., 2019). Two other studies by Creta & Gross (2020) and LeClair-Smith and colleagues (2016) also collaborate these findings. According to studies conducted by Creta and Gross (2020) and George and Haag-Heitman (2015), elements of a peer review model, such as the professional practice model and the conceptual model for nurses, help foster a culture of continuous learning and clinically supports professional role actualization and practice advancement. Approaches include a commitment to shared governance, participation in clinical advancement programs, and support for engagement in professional organizations (Creta & Gross, 2020; George & Haag-Heitman, 2015).

Peer Review Programs

Nursing peer review is a formal process that has gained acceptance as a method to improve nursing safety and quality. A search of the literature demonstrated that there is no programmatic training to prepare nurses to feel comfortable giving and receiving feedback. Few studies developed and implemented peer feedback training programs using a facilitator and development of peer review committees (shared governance) (Bowen-Brady et al., 2019; Ryiz-Semmel et al., 2019). A QI project conducted by Ryziz-

Semmel and colleagues (2019) implemented an educational program that used peer feedback training over a two-year implementation period. The project aimed to equip 38 ambulatory care nurses to provide respectful and meaningful feedback after training. This study aimed to educate and train nurses on the principles of giving and receiving feedback through role-playing scenarios, discussion of effective and ineffective feedback, and development of growth opportunities. The results of this study indicated that proper education sessions with a facilitator provided the necessary support to carry out a peer feedback program focusing on strategies for dealing with conflict. Results also demonstrated that 93% of nurses described increased comfort and knowledge in providing and receiving face-face feedback after implementation (Ryiz-Semmel et al., 2019).

Two quality improvement projects demonstrated that nurse peer review outcomes are a clinically relevant, cost-effective way to promote a culture of safety (LeClair-Smith et al., 2016; Herrington & Hand, 2019). LeClair-Smith et al. (2016) found that a six-staged peer review process used with nurses with varying levels of education, experience, and specialty significantly affected two nurse quality indicators: fall and hospital-acquired pressure ulcers (HAPU) rates in an inpatient unit. The six stages included a literature review, tool development and testing, RN tool education and program implementation, second and third peer feedback sessions, and a staff survey. Feeling uncomfortable giving and receiving feedback was identified as a barrier to effective peer-to-peer feedback reported in participants' follow-up surveys. The authors recommended that for future education and professional development, additional work is needed on

giving and receiving constructive feedback to successfully implement peer review (LeClair-Smith et al., 2016).

Supportive Leadership

For nurses to feel connected to their organizations, leaders need to demonstrate support for their staff, including fostering meaningful professional development. The literature supports creating an environment that supports professional development, which nurse leaders and organizational leadership cultivate (Bowen-brady et al., 2019; Creta & Gross, 2020; George & Haag-Heitman, 2015; LeClair-Smith et al., 2016). To support growth, advancement of the profession, and a culture of patient safety, leaders must invest in nurses by identifying programmatic support, sufficient funding, and development opportunities. Nurses who are supported by their leadership to grow professionally within their workplace are best able to contribute to the success of the whole organization. The literature illustrates that an effective peer review process includes providing education for peer facilitators and nurses, and dedicating time, space, and privacy to conduct peer reviews. Mentorships, role-play, workshops that develop nurses' skills in providing and receiving feedback, and leadership support are also recommended strategies for best outcomes regarding peer-to-peer feedback (Bowen-Brady et al., 2019; Creta & Gross, 2020; George & Haag-Heitman, 2015; Ryiz-Semmel, 2019). The authors mentioned above note that nurse leaders could support team members by providing continuous support and developing a trusting environment focused on acknowledgment, recognition, and commitment to pursue excellence.

A qualitative descriptive research study conducted by nurses in a shared governance committee developed a nursing peer review process that promoted role

actualization and professional development (Bowen-Brady et al., 2019). This study showed that effective peer programs require structural and leadership support and planned education for participants to succeed. The success of the peer review process was directly related to the role of peer facilitators in supporting the unit-based process and the provision of educational programs for facilitators and nurses. In addition, nursing leadership support is essential to help nurses incorporate feedback into their professional development plan. Continuous learning requires leaders and nurses to partner closely in identifying opportunities and the protected time for nurses to enhance their skills. Research indicates that direct care nurses feel more empowered in their work settings when their managers encourage autonomy and facilitative decision-making and express confidence in employee competence (Bowen-Brady et al., 2019; Creta & Gross, 2020; George & Haag-Heitman, 2015; Ryiz-Semmel, 2019). Management must drive culture change and create work effectiveness and empowerment conditions by ensuring employees receive support for their actions and decisions, have access to information and resources, and that opportunities to learn and grow professionally are available (George & Haag-Heitman, 2015). To sustain this new culture, the executive and leadership teams must commit to a continuous learning environment fostered through ongoing peer feedback.

Nurse Perceptions and Barriers of Peer Review

The ANA provides clear guidelines for nursing peer review in the publication *"Guidelines for Peer Review"* (1988). Recommendations by the ANA for quality peer review must occur between nurses of the same rank, and it must be practice-focused. Feedback is also expected to be delivered in a timely, routine manner, foster growth and

professional development through continuous learning, and consider the nurse's level of expertise. Finally, peer-to-peer feedback should be conducted in person and not via anonymous methods (ANA, 2011). For a peer-to-peer review to be successful, participants need to feel comfortable and confident in their ability to give and receive constructive feedback. Nurse peer-to-peer feedback is not broadly implemented despite its known benefits and professional obligation to perform. The literature concludes that known peer review barriers include the lack of nurse acceptance, lack of nursing leadership support, discomfort in providing constructive feedback, lack of effective communication skills, concerns about retaliation or bullying, dishonesty, and perception as a disciplinary process (Bowen-Brady et al., 2019; Herrington & Hand, 2019; LeClair-Smith et al., 2016; Ryiz-Semmel et al., 2019; Whitney et al., 2019). The article, *"Asking for Feedback:Clinical Nurses' Perceptions of a Peer Review Program in a Community Hospital"* by Bowen-Brady and colleagues (2019), indicated that nurses require dedicated time, space, and privacy to participate in peer review, which is critical to peer-to-peer feedback's validity. Participants identified that nurses who arrived at peer review without preparing proper feedback were most likely to have a negative, unreceptive attitude. They also identified that clinical nurses lacked the skills to engage in difficult conversations. However, in this same study, positive growth in peer review knowledge grew in the 2nd year of implementing the peer review process. In addition, the participant's anxiety and apprehension decreased, contributing to an overall positive experience (Bowen-Brady et al., 2019). Similarly, two studies (LeClair-Smith et al., 2016; Whitney et al., 2016) also addressed challenges with constructive feedback, citing a need for proper training and education as a contributing factor.

In another study conducted by Padgett (2013), common vital elements were identified by study participants. The fear of reprisal, confrontation, and defensiveness by the receiving party were decisive factors cited by participants as reasons to be less than forthcoming in the peer-review process. Padgett's study included the added component measuring the degree to which professional collegiality and ethnic bias affected peer monitoring (2013). The author observed unit workflows for six months, spending approximately eight hours a week on the unit. He also interviewed 26 nurses. During these interviews, Padgett (2013) determined many of the interviewees did not provide feedback to their colleagues because of the perception that feedback would have been interpreted as criticism. The participants felt that criticisms were taken poorly and would result in conflict. The author identifies and argues that a lack of unit structure for professional nursing practice contributed to the culture of fear and inability to self-regulate (Padgett, 2013). The author concludes that self-regulation through peer-to-peer feedback and best practice sharing will not be effective without a common professional language for quality and safety. Addressing the gap in professional development to improve levels of self- efficacy as it relates to communication skills is the crucial first step of implementing a peer-to-peer feedback process. Without recognizing and confronting professional development deficits, peer-to-peer feedback practices will fail.

Patient and Safety Culture Outcomes

The Joint Commission (2017) defines a safety of culture as the pattern of individual and group beliefs, values, attitudes, perceptions, competencies, and behaviors that determine the organization's commitment to quality and patient safety. The patient safety culture aims to reduce medical errors and adverse events. It is suggested in the

research that open communication among healthcare workers can potentially improve patient safety (Bhatt & Swick, 2017). Active safety culture is a critical component of professional nursing practice that focuses on self-regulation to ensure practice is delivered safely, ethically, and competently. Peer review enhances the competence and professional development of nursing staff within all levels and settings of an organization by serving as a mechanism for nurses to measure nursing practice against professional standards for the individual nurse, unit, organization, and profession. Constructive peer feedback provides an opportunity to advance kinesthetic skill development, enhance the overall quality of care, improve patient outcomes, and further develop an environment of safety within the healthcare setting (LeClair-Smith et al., 2016; Whitney et al., 2016). In addition, peer review programs are most identified in hospitals with Magnet recognition. The ANA (2020) identifies the following components of a magnet nursing model: transformational leadership, structural empowerment, exemplary professional practice, new knowledge, and empirical quality results. Results of the literature review demonstrate that a Magnet model may positively influence peer review advancement within the nursing profession.

In a pilot study for a peer review project, the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture evaluated the impact of the nurse peer review process on the culture of safety in acute care hospitals using a pre-post-design (Herrington & Hand, 2019). Results indicated that peer review has substantial potential to improve the quality of care and a culture of patient safety (Herrington & Hand, 2019). The process of assessing the delivery of nursing care in an objective and nonjudgmental manner enables nurses to take accountability and

responsibility for their practice, raise overall practice standards, and provide the best care for patients while continuing to support staff.

A critical aspect of giving and receiving feedback is an appreciation that feedback is essential for growth in clinical practice and for developing a safety culture by providing opportunities for quality improvement. Confusion with terminology and processes related to peer review is evident in the literature, and significant gaps are identified. Even though there is a general agreement that peer-to-peer feedback is necessary, there is a substantial gap documented in the examples of peer-to-peer review in the literature and its effects on the quality and safety of patient care delivered by nurses. The studies demonstrated the lack of perceived ability to give constructive feedback and the fear of retaliation for honest feedback a barrier to successful peer-to-peer review implementation (LeClair-Smith et al., 2016). The most notable gap in evidence was adequately preparing participants to provide or receive peer-to-peer feedback. There is also little evidence related to using a peer facilitator during implementation processes.

The lack of research conducted to test and evaluate methods to improve communication skills to provide feedback is also a significant deficit. This discrepancy needs to be further explored to ensure the success of peer-to-peer review implementation. Further interventions on instructional programs that develop skills in providing and receiving feedback are needed to address these deficits to advance peer review within the profession and further develop a culture of safety within the healthcare environment. However, given the consumer-driven healthcare environment, obtaining or assuming organizational support such as financing the training, labor costs, and resources

associated with development were not mentioned in any of the reviewed literature. This omission is a glaring hole that is not addressed.

Though the literature supports that peer review and peer feedback processes provide opportunities to enhance nurse competence in a supportive environment while improving patient outcomes through quality improvement and safety measures, none of the studies reviewed reported statistically significant findings. This finding indicates the premise of peer feedback promoting nurse self-efficacy and an improved safety culture would benefit from continued research and the conduction of higher quality studies.

Next, the following theoretical framework used to guide this QI project will be discussed.

Conceptual/Theoretical Framework

Therapeutic communication is a cornerstone of nursing curricula. Effective communication between patients and interprofessional personnel is crucial for best patient outcomes as well. In peer-to-peer review, if the registered nurse (RN) has a low level of self-efficacy related to communication skills, they are more likely to not participate in peer-to-peer feedback or provide inadequate feedback (Hagemeier et al., 2014). Bandura's theory of self-efficacy, a middle-range theory developed by Albert Bandura (1977), is the conceptual framework that will be applied to examine nurse's self-perception of competence in peer-to-peer review processes. This theory provides a theoretical framework for behavior change, explaining the relationship between the perceived belief in the ability and the effect of external social factors on the individual's perceived ability (Bandura, 1977). Bandura's theory of self-efficacy is derived from Bandura's social cognitive theory, which emphasizes the role of observational learning and social experience in the development of personality. This theory lays the groundwork for Bandura's Reciprocal Determinism Model, which emphasizes an integrated model in which the main concepts that influence self-efficacy are the interaction of cognitive and behavioral, personal, and environmental factors in determining an individual's motivation and behavior (Bandura, 1977). According to this model, these factors influence each other, as well as how the individual experiences life and perceives his or her environment. The effects of these factors can change in intensity and duration depending on the situation, and not all factors affect the individual equally or at the same time. There are four interrelated cognitive processes that encompass the social cognitive theory, each influencing motivation goal attainment. These include self-observation, self-

evaluation, self-reaction, and self-efficacy (Redmond, 2016). Simply, Bandura's theory is the belief that one's sense of self-efficacy can play a significant role in how one approaches goals, tasks, and challenges. Those with self-efficacy believe they can perform well and are more likely to view complex tasks as something to be mastered rather than something to be avoided.

The basic premise behind the self-efficacy theory is that performance and motivation are determined by how effective people believe they can be. There are four key concepts in Bandura's theory of self-efficacy. Bandura elaborates the domains of the self-efficacy theory as performance outcomes, vicarious experience, verbal persuasion, and physiological feedback (Bandura, 1977).

Under the first domain, performance outcomes, individuals are influenced by their previous performances, and the outcome of future performances is affected by the positive or negative results of their previous efforts. If the individual has experienced success in the past when they attempted the task or a similar task, this success becomes internalized, and they believe they will duplicate success with similar tasks (Bandura, 1977). Vicarious experience, the second domain, deals with the individual's perception that they will succeed or fail at a task by observing. If the individual watches someone like them succeed at the task or a similar task, they are more likely to believe they will be successful and thus engage in the activity. Conversely, if the individuals witness their perceived equal fail, they are more likely to believe they will fail as well and therefore are less likely to make similar attempts at the task (Bandura, 1977). The third domain of Bandura's theory of self-efficacy is verbal persuasion. An individual is more likely to attempt a task if external forces verbally confirm their belief that the individual will be

successful (Bandura, 1977). In this domain, verbal persuasion can positively or negatively affect self-efficacy by encouragement and discouragement given to an individual about their performance, regardless of the source. Lastly, physiological feedback or emotional feedback affects self-efficacy via emotional investment or stimulation associated with the task (Bandura, 1977). Feelings of excitement, anticipation, or ease will increase the individual's self-efficacy and increase the chance that they will attempt and be successful at the task. On the other hand, feelings of nervousness, anxiety, or fear will negatively influence the individual's confidence in their ability to complete the task successfully.

The figure below illustrates Bandura's Sources of Self-Efficacy.

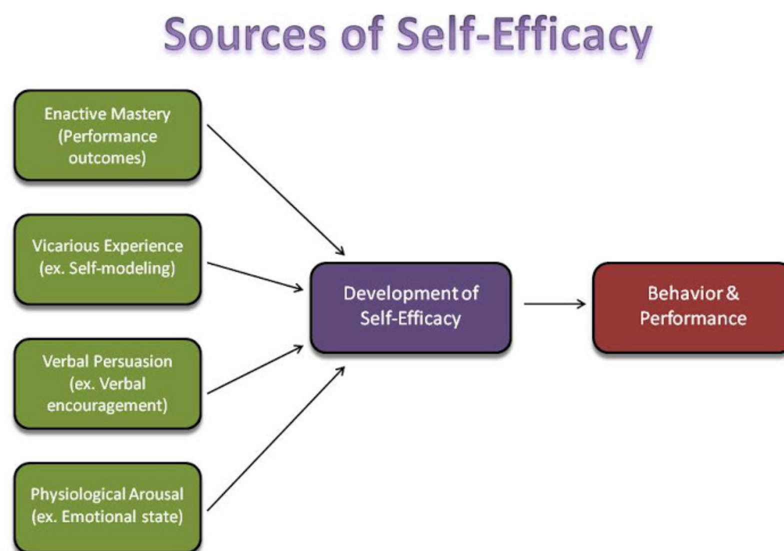

Figure 1. Bandura's four sources of Self Efficacy Beliefs (Bandura, 1977)

Bandura's theory provides a theoretical foundation for why and how professional development sessions improve communication skills between peers and positively affect the participants' perceived self-efficacy as it applies to providing constructive feedback

during peer-to-peer feedback. This theory provides a rationale for how perceived self-efficacy can negatively or positively impact a nurse's ability and willingness to participate in peer-to-peer review based on their perceived ability to provide constructive, nonpunitive feedback. Application of Bandura's theory provides a theoretical foundation for why and how peer feedback sessions can improve communication skills between peers and positively affect self-efficacy. By providing nurses with the opportunity to either experience or witness their peers successfully giving and receiving constructive feedback in a safe and supportive environment, the nurse will experience perceived self-efficacy, internalize those experiences, and feel more positively about their capabilities. Based on Bandura's theory of self-efficacy, it is essential that self-efficacy beliefs regarding communication abilities, specifically the perceived ability to deliver constructive and honest feedback, be addressed via professional development for nurses.

Next, methods will be discussed.

Methods

Setting

This project was conducted at Rhode Island Hospital, a 719-bed Level 1 Trauma teaching hospital in southeastern New England.

Participants

The targeted population for this project was a cohort of 25 full and part-time new graduate nurses participating in the Nurse Residency Program. Inclusion criteria consisted of full-time and part-time nurses with a diploma, associate, or bachelor's degree in nursing with less than 12 months of experience. Exclusion criteria included ancillary staff, management, administrative staff, and nurses with greater than 12 months of experience due to their significantly different roles and scope of practice. A control group was not used, as the intervention was open to all graduate RNs in the Nurse Residency Program. The Advanced Practice Manager, nurse educators, and Nurse Residency Program Coordinator discussed and supported this project.

Intervention

The design of this quality improvement program development project included a pre-survey (Appendix A), a recorded PowerPoint® presentation, professional development educational intervention, and a post-survey (Appendix A). The questionnaires were designed to evaluate nurses' self-efficacy regarding coping and adaptation abilities as it applies to providing nonpunitive constructive feedback to peers. The educational session was then followed by a post-evaluation survey (Appendix B).

With hospital support, a professional development in-service focused on improving peer feedback skills between nurses was created by this author. Led by nurse

educators within the organization and with the session facilitated by this author, the in-person interactive session was delivered to participants in a 30-minute professional development class divided into four parts. The course curriculum was designed, and sessions were conducted by this author. A pre-survey questionnaire was provided to participants at the beginning of the course, and the participants were informed that completion implies their consent. Participants were asked to write their month and day of birth on the questionnaire in order to correlate pre-post surveys. Preceding the educational session, a PowerPoint® presentation provided course objectives that included defining peer-to-peer review, identifying the relevance of peer review, learning the communication pillars of feedback, and demonstrating the ability to confidently participate in feedback in the roles of the nurse. The PowerPoint® also included a video example demonstrating basic, effective nurse-nurse communication skills and a case scenario with an example of recommendations or ways to respond and improve communication to a nurse colleague within a problematic interaction. One-month post-intervention, participants completed the same questionnaire, and a comparison of aggregate scores were completed.

Addressing the concerns of staff identified as a barrier to providing feedback is the first component of the course. By immediately addressing the potential physiological ramification of feedback, participants are more likely to buy into the feedback process. As previously discussed, anxieties identified in the literature include fear of reprisal, fear of hurting someone's feelings, and fear of feedback being used to punish or harm the recipient's career (Padgett, 2013). These concerns and coping strategies to address these fears were addressed through an open forum between facilitator and participants. The

second component incorporated into the session was vicarious experience through the case scenario. Nurses in the course participated in the interactive case scenario that showed a poor example of nurse-nurse communication and how to change and improve that scenario to a well-executed peer-to-peer feedback situation. This portion of the session was followed by group reflection. The third component of the course was based on verbal persuasion. Participants were asked to reflect on the activity briefly and identify strengths, weaknesses, and areas in which there could be an improvement and a solution or idea to improve their future performance as nurses in their role of peer-to-peer communication. At the end of the session, the instructor facilitated a performance feedback wrap-up. The facilitator asked participants to reflect on previous experiences when providing feedback and identify how they would use the skills gained during the session to improve their own feedback skills.

At the end of the session, the participants were given the task to utilize the communication techniques taught during the session for one month on the unit they were currently training. After the conclusion of the discussion period, a program evaluation form was provided, in which participants gave feedback regarding whether course objectives were met, the quality of the presenter, and improvements that could be made in the course. These forms were placed in a plain manilla envelope at the end of the session for each participant to submit anonymously. A post-survey was given to the participants at their next scheduled class, which occurred one month later.

Measures

The desired outcome of this quality improvement project was to illustrate that a communication-focused professional development program increased nurses' self-

perception of self-efficacy, thus improving communication in providing constructive peer-to-peer feedback. The outcome was evaluated based on the comparison of the pre- and post-questionnaires following the educational intervention. Participants were asked to complete an adapted online questionnaire, General Self-Efficacy Scale (GSES), prior to participating in the professional development session and were asked to complete the same GSES questionnaire one-month post-intervention. This scale was used to assess a general sense of perceived self-efficacy regarding coping and adaptation to stressful events. The GSES questionnaire is a short seven item self-administered assessment that takes approximately two to three minutes to complete according to the authors' instructions for use (Schwarzer & Matthias, 1995). The GSES tool measures self-efficacy strength by asking the participant to respond to a series of statements using a Likert scale rating system. The participant rates their perceived ability as it related to the statement on a 4-point Likert-type scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true). This tool is intended to be used as a summated rating scale. However, the participants' final score can be calculated in two ways: A final sum of all seven responses or a mean of the responses. Higher scores are associated with better self-efficacy. The authors note in their instructions that the tool demonstrated validity and reliability (Schwarzer & Matthias, 2014). Several studies have shown that the GSE has high reliability with Cronbach's alpha between .76 and .90, stability, and construct validity (Schwarzer & Jerusalem, 1995).

Analysis

To analyze the effectiveness of this professional development session, descriptive statistical analysis was used to calculate and analyze the pre-and post-intervention GSES

scores utilizing percentiles and total mean scores. With the use of mean scores, questions one through seven were analyzed and then compared for the value of change from the pre-survey to post-educational intervention post-survey.

Ethical Considerations

Permission for this project was obtained by the Lifespan Institutional Review Board (IRB) and the Rhode Island College IRB (Appendix C). Before project implementation, administrative approval (Appendix D) was requested and obtained by the hospital's chief nursing officer, nursing education committee, Nurse Residency program director, and designated advanced practice managers. After the determination of the plan was made for the initiation of this project, an informational email (Appendix E) was sent to all registered nurses in the Nurse Residency Program one week prior to implementation by this author, describing the purpose and goals of this quality improvement project, along with a description of the professional course details and a brief overview of the course. The email also included information regarding the course's date, time, and location and that the anonymous completion of the educational intervention was voluntary and confidential.

Next, results will be discussed.

Results

Of the twenty-five RNs attended the peer feedback professional development session, 12 (N=12, 48%) completed both the pre- and post-GSES survey questionnaires. Two incomplete surveys were excluded due to the participant's failure to complete at least 80%. An additional 11 pre-surveys were excluded as the participants did not return one month later for the post-survey. Self-efficacy was measured using a 7-point Likert scale that ranged from 1-not at all true, 2-hardly true, 3-moderately true, and 4-exactly true. The mean pre-GSES score of all participants was 18.8%. The mean post-GSES scores of all participants was 22.8%. The pre-GSES scores ranged between 16 to 21 with the post-GSES scores ranging between 21 to 25. Mean scores were analyzed for each question and compared. When comparing the mean scores, there was a four-point increase between the mean pre-GSES score and the mean post-GSES score. In addition, when all seven questions were analyzed individually, it was found that there was an overall trend to the right in the percent of participants who selected 3 (moderately true) or 4 (exactly true) on the post GSES questionnaire. When the questions were examined individually, the mean scores of each of the 7 individual questions on post-GSES was greater than the mean scores of the 7 individual questions on the pre-GSES questionnaire. Table 1 displays the individual question mean scores for pre and post survey questionnaires.

Table 1

Pre- and Post-GSES Individual Question Mean Scores

	PRE-GSES		POST-GSES	
QUESTION	**N**	**Mean**	**N**	**Mean**
1	12	2.66	12	3.00
2	12	2.83	12	3.25
3	12	2.75	12	3.25
4	12	2.75	12	3.16
5	12	2.83	12	3.58
6	12	2.50	12	3.25
7	12	2.33	12	3.33

Question 7 showed the most improvement with a 42.9% increase in scores. This question asked, “When I’m confronted with a difficult peer interaction, I can usually find several solutions.” For the pre-survey, participants chose hardly true (66%, n=8) or moderately true (33%, n=4). For the post survey participants chose moderately true (66%, n=8) or exactly true (33%, n=4). Question 1 “I can always manage to solve difficult problems when providing feedback to my peers” showed the least improvement with a 12.7% increase in scores. For the pre-survey, participants chose hardly true (33%, n=4) or moderately true (66%, n=8). All 12 participants (100%) chose moderately true for the post-survey. There was a significant percentage increase with each individual question from pre-survey to post-survey. Table 2 displays the percentage increase for each individual question.

Table 2

Percentage Increase by Individual Question

	PRE-GSES	**POST-GSES**	**% INCREASE**
QUESTION	**Mean**	**Mean**	
1	2.66	3.00	**12.7%**
2	2.83	3.25	**14.8%**
3	2.75	3.25	**18.1%**
4	2.75	3.16	**14.9%**
5	2.83	3.58	**26.5%**
6	2.50	3.25	**30%**
7	2.33	3.33	**42.9%**

Results show that participants improved their overall perceived self-efficacy to provide their peers feedback during peer-to-peer feedback after participating in the professional development session.

Next, the summary and conclusion will be discussed.

Summary and Conclusion

Peer feedback is an essential part of professional nursing. The literature has revealed that peer feedback is a driving force to provide the opportunities to advance skill development, promote quality improvement, and support a culture of safety. In the medical workplace, regular feedback can build trust, motivate employees, and reduce turnover. A critical component to empower nurses to engage in peer-peer feedback to provide them with the communication and interpersonal skills necessary to provide and accept feedback. The lack of research conducted to test and evaluate methods to improve communication skills to provide feedback is a significant deficit. This gap needs to be further explored to ensure the success of peer-to-peer feedback implementation. Further interventions on instructional programs that develop skills in providing and receiving feedback are needed to address these deficits to advance peer review within the profession and further develop a culture of safety within the health care environment. This quality improvement was created due to the observed lack of communication skills within nurses.

A quality improvement project was created utilizing a pre-survey, educational intervention, and post-survey which was guided by the Bandura Self Efficacy Model (Bandura, 1977). This model allowed this researcher to develop and deliver an evidence-based program in an attempt to increase nurses perceived self-efficacy in providing feedback to their peers. The purpose of this project was to increase self-efficacy to successfully provide meaningful, constructive feedback to peers aimed to improve communication skills. The educational content presented to the nurse participants included information obtained through extensive literature review. This content was

presented as part of the Nurse Residency Program in the form of a 30-minute PowerPoint® presentation that included interactive material such as case scenario examples and video. Before execution of the project, approval was sought and obtained through both Rhode Island College and the individual hospital institutional review board. Nursing staff was notified of the forthcoming educational session from this researcher in the form of a recruitment email one week prior. Pre-survey questionnaires were given to participants before the educational intervention and post-surveys were given one month post intervention. One month was allowed for participants to practice such communication techniques provided in the session and carry it with them in practice. Both pre and post survey questionnaire responses were recorded, and data was collected in aggregate fashion. This data was used to assess for improved self-efficacy regarding communication skills.

Twelve out of 25 nurses (48%) from the nurse residency program completed both the pre-survey, post-survey, and educational intervention. This was confirmed by matching participant ID's. Both pre and post surveys were comprised of identical questions in identical formats. Each section of each survey was evaluated individually. All questions were part of a modified GSES and were based on data and information gathered from the extensive literature review. This quality improvement project found that overall, self-efficacy increased from 18.8% to 22.8% post intervention. Each individual question from 1-7 showed a marked increase in pre-survey and post-survey scores following the educational intervention one month later.

Post-intervention, a post evaluation form was passed out to the original 25 participants. All participants completed the evaluation form. The components the

participants most enjoyed in the session was the use of the video, the case scenarios on how to respond with effective communication to negative situations, and just learning about the overall peer-to-peer feedback process. Three out of 10 participants wrote that they would have liked the addition of role-playing scenarios.

Communication-focused professional development sessions for RNs increased their perceived self-efficacy to provide feedback to their peers during peer-to-peer feedback. Based on Bandura's theory of self-efficacy, the participants' increased perceived self-efficacy to provide feedback achieved through the professional development session will influence their ability to engage in successful delivery and acceptance of feedback during peer-to-peer interactions.

Limitations

There were some limitations identified in this quality improvement project. Nurses worked various shifts and educational sessions were scheduled one time monthly. The times selected were not ideal for all the 25 nurses, as sessions took place during work hours, or they were coming off shift. The sample size used was relatively small from one organization, which limits the generalizability of the results. A major concern in this project was a lack of mandatory attendance. There was a total of 25 full and part-time nurses and only 12 participated in completing the pre and post survey and attended both the first and second session. The validity of the results from this project may be decreased given the small number of nurses who participated. Should a similar quality improvement project be replicated, it is recommended to include a larger group of participants to validate the positive results of this project. It is also recommended to make the class mandatory and a paid education day.

Next, recommendations and implications for future practice will be discussed.

Implications to Nursing Practice

This project exemplifies that nurses struggle to communicate with the perceived un-receptive nurse. However, nurses are expected to treat their colleagues with respect and communicate professionally. Role modeling, coaching, and mentoring more adaptive coping skills may reduce the nurse's reluctance to provide peer feedback.

Education and participation of nurses at the unit level are critical to moving forward with the acceptance and practice of informal peer feedback processes. Nurses' outcome measures are reaching new levels of excellence, demonstrating to other health professionals and consumers the value nursing provides. In addition, increasing their skills and abilities to communicate with their nursing peers will assist nurses themselves to own the valuable contributions nursing makes every day.

These findings also have implications for organizations that are considering developing peer-to-peer feedback programs, as well as organizations with established peer-to-peer feedback programs. This project demonstrated the need for nursing leadership and educators to engage nurses in peer-to-peer feedback training and education. For a more robust and thorough peer-to-peer experience, participating RNs need to feel confident in their communication skills to deliver effective, timely, and adequate feedback to their peers. Preparing them starts with improving their perceived ability to do so through training and education. Nursing leadership should consider offering a course during RN orientation for organizations that do not currently provide professional development for RNs to improve their feedback skills.

The value of the session was assessed through the program evaluation form and revealed that participants believed this to be a positive experience. Though some aspects

of the process warrant change, the overall peer feedback session enhanced clinical practice for those involved.

APRNs are increasingly important in healthcare as they are crucial in advocating for change that benefits the profession. The peer feedback process is a component of professional practice, and APRNs should be active in this process. As role models and leaders, we must lead the charge to embrace our professional development. By participating and encouraging in the peer feedback processes, the APRN leads by example, fosters professional growth, and helps ensure the quality of nursing care by participating in, demonstrating, and implementing newly discovered evidence-based practices. Evaluating communication in the daily work environment and recognizing its relationship to patient safety is a continuing aspect of the APRN's role. As the APRN personifies, promotes, and facilitates effective communication skills with staff, each unit's atmosphere transforms into a true safety culture.

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Appendices:

Appendix A

Altered General Self Efficacy Scale - Pre/Post survey Questionnaire

Participant ID________________________ (**MONTH + DAY** of birthdate)

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems when providing feedback to my peers.	1	2	3	4
2. If my peer disagrees with me, I can find ways to carry a constructive conversation to find resolution to the disagreement.	1	2	3	4
3. I am confident that I could deal efficiently with unexpected reactions to feedback from my peer.	1	2	3	4
4. Thanks to my resourcefulness, I know how to handle unforeseen situations while providing feedback to my peers.	1	2	3	4
5. I can solve most problems I come across while providing feedback to my peers if I invest the necessary effort.	1	2	3	4
6. I can remain calm when nervous or fearful of providing peer to peer feedback because of my coping abilities	1	2	3	4
7. When I am confronted with a difficult peer interaction, I can usually find several solutions.	1	2	3	4

Appendix B

Program Evaluation Form

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
I was satisfied with the course overall					
This course enhanced my knowledge and skills of the subject matter					
This course provided content that is relevant to my daily job					
	5 = Excellent	4 = Above Average	3 = Average	2 = Below Average	1 = Poor
How would you rate the quality of the course content?					

Name the things you enjoyed most in this course.

How do you think the course could have been improved?

Appendix C

Rhode Island Hospital Lifespan IRB Approval Letter

Research Protection Office
Office of Research
Coro East, Suite 1A, Room 130
167 Point Street
Providence, RI 02903-4771
Tel 401 444-6246, Fax 401 444-7960

E. P. Bradley Hospital
Rhode Island Hospital
The Miriam Hospital
Newport Hospital
Gateway Healthcare

January 4, 2023

TO:	Jean Salera-Vieira, DNP, APRN-CNS, RNC
FROM:	Research Protection Office
SUBJECT:	IRB Determination: NOT RESEARCH

PROJECT TITLE:	[1956541-1 and 2] Peer-to-Peer Feedback: Professional Development to Improve Feedback Skills
CMTT/PROJ:	413922

DETERMINATION:	NOT RESEARCH
EFFECTIVE DATE:	January 3, 2023

This package has received Administrative Review based on applicable federal regulations and institutional policy. The Lifespan IRB 2 reviewed the New Project package as part of the above referenced project title in accordance with 45 CFR 46 and determined this project is MODIFICATIONS REQUIRED.

Based upon the information provided in this package:
The activity is NOT RESEARCH; 45 CFR 46 does not apply. *Research* means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

An Activity Report is due by January 2, 2025 to confirm if the activity is ongoing or complete. The Activity Report is due 60 days before the Next Report Due date.

If you have any questions, please contact Erica Crossman at (401)444-3527 or ecrossman@lifespan.org. Please include your project title and CMTT/PROJ or IRBNet ID in all correspondence with this committee.

Lifespan Research Data Policy
Any research data that includes Protected Health Information (PHI) or a Limited Data Set (LDS), as defined by HIPAA Regulations, may only be stored on:

1. Lifespan managed storage platforms that comply with Lifespan policy "HSP-86.1 Data Backup and Storage Policy";
2. Lifespan managed computer workstations that comply with policy "HSP-90 Workstation Use Policy"; and
3. Mobile devices that comply with "HSP-102 Mobile Device Management Policy".

This includes data that originates from a Lifespan affiliated Covered Entity, personally identifiable information of Lifespan employees, or data originating from Lifespan or its affiliates that is classified as confidential.

Generated on IRBNet

Rhode Island College IRB Approval Letter

From: NoReply@TOPAZTI.net <NoReply@TOPAZTI.net>
Sent: Friday, January 27, 2023, 9:44 AM
To: Salera-Vieira, Jean <jsalera1@ric.edu>; Institutional Review Board - Rhode Island College <irb@ric.edu>
Subject: IRB: #2223-2404 (Salera-Vieira, Jean) approved

Greetings,

The proposal for the project referenced below has been DETERMINED NOT HUMAN SUBJECTS by the Institutional Review Board (IRB) BECAUSE IT IS A QUALITY IMPROVEMENT PROJECT.

Do not reply to this "RIC_Elements" email address because it will not be received by the IRB. Send all correspondence to IRB@ric.edu.

Best Regards,

Emily Cook, Ph.D.
Professor
Chair, IRB
Rhode Island College
IRB@ric.edu

Project title: Peer-to-Peer Feedback: Professional Development to Improve Feedback Skills

Click here to access the
protocol: https://ricprod.topazti.net/Elements?emailLink=11%2c102%2c125348

Appendix D

Administrative Approval

September 20, 2022

To Whom It May Concern:

I am aware that Erica Cabral one of our ICU nurses, will be conducting a quality improvement project at Rhode Island Hospital/Hasbro Children's Hospital regarding, *Peer-to-Peer Feedback: Professional Development to Improve Feedback Skills.*

I am in full support of this project and will provide any assistance necessary. I am also looking forward to the results.

Sincerely,

Cindy Danner, DNP, RN, NE-BC
Senior Vice-President, Chief Nursing

Appendix E

Informational Email

February 6, 2023

Dear new nurse graduates,

My name is Erica Cabral, and I am a nurse on ICCU (intermediate coronary care unit) and a graduate student at Rhode Island College. A portion of the master's student curriculum requires that I complete a project. I have decided to create a quality improvement project for new graduate nurses in the Nurse Residency Program.

You are invited to participate in a quality improvement project titled Peer-to-Peer Feedback: Professional Development to Improve Feedback Skills. This project aims to evaluate the effect of a communication-focused professional development session on new graduate Registered Nurses (RNs) as it relates to their self-efficacy. In addition, this project will provide successfully meaningful, constructive feedback to peers and improve communication skills.

All full or part-time new graduate nurses in the Nurse Residency Program are encouraged to participate. However, participation is entirely voluntary. Should you agree to participate, you will be asked to attend a 30-minute educational session, along with completing a seven-question pre-survey questionnaire and then the same questionnaire one month later, anticipated to take 2-5 minutes each. There are no questions that should cause you discomfort. If you do not want to complete either test or attend the educational session, you may withdraw participation at any time.

The questionnaires from this project will be kept confidential and anonymous, and none of the information you provide will have your name or any other identifying information. You will only be asked to indicate your birthdate (month and day), which will be used for data collection. The tests will be placed in an envelope, and test responses will be kept anonymous.
The education session will begin March 21, 2023 at 7:00 AM at Nursing Arts 106. I sincerely appreciate you taking the time to read this email and consideration to participating in this program. Should any questions arise about this project, I encourage you to contact me at ecunha_5093@email.ric.edu or Dr. Salera-Vieira at jean.salera-vieira@lifespan.org

Sincerely, Erica Cabral, BSN, RN
Ecunha_5093@email.ric.edu
Rhode Island College