Preliminary Investigation of Continuous Self-Improvement & Nursing Student Clinical Performance

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Background

Competitive Greatness

John R. Wooden's father shared two principles which were a major influence for his life: (1) "Don't try to be better than someone else, and (2) Always try to be the best you can be" (Wooden & Carty, 2005, p. 17). The first principle was a reminder that a successful life does not find peace of mind by comparing one's self to others. There is an interconnection between the second principle and Wooden's competitive greatness construct (CG). The definition of CG: "Be at your best when your best is needed. Enjoyment of a difficult challenge" (Wooden & Carty, 2005, p. 90).

Competitive greatness is linked to continuous self-improvement. By making the focus of life primarily on individual growth and development, there are endless opportunities to expand our skills and abilities. In Wooden's words: "We don't have be superstars or win championships to reach competitive greatness. All we have to do is learn to rise to every occasion, give your best effort and make those around us better as we do it. It's not about winning. It's about learning to give all we have to give" (Wooden & Carty, 2005, p. 91).

Wooden created a pyramid of success as guide to the continuous self-improvement process. In his books, Wooden provides explanations for each of the 15 building blocks. Key words for each block are: (1) hard work and planning (Industriousness), (2) enjoyment (Enthusiasm), (3) mutual esteem & devotion (Friendship), (4) beneficial work (Cooperation), (5) self-respect (Loyalty), (6) discipline (Self-Control), (7) observation & open-mindedness (Alertness), (8) decisions & action (Initiative), (9) realistic goals (Intentness), (10) physical, mental, moral, & spiritual (Condition), (11) timing & performance (Skill), (12) eagerness & sacrifice (Team Spirit), (13) true to self (Poise), (14) respect without fear (Confidence), and (15) loving a difficult challenge (Competitive Greatness).



Background (cont'd)

10-80-10 Principle

According to Urban Meyer (2015, pp. 161-162),

> There is a theory about human behavior called the 10-80-10 principle ... Think of your team or your organization as a big circle. At the very center of it, the nucleus, are the top 10 percenters, people who give all they've got all the time, who are the essence of self-discipline, self-respect, and the relentless pursuit of improvement. They are the elite—the most powerful component of any organization ... Outside the nucleus are the 80 percenters. They are the majority—people who go to work, do a good job, and are relatively reliable. The 80 percenters are for the most part trustworthy and dutiful, but they simply don't have the drive and the unbending will ... The leadership challenge is to move as many of the 80 percenters into the nucleus as you can. If you can expand the top 10 percent into 15 percent or 20 percent, you are going to see a measurable increase in the performance of your team.

Continuous Self-Improvement (CSI)

In the academic environment, Wooden's competitive greatness can be linked to Continuous Self-Improvement (CSI). By focusing on individual growth and development, there are endless opportunities to expand our skills and abilities. Meyer's 10-80-10 principle estimates that 10 percent are in "… relentless pursuit of improvement" or CSI. In Figure 1, we have an example of a CSI nursing student functioning at an exceptional level of engagement, deeper learning processing of material from textbook readings and lecture presentations. Using an intrinsic reward system, they internalize content and concepts and continuously apply them in new, unique ways. These students appear to feel the satisfaction and receive the validation they are going to be excellent nurses. Not only do they understand the scientific and theoretical aspects of nursing, but they also demonstrate the art and caring nature of an excellent and compassionate nurse.

Viewing performance on a continuum (4=Exceptional, 3=Exceeds Expectations, 2=Meets Expectations, 1=Improvement Needed/Unsatisfactory), Figure 2 reflects level two (i.e., meeting expectations) and Figure 3 reflects level one. A majority of nursing students (i.e., non-CSI) appear grouped in Meyer's 80 percent category who meet the requirements of their nursing program requirements. They obtain their BSN degree, state licensure, and are successfully employed RNs. The CSI students appear to regularly offer higher levels of patient care, demonstrate higher level of performance on their clinical paperwork (e.g., care plan, concept map, lab analysis, medical information). They more frequently demonstrate a "big picture" understanding by being able to reliably answer five questions: (1) What did I learn about the patient? (2) What concepts can I apply from my course's theoretical component? (3) What connections can I find between a variety of variables? (4) What directed my care? (5) How and why did I perform the tasks?

Methods

The second author evaluated nursing students on a weekly basis regarding their clinical performance in providing patient care. Evaluations were based on seven operational behaviors. Since the medical-surgical course is a 16-week course, he was able to collect weekly intervals of how the CSI (Meyer's 10% estimate) and non-CSI (Meyer's 80% estimate) students spent their time on clinical setting objectives and behaviors. The evaluation used three criteria: on intermittent direct observation, the clinical evaluation tool, and the electronic health record. Student performance on the seven behaviors provided a weekly behavioral measurement.

Findings

Using SPSS 25 (independent t-test), a significant difference was found between the CSI and the non-CSI students (p=.001). Examples of one operational performance behavior: *Non-CSI:* Regarding the electronic health record (EHR), student uses the rubric to determine the type of clinical paperwork to complete as well as to guide their practice. *CSI:* Regarding the electronic health record (EHR), student completes clinical paperwork, consults with interdisciplinary healthcare professionals and their peers to deliver patient care.

References

- Meyer, U. with Coffey, W. (2015). Above the line: Lessons in leadership and life from a championship season. New York: Penguin Press.
- Wooden, J. & Carty, J. (2005). *Coach Wooden's pyramid of success.* Ventura, CA: Regal Books.

Figure 1

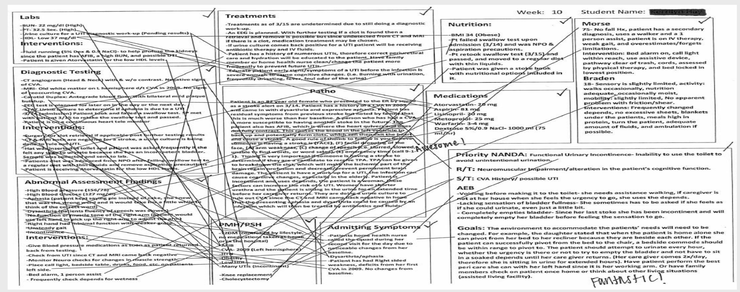


Figure 2

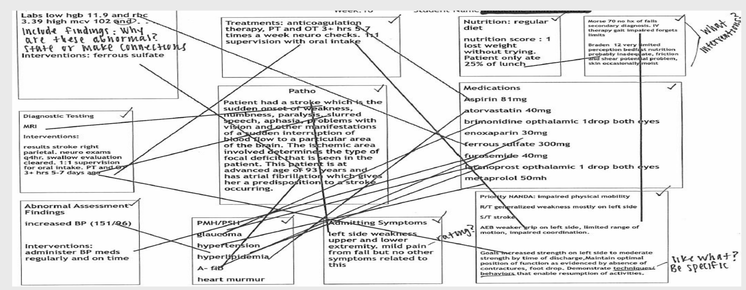


Figure 3

