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Original Article

Effects of attribution retraining on the perceived career barriers of undergraduate nursing students



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ABSTRACT

Background/purpose: To evaluate the effects of attribution retraining on the perceived career barriers of undergraduate nursing students and to foster positive attributional styles.

Methods: Ninety-four undergraduate nursing students were recruited and randomly divided into two groups: the attribution retraining group and the control group. All students were assessed by the perceived career barriers inventory before and after the eight-week study. **Results:** Attribution retraining significantly influenced the students' perceived career barriers. The mean scores of vocational knowledge, professional knowledge, and social ability of the experimental group were significantly reduced compared to the control group ($p < 0.05$).

Conclusion: Attribution retraining provides opportunities for improving the undergraduate nursing students' vocational knowledge, professional knowledge, and social ability. Attribution retraining should be encouraged in undergraduate nursing programs in order to reduce the nursing shortage in mainland China.

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1. Introduction

The shortage of nurses is a global crisis. This shortage adversely impacts the health and well being of the populations in both developing and developed countries [1]. Accordingly, 96.1% of undergraduate nursing students are employed six months after graduation [2]. But there was a very high level of unemployment and underemployment of nurses at the same time [3]. In a recent survey of undergraduate

nursing students, perceived career barriers were at a moderate level [4].

Perceived career barriers are career-related barriers that an individual believes currently exists or may be encountered in the future. These barriers are not necessarily based on factual information [5]. Perceived career barriers have a direct impact on a nursing student's decision-making process. Weiner's attribution theory [6] provided a useful theoretical framework to increase our understanding of the role that perceived barriers play in career development. It pointed out that causal

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attributions and the influence of attributions would cause different emotions and behaviors. Furthermore, attributions have an important impact on individual motivation and behaviors associated with future events [7]. Attribution retraining utilized in this study was based on Weiner's attribution theory.

Attribution retraining is a therapeutic approach classified as a psychological intervention method. It is designed to change maladaptive attributional styles to more adaptive ones by changing the rationalization of explanations for problems [8]. The aim of attribution retraining is to modify the thought process and therefore the behavior. Attribution retraining has led to improvements in obsessive-compulsive disorders, depression, anxiety and self-blame [9–11]. There is a link between maladaptive attributional styles and students' reading comprehension in strategy instruction [12] and elaborative learning [13].

In this study, we utilized attribution retraining to target undergraduate nursing students' automatic thoughts regarding employment. We sought to change negative attributions to positive attributions by offering alternative explanations. The purpose of this study was to employ attribution retraining in order to evaluate whether it would be useful in reducing perceived career barriers in mainland China.

2. Materials and methods

2.1. Participants

One hundred undergraduate nursing students at the University of South China voluntarily enrolled in the attribution retraining activity. They were sequentially divided into two groups according to the random number table and single-blind method. The test group ($n = 50$) received daily teaching activities in addition to attribution retraining and the control group ($n = 50$) received daily teaching activities. The inclusion criteria for the study were as follows: (1) full-time undergraduate nursing student; (2) no mental disorders; and (3) willingness to join the study. After eight weeks, six participants had quit the study. The final sample size was 94 undergraduate nursing students. There were four males (4.26%) and 90 females (95.74%), ranging from 18 to 23 years old. The attribution retraining group was comprised of 46 students (all female, average age of 21.26 ± 0.77 years). The control group was comprised of 48 students (4 male and 44 female students, average age of 21.17 ± 0.86 years).

2.2. Instruments

Demographic details of the students included age, gender, student leader, social activities, family structure, academic performance, satisfaction with nursing, family source and per capital monthly income of family.

The perceived career barriers inventory, developed by Xue-Mei Wu [14], was used to measure students perceived career barriers before and after the study. The test involved 37 items from six categories: vocational knowledge, professional knowledge, social ability, family background, employment competition and attitude of relatives. The former three are internal barriers, and the others are external barriers. It was a

self-administered test using a four-point Likert scale (each item scores from 1 to 4). A higher score indicated a higher perceived career barrier. The test was valid and reliable (Cronbach's α across the full scale was 0.885 and each subscale range from 0.714 to 0.812, RMSEA = 0.032, NFI = 0.0985, CFI = 0.993, $\chi^2 = 14.412$, $df = 8$). The items of the perceived career barriers inventory were presented in Table 1.

2.3. Procedures

Attribution retraining was developed from March 2014 through May 2014. We surveyed the undergraduate nursing students to determine some of the most frequent nursing employment problems in order to design our attribution retraining approach. The attribution retraining was administered by a panel of six researchers, including a clinical psychologist (responsible for supervision of activities), three postgraduate nursing students (responsible for explaining attribution retraining topics and summaries, answering questions and material preparation), and two undergraduate nursing students (responsible for supervising and adjusting the atmosphere of activities). In order to maintain the integrity of the attribution retraining, the researchers were trained in standardization retraining, recorded each step of the intervention plan and reported to the clinical psychologist prior to the subsequent session.

The participants were divided into different attribution retraining subgroups according to the sequence of the student number. Each subgroup consisted of seven to eight participants. Each attribution retraining activity lasted for 60 minutes and was held weekly for eight weeks. The specific topics were as follows: 1) the knowledge of attribution; 2) the comprehensive understanding of oneself; 3) attributions for positive events; 4) attributions for negative events; 5) rebuilding attributional styles and practicing new behaviors; 6) watching the movie *The Pursuit of Happyness*; 7) consolidating new attributional styles and behaviors; and 8) sharing future plans.

2.4. Ethical considerations

Approval for the research was obtained from the University of South China Ethics Committee prior to the study. The nursing students were informed of the purpose of the study and voluntarily participated in the study. Perceived career barrier responses were anonymous throughout the study.

2.5. Data analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) 18.0 (SPSS Inc. Released 2009. PASW Statistics for Windows, Version 18.0. Chicago, IL: SPSS Inc.). All tests were two-sided. A p value of less than 0.05 was considered to be statistically significant. Descriptive and quantitative methods of analysis were carried out. Demographic data and students' perceived career barriers were the major variables and were analyzed with descriptive statistics (i.e. percentages, means, and standard deviations). A two sample t test or a t' test were used to compare the differences of perceived career barriers between the two groups before and after the implementation of attribution retraining.

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