Newly Graduated Nurses' Perception of Competence and Possible Predictors: A Cross-sectional Survey

SIGRID WANGENSTEEN, RN, MSN,*† INGER S. JOHANSSON, RN, PhD,‡§ MONICA E. BJÖRKSTRÖM, RN, PhD,|| and GUN NORDSTRÖM, RN, PhD ¶

The aim of this study was to describe newly graduated nurses' own perception of competence and to identify possible predictors influencing their perceptions. The target population included nurses who graduated from nursing colleges in June 2006. Data collection was carried out from October 2006 until April 2007 using the Nurse Competence Scale (NCS), the California Critical Thinking Disposition Inventory, and the Research Utilization Questionnaire. The response rate was 33% (n = 620). Pearson's chi-square test, Student t test, and regression analyses were used for statistical calculations. The respondents assessed their overall competence level as "good" and assessed themselves most competent in providing ethical and individualized nursing care. They assessed themselves least competent in evaluating outcomes and further development of patient care. Their use of competence explained between 40% (helping) and 10% (managing) of the variance within the NCS competence categories. Critical thinking (CT) was the most prominent predictor for perception of competence in all competence categories and the overall competence, alone explaining between 20% (NCS total score) and 9% (managing) of the variance. The finding that CT was a significant predictor for perception of competence may indicate that developing nursing students' CT abilities is valuable to increase newly graduated nurses' perception of competence. (Index words: Critical thinking; Cross-sectional; Nurse competence; Nurse education; Regression analyses) J Prof Nurs 28:170–181, 2012. © *2012 Elsevier Inc. All rights reserved.*

NEWLY GRADUATED NURSES, as well as graduated nurses in general, encounter people in various contexts that require various aspects of competence. Benner (1982) has defined nurse competence as the ability to perform a task with a desirable outcome under various conditions of the real world. This implies that nursing practice requires application of complex combinations of knowledge, skills, values, and attitudes (Cowan, Norman, & Coopamah, 2005). Experience with real situations is required to develop competence as an expert nurse, and recently graduated nurses are in their process of skills acquisition. This development of nurse competence takes place during work experience described as a continuum from novice to expert (Benner, 2001) based upon Dreyfus and Dreyfus' (1986) model consisting of five stages of skills acquisition from rule-guided "knowing that" to experienced-based "know how."

Nursing education in the last 30 years has evolved from an apprenticeship model to an academic model (Björkström & Hamrin, 2001; Kyrkjebø, Mekki, & Hanestad, 2002), and consequently, the amount of clinical practice has decreased. Ten years ago, a Swedish study questioned if the development toward an academic nursing education has lead to dividing nursing education into one abstract and academic part and another part that includes practical knowledge acquired in clinical contexts (Furåker, 2001). The importance of clinical practice as a learning context is

*Doctoral student, Department of Nursing, Karlstad University, Sweden.
†Gjøvik University College, Norway.
‡Associate professor, Department of Nursing, Karlstad University, Sweden.
§Professor, Gjøvik University College, Norway.
||Senior lecturer, Department of Nursing, Karlstad University, Sweden.
¶Professor, Department of Nursing, Karlstad University, Sweden.
Address correspondence to Sigrid Wangensteen: Gjøvik University College, Norway. E-mail: Sigrid.Wangensteen@hig.no
8755-7223/11/$ - see front matter

doi:10.1016/j.profnurs.2011.11.014

© 2012 Elsevier Inc. All rights reserved.

stated in the European Union (EU) directives requiring that clinical studies should make up 50% of nursing education. This is in line with Benner's (2000) statement that nurses learn to be practitioners through education and socialization into practice by other nurses.

A qualitative Norwegian study report that nurses by graduation expect from themselves to have the necessary competence to perform nursing (Sæther, 2003). The first period as a graduated nurse is reported to be dominated by gaining access to the workplace context (Ohlsson, 2009). Further, it has been reported that newly graduated nurses feel that they belong to neither the academic nor the professional environment (Bisholt, 2009). The theory–practice gap reported in nursing (Hutchinson & Johnston, 2004; Maben, Latter, & Clark, 2006; Meijers et al., 2006) may reflect the difference between what students learn in safe and controlled conditions during education and the requirements by health care leaders and colleagues (Burns & Poster, 2008). This theory–practice gap may however also be described as a gap between the theories that are taught by former professionals based on how they would like to have practiced and the activities carried out by current practitioners (Eraut, 2004).

The awareness of nurse responsibility is reported to constitute a major part of the difference between being a student nurse and being a graduate nurse (Wangensteen, Johansson, & Nordström, 2008), and newly graduated nurses are reported not to be prepared for this responsibility (Gerrish, 2000; Ross & Clifford, 2002). Eraut (1998) defined *competence* as the "ability to perform tasks and roles to the expected standard" (p. 132), but he also pointed out the problem of variation in requirements between organizations as well as within organizations. For example, 90% of academic leaders assessed newly graduated nurses to be prepared to provide good nursing care compared with 10% of health care managers (Berkow, Virkstis, Stewart, & Conway, 2008). Meretoja and Leino-Kilpi (2003), however, reported that nurse managers assessed the nurses' competence higher than did the nurses themselves.

To assess nurse competence, different methods and measures have been used (Meretoja & Leino-Kilpi, 2001; Meretoja & Leino-Kilpi, 2003). One such measure is the Nurse Competence Scale (NCS), which is based on Benner's (2001) seven domains of nursing practice and is a generic instrument allowing comparisons across groups, countries, and cultures (Meretoja, Isoaho, & Leino-Kilpi, 2004). These seven domain of nursing practice are the following: (a) the helping role, (b) the teaching–coaching function, (c) the diagnostic and monitoring function, (d) effective management of rapidly changing situations, (e) administering and monitoring therapeutic interventions and regimens, (f) monitoring and ensuring the quality of health care practices, and (g) organizational and work-role competencies (Benner, 2001).

The NCS is reported to be used in Finland (Meretoja et al., 2004; Meretoja, Leino-Kilpi, & Kaira, 2004; Salonen, Kaunonen, Meretoja, & Tarkka, 2007), Australia (Hengstberger-Sims et al., 2008), and in an Italian pilot study (Dellai, Mortari, & Meretoja, 2009). Across all these studies, the nurses' competence mean scores were classified as "good." A positive correlation between competence level and age and nurse experience has been reported (Meretoja, Leino-Kilpi et al., 2004; Salonen et al., 2007). Except from the Australian study (Hengstberger-Sims et al., 2008), the NCS has to our knowledge not been reportedly used in studies including newly graduated nurses.

Critical thinking (CT), which implies a purposeful goal-directed thinking aimed at making judgments based on evidence rather than conjectures (Alfaro-LeFevre, 1995), is a concept widely used in health care practice (Dickerson, 2005) and in educational contexts (Facione, Facione, & Giancarlo, 2000). This implies that nurses ought to have the ability to assess critically and make use of research findings to improve nursing practice. Critical thinking is by means of a Delphi process defined as an essential component of professional accountability and quality nursing care (Scheffer & Rubenfeld, 2000). The California Critical Thinking Disposition Inventory (CCTDI) is based upon a multidisciplinary understanding of CT defined in a Delphi report (Facione, 1990). A person who is positively disposed toward critical thinking has been described as inquisitive, judicious, truth seeking, analytic, systematic, open minded, and confident in reasoning (Facione et al., 2000).

Newly graduated nurses enter clinical practice, which has undergone significant changes during the last 20 years. The length of stay as inpatient in hospital has decreased, especially for patients older than 79 years (Karlseth, Midttun, Paulsen, & Nygård, 2004), and the number of patients taken care of in specialist health care has increased by almost 30% from 1990 to 2006 (Historical health statistics, 2008). In addition, the number of accessible beds in nursing homes has in the last 20 years decreased by 20% (number of beds per 1,000 persons; Historical health statistics, 2008), which has led to increased number of patients in need of home care. This development in specialist health care and in community health care puts demands on nurses' competence. There is reason to ask how newly graduated nurses perceive their competence working in contexts that are marked by great effectiveness, strong time limits, and expectations from patients, relatives, nurse colleagues, and other health personnel. This study focuses on how newly graduated nurses, working in different contexts, perceive their competence and factors that may have an impact on their competence perception. The aims were to describe newly graduated nurses' perception of competence and to identify possible predictors influencing their perceptions.

Methods

To achieve the aim of the study, we chose a cross-sectional quantitative design.

Download English Version:

https://daneshyari.com/en/article/2667592

Download Persian Version:

https://daneshyari.com/article/2667592

Daneshyari.com