



Review

'Failure to fail' in nursing – A catch phrase or a real issue? A systematic integrative literature review



Lynda J. Hughes^{a,*}, Marion Mitchell^{b,c,d}, Amy N.B. Johnston^{b,c,e}

^a Griffith University, School of Education and Professional Studies, Mt Gravatt, Qld, 4111, Australia

^b Griffith University, School of Nursing and Midwifery, Nathan, Qld, 4111, Australia

^c Centre for Health Practice Innovation, Menzies Health Institute Queensland, Griffith University, Nathan, Qld, 4111, Australia

^d Nurse Practice Development Unit, Princess Alexandra Hospital, Ipswich Rd, Woolloongabba, Qld, 4102, Australia

^e Gold Coast University Hospital, Emergency Department, 1 Hospital Blvd, Southport, Qld, 4215, Australia

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ABSTRACT

'Failure to fail' is the allocation of pass grades to nursing students who do not display satisfactory clinical performance. This issue can have significant implications for individual students and assessors involved, as well as for nursing professionalism and patient safety. The aim of this systematic integrative literature review was to determine what is currently known about the issue of 'failure to fail' within undergraduate nursing programs. A literature search of five databases up to May 2015 was conducted to identify primary research papers. The search yielded 169 papers of which 24 met the inclusion criteria. The majority of papers had moderate or good methodological rigour, with most of the literature originating from the Northern Hemisphere. Five main themes emerged: failing a student is difficult; an emotional experience; confidence is required; unsafe student characteristics; and university support is required to fail students. The results suggest that 'failure to fail' is a real issue in tertiary facilities, with many complex facets. Given the costs of nurse education and the potential social and professional costs of poor quality nursing graduates, further rigorous research is required in this area.

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* Corresponding author.

E-mail address: Lynda.Hughes@griffithuni.edu.au (L.J. Hughes).

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1. Introduction

In nursing, the concept of ‘failure to fail’ is used in the literature to describe allocation of pass grades to nursing students who do not display satisfactory clinical practice. This systematic literature review collated primary research on ‘failure to fail’ and grade inflation in nursing preregistration programs. It has been identified that practising nurses are concerned that students can pass assessment of competencies and not be competent in fundamental nursing skills (Butler et al., 2011). If this is indeed the case, it is of significant concern as when a student achieves an accredited nursing qualification, they are deemed ‘competent’ to practice and this should equate to being able to perform to an acceptable professional and university standard (Fotheringham, 2010; Hunt et al., 2012). This is the view and reasonable assumption of the public, academics, colleagues and most importantly, potentially vulnerable patients. Accordingly, the International Council of Nurses (ICN) outlines safety as the most important principle in the assessment of nursing students (ICN, 2006). Whilst literature abounds with assessment of competence issues, there is an apparent paucity of research on ‘failure to fail’ in the nursing literature. This systematic review was conducted to make a meaningful contribution to what is known about ‘failure to fail’ in nursing through a methodological analysis, evaluation and presentation of past primary research.

2. Background

Competence in nursing is vital for safe practice and maintaining a high nursing proficiency which is in the interest of the general public (Nurse and Midwifery Board of Australia, 2013). Competence assessment involves forms of measurement, judgement and interpretation of students by different and/or multiple assessors (Calman et al., 2002; Fotheringham, 2010; Norman et al., 2002; Oermann et al., 2009). Furthermore, assessors are required to use professional judgement, drawing inferences and using tacit knowledge (Nurse and Midwifery Board of Australia, 2013). Failure on the grounds of unsatisfactory clinical performance has been reported to be quite rare (Butler et al., 2011; Hunt et al., 2012), with apparent reluctance from assessors to fail student nurses even when their practice was questionable or unsatisfactory (Duffy, 2003). Despite the potential professional consequences of ‘failing to fail’ there is relatively little published research exploring it.

This systematic review identifies what is currently known about ‘failure to fail’ in assessment of clinical practice within undergraduate nursing programs. This enables identification of the breadth, depth, type and quality of literature available on ‘failure to fail’ in undergraduate nursing to determine the extent of the problem and whether patient safety is compromised. Evaluation of existing literature will contribute to nursing knowledge, and highlight areas for further research.

3. Aim

Assessment of competence is a complex phenomenon and continues to be problematic. There appears to be evidence

emerging from the literature suggesting there is a reluctance to fail students of nursing who demonstrate unsatisfactory clinical practice. The aim of this systematic review is to determine: *What is currently known about ‘failure to fail’ in clinical practice within undergraduate nursing programs?*

4. Methods

The Mixed Method Appraisal Tool (MMAT), a critical appraisal tool developed for the concomitant review of qualitative, quantitative and mixed methods studies, was employed (Pace et al., 2012; Pluye et al., 2011), to conduct the quality analysis. An advantage of the MMAT is its unique ability to provide a rich, detailed and practical assessment of quantitative and qualitative research quality through the use of one tool (Pace et al., 2012; Pluye et al., 2009). The MMAT has an accompanying document which provides guidelines for use allowing for standardised interpretation of items (Pluye et al., 2011). A limitation of the MMAT is that it does not provide an appraisal for systematic reviews. The AMSTAR appraisal tool was chosen to appraise the quality of the systematic reviews for this study, as it was developed specifically to critically appraise the methodological quality of these reviews (Shea et al., 2007a) and is the only tool that has been validated for this use (Smith et al., 2011). AMSTAR has been reported as having good agreement, reliability, construct validity and feasibility in assessing the quality of systematic reviews (Shea et al., 2007b, 2009). Application of critical appraisal tools like these provides information for consumers of research, determining the veracity of results and the validity of transference of results to their particular application (Katrak et al., 2004).

4.1. Search strategy

A comprehensive search was conducted across the relevant health electronic databases including: CINHAI Plus, MEDLINE, ProQuest Nursing and Allied Health Source, Scopus and Informit as outlined in Fig. 1. These data bases were chosen as they effectively cover the vast majority of health and clinical journals. Key search terms and MESH headings were used in combinations and are outlined in Fig. 1.

Reference management software was used to manage and sort the records. After removal of 98 duplicates from the 267 papers sourced from the multiple databases, the remaining 169 papers were assessed by the first author for inclusion/exclusion based on the pre-set criteria, the content relevance of the title and abstracts. Seventeen full-text articles that met all the criteria were reviewed. Google Scholar was used to examine the reference lists from those seventeen papers for further suitable papers. Selection was undertaken based on the pre-defined inclusion criteria. From this process, seven additional papers were identified. Of the final 24 papers that met the selection criteria, seven were drawn from three studies (DeBrew and Lewallen, 2014; Lewallen and DeBrew, 2012; Luhanga et al., 2008a, 2008b, 2008c; Seldomridge and Walsh, 2006; Walsh and Seldomridge, 2005). For the purpose of this review, the methodological quality was assessed once for each study,

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