



Qualified nurses' perceptions of nursing graduates' abilities vary according to specific demographic and clinical characteristics. A descriptive quantitative study



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ABSTRACT

Background: Evidence from the literature and anecdotally from clinical settings suggests that newly graduated nurses are not fully prepared to be independent practitioners in healthcare settings.

Aims and Objectives: The aim of this study was to explore perceptions of qualified nurses in relation to the practice readiness of newly registered nursing graduates and determine whether these views differ according to specific demographic characteristics, clinical settings, and geographical locations.

Design: A descriptive quantitative design was used.

Methods: An online survey tool was used to assess how qualified nurses ($n = 201$) in Victoria, Australia, rated newly graduated nurses' abilities on 51 individual clinical skills/competencies in eight key skill areas. A composite score was calculated for each skill area and a comparative analysis was undertaken on the various cohorts of participants according to their demographic and clinical characteristics using one-way ANOVA and post hoc tests. **Results:** Newly graduated nurses were found to be lacking competence in two key skill areas and were rated as performing adequately in the remaining six skill areas assessed. Significant differences ($p \leq 0.05$) in performance were found according to the age of the nurse, number of years registered, the educational setting in which they undertook their nurse education, their role, and the clinical area in which they worked. There were no significant differences according to whether the nurse worked in the private or public healthcare sector. Few differences were found between nurses working in a metropolitan vs. regional/rural healthcare setting.

Conclusion: This is the first study to quantify the scale of this problem. Our findings serve as a reference for both nurse education providers and healthcare settings in better preparing nursing graduates to be competent, safe practitioners in all clinical areas.

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1. Introduction

There are a number of well-documented and significant challenges that registered nursing graduates experience on entering employment for the first time (Clark & Holmes, 2007; Cubit and Ryan, 2011; Walker et al., 2013). In general, new graduates are reportedly not fully prepared for the demanding, complex role of a registered nurse (Clark and Holmes, 2007; Cubit and Ryan, 2011). Specifically, many new graduates are unable to connect theory learned in the educational setting to reality experienced in the clinical setting (Duclos-Miller, 2011; Stacey and Hardy, 2011). Research has also found that newly graduated nurses have different levels of knowledge and skill development and only a

minority of experienced nurses are fully satisfied with their level of competence upon graduation (Berkow et al., 2009; Kantar, 2012; Rhodes et al., 2013; Utley-Smith, 2004).

Historically, the biggest evolution in nurse education in Australia was the transfer from hospital-based apprentice style training to the tertiary education sector in the early 1990s (Department of Health, 2013). Currently, to qualify as a registered nurse in Australia, nursing students must successfully pass the academic requirements of a 3 year undergraduate program. These programs provide a minimum of 800 h of work place clinical practicum, a mandate from the regulatory body, Australian Nursing and Midwifery Accreditation Council (ANMAC) (Health workforce Australia [HWA], 2014). The delivery of these clinical hours vary between education providers though most are usually undertaken in 2–4 week blocks spread throughout the 3 years of the program in a variety of healthcare settings. Research findings have shown that new nursing graduates need extra time and support in further developing their clinical and communication skills, and their

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critical thinking skills in their first few months of employment (Healy and Howe, 2012; Missen et al., 2015a).

Healthcare settings in some countries have specifically established orientation/transition programs which have been designed to provide new nursing graduates with professional development opportunities and mentor support, to assist them in becoming safe, competent practitioners (Ballard et al., 2012; Beyea et al., 2007; Cubit and Ryan, 2011, Rush et al., 2012). In Australia, these are year-long work-based programs aim to provide nursing graduates with a supportive learning environment, in terms of preceptorship, supernumerary time, study days, simulation exercises, and clinical support (Healy and Howe, 2012; Missen et al., 2015a). Despite the use of these programs, research indicates that nursing graduates continue to struggle with the transition from student to independent nurse (Evans et al., 2008; Healy and Howe, 2012; Hillman and Foster, 2010). Findings indicate that nursing graduates' independence can be hindered by their inability to execute clinical skills proficiently due to lack of exposure, practice, and repetition throughout their undergraduate education; made even harder if commencing employment in high acuity or speciality areas (Cubit and Ryan, 2011; Walker et al., 2013).

This paper is part of a larger mixed-methods study using an exploratory sequential design to explore the work readiness of newly registered nursing graduates. Phase one of the study employed a qualitative approach to gain insight into the challenges that graduate nurse program coordinators perceive nursing graduates experience throughout their first year of employment (Missen et al., 2014; Missen et al., 2015a; Missen et al., 2015b). The themes emerging from Phase one generated the basis for the quantitative survey tool utilized in this study. The primary aim of this study was to use this tool to explore the views of qualified nurses in Victoria, Australia, in relation to new graduate nurses' abilities in various clinical skills. Specifically, the results will highlight deficiencies in nursing graduates' clinical skills and knowledge that can be further enhanced and built upon in undergraduate nursing curricula.

A secondary aim of this study was to determine whether the views of qualified nurses differ according to their demographic characteristics, clinical setting, and geographical location in which they work. In this study, the term 'qualified nurses' encompasses both registered nurses (RN) and enrolled nurses (EN). 'Nursing graduates' are described in this paper as registered nurses with one year or less of clinical experience employed in healthcare services, delivering independent direct patient care.

2. Methods

2.1. Design

This study addresses the following research questions:

- How do qualified nurses in Victoria rate new nursing graduates' clinical abilities?
- Do the ratings of new nursing graduates' clinical abilities vary according to qualified nurses' demographic and clinical characteristics?

This study used a cross-sectional survey design employing an online questionnaire, developed using Qualtrics® online survey software (Qualtrics, 2014). The questionnaire consisted of fifty-one questions using a five-point traditional Likert scale, four open-ended response questions and eleven demographic questions. Demographic data were collected on participant's age (categorized in 10 year age groups for analysis), gender, years registered as a nurse, the tertiary setting, and country where their undergraduate nurse education was undertaken, any postgraduate studies undertaken, current position, whether they had worked as a mentor/preceptor to a nursing graduate/s within the last year, whether they were undertaking or have undertaken a formal graduate program, the type of healthcare setting

(metropolitan/regional/public/private) and clinical area in which they worked at the time.

2.2. Data Collection Instrument

An online questionnaire aiming to gain nurses' perceptions on new nursing graduates' abilities in eight key skill areas was developed by the researchers, based on qualitative findings from phase one of this study (Missen et al., 2014; Missen et al., 2015a; Missen et al., 2015b). A questionnaire was used in this study to capture the opinions of qualified nurses/midwives in the state of Victoria, about the clinical abilities of new nursing graduates. The key areas assessed in the questionnaire were routine physical assessment (seven items), technical skills (skills regularly undertaken and advanced skills) (fifteen items), medication administration (six items), emergency procedures (three items), communications skills (seven items), preparedness for nursing practice (ten items), and coping with the work environment (three items). The five response options for each Likert scale item throughout the questionnaire were very poor (1), poor (2), adequate (3), good (4), and very good (5). In three key areas, the option 'Not Applicable' was added to the Likert scale, where it was considered that the nursing skills may not be relevant to all clinical areas. An example of this is the question for an advanced clinical skill such as 'managing underwater seal drains.'

An external review by eight experts having credentials in the clinical setting, research or both, was undertaken to assess the questionnaire's content validity. The expert panel were asked to evaluate individual questions and the grouping of the skills, as well as the overall questionnaire using a four-point Likert scale, with 1 being not relevant to 4 being highly relevant. The ratings of each expert's response were then evaluated to establish the degree of content validity for each question and the overall questionnaire (Polit and Beck, 2012). The panel were in agreement on the face validity of the questionnaire and reported a mean Individual Content Validity Index (I-CVI) of ≥ 0.88 exceeding the recommended value of ≥ 0.78 (Polit and Beck, 2006). To assess feasibility of the questionnaire, it was pilot tested with a small sample of nurses ($n = 12$) (Polit and Beck, 2012). The scales' consistency/reliability was found to be high indicated by a Cronbach's alpha of 0.964.

2.3. Sampling

Non-probabilistic, purposive sampling was used to select people who were representative of the population, in this case practicing nurses in Victoria (Creswell and Plano Clark, 2011). The Australian Nursing and Midwifery Federation (ANMF) Victorian Branch was approached as approximately 70% of all nurses and midwives registered with the Nurse Midwifery Board Australia (NMBA) in Victoria, were members of this organization at the time of the study (Adair et al., 2014; ANMF, 2014). The ANMF is a healthcare union in Australia established under the Fair Work Act, managed by nurses and midwives, to assist members with work and industrial issues or concerns (ANMF, 2014). The ANMF Victorian Branch agreed to circulate an explanation of the study and link to the survey in their monthly e-newsletter to their members.

2.4. Data Collection

Following ethical approval by Monash University Human Research Ethics Committee, data collection started in September 2014. Reminders were sent out monthly in the ANMF Victorian Branch e-newsletter until data collection ceased 6 months later in February 2015. All survey responses were anonymous and consent to participate in this study was inferred by completing the questionnaire.

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