



## Adjusting to future demands in healthcare: Curriculum changes and nursing students' self-reported professional competence



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### SUMMARY

**Background:** Nursing competence is of significant importance for patient care. Newly graduated nursing students rate their competence as high. However, the impact of different designs of nursing curricula on nursing students' self-reported nursing competence areas is seldom reported.

**Objectives:** To compare newly graduated nursing students' self-reported professional competence before and after the implementation of a new nursing curriculum.

The study had a descriptive comparative design. Nursing students, who graduated in 2011, having studied according to an older curriculum, were compared with those who graduated in 2014, after a new nursing curriculum with more focus on person-centered nursing had been implemented.

**Setting:** A higher education nursing program at a Swedish university.

**Participants:** In total, 119 (2011  $n = 69$ , 2014  $n = 50$ ) nursing students responded.

**Methods:** Nursing students' self-reported professional competencies were assessed with the Nurse Professional Competence (NPC) scale.

**Results:** There were no significant differences between the two groups of nursing students, who graduated in 2011 and 2014, respectively, with regard to age, sex, education, or work experience. Both groups rated their competencies as very high. Competence in value-based nursing was perceived to be significantly higher after the change in curriculum. The lowest competence, both in 2011 and 2014, was reported in education and supervision of staff and students.

**Conclusions:** Our findings indicate that newly graduated nursing students – both those following the old curriculum and the first batch of students following the new one – perceive that their professional competence is high. Competence in value-based nursing, measured with the NPC scale, was reported higher after the implementation of a new curriculum, reflecting curriculum changes with more focus on person-centered nursing.

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### Introduction

Healthcare systems require nurses to have the necessary knowledge and skills to deliver safe and high-quality patient care. In healthcare

today, there is an ongoing shift from patient-centered to person-centered care. A person-centered nursing framework is recognized as being effective in illness management (Dubois et al., 2008; Edvardsson et al., 2008; van Royen et al., 2010; Ekman et al., 2012). Preparing nursing students for person-centered care is a key concern for educators at nursing faculties around the world. Nursing care is constantly changing due to, e.g., increased research-based knowledge and also the organization of healthcare and support of care related to eHealth. Therefore, it is impossible “to teach students everything”; rather, they must be prepared to adapt to new knowledge and in different contexts. Although faculties are striving to develop curricula of the best possible quality, a

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gap is experienced between nursing theory and clinical reality (Burns and Poster, 2008; Ajani and Moez, 2011). This study will present how nursing students perceive their professional competence before and after changes in the nursing curriculum towards more person-centered nursing.

## Background

### *Nursing Competence*

General competence is described as “the ability to perform the task with desirable outcomes under the varied circumstances of the real world” (Benner, 1982, p. 304). There is no international consensus on an established definition of nursing competence, but in the USA, it has been proposed that quality and safety competencies for nurses should include: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Cronenwett et al., 2007). A literature review performed in 2013 identified eight competencies for nursing students within Europe: professional and ethical values and practice; nursing skills and intervention; communication and interpersonal skills; knowledge and cognitive ability; assessment and improving quality in nursing; professional development; leadership, management and teamwork; and research utilization (Kajander-Unkuri et al., 2013).

In Sweden, the National Board of Health and Welfare (2005) has stipulated formal competence requirements for registered nurses that serve as a basis for clinical nurses, as well as for educational purposes. A Nurse Professional Competence (NPC) scale was developed based on national competence requirements (Nilsson et al., 2014), which show many similarities with the US quality and safety competencies for nurses (Cronenwett et al., 2007). The NPC scale assesses the following eight competence areas: nursing care; value-based nursing; medical and technical care; teaching/learning and support; documentation and information technology; legislation in nursing and safety planning; leadership in and development of nursing; and education and supervision of staff and students.

### *Swedish Nursing Education*

Swedish nursing education became part of the higher education system in 1977 (Kapborg, 1998), and since 1993 nursing students have followed a three-year curriculum, leading to a professional qualification as well as a Bachelor of Science degree. Guidelines for the design of the curriculum for nursing education are laid down in the Munich Declaration (WHO, 2009) and in national competence requirements (The Swedish National Board of Health and Welfare, 2005), which emphasize holistic and ethical conduct in nursing. The Swedish Higher Education Authority (SFS, 1992) stipulates that nursing education must be a three-year program. Further, the nursing education must consist of equal parts of theoretical and clinical courses, and be rooted in research-based knowledge. Each university must adhere to the national learning goals, but specific local learning goals may be included. This allows for slightly different profiles of nursing curricula between universities/university colleges.

### *Change in the Curriculum for Nursing Education*

The former curriculum (before 2011) for nursing education at university level was outlined in separate courses based on different disciplines, such as biomedicine, psychology, nursing, and clinical medicine. Nursing students started the first of totally six semesters with biomedicine and continued with separate courses in psychology, nursing, and clinical medicine, i.e., pathology and pharmacology (Fig. 1). It was not until the end of the three-year curriculum that the nursing students could integrate the different knowledge areas, and get a sense of the whole, i.e., what it meant to be a nurse.

The former curriculum consisted of separate learning rather than providing integrated learning. The new nursing curriculum, which was introduced in 2011, was based on Benner et al. (2010) and Iwasiw et al. (2009), and meant a shift from a strategy of teaching to a focus on students' learning. The pedagogical theoretical framework underpinning the new curriculum encompassed theory of variation, transfer, exemplarity, relevance, locus of control, and self-directedness (Marton and Booth, 1997). The point of departure was the professional clinical nursing practice where nursing students could focus on patients' experiences and symptoms of illness instead of patients' diseases. In addition, the aim of the new nursing curriculum was to contextualize knowledge by integrating subject matter, theory, and practice.

Initially, the needs of healthy human beings are a topic for the course, followed by studies in nursing in relation to patients with specific symptoms and signs of illness, and finally the curriculum focuses on nursing in relation to patients with complex illnesses (Fig. 2). The clinical studies are person-centered, meaning that students follow their assigned patients instead of following the clinical instructor, thus increasing self-directedness, clinical decision-making, and preparedness for new situations. Students are expected to deepen their knowledge and reflective ability in clinical seminars where people's experiences are discussed. Reflection skills are further developed by participating in daily reflection sessions with their clinical supervisor, and in groups with specially trained tutors (Sundin-Andersson et al., 2013).

### *Nursing Students' Self-reported Competence*

Previous research in relation to nursing students' self-reported competence at graduation is limited. In 2006, Löfmark et al. investigated Swedish nursing students using the Nurse Competence Scale (NCS), which includes the following competence categories: helping role, diagnostic functions, managing situations, work role, teaching/coaching, therapeutic interventions, and ensuring quality (Meretoja et al., 2004). In the final week of their study, the Swedish nursing students reported that they were “good,” or that they perceived a strong development, in most of the competence categories of the NCS. Competencies in ethical awareness and communication/interaction with patients were scored highest (100%); the lowest score (67.6%) was for information and teaching co-workers and students (Löfmark et al., 2006). In Finland, nursing students assessed their overall competence as “good” at their final clinical placement. The competence was assessed highest regarding the helping role and diagnostics function and lowest in therapeutic interventions and work role (Kajander-Unkuri et al., 2013). In Austria, graduated nurses also rated their overall competence on the NCS as “good” (59.5 [VAS 0–100]) during their first year (Hengsberger-Sims et al., 2008). In Norway, newly graduated nurses rated their overall competence as “good” (62.5 [VAS 0–100]) on the NCS. Helping role was rated high, i.e., it was the area in which students perceived they were most competent, and low scores were found in therapeutic interventions and ensuring quality (Wangensteen et al., 2012). However, the study was performed during the first year working as a registered nurse.

In summary, studies of newly graduated nursing students indicate that the students rate their competence as good, but the studies differ in terms of areas of competence and measurements used. Unfortunately, none of these studies describe the nursing curriculum followed or make comparisons between ratings before and after the implementation of a new curriculum for nursing education.

The aim was to compare newly graduated nursing students' self-reported professional competence before and after the implementation of a new nursing curriculum.

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