



The influence of undergraduate education on professional practice transition: A comparative descriptive study



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SUMMARY

Background: Graduates from Problem/Context Based Learning (CBL) undergraduate nursing programs often express concern that they may not be as well prepared for transition to graduate nursing practice as their colleagues from more traditional lecture-based programs.

Aims: To determine if there is a difference in how graduates from CBL and non-CBL programs describe their transition to graduate practice within the first 2 years of graduation.

Methods: This was a comparative descriptive study that involved the use of a web-based survey. A convenience sample of 163 graduate nurses with 1 to 2 years of experience consented to be part of the study. They completed a researcher-designed questionnaire, which consisted of 26 items based on entry to practice competencies identified by the provincial professional nursing organization.

Results: There was no significant difference in the transition experience of graduates from CBL and traditional education programs within their first 2 years following graduation. These results confirm the findings of authors who compared transition among CBL and non-CBL graduates who had graduated anywhere from six months to several years following graduation.

Conclusions: It is clear that CBL programs do prepare graduates to successfully transition into graduate nurse practice. Graduates from both CBL and non-CBL programs indicated a need for more formal agency sponsored orientation and transition assistance programs at the beginning of their initial employment.

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Introduction

The ability of nursing graduates to confidently engage in safe, ethical, and legal practice in a variety of practice environments is referred to as graduate competence (Boychuk Duchscher, 2008). Boychuk Duchscher suggests that uncertainty in relation to beginning professional practice is to be expected and often lasts for as long as 1 year following initial employment. This decreased level of confidence has often been attributed to a gap between theory and practice within current nursing education programs and the requirement for immediate theory integration within current fast paced graduate practice settings. The challenge for nurse educators is to determine whether some nursing curricula and teaching methods are more effective than others in preparing graduates for practice in rapidly changing health care environments. It has been suggested that Problem/Context Based Learning nursing education

might facilitate the ease of transition from student to competent practitioner (McMahon and Christopher, 2011).

Background

In Canada, each provincial nursing association identifies the competencies that make up the standards of practice for registered graduates to ensure safe, competent, ethical nursing practice. In Alberta, it is the College and Association of Registered Nurses of Alberta (CARNA, 2009) that set the standards for entry to practice competencies. New graduates are expected to meet these standards regardless of the role in which they are employed, but there is often a tension between the urgent expectations of the practice setting and the transition time new graduates need to move from the student role into the graduate nurse role (Romyn et al., 2009). New graduates are expected to quickly assume responsibilities on units that have high acuity, high patient-to-nurse ratios, reduced lengths of stay, complex technology, and staff shortages (Deasy et al., 2011; Dyess and Sherman, 2009; Pellico et al., 2009; Scott et al., 2008). Transition to the workforce is described by graduates as “stressful, draining, demanding, both physically and emotionally, and personally challenging” but also “rewarding” when they are welcomed and supported (Parker et al., 2014). Student

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transition to the graduate role is widely discussed in the literature with suggestions for improvement from both new and experienced graduates that include both curricular improvements and workplace improvements (Lofmark et al., 2006; Dyess and Sherman, 2009; Ross and Clifford, 2002).

Curricular-related suggestions to improve student to graduate transition include the following: promoting a stronger foundation in anatomy, physiology, pathophysiology, lab values, and assessments (Romyn et al., 2009); using active engagement learning such as simulation (Clark and Springer, 2012; Newton and McKenna, 2009); educating students more about teaching, planning, and prioritizing (Lofmark et al., 2006); increasing the number of acute care experiences in nursing programs (Romyn et al., 2009); making the final year of a nursing program relevant and practical (Ross and Clifford, 2002) with longer final clinical practicums (Newton and McKenna, 2009); and improving the communication between education and service (Romyn et al., 2009; Ross and Clifford, 2002).

Suggested workplace-related improvements for graduate transition include the following: paid undergraduate student employment and/or employment for academic credit (Deasy et al., 2011); appropriate clinical settings with patient allocation suitable for a beginning skill set (Phillips et al., 2014); formal preceptor or mentor positions (Clark and Springer, 2012; Dyess and Sherman, 2009; Romyn et al., 2009); extended and comprehensive orientations for new graduates (Deasy et al., 2011; Dyess and Sherman, 2009; Pellico et al., 2009); the implementation of transition to practice modules (Clark and Springer, 2012); a strong clinical educator presence (Romyn et al., 2009); use of simulation for skill acquisition (Romyn et al., 2009); regular and constructive feedback (Deasy et al., 2011; Parker et al., 2014); Romyn et al., 2009); internships (Deasy et al., 2011; Scott et al., 2008); and consistent support in the workplace by both co-workers and managers (Parker et al., 2014; Phillips et al., 2014). Scott et al. (2008) found that it is essential that service areas support new graduates with standardized transition-to-work programs in order to enhance job satisfaction and reduce turnover.

Problem/Context Based Learning (CBL) is a major change in educational practice that is having a significant impact in professional education worldwide (Newman, 2004; Williams et al., 2012). The philosophy underlying CBL is that transformational learning for students needs to be based on active, realistic experiences that engage students in self-directed inquiry and critical thinking (Williams et al., 2012). In a CBL program, students assume the role of a registered nurse as they work through real practice scenarios on a daily basis in the classroom. In each academic term, students discuss four or five scenarios based on real patient situations. The scenarios represent nursing and health across age, gender, a range of acute and chronic health situations involving individual/family/community.

The faculty and the collaborating college partners at this particular university have been engaged in CBL since 1997 and started collecting program completion information with the first cohort of students in 2001. This annual data collection provides information about the program and often includes comments on program strength and areas for improvement. However, at this early point in their career, graduates do not yet have the experience to know how the program will affect their actual transition to professional nursing practice. A grant from the university provided an opportunity for the current research to be conducted on the influence of CBL education on the development of the professional competence during transition to graduate practice.

There is published research about how CBL nursing programs affect self-directed learning (Williams, 2004) and critical thinking at the point of graduation (Day and Williams, 2002; Tiwari et al., 2006; Yuan et al., 2008) and limited research related to employer perceptions about knowledge, competency, and professionalism among CBL nursing graduates (Williams and Day, 2009) as well as the contribution of CBL to the evolution of professional nursing practice following graduation (Williams et al., 2012). Applin et al. (2011) compared the competence of CBL and non-CBL graduates with six months of experience following

graduation and found no differences on entry to practice competencies. In this study, completed in 2006, CBL graduates did associate their abilities to think critically and engage in self-directed evidence-based practice with their CBL program. It could be that for a new graduate, differences in perceived competency might not yet be apparent due to the lack of practice experience. Subsequent to Applin's study the Provincial Nursing Association revised the required clinical practice standards to include clearer articulation of competencies related to evidenced-based rationale, critical thinking, and aspects of self-directed learning (CARNA, 2009). These are competencies often associated more with CBL than non-CBL programs. The revised standards have been in effect for 3 years, so it is timely to once again compare CBL and non-CBL graduates using the newly revised standards and a longer initial time frame in practice.

Education for health care professionals should be self-directed, contextualized, and transformational (Institute of Medicine, 2010). It is possible that the norms, values, knowledge, and practices of CBL graduates are distinct from non-CBL graduates. Clinical practice in nursing evolves from both educational preparation and the culture of the practice setting. CBL graduates often express concern about whether or not they are as well prepared as their traditional program graduate colleagues for transition to graduate practice (Alessio, 2004). This research is fundamental to supporting CBL as a teaching practice and reassuring students by identifying how CBL contributes to transition to and competence in nursing practice. The purpose of this study was to examine whether a CBL approach to undergraduate nursing education had an equivalent or greater impact on self-reported competence and transition to practice as a registered nurse than a non-CBL approach at 1 to 2 years post-graduation.

Methods

This comparative descriptive study involved the use of a web-based survey administered to a convenience sample of graduates from the five baccalaureate programs in one western Canadian province. All four-year baccalaureate plus two-year after degree graduates from seven nursing programs in the province who had graduated within the last 2 years were invited to participate. Cohen's (1997) power analysis was used to estimate the required sample size. For a medium effect, a sample size of 128 graduate graduates was required ($n = 64$) for each group of PBL and non-PBL graduates. Completed surveys ($n = 163$) returned from PBL graduates ($n = 70$), and non-PBL graduates ($n = 93$) met this requirement.

The provincial nursing association provided email addresses for all individuals who met the criteria for the study and had also indicated their consent to be contacted for participation in research as part of the annual registration process. An invitation letter including a link to the electronic survey was sent to all potential participants, and a reminder letter was sent out two weeks following the first invitation. Completed questionnaires were assigned a code number; however, no identifying information, such as name, address or contact details, were attached to the survey responses.

Since the Graduate Competency Questionnaire consisted of 26 competencies based on the current Nursing Practice Standards approved by the provincial association in the areas of professional responsibility, knowledge-based practice, ethical practice and provision of service to the public (Table 2) content validity was assured. The competencies also form the basis for clinical evaluation used throughout the undergraduate program so students should be familiar with the competency terminology. For each competency, respondents were asked to rate their self-assessed level of competence on a Visual Analogue Scale (from 10 "very high" to 0 "very low") and the frequency of the use of that competency in their current primary position on a 4-point Likert-type scale (1 = seldom used, 2 = used occasionally, 3 = used frequently, and 4 = used constantly). For specific competencies, respondents were asked to provide a short example that demonstrated how they met the competency in the last month. The survey also included questions about general socio-demographic

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