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The practical skills of newly qualified nurses

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SUMMARY

This paper reports the findings from a study of newly qualified nurses and which subjects the nurses regarded as the most important in order to be able to live up to the requirements of clinical practice, and how they experience their potential for developing practical and moral skills, after the decrease in practical training. A qualitative approach guided the research process and the analysis of the data. The data was collected by participant observation and qualitative interviews with four nurses as informants.
The conclusions made in this study are based on the statements and the observations of the newly qualified nurses. Our findings are discussed in relation to the Aristotelian concept and other relevant literature.
The main message is that the newly qualified nurses did not feel equipped when they finished their training. This could be interpreted as a direct consequence of the decrease in practical training.
Our study also underlines that the way nursing theory is perceived and taught is problematic. The interviews revealed that the nurses think that nursing theories should be applied directly in practice. This misunderstanding is probably also applicable to the teachers of the theories.

Introduction

Danish nursing training was originally organised as an apprenticeship, but in recent years the training has, in harmony with international developments, become more academically orientated. Greenwood states that it was dissatisfaction with the previous "Nightingale apprenticeship" model of nurse education that lead to the more theoretical education, and that the apprenticeship model was "producing nurses who were restricted in outlook, resistant to change and unable to cope with the scientific and technical advances in medicine" (Greenwood, 2000, p. 20).

Looking back it made sense to change the training, but the question is now: does the new training make sense? If you look at the literature, you will find that several authors report that changing into an academic model has not lead to the desired outcome (Heimann Hansen, 2005; Martinsen, 2002; Greenwood, 2000).

Several studies have dealt exclusively with newly qualified nurses and reported that they are still not able to fulfil the necessary requirements in the clinical setting (Heimann Hansen, 2005), and that they experience a reality shock, because they do not hold the necessary skills. They are inadequately prepared for clinical practice because they are deficient in practical skills (Bjørk, 1999; Wangensteen et al., 2008; Alvsvåg, 2006; Clark and Holmes, 2007).

Two of the sharpest critics of the reorganisation of the nursing training are Martinsen and Alvsvåg. They do not applaud the one-sided focus on specific types of knowledge at the expense of the more practically orientated subjects, and associate the latest developments with moving towards a nursing practice that is rooted in a positivistic fundamental view of theory, learning and practice.

In an attempt to explain the complexity of the knowledge the nurses employ, their starting point is the Aristotelian theories of knowledge: episteme, phronesis and techne. Alvsvåg asks the following: "How is phronesis developed in nursing? What will happen after the practical training is reduced? There is great research potential here" (Alvsvåg, 1993, p. 29). These questions will be explored in this study.

Aim

Our aim is to study how newly qualified nurses experience their own situation and which subjects the nurses regard as the most important in order to be able to live up to the requirements of clinical practice. We have also tried to discover how the nurses react in clinical practice and experience their potential for developing practical and moral skills, after the decrease in practical training.

Method

Informants and data collection

The data was collected by participant observation and qualitative interviews.

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Four nurses were chosen as informants. They were all trained subsequent to the reformed nursing education in 2001, i.e. the training that was to provide the students with academic skills. The selected nurses had all finished their training 6 months beforehand and were now working in departments of oncology and heart surgery. The modest number of informants was in accordance with Kvale's reflections on "data sufficiency". Kvale (1996) argues that data sufficiency occurs when data is identifiable and characterised by repetition.

An interview guide according to Spradley (1979) was compiled according to the aim of the study and was used to keep the conversation "on track".

It was not more dominant than the informants could talk about what was important to them. The interviews were taped and transcribed. All interviews were carried out in the hospital where the informant worked, to comply with Spradley's recommendations that the interviews should take place in a place neutral to both the interviewer and the interviewee.

We carried out "participant observation" to gain insight into the nurses' work and their reactions towards practical situations with the aim of qualifying the questions that provided the basis for the interviews. Participant observation is rooted in social anthropology and the ethnographical approach to research (Hammersley and Atkinson, 1998). An observer can adopt different roles in field work and the roles are characterised by the degree of participation. Spradley (1980) distinguishes between non-participation, passive participation, moderate participation and active participation. The observation in this study was primarily based on passive participant observation, and field notes were taken concurrently in accordance with Spradley's recommendations (Spradley, 1980).

Ethics

The informants received oral and written information about the study and were included after informed consent according to the Helsinki declaration. The study was submitted to the Scientific Ethics Committee and the Danish Data Agency.

Data analysis

The method of analysis was inspired by Malterud's systematic text condensation (Malterud, 2003) and is organised according to the steps in the main structure of the method. To start with we got an overall impression of the data and extracted some superior and general themes: "Some people are just more confidence inspiring", "you must never generalise" and "being in contact with others".

The data was then analysed with the aim of deducing meaningful topics and categorising them in the theories. As is apparent from the findings below, the meaningful topics were divided into subgroups. Our findings have been condensed and summarised to appear as the significant content of the entire data set.

Our findings were subsequently discussed within the framework of the study and relevant literature, which relate to the Aristotelian concepts of knowledge and learning: episteme, techne and phronesis.

Findings

Some people are just more confidence inspiring

Personality and upbringing

All four nurses equated their character and personal qualities to the skills they had experienced as essential for their work and what they had been taught during their training. One of them said: "There are some things that either you have or you don't. For example, there are some people who are just more confidence inspiring than others".

During the interviews the concept "your" manner and personality is of significance for the way "you" are a nurse: "I think it is due to my family. They brought me up to have respect for and listen to others".

Intuition

The nurses spoke about using their intuition at work. One of them said: "To be a nurse, you are born with a sort of feeling or intuition about how to tackle different people".

They also said that they spent a good deal of time thinking about the individual patient, but explained that their approach to the patients was, "something you can sense", or "you train your ability to know how to tackle the different patients".

It was however, clear during the participant observation that the nurses behaved very differently towards the patients and in relation to the various situations with the individual patient. For example, one of the nurses entered the sick room to say good morning to the patients. This greeting was very informal, but the tone changed when the nurse informed the patients about what was going to happen and which medication they were to receive — it was very clear that her attitude changed from an informal to a very formal one. When asked why she behaved so differently, she replied that this depended on the individual patient and the actual situation.

"It all depends on the situation and the type of person and of course how the patient is feeling".

You must never generalise

Changeable practices

The nurses described the practices as changeable and one of them said: "the patients are so different, you can recognise some things, but you must never generalise".

This was corroborated during the participant observation as the nurses often had to change the planned care initiatives and procedures, depending on how the individual situations developed. One of the nurses was to admit a patient and updated herself in the accompanying medical records as to what the patient was to be examined for. Before the patient arrived, she and a doctor planned the tests to be initiated and they decided that the patient could go home at the weekend when the tests had been carried out. The situation however, changed. When the patient arrived, it was apparent that his condition was much worse than what was noted in the medical records. The patient suffered acute physical symptoms and the nurse and doctor had to deviate from their original plan. The nurse subsequently expressed herself as follows: "I was prepared, but sometimes we tend to standardise the patients (…). And then it turns out to be something different, and then we take it from there".

The interviews also revealed that the practice was perceived as changeable. The newly qualified nurses thought that they had learnt a lot during their practical training periods, enough to prepare them to work as nurses. But it became apparent that what they had learnt during the practical training periods was very different depending on the discipline they had worked in. There was a great difference between their instrumental skills, which is elucidated in the following: "I had never inserted a catheter or probe, but I learnt how to insert an IV line".

Back to school

The newly qualified nurses were generally critical of their training.

They were convinced that there was a great deal that could not be learnt sitting behind a desk. They described the teaching as being very far from reality. One of the nurses expressed it like this: "I don't think that's the best way to learn how to be a nurse".

Experience-based nursing care and theory

There was general consensus that more practical training should be included along the way, although it was remarkable that apart from their reservations about too much theory being included, they did not