



Clinical education

Self-perception of readiness for clinical practice: A survey of accelerated Masters program graduate registered nurses



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ABSTRACT

Accelerated nursing programs are gaining momentum as a means of career transition into the nursing profession for mature age learners in an attempt to meet future healthcare workforce demands in Australia. With a gap in the literature on readiness for practice of graduates from accelerated nursing programs at the Masters level the purpose of this study was to evaluate the effectiveness of the program based on graduates' preparedness for practice and graduate outcomes. Using a descriptive, exploratory design an online survey was used to explore the perception of graduate nurses' readiness for clinical practice. Forty-nine graduates from a nursing Masters program at an Australian university completed the survey defining readiness for practice as knowledge of self-limitations and seeking help, autonomy in basic clinical procedures, exhibiting confidence, possessing theoretical knowledge and practicing safe care. Graduates perceived themselves as adequately prepared to work as a beginner practitioner with their perception of readiness for clinical practice largely positive. The majority of participants agreed that the program had prepared them for work as a beginner practitioner with respondents stating that they felt adequately prepared in most areas relating to clinical practice. This would suggest that educational preparation was adequate and effective in achieving program objectives.

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1. Introduction

Escalating demands on healthcare systems worldwide have increased the need for qualified registered nurses (RN). In Australia an estimated gap of 61,000 registered nurse positions was identified for 2012 according to workforce projections (Twigg et al., 2010) with a significant shortfall identified by 2025 (Health Workforce Australia, 2012). To address the nurse shortage and facilitate rapid entry of graduates seeking a second career into the profession (McKenna et al., 2015; Neill, 2011), nine Australian universities currently offer accelerated graduate-entry programs that span 18 months to two years at the undergraduate and postgraduate levels. A previous undergraduate degree from any field is a prerequisite for admission to accelerated nursing programs. The accelerated option

performs on par with traditional undergraduate program outcomes by way of academic accomplishment, program completion, attrition and employment with an added benefit of producing mature critical thinkers who can draw from previous life experience (Cangelosi and Whitt, 2005; Duke, 2001; Moe et al., 2009;; Raines, 2007). In light of these mature age career shifters' qualities, for example experience gained while developing a career related to their first degree, it would be likely that their perceived readiness for clinical practice would be more realistic.

Although the United States introduced accelerated degrees in the early 1970s (Rico et al., 2010; Yastik and Anthony, 2009) Australian graduate-entry nursing degrees were only introduced in the mid-1990s following the establishment of nursing education in the university sector (Neill, 2011, 2012). Research into Australian based graduate-entry nursing degrees is lacking (Neill, 2011; Haddad et al., 2013) with minimal insight into the student's experience and efficacy of accelerated courses available (Neill, 2011).

Graduates of Masters level entry-to-practice nursing programs

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in Australia have yet to be surveyed regarding their perceptions and definitions of readiness for clinical practice in the literature. What is known about transition of the graduate RN's to practice is problematic with tension between healthcare industry and education providers expectation of the graduates' readiness for practice reported in the literature (Haddad et al., 2013). Therefore, measurement of the students perception can be useful for education providers as strengths and areas for improvement in the program can be identified (Raines, 2009).

This study explored these issues in Master of Nursing Science (MNSc) graduates from an Australian University. Referring to existing meanings of readiness for clinical nursing practice identified from other studies, this study aimed to add to the literature on conceptualising readiness as well as investigate graduates' self-perceptions of clinical practice readiness. Accordingly, the study secondarily assessed the effectiveness of the program in certain competency areas based on the perceived level of preparedness reported by graduates.

What this study adds: With previous life and work experience, accelerated nursing graduates perceived themselves as being ready for practice, rating highly the areas they defined as essential to indicate readiness, such as independence in basic clinical skills and theoretical knowledge. This study therefore identified that an Australian graduate entry Masters program assisted students in preparation for practice as a graduate nurse.

2. Background

A review of 2006–2016 research was conducted using MEDLINE, ProQuest, CINAHL, ERIC, CSA, PsycInfo, Psychological in Ebsco, Google Scholar, Informit and Australian online content resources.

A number of studies exploring the graduate entry to practice from accelerated programs were identified in the literature, with a scarcity of studies identified from an Australian context. Haddad et al. (2013) examined the ongoing discourse on graduate registered nurses' readiness for practice in Australia and reported that an in-depth exploration of this issue is warranted to address the knowledge gap in Australia (Haddad et al.). Australian studies include Missen et al. (2015) who explored work readiness for practice, conducting interviews with graduate nurse program coordinators, two studies that explored the demographic characteristics of graduate entry students (McKenna and Vanderheide, 2012; McKenna et al., 2015), and the graduate-entry nursing students experience to becoming a registered nurses (Neill, 2012). There were no studies reporting perceived readiness for clinical practice amongst graduate nurses. As reported by Raines (2009) there is a dearth of studies measuring self-perceived competence for nursing practice amongst nursing graduates, therefore the lack of contemporary evidence is not unique to Australia.

Accordingly, this literature review includes a summary of recent studies from other countries regarding definitions and perceptions of readiness for practice from undergraduate and postgraduate nursing programs. Definitions of readiness included views provided by nursing students, experienced registered nurses and clinical educators.

Readiness is a developing concept that incorporates fundamentals of nursing practice, traditional social and advocacy nursing roles and general skills such as communication, critical thinking and applying theory to practice. One method of defining clinical readiness in nursing is to link to clinical competency or the ability to perform a task, procedure, technique or activity (Baramée and Blegen, 2003; Yanhua and Watson, 2011).

The grouping of certain competencies thus serves as the framework for defining readiness for practice in this summary.

Four broad themes conceptualise readiness to practice, these

include: possessing a generalist foundation, practicing safe care, functioning within current realities and future needs, and balancing a triad of doing, knowing, and being (Duchscher, 2008; Ouellet et al., 2008; Wolff et al., 2010). On rare occasions, an arguably unrealistic definition of clinical readiness included the immediate capability to manage clinical scenarios that would be expected of a more experienced nurse (Johnstone et al., 2008; Romyn et al., 2009).

A generalist foundation includes readiness for ward-specific duties and independent functioning in stable situations with support (Wolff et al., 2010). Psychomotor skills associated with performing procedures (Baramée and Blegen, 2003) and completing shift duties within the expected timeframe (Duchscher, 2009) also comprise generalist foundation. Safe care is characterised by following established nursing standards, prioritising care, recognising knowledge deficits and seeking assistance (Wolff et al., 2010), as well as planning and evaluation of nursing care (Baramée and Blegen, 2003). Current realities and future needs refer to adaptability, instant application of theory to practice and looking after high acuity patients (Romyn et al., 2009).

Doing, as an indicator of readiness, includes critical thinking applied to clinical decision-making, delivering patient education, acting as patient advocate, performing psychomotor skills, demonstrating leadership, accountability and management skills, and developing caring relationships (Baramée and Blegen, 2003; Ouellet et al., 2008; Waltz, 1989; Wolff et al., 2010). Knowing embodies theoretical knowledge, synthesis of prior learning, continuing education and assimilation of determinants of health (Ouellet et al., 2008; Wolff et al., 2010). Being signifies exhibition of professionalism, critically reflective practice and integration of research and theory into clinical practice (Ouellet et al., 2008).

Studies exploring perceptions of readiness for clinical nursing practice in graduates of undergraduate programs found a theory-to-practice gap that inhibits smooth transition from student to graduate registered nurse (Etheridge, 2007; Goh and Watt, 2003; Romyn et al., 2009). Graduates of undergraduate nursing programs also reported inadequate competency in clinical experience and skills (Candella and Bowles, 2008; Casey et al., 2004; Duchscher, 2008; Etheridge, 2007; Goh and Watt, 2003; Heslop et al., 2001; Romyn et al., 2009; Scott et al., 2008; Smith and Crawford, 2003). These skills could consist of physical assessment, medication administration, emergency response, abnormal laboratory finding recognition and pharmacology knowledge (Candella and Bowles, 2008; Smith and Crawford, 2003). Perceived inadequacies in clinical preparedness included impaired confidence when communicating with physicians, patients and family members (Boswell and Long, 2011; Casey et al., 2004; Duchscher, 2008, 2009; Etheridge, 2007; Heslop et al., 2001), managing full patient caseloads, caring for highly acute patients (Candella and Bowles, 2008; Heslop et al., 2001) and the ability to discern the most relevant information from a comprehensive case scenario (Duchscher, 2008; Goh and Watt, 2003; Johnstone et al., 2008; Romyn et al., 2009).

Studies exploring clinical readiness in graduates of accelerated postgraduate nursing programs included two studies from North America (Ouellet et al., 2008; Raines and Sipes, 2007) in which graduates felt adequately prepared prior to practice as registered nurses. It is important to note that data collection in these studies assessed graduates' perceptions following graduation rather than after having experienced the full responsibilities and accountabilities of a registered nurse in a practical work setting. Johnson and Johnson (2008) found that, compared to undergraduate counterparts, graduates of an accelerated postgraduate program felt more prepared in areas of leadership, management skills development, understanding evidence-based practice and research,

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