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Undergraduate student nurses' self-reported preparedness for practice



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Summary

Background: Tertiary nurse education programmes aim to produce novice nurses able to meet the Nursing and Midwifery Board of Australia competency standards for registration. On the other hand, employers expect graduate nurses to not only be competent and able to function safely and independently but also to be ready to “hit the ground running” in relation to providing clinical care.

Aims: The study aimed to explore the perceptions of third-year nursing students enrolled in their final semester with regard to their preparedness for practice.

Method: Following their last clinical placement, all third-year nursing students at a regional northern Australian university were emailed a link to an online version of the Casey-Fink Readiness for Practice Survey tool and invited to participate in the study. A total of 113 questionnaires were completed from the sample of 235, giving a response rate of 48%.

Results: The majority of students reported feeling prepared for practice and felt that simulation experiences were helpful in attaining this state. Confidence in caring for multiple patients was inversely associated with age indicating higher levels of confidence in younger nursing students. Expanded placements, increased use of simulation for clinical skills practice, smaller clinical skills class sizes and modern equipment were identified as areas for improvement to facilitate and enhance students' levels of confidence and readiness for practice.

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Conclusions: Students in this study highly valued clinical placements as a method of increasing their levels of perceived preparedness to practice independently after graduation. Caring for multiple patients involves a high level of complexity and a learning curve is indicated in which confidence and competence is likely to grow with experience.

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Introduction

Expanding technology, economic influences, medical advances and patient acuity are rapidly changing health-care provision around the world. Inpatient length of stay has decreased and day procedures and care in the home have increased. Although seen as better for patient outcomes, these changes have resulted in limited opportunities for graduate nurses to learn on the job (Rhodes, 2011). New graduate registered nurses, despite completing numerous hours of clinical placement during their degree programmes, are often perceived as underprepared for the demands of the current health care environment (Greenwood, 2000). The challenges confronting graduate nurses in health care environments are vast, and it is more important than ever for this group to feel competent and prepared for practice (Edwards, Smith, Courtney, Finlayson, & Chapman, 2004).

Background

Historically, nursing education programmes provided student nurses with a 'learn on the job' apprentice style of education. In 1984, nursing education in Australia began the transition from a hospital setting to the tertiary sector (Levett-Jones & FitzGerald, 2005). By the end of 1993, university nurse education programmes had replaced the hospital-based apprenticeship system (Sharrock & Happell, 2006). Since this transition, the practice readiness of new graduate registered nurses has been a source of ongoing debate between nurse educators and employers (Birks, Cant, James, Chung, & Davis, 2013; Burns & Poster, 2008; Candela & Bowles, 2008; Lima, Newall, Kinney, Jordan, & Hamilton, 2013; Maben, Latter, & Clark, 2006; Usher, 2006; Usher & Mills, 2011; Watt & Pascoe, 2013).

Known as the theory-practice gap, the perception that graduate nurses are under prepared for clinical practice is influenced by a multiplicity of factors, including the divide between the educational institutions and the practice setting, the quality of training opportunities and support in undergraduate clinical placements, and socialisation into the nursing profession (Casey, Fink, Krugman, & Propst, 2004; Delaney, 2003; Edwards et al., 2004; Levett-Jones & Lathlean, 2008; Levett-Jones, Lathlean, Maguire, & McMillan, 2007; Nash, Lemcke, Sacre, 2009; Newton & McKenna, 2007; Olson, 2009; Romyn et al., 2009; Wolff, Pesut, & Regan, 2010; Wolff, Regan, Pesut, & Black, 2010). Tertiary nurse education programmes aim to produce novice nurses (Benner, 1984), equipped with the foundational knowledge and skills for registration (NMBA, 2006). On the other hand, employers expect graduate nurses to be *work ready*, which includes meeting the competency standards and being able to function safely and independently, or in

other words, ready to "hit the ground running" in relation to providing clinical care (Burns & Poster, 2008; Greenwood, 2000; Hickey, 2009; Usher & Mills, 2011).

Employers' expectation that new graduates will function independently creates anxiety for this group who fear that they will not have sufficient knowledge and skills to practice competently (Newton, 1999; Heslop, McIntyre, & Ives, 2001; Watt & Pascoe, 2013). Previous Australian studies indicate that third year nursing students are anxious about meeting workplace performance expectations due to a self-perceived lack of clinical experience (Heslop et al., 2001; McKenna & Green, 2004). Nurses often find the reality of working in practice as a new graduate overwhelming and perceive the clinical environment as challenging (Clare, White, Edwards, & van Loon, 2002). These feelings can result in a lack of confidence in their ability to perform patient care (Rodgers, 2007). Heslop et al. (2001) found final-year nursing students felt sufficiently prepared in the areas of knowledge, clinical practice, skills, and decision making but lacked confidence in caring for a large patient caseload, caring for patients with complex health needs and communicating with doctors. Newton and McKenna (2007) reported that undergraduate nursing students tended to underestimate their level of preparedness for graduate clinical practice which contributed to a "reality shock" when they transition to the graduate registered nurse role.

Chun-Heung and French's (1997) review found that the clinical education environment is highly influential in the development of skills, competence, confidence and preparedness for practice. As a practice-based discipline, nursing students are required to demonstrate their competence to meet the requirements for professional registration by the Nursing and Midwifery Board of Australia. Clinical placement is a planned part of the nursing education curriculum where students develop competence by, "practising or consolidating and refining newly acquired skills, where they learn to apply theory to practice in real contexts and where they begin to exercise clinical judgment in real and complex situations under guidance, instruction and supervision" (National Nursing and Nursing Education Taskforce, 2006, p. 8). Currently, Australian nursing students must complete a minimum of 800 clinical placement hours as a component of an accredited programme of study to qualify for registration (Australian Nursing and Midwifery Accreditation Council (ANMAC), 2012).

The current healthcare environment, clinical placement costs and the availability of suitable placements have resulted in a number of tertiary institutions adopting varying forms of simulation training to enhance and augment clinical placement (Decker, Sportsman, Puertz, & Billings, 2008). While the competencies student nurses must demonstrate in order to obtain registration by the nursing authority

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