



Attitudes and values expected of public health nursing students at graduation: A delphi study

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ABSTRACT

Background: The skills and knowledge of the competencies expected of public health nursing (PHN) students at graduation have been clarified; however, the attitudes and values have not yet been studied in Japan.

Objectives: The objective of this study was to identify and reach a consensus among experts on the attitudes and values expected of PHN students at graduation.

Design: This survey was conducted as a two-stage Delphi study.

Participants: We selected the following experts: 248 teachers in the faculty of public health nursing at a university as academic experts, and 250 public health nurses who were also experienced clinical instructors as clinical experts.

Methods: The round 1 mailed survey was conducted using a questionnaire about the necessity and importance of attitudes and values, and 211 experts responded (42.4%, clinical; $n = 124$, academic; $n = 87$). In the Round 2 survey, the experts consisted of 60.2% of the round 1 participants (clinical; $n = 73$, academic; $n = 54$). Descriptive statistics were used for multiple imputation.

Results: We identified a total of 13 attitudes and values expected of PHN students, and reached $\geq 90\%$ consensus for most items (except for one). Regarding the expected achievement level at graduation, there was no difference between clinical and academic experts except for one item.

Conclusions: Consensus was clearly achieved for 13 attitudes and values expected of PHN students, as well as importance and expected achievement level at graduation. In the future, it is important to examine strategies that can effectively develop these attitudes and values through basic and continuous education.

1. Introduction

In an era of gross health inequalities within and between communities, new infections, child or elderly abuse, disaster prevention, health promotion, and behavioral risks, a stronger emphasis is being placed on public health initiatives (Frenk et al., 2010). Public health nurses (PHNs) are professionals who solve these complex public health issues (Murashima et al., 1999; Keller et al., 2004a; Keller et al., 2004b). In the United States, registered professional nurses working in administrative agencies almost always have a master's degree in public health, and public health nursing leaders have highlighted population-based practice, sometimes referred to as population-focused practice, as a way of addressing the current and future needs of healthcare systems (Gebbie and Hwang, 2000; Williams, 2000; Keller et al., 2004a; Keller et al., 2004b). In England, nurse consultants—who are the most senior advanced nurse practitioners—lead and influence public health on many levels and need support to develop needs-led and evidence-based

local, national, and international public health practices and policies (Franks, 2014). In other words, in the United States and United Kingdom, advanced education is essential for nurses who implement population-based public health approaches. However, there are various basic education systems such as vocational schools, junior colleges, baccalaureate, or master's degree that grant PHN licenses in Japan (Murashima et al., 1999). Given the variety of educational institutions that offer training, securing the quality of PHNs has become a concern. In other words, in order to train PHNs capable of handling the present situation and adapting to changes based on the social situation, emphasis in education must be placed not just on knowledge and techniques, but also on values and attitudes leading to occupational identity. Therefore, it is necessary to have a unified understanding of the minimum practical competency at graduation.

One way to describe the learning outcomes of a given competency is by breaking down expected learning into knowledge, skills, and attitudes and values. Rather than perceiving these three dimensions of

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learning separately, it is best to think of them as an integrated, complex performance. This perspective allows us to view the process of learning as the acquisition of knowledge, the application of knowledge into skills, and the integration of skills along with attitudes and values into competencies.

Furthermore, according to the practical ability iceberg model (Goodman, 2002; Salleh et al., 2015), skills and knowledge are located on the part of the iceberg that is above the water, and thereby make it easy to evaluate learners. Of course, it is necessary for an adult learner with a lower level of learning and who lacks self-confidence to first acquire basic knowledge and skills. Moreover, attitudes and values are much more difficult to assess than are skills and knowledge. Salleh (2012) defined competency as the skills, knowledge, and behavior that characterize better performance in every aspect of an individual. Furthermore, competency exists as result of the life values, attitudes, and internal motivation of individuals to complete the tasks at hand perfectly (Salleh, 2012). Moreover, when it is necessary to solve complicated and ambiguous problems, the outcomes of the work will differ according to the core competencies, especially individual attitudes and values (Rychen and Salganik, 2003).

In Japan, the necessary skills and knowledge to meet the competencies expected of PHN students at the time of graduation have been clarified (Ministry of Health, Labor, and Welfare, 2010). Some past studies have also investigated students' attitudes and values in relation to moral or ethical issues alone (Asahara et al., 2012; Asahara et al., 2015). In this study, the objective was to obtain experts' agreement on expected attitudes and values when PHN students graduate. The results of this study will help to direct the practice and evaluation of a systematic educational program based on the foundational knowledge, skills, and attitudes required for competency.

2. Methods

In order to obtain the consensus of experts, it was decided that a Delphi study would be employed. The Delphi technique involves large numbers of geographically distant participants, in contrast to traditional studies that employ face-to-face discussion. In addition, participants in a Delphi study do not interact directly with each other, so situations in which the group is dominated by the views of certain individuals can be avoided. In this context, participants who might change their opinion or retain their original answers after seeing group responses are not influenced by the desire to be seen as agreeing with senior, overly vocal, or domineering individuals. Therefore, this method is also increasingly being used to reach consensus around many topics in medicine, such as education, development of clinical guidelines, and prioritization of research topics (Sinha et al., 2011). We selected the following experts: (a) as academic experts, we selected 248 teachers in the faculty of public health nursing at a university with extensive PHN and educational experience; (b) as clinical experts, we asked 250 PHNs who were experienced clinical instructors at organizations stratified according to the number of persons engaged in prefectures or municipalities. Specifically, the survey was sent as ratios according to the number of prefectural public health centers, government-ordinance-designated cities, and municipalities in Japan. The clinical experts were randomly sampled from the strata of engaged agencies, and were matched with the total number of academic experts. Thereafter, we mailed them this survey. Prior to this study, the affiliated institutions of the experts were identified according to the pre-assigned ID numbers attached to the questionnaires in advance. However, we did not include any other identifying information such as individual names; thus, anonymity was ensured. The experts were informed that returning the first questionnaire was considered to indicate consent to participate in the first survey. They were also asked whether they were willing to participate in the subsequent surveys.

The round 1 mail survey was conducted from November to December 2015 using a questionnaire about the necessity and

importance of attitudes and values of PHN students to be acquired by graduation. The questionnaire consisted of 13 items that were created with reference to several previous studies (Crues et al., 2009; Japan Public Health Association, 2008; Okura et al., 2013a, 2013b), and the participants could also freely add other items that they deemed important. The importance of attitudes and values were rated on an 11-point Likert scale from 0 (“I think it is an unnecessary item”) to 10 (“I think it is very important”).

Following this, the round 2 questionnaire survey, which showed the means and quartiles of the results of round 1, asked participants' level of agreement (“yes” or “no”) and expected achievement level at graduation in January–March 2016. Expected achievement level at graduation was measured using a 4-point Likert scale: 1 = “(S)he can understand its goodness and significance,” 2 = “(S)he always keeps it in mind, but has not taken any action,” 3 = “Although (s)he was able to take action, (s)he did not behave according to the subject and situation,” and 4 = “(S)he can act according to the subject and situation.”

At the same time, for round 2, we asked if they felt there was a difference in the growth level of the PHN students or PHN beginners until they became independent. In addition, we asked about specific aspects and background factors where these differences were seen. Multiple answers could be given to both questions.

The procedures performed in this study were in accordance with the ethical standards of the institutional and national research committee, as well as the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Furthermore, informed consent was obtained from all the participants in this study. In addition, the study protocol was reviewed and approved by the Ethics Committee of the Kyoto University Graduate School of Medicine (approved in October 2015, no. R0257).

Descriptive statistics were used for the multiple imputation to treat the missing data. The data were analyzed using SPSS Statistics 24.0 (including the Statistics Base, Advanced Statistics, Regression, and Missing Values modules; IBM Corp., Armonk, NY). The significance threshold was set at $p < 0.05$.

3. Results

In the round 1 survey, 211 experts responded (42.4%; clinical $n = 124$, academic; $n = 87$). The demographic distribution of the responses is presented in Table 1. We calculated the recovery ratio using the number of questionnaires sent as the denominator. For the clinical institutions, the ratios were as follows: prefectural public health centers (56.4%), government-ordinance-designated cities (61.5%), municipalities (47.0%). For the academic institutions, the ratios were as follows: national universities (46.3%), prefectural universities (35.4%), and private universities (30.8%). The mean years of experience for PHNs were 23 years for clinical experts and 12 years for academic experts. In addition, academic experts had 13 years of educational experience on average.

None of the 13 items was regarded as unnecessary. The average importance level for each of the 13 items ranged from 7.2 to 9.2 out of 10 points. In addition, although there were several additional items considered necessary, they were similar to the contents of the 13 items or related more to “knowledge and skill” and not “attitude and values.” Accordingly, the level of importance for the 13 items was generally very high. The item which had the median value was < 8.0 points was “to act in preference ‘for others, not yourself.’” Five other items, including “to pay attention to not only the issues occurring before you but also the issues in the background as well as the surface-level to explore their essence” and “to learn about social situations, knowledge, and technology subjectively and continuously,” showed significant differences in the level of importance among clinical and academic experts; academic experts answered “more important” more often than did clinical experts for these five items (Table 2).

In the round 2 survey (Table 3), 59.6% of the participants from

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