



The effect of an enrolled nursing registration pathway program on undergraduate nursing students' confidence level: A pre- and post-test study



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SUMMARY

Background: In the latter half of the 20th century, registered nurse education moved to university degree level. As a result, there has been a reduction in access for students to clinical experience. In numerous studies, nursing graduates have reported that they do not feel prepared for practice. The importance of maximising every learning opportunity during nursing school is paramount. At Edith Cowan University, a program was initiated that allows students to become enrolled nurses at the midway point of their degree to enable them to work and therefore gain experience in the clinical practice setting during their education. This study investigated the effect of the program on the nursing students' perception of their clinical abilities and explored their ability to link theory to practice.

Methods: The research design for this study was a quasi-experimental, prospective observational cohort study. The study included 39 second-year nursing students not enrolled in the program (Group 1), 45 second-year nursing students enrolled in the program (Group 2), and 28 third-year nursing students who completed the program and are working as enrolled nurses (Group 3). Participants were asked to complete a Five Dimension of Nursing Scale questionnaire.

Results: The quantitative analyses showed that students in Group 1 had statistically significant higher pre-questionnaire perceived abilities across all domains, except in two dimensions when compared to Group 2. The post-questionnaire analysis showed that Group 1 had statistically significant lower perceived abilities in four of the five dimensions compared to Group 2. Group 1 also had significantly lower abilities in all dimensions compared to Group 3. Group 3 had a significantly higher perception of their clinical abilities compared to Group 2.

Conclusion: This study highlights the value of meaningful employment for undergraduate nursing students by providing opportunities to increase confidence in clinical abilities.

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Introduction

The move to university level education for nursing has led to a reduction in clinical practice hours and diminished opportunities to bridge the theory to practice gap. Simultaneously, workforce issues and a lack of suitably qualified nursing staff mean that today's nursing graduates need to 'hit the ground running' (Australian Government Productivity Commission, 2006). Therefore, graduating nursing students need to feel ready for practice and competent to undertake the requirements of the profession (Chang and Hancock, 2003; Greenwood,

2000; Kramer, 1975; Zhang et al., 2001). These demands highlight the need for nursing students to maximise every learning opportunity during their undergraduate studies and through any related part-time employment.

Background

It has long been recognised that undergraduate nursing students need to acquire clinical skills supported by theoretical knowledge. For a novice nurse to be ready for nursing practice, immense amounts of time and energy need to be expended to learn the knowledge, skills and attributes required. The classroom setting provides the theoretical base of nursing whilst clinical placements provide the setting for clinical reasoning to develop under the supervision of registered nurses. However, the nursing student is often lacking depth of knowledge and

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specialised skill acquisition required for nursing practice upon graduation (Clark and Holmes, 2007; Heslop et al., 2001).

Readiness to practice

The ability to coordinate nursing and healthcare is often referred to in the literature as 'readiness to practice'. Wolff et al. (2010) attempted to define 'readiness to practice' with four main themes emerging from focus group research which involved novice nurses, educators, regulation authorities and industry experts. The focus groups identified readiness as (1) having a generalist foundation and some job specific capabilities, (2) providing safe client care, (3) keeping up with current realities and future possibilities and (4) possessing a balance of doing knowing and thinking. However, the reality is that many graduating registered nurses (RNs) doubt their 'readiness to practice' (Clark and Holmes, 2007; Heslop et al., 2001). A qualitative exploratory study completed in 2005 of 105 newly qualified and experienced nurses in the United Kingdom did not feel ready to practice at the point of registration, felt that they had knowledge about specific areas of nursing on given topics rather than a general base of nursing knowledge and were concerned that they lacked the specialist, technical and management skills required to start nursing (Clark and Holmes, 2007).

An Australian study also supports the notion that nursing students do not feel ready to nurse due to decreased self-confidence. Heslop et al. (2001) found that undergraduate students voiced apprehension about meeting workplace expectations related to their self-reported lack of clinical experience. The apprehension concerning the new graduates' 'readiness to practice' continues, regardless of noteworthy developments in the undergraduate nursing curricula (Wolff et al., 2010).

Self-confidence

The attainment of confidence is a gradual, incremental process that occurs throughout a nursing student's studies (Burns, 2009; Clark and Holmes, 2007). Although achievement of confidence differs between students, they share many stressors that affect their self-confidence in the clinical setting, including lack of experience, poor interpersonal skills with both the nursing and the wider multidisciplinary team and inadequate communication skills. Whether students' perceptions are shared by others is of little significance to their feelings of confidence.

Bandura's (1997) describes self-confidence as the belief an individual has about their ability to perform required activities. A strong level of self-confidence encourages accomplishment and this impacts directly on personal well-being in a variety of ways, including reduced stress levels and lowers risk for depressive disorders (Bandura, 1997). Individuals with high self-confidence levels approach tasks believing that they can achieve; they also set high goals and recover from setbacks more readily (Bandura, 1997). According to Bandura, self-confidence can be achieved in four main ways—mastery of experiences, vicarious experience through mentors and models, social persuasions and physiological factors.

Mastery experiences result from performing the behaviour to a desired level. According to Bandura, this is the most important factor in increasing self-confidence. The clinical practicum and the simulation ward provide opportunities for mastering skills. If a nursing student is successful in completing an action, their belief that they can repeat the action and/or improve on means that their self-efficacy may increase. On the other hand, Barta and Stacy (2005) stated that repetitive unsuccessful attempts at an action or a task may lead to a decrease in self-confidence. However, occasional failure can reorient thinking and motivate practice to allow a practitioner to identify what is needed to achieve their goal (Bandura, 1977; Barta and Stacy, 2005; Robinson-Smith and Pizzi, 2003).

Clinical experience

Clinical practicum is of paramount importance to successful healthcare teaching and learning as clinical environments afford students opportunities to assimilate and apply competencies and behaviours acquired in the classroom into actual performance (Hutchings and Sanders, 2001; Jackson and Mannix, 2001). The clinical practicum enables students to advance their clinical skills, link theory to practice, apply and develop problem-solving skills, and improve their interpersonal skills (Cope et al., 2000; Dunn et al., 2000; Kramer, 1975). Moreover, the students become familiar with the formal and informal norms, protocols and expectations of the nursing profession and the healthcare system (Cope et al., 2000; Dunn et al., 2000; Kramer, 1975). However, the increasing numbers of nursing students limits the number and type of clinical placements available (Courtney-Pratt et al., 2012). Therefore, the skills acquired by student nurses in the clinical practicum may be limited due to the location of the placement and the acuity of the patients (Duchscher, 2008; Edwards et al., 2004; Heslop et al., 2001; Lauder et al., 2008).

Externships provide this additional experience and are popular amongst universities and collaborating hospitals in the United States and in the United Kingdom. These hospitals have developed programmes that allow students to experience the clinical environment as paid employees which supplement the clinical exposure of undergraduate nurses. According to Mang (2011), nursing externships help students to transition to the clinical environment more readily upon graduation. As well as being a means of gaining valuable clinical experience, externship programs are designed to assist the student nurses to develop more self-confidence in the clinical setting. The benefits of externship programs include developing the students' ability in leadership, teamwork and communication with the wider healthcare team (Beagle-Casto and Stefanik-Campisi, 1991).

Within the Australian nursing school system, nurse externship programs do not exist. Across Australia, there are approximately 30 schools of nursing offering undergraduate nursing degrees that utilise clinical practicum as an approach to the training and development of RNs (Beament, 2011). Although the effectiveness of university programs has been demonstrated (Chang and Hancock, 2003; Cope et al., 2000; Dunn et al., 2000; Kramer, 1975), debate continues as to whether recently graduated nurses enter the profession with the essential skills and attributes that are necessary to practice proficiently as RNs (Burns, 2009).

Following the structure of a nurse externship, Edith Cowan University School of Nursing in Western Australia developed an Enrolled Nursing Registration Pathway Program (ENRPP), which allows the student to gain registration as an enrolled nurse (EN) and work part time in this role whilst attending undergraduate nursing education. This program is offered to nursing students at the mid-point of their undergraduate nursing degree.

In Australia, the scope of practice for the EN includes the identification of both the normal and abnormal in health assessment, implementation of appropriate nursing care under the auspice of the RN, monitoring the impact of this implemented care and communicating effectively with both the RN and the wider multidisciplinary healthcare team. Whilst the EN implements this care and collaborates with the RN in developing a care plan, the responsibility of care plan development lies with the RN. The EN is at all times accountable for the delegated care they provide. One of the main differences between the scope of nursing practice for the EN and the RN is that the RN is the delegator of care requirements and the EN works under the direction and supervision of the RN (Council, 2008). New Zealand and Singapore both have registration for the EN role with similar scopes of practice (Jacob et al., 2012). In the United States and Canada, the nursing level comparative to the EN role is the Licensed Practical Nurse or Licensed Vocational Nurse (College of Licensed Practical Nurses of BC, 2015; National Council of State Boards of Nursing, 2011). In the United Kingdom, ENs are

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