



## Reaching their potential: Perceived impact of a collaborative academic–clinical partnership programme for early career nurses in New Zealand☆



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### SUMMARY

**Background:** The dynamic nature of healthcare ensures that early career nurses enter an uncertain and complex world of practice and consequently require support to develop their practice, build confidence and reach their potential. The New Zealand Nurse Entry to Practice programme for registered nurses in their first year of practice has been operating since 2005 to enable safe and confident practice, improve the quality of care, and positively impact on recruitment and retention. This academic and clinical programme was offered as a partnership between a university and a clinical provider with postgraduate academic credits gained.

**Aim:** The aim of this study was to explore the perceived impact of postgraduate university education for early career nurses in one regional health area of New Zealand.

**Methods:** Participants were registered nurses who had completed the early career nurse programme and their clinical preceptors. The research was conducted via an online survey of 248 nurses and three focus groups to explore how the programme was experienced and its impact on knowledge and practice.

**Results:** Early career nurses and their preceptors found that the programme enables improved knowledge and skills of patient assessment, application of critical thinking to clinical practice, perceived improvement in patient care delivery and outcomes, enhanced interprofessional communication and knowledge sharing, and had a positive impact on professional awareness and career planning.

**Conclusions:** This clinical–academic partnership positively impacted on the clinical practice and transition experience of early career nurses and was closely aligned to an organization's strategic plan for nursing workforce development.

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### Introduction

As the context of healthcare increases in uncertainty and complexity, early career nurses require support to develop their practice, build confidence and reach their potential. Therefore they need opportunities and environments to advance their critical thinking, patient assessment skills and clinical reasoning. Recruitment and retention of new graduate nurses have been of enduring concern internationally, not least because of the expected increase in the proportion of nurses likely to retire over the next two decades and the changing health needs of an ageing population (Nana et al., 2013). This article details the evaluation of a programme of postgraduate study aimed to address the education, socialisation and support needs of registered nurses in their first year of practice. The

programme is delivered through a well-established partnership between a district health board and a university in New Zealand.

### Background and Literature Review

The first year of practice is well recognised as a period of transition from student to registered nurse that influences early career nurses' confidence, competence and future career decisions. It is a crucial time for gaining clinical skills, knowledge and experience in a specialty area (Ross and Clifford, 2002) during which early career nurses' diffidence about their own competence may be interpreted as a lack of self-confidence, critical thinking and/or clinical knowledge (Casey et al., 2004). Formal new graduate transition programmes are considered to improve retention, competency, have cost benefits (Rush et al., 2013), and enhance knowledge about common diagnoses, role confidence, and trusting relationships with the leadership team (Cockerham et al., 2011). Programmes resulting in improved practice and retention include specified resource people for new graduates, mentorship, formal education, and peer support opportunities (Rush et al., 2013).

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Some nursing residency programmes are conducted in collaboration with a university, such as that described by Kim et al. (2015), but there is a gap in research literature about new graduate programmes that include Masters level academic credits. However, literature does reveal that formal education leading to postgraduate university qualifications supports nurses' personal and professional developments (Cooley, 2008; Covell, 2009; Drennan, 2008) and to be the most appropriate preparation for advanced nursing practice roles (Aitken et al., 2008; Currie and Watterson, 2009; Wilson-Barnett, 2006). Further, postgraduate study is expected to enhance critical thinking and the implementation of evidence into practice (Bennison, 2008; Cragg and Andrusyszyn, 2004; Pelletier et al., 2003), and to increase nurses' confidence in their ability (Clark, 2009; Landmark et al., 2004; Tame, 2013; Walker, 2009). Nurses who have completed postgraduate education are more likely to advocate for patients by questioning treatment decisions and options (Pelletier et al., 2003; Wildman et al., 1999; Williamson and Horsburgh, 2000). Additionally, a postgraduate nursing qualification has been associated with fewer medication errors, more effective triaging of patients, and overall improved clinical outcomes (Aiken et al., 2003; Considine et al., 2001; Covell, 2009).

In New Zealand, support and education for newly qualified nurses reached a turning point in 1998 with a comprehensive review of nursing workforce development needs (Ministerial Taskforce on Nursing, 1998) that recommended strategies to enable nurses to provide more responsive, innovative, effective, and accessible nursing care. A key finding of the review was that some employers expected new nursing graduates to immediately take on unrealistic workloads with high levels of responsibility without support. Therefore, the Nursing Entry to Practice programme (NETP) for nurses in their first year of practice was adopted as a national programme in 2006 that required DHBs to support nursing graduates to practise safely, effectively and confidently as registered nurses, improve the quality of care through nursing skills development, and achieve improved recruitment and retention of new graduates (Ministry of Health, 2004).

Changes in healthcare around this time, including shorter length of hospital stay with escalating patient acuity and more community-based, integrated care were drivers of a programme of supported learning for new graduate nurses that advanced their undergraduate learning in patient assessment, critical thinking and clinical decision making. An evaluation of New Zealand NETP programmes recommended that District Health Boards (DHBs) partner with an education provider to include a postgraduate (Masters level) academic course in the programme, linked to a Masters level pathway (Haggerty et al., 2009).

Application and selection into a NETP programme is through a national electronic portal where graduating nurses indicate their first three preferred DHB locations and first three preferred clinical specialties. The number of positions available annually in NETP programmes across New Zealand is determined by the New Zealand Ministry of Health via Health Workforce New Zealand. DHBs review the applicants that have opted for their location and select programme participants based on applications and interviews. Of 1232 graduates who applied for NETP positions across the 20 New Zealand DHBs in 2012, 723 (59%) won a position in a NETP programme within a month of finishing their nursing degree. Of those, 97% had gained positions in either their first or second choice of DHB location (Ministry of Health, 2015).

This article concerns a NETP programme at Waikato DHB in the North Island of New Zealand that has about 80 applicants for the same number of vacancies annually, 78 applicants for 78 positions in 2012 (Ministry of Health, 2015), with the intention to attract Maori (New Zealand's indigenous population) students in the same proportion as the population being served, 20.8% in 2013 (Waikato District Health Board, 2013). Those offered a contract usually accepted one and drop-outs are very rare. There is one clinical placement for the duration of the NETP programme at an urban tertiary hospital, or several small regional hospitals or clinics, and in one clinical specialty, including acute hospital care for adults and children, primary health care, or older

adult residential care. Each nurse has a career plan that guides them to future wider experience rather than encouraging early specialisation. The NETP places are for 0.9 proportional contracts for the first year of practice with a pro-rata salary. This includes paid study release time with replacement staff in their clinical area, a nominated clinical preceptor, and fully paid university fees. Typically, 85% of nurses apply for and win permanent positions on completion of the programme with paid fees and time release for further study.

Since 2010, the University of Auckland and Waikato District Health Board have partnered in the delivery of the NETP programme. The academic course that is embedded in the programme has formal sessions taught by university and DHB staff that focus on patient assessment, clinical reasoning and critical thinking with application into everyday practice supported by a senior staff nurse assigned to each student as clinical preceptor in their work area. University staff liaises with clinical preceptors and students throughout to provide individualised learning support. Assessment of course requirements is made through written assignments and observation of patient assessment skills. Successful completion gains academic credits equivalent to 12.5% of a Master of Nursing.

While support for new graduate nurses is the subject of published literature, the award of academic credits at Masters level within a formal programme is not mentioned. Therefore, this study contributes in bridging that gap by aiming to explore the perceived impact of postgraduate education associated with patient assessment and clinical reasoning for early career nurses employed by a New Zealand health board.

## Methods

A mixed-method, descriptive cohort design, employing a survey and focus groups, was used to explore the impact, processes and experiences associated with postgraduate education for three cohorts of early career nurses having completed the NETP programme and their clinical preceptors. Ethics approval (NTX/12/EXP/103) was gained from the New Zealand Ministry of Health's Health and Disability Ethics Committee and the Waikato District Health Board's research committee. Ethical principles (World Medical Association, 2013) were adhered throughout; survey respondents remained anonymous by logging onto a web-page with a logon and password that did not link to their identity, and data are reported in aggregated form. Focus group participants participated voluntarily, gave written consent, and were assured of anonymity; no identifying details would be reported. They agreed to keep other group members' contributions confidential, and were informed that they could withdraw from the group if they wished but could not withdraw their contributed data because of the collective nature of focus group discussion. Participants' success in the programme was not at risk as they had all successfully completed the programme. Groups were facilitated by researchers associated with both partnering institutions and participants' potential reluctance to contribute negative impressions is recognised. However, open discussion in a safe environment was encouraged.

### Survey

All nurses ( $n = 231$ ) who had completed the NETP programme in 2011–2013 and their preceptors ( $n = 17$ ) were invited to complete a previously validated online survey, using the Survey Gizmo platform, of 46 items about knowledge and understanding, application of knowledge, critical thinking, impact on patient care, professional development, workplace activities, and communication and sharing of knowledge in the workplace. Items were scored on a five-point Likert scale from one (strongly disagree) to five (strongly agree).

### Focus Groups

Focus groups were convened to explore the perceptions of participants, two NETP groups and 1 preceptor group, to explore the thoughts and feelings of participants and how understandings had developed

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