# NURSES' PERCEPTIONS OF THEIR PREPARATION FOR BEGINNING PROFESSIONAL PRACTICE: AN EVALUATIVE STUDY

A Dissertation submitted by

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## Abstract

It is now twenty years since the Federal Government mandated the transfer of nurse education to the tertiary sector. The conflict surrounding the issue of educational preparation for entry to professional nursing practice remains, supported by the oft-repeated comment that "graduates should hit the ground running". Student nurses/graduates are key stakeholders in nursing education and their perceptions are a valuable source of information as they experience the Bachelor of Nursing Program. To contribute to the body of knowledge, this evaluative study focused on the perceptions of students/graduates in relation to their preparation for beginning professional practice.

Illuminative evaluation, supported by a qualitative interpretive approach, constructivist learning theory and a quantitative approach, was used to help understand and describe how students/graduates constructed ideas about their preparation for beginning professional practice. Data were collected from the participants in two stages, before and after the completion of the Bachelor of Nursing program, using questionnaires, open-ended questions, documentary information, reflective writings and semi-structured interviews. The participants for both Stages were drawn from the same student cohort.

Following thematic analysis of the data it emerged that ninety-nine percent of the participants believed they were adequately prepared for beginning professional practice at an advanced beginner level. The study highlights that context is an important factor in relation to learning and that the theory/practice gap is a natural phenomenon in the learning process. Students experience difficulty in transferring knowledge and skills from one context to another.

Also, a real tension exists between preparing a well educated nurse and preparing a practitioner who, on graduation, will not be fully prepared to deal with all the complexities and diversities of the nursing practice setting. Nurse clinicians, administrators and academics have a responsibility to ensure beginning practitioners are prepared for beginning professional practice at an advanced beginning level.

## CERTIFICATION OF DISSERTATION

I certify that the ideas, experimental work, results, analyses, and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

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# TABLE OF CONTENTS

Abstract ………………………………………………………………….. i

Certification of Dissertation ….………………………………………… iii

Acknowledgements ….………………………………………………… iv

**Table of Contents ………………………………………….……….. v**

**Chapter 1: Introduction ……………………………………………… 1**

1.1 Introduction 1

1.2 Problem Statement 2

1.3 Background 2
- 1.3.1 Key Stakeholders 3
- 1.3.2 Entry Level 3
- 1.3 3 Bachelor of Nursing Program 5
- 1.3.4 Changes to the Bachelor of Nursing Program 7
- 1.3.5 Definition of Terms 7
- 1.3.6 Target Population 8

1.4 Aims of Research 9

1.5 Research Question 9

1.6 Research Method 9

1.7 Justification for the Research 10

1.8 Outline of the Chapters 11

1.9 Summary 12

**Chapter 2: Literature review** **14**


2.1 Introduction 14
2.1.1 Outline of literature review 15

2.2 Reviews and Reports 15
2.2.1 Historical Background 17
2.2.2 Twenty-First Century Nurse 18
2.2.3 Educating Nurse Professionals 19
2.2.4 Relevancy of Content 20
2.2.5 Summary 21

2.3 Illuminative Evaluation 22
2.3.1 The Instructional System/curriculum 23
2.3.2 The Learning Milieu/context 24

2.4 Philosophy of Constructivism 24
2.4.1 Summary 28

2.5 Pedagogy for Adults 28

2.6 Novice to Expert 31

2.7 Student and Beginning Practitioner 35
2.7 1 Perceptions 35
2.7.2 Situatedness of the Student 36
2.7.3 Reality Shock 36
2.7.4 Self-efficacy 37

2.8 Theory-practice Dilemma 38

2.9 Reflection 43

2.10 Summary 46

**Chapter 3: Method** **48**

3.1 Introduction 48

3.2 Conceptual Framework 48
3.2.1 Qualitative Interpretive Approach 49
3.2.2 Illuminative Evaluation 51
3.2.3 Constructivist Learning Theory 53

3.3 Research Question 53

3.4 Study Participants 53
3.4.1 Sample Size 54

3.5 Ethics Considerations 55

3.6 Data Collection 55
3.6.1 Stage One 56
3.6.1.1 The Questionnaire 57
3.6.1.2 Students' Comments and Reflections 58
3.6.2 Stage Two 58
3.6.2.1 Graduate Survey 58
3.6.2.2 Semi-structured Interviews 59

3.7 Data Analysis 60
3.7.1 Methodological Triangulation 61
3.7.2 Trustworthiness 61
3.7.2.1 Credibility 61
3.7.2.2 Dependability 62
3.7.2.3 Confirmability 63

3.8 Analytic Framework 63
3.8.1 Quantitative Data 64
3.8.2 Qualitative Data 64

3.9 Summary 66

**Chapter 4: Perceptions of the Student** **68**

4.1 Introduction 68

4.2 Profile of Participants 68

4.3 Conceptual Framework 69

4.4 Context 70

4.5 Presentation of Data 71
4.5.1 Questionnaire 71

4.6 Thematic Framework 72
4.6.1 Acquiring a strong knowledge base 72
4.6.1.1 Program objectives 73
4.6.1.2 Relevancy of Content 74
4.6.1.3 Theory/practice Connection 76
4.6.1 4 Clinical Laboratories 77
4.6.1.5 Clinical Experience 79
4.6.2 Constructing a Professional Identity 80
4.6.2.1 Mixed Feelings 81
4.6.2.2 Confidence 81
4.6.2.3 Communication 82
4.6.2.4 Life Experience 83
4.6.3 Image of a Professional 83
4.6.3.1 Preceptor 84
4.6.3.2 Registered Nurse 85
4.6.3.3 Reflective Practice 88
4.6.3.4 Time Management 88
4.6.4 Reflective Thoughts 89
4.6.4 1 Reflections 89
4.6.4.2 Readiness for Practice 90
4.6.4.3 Personal Objectives 91
4.6.4.4 Critical Incidents 92
4.6.4.5 Image of the Program 92
4.6.4.6 Suggested Improvements 93

4.7 Concluding Thoughts 95

**Chapter 5: Perceptions of the Beginning Practitioner** **97**

5.1 Introduction 97

5.2 Thematic Framework 97
5.2.1 Acquiring a Strong Knowledge Base 97
5.2.1.1 Program Objectives 98
5.2.1.2 Relevancy of Content 101
5.2.1.3 Learning 102
5.2.1.4 Theory/practice 103
5.2.1.5 Laboratory Sessions 103
5.2.1.6 Clinical Experience 104
5.2.1.7 Teaching Strategies 105
5.2.1.8 Summary 105
5 2.2 Constructing a Professional Identity 106
5.2.2.1 Expressions of Mixed Feelings 106
5.2.2.2 Accountability 108
5.2.2.3 Expectations 108
5.2.2.4 Validation of Feelings of Other Graduates 109
5.2.2.5 Reality Shock 110
5.2.2.6 Image of Self 111
5.2.3 Developing a Professional Image 111
5.2 3.1 Registered Nurse 112
5.2.3.2 Preceptor 112
5.2.3.3 Enrolled Nurse 113
5.2.3.4 Nurse Academics 113
5.2.3.5 Nursing 114
5.2.3.6 Time Management 115
5.2.3.7 Ward Management 115
5.2.3.8 Task Completion 117
5.2.4 Reflective Thoughts 117
5.2.4.1 Readiness for Practice 117
5.2.4.2 Suggestions for Improvement 119

5.3 Concluding Thoughts 120

**Chapter 6: Preparation for Practice** **121**

6.1 Introduction 121

6.2 Image of the Nurse for the Twenty-first Century 122

6.3 Framework 123

6.4 Context 124
6.4.1 Complexity and Diversity of the Workplace 126

6.5 Acquiring a Strong Knowledge Base 128
6.5.1 Program Objectives 130
6.5.2 Relevancy of Content 131
6.5.3 Theory-practice Connection 133
6.5.3.1 Pedagogy 135
6.5.4 Summary 137

6.6 Image of a Professional 138
6.6.1 Registered Nurses 139
6.6.2 Preceptors 142
6.6.3 Nurse Academics 143
6.6.4 Summary 144

6.7 Constructing a Professional Identity 145
6.7.1 Mixed Feelings 146
6.7.2 Reality Shock 148
6.7.3 Image of Self 151
6.7.4 Summary 152

6.8 Reflective Thoughts 152

6.9 Preparation for Beginning Professional Practice 153

6.10 Concluding Thoughts 156

**Chapter 7: Moving Forward** **160**

7.1 Introduction 160

7.2 Executive Summary 160

7.3 Discussion of Recommendations 163
7.3.1 Build Strong Strategic Partnerships Between Universities and Health Care Facilities 163
7.3.2 Build Strong Strategic Partnerships 164
7.3.3 Guided Practice 165
7.3.4 Pedagogy for Adults 168
7.3.5 Curriculum Development 169
7.3.6 Reflective Practice 171
7.3.7 Summary 172

7.4 Limitations 172

7.5 Further Research 173

7.6 A Personal Reflection 174

References 176

Appendices 185

List of Figures


Figure 3.1 Conceptual Framework 49

Figure 4.1 Conceptual Framework 70

Figure 6.1 Framework for Conceptual Understanding 124

Figure 6.1.1 Knowledge Base 129

Figure 6.1.2 Image of a Professional 139

Figure 6.1.3 Professional Identify 146

Figure 6.2 Professional Practice 154

List of Tables

Table 3.4 Data Sets Sample Size 54

Table 4.1 Profile of Participants 69

Table 4.2 Questions and Means 71

Table 4.3 Students Levels of Agreement about their Capacity to meet Course Objectives by the Completion of their Course 73

Table 5.1 Comparison of Program Objectives from State 1 and Stage 2 99

# ***Nurses' perceptions of their preparation for beginning professional practice: an evaluative study***

## Chapter 1: Introduction

**Thinking about the day just past is part of being human. Thinking about the day that is about to dawn is also part of our destiny**
(Lumby, 1991, p. 466).

### 1.1 Introduction

This study focuses on the students'/graduates' preparation for beginning professional practice. Anecdotal evidence suggests that new graduates "*are not work-ready",* and "*should hit the ground running"*. In response to these comments I embarked on this evaluative study to explore how the students and new graduates perceived their preparation. The notion of evaluating learning from the perspective of the nursing student/graduate as the consumer and eventually the product of the educational system is entirely consistent with the trend of accountability in publicly funded systems (Cowman, 1996).

Students' views have long been recognised as relevant to the evaluation of programs (Ainley & Johnson, 2001), and the researcher believes that student views should be used to evaluate the program that prepares them for beginning professional practice. Knowles (1980) acknowledges that "the opinions and feelings of the participants in a program, while they are completely subjective, are a primary source of information on which to base an evaluation" (p. 210).

## 1.2 Problem statement

There is generally insufficient research on educational preparation for professional practice by which to guide the development and conduct of nursing programs (The Joanna Briggs Institute, 2001, p. 17). One of the recommendations from the Integrated Systematic Review commissioned by the Queensland Nursing Council in 2001 was that a national strategy for research that investigates all aspects of educational preparation for nursing practice should be developed (The Joanna Briggs Institute, 2001, p. 19). Professional educational programs recognise that the goal is preparing competent graduates who will successfully make the transition to the world of professional practice (Williams & Walker, 2003).

## 1.3 Background

All nurse academics who conduct nursing programs aim to ensure that graduates undertaking the nursing education program value their preparation. It stands to reason that nurse academics should be held accountable for preparation of their students in the academic setting (Castledine, 2001). The researcher, a nurse academic, was involved in the curriculum development of the Bachelor of Nursing program which is offered at a regional university, and had teaching commitments in the program for the student cohort who were the participants in this study. An impetus for this evaluative study was derived from a long-time interest in the education of nurses for beginning professional practice, and personal concern of the disparity of viewpoints between key stakeholders in relation to preparation for beginning professional practice. This disparity of viewpoints created a challenge,

with the recognition that "things" could possibly be done better in relation to the preparation for beginning professional nursing practice.

### 1.3.1 Key Stakeholders

The key stakeholders in relation to nurses' preparation for beginning professional practice are identified as the nursing profession, the community, the university, and students. As key stakeholders, it is appropriate to include students/new graduates in program evaluations with the logical extension of including student evaluation as a performance indicator of quality education (Cowman, 1996). It is the students who experience the program as designed by the academic staff and enacted in both the classroom and in the practice setting. Therefore, the researcher believes that the students are in the best position to describe how they interpret and experience the program, both from the viewpoint as a student and as a new graduate entering the profession.

The researcher believes that nurse academics in collaboration with key stakeholders should strive for an education system that will influence and lead the profession into the twenty-first century.

### 1.3.2 Entry Level

All beginning practitioners enter the field of nursing practice through a three-year undergraduate program that combines academic courses and clinical experience in the practice setting. This three-year Bachelor of Nursing Program provides the educational preparation for graduates to obtain the necessary qualifications to be licensed to practise as a Registered Nurse in Queensland (Nursing Act, 1992). On successful completion of the Bachelor of Nursing Program the new graduates are eligible to receive a licence to practise from the Queensland Nursing Council (QNC),

the statutory body concerned with standards in relation to nurse education in this state.

Universities are charged with the responsibility to ensure that students have satisfied the requirements to meet the professional standards demanded through a process of rigorous academic assessment and are “fit for award” (Platt, 2002). The Bachelor of Nursing program at this university is subjected to rigorous accreditation processes both through university program review committees and the Queensland Nursing Council’s course accreditation process.

Under existing legislation in Australia, all nurses who wish to gain a licence to practise require pre-registration education based on a curriculum accredited by the appropriate regulatory authority. Standards and criteria to be met for registration have been established by each state and territory registering authority. Although a national registering authority has not been established there is mutual recognition between states and territories. Australian Nursing Council has developed the ANC National Competency Standards for the Registered Nurse and the Enrolled Nurse, with the expectation that the core standards will be demonstrated by all nurses for registration and enrolment (Australian Nursing Council, 2002). Validation of the achievement of the ANC competencies by the education provider is required prior to the initial registration.

Under the Nursing Act 1992 (Queensland Government, 1997) a registered nurse is defined as a person with the appropriate educational preparation, who is registered and licensed to practise nursing. The Nursing Act 1992, 54(2) states that for a person to be eligible for registration they must satisfy the criteria:

> . . . that the person has successfully completed an appropriate accredited course in Queensland (including the passing of further examinations, and

undertaking any additional practice, required by council) within such period before the making of the application for registration as the council determines (p. 32).

Cowman (1996), Perry (2001) and Ansari (2002) propose that one way to measure the outcomes of the educational program is through the implementation of an evaluation process. While standards, as determined by the regulatory body, must be met by the graduate before gaining registration, there have not been many studies focusing on the perceptions of the student/graduate on their preparation for beginning practice (The Joanna Briggs Institute, 2001, p. 17). The implication here is that even though students meet the regulatory requirements, comments from the field would indicate that these requirements are inadequate in defining preparation.

### 1.3 3 Bachelor of Nursing Program

The Bachelor of Nursing program on which this study is based comprises both a theoretical and practical component undertaken both in the university and practice setting. One of the aims of the curriculum of this Bachelor of Nursing Program is to prepare graduates to be independent thinkers and lifelong learners. A conceptual framework provides the basis of the curriculum with the objectives of the program (Appendix 1) guiding the outcomes. The underlying concepts of the curriculum include critical thinking and problem-solving, communication and interpersonal relationships, the practice of nursing incorporating accountability and safe practice, law and ethics and research. These will contribute to skill acquisition and competence.

The Bachelor of Nursing Program (Appendix 2) comprises twenty-four courses, three of which included the university compulsory core curriculum. The collective aim of these core courses, Introductory Computing, Communication and

Scholarship and Australia, Asia and Pacific, was to provide a balanced and broader education for the student to contribute to achieving the aim of preparing independent thinkers and lifelong learners. These courses were taught by Faculty in different departments resulting in difficulties for the students because the content "rarely builds on or connects to one another" (Feiman-Nemser, 2001).

The courses covered by nurse academics included psychosocial nursing, law, ethics, research, medical-surgical nursing, mental health, public health, indigenous health, gerontics, child, youth and family, and cultural issues. The curriculum has a strong science base, including courses such as anatomy and physiology, microbiology, biophysical science foundations, and pharmacology.

Clinical placements were in a variety of health care settings determined by the content of the course currently being studied and the clinical objectives to be achieved. During clinical placements the students practised under supervision of qualified registered nurses who adopted a preceptor role. Myrick and Yonge (2005) define preceptorship as "a model or approach to teaching-learning in the practice or field setting that pairs students or novice nurses with experienced practitioners" (p. 3). The preceptor assumes the responsibility for guiding, teaching, supporting and evaluating the student (Myrick & Barrett, 1994). While undertaking clinical experience students had supernumerary status which offered them more opportunity to meet their clinical and personal objectives without having the responsibilities of an employee. Before the transfer of nurse education to the higher education sector the education and training of nursing students was an apprenticeship model, with the student occupying the dual role of employee and learner.

### 1.3.4 Changes to the Bachelor of Nursing Program

The Bachelor of Nursing Program at this regional university underwent a curriculum review during the three years in which the participants for this study were undertaking the Program. One significant change to the program was the conceptual model on which the curriculum is based, changing from Gordon's (1987) model of Functional Patterns of Behaviour to Irurita's (1999) model of Vulnerability and Integrity.

In addition to the change of the conceptual model the university adopted a different software management system with a resultant change to terminology, two of which are relevant to this study:

1. course to program, Bachelor of Nursing Program from Bachelor of Nursing course
2. unit to course. The structure remained the same, with a course being defined as a program of study, defined by a course specification, for which students may be awarded a grade.

### 1.3.5 Definition of Terms

For the purposes of this study the following definitions are used:

- **Theory** - the content of the curriculum which underpins clinical decision making and skills predominately delivered by lectures, tutorial and laboratory sessions in the classroom.
- **Clinical experience -** the component of the curriculum undertaken by the students in a practice setting.
- **Practice setting -** any health care setting in which nursing care is performed by registered nurses. The practice setting is seen as an extension of the classroom.

- **Preceptors** - Registered nurses who accept the responsibility to supervise, guide nursing students and evaluate their clinical performances while undertaking clinical experience.
- **Registered nurses** - nurses who are in the practice setting, but are not as closely involved in the same role as the preceptor.
- **Advanced beginners/beginning practitioners/new graduates** – These three terms are used synonymously in this study. They are defined as graduates who have completed a Bachelor of Nursing three-year program and have not completed more than 12 months as a registered nurse. The term advanced beginner is used in this study to indicate that the graduate is not a novice but is at a more advanced level but not yet reached the competent stage as defined by Benner (1984).

#### 1.3.6 Target Population

One hundred and thirty-five students/graduates were eligible for inclusion in this study. Except for the interviews, each student from the 2002 cohort had the opportunity to participate in all the data sets. The interviews were conducted 11 months after the completion of the program. Invitations to participate in the interviews were issued to a small number of eligible new graduates to collect data as a reflection of the situated experience in diversified settings. Though desirable, it is rarely possible to interview every participant (Parlett & Hamilton, 1977).

The first set of data was collected two months before the completion of the program with the last data set collected 11 months after the participants had begun employment as a registered nurse. For each of the data sets there was a different number of participants, as outlined in Chapter 3, p. 56.

## 1.4 Aims of research

The aim of this research is to determine students'/graduates' perceptions in relation to their preparation for beginning professional practice. It is anticipated that the analysis of the findings from this evaluative study will illuminate issues that may suggest a way forward to ensure that new graduates are adequately prepared to meet the demands and complexities of nursing practice in the twenty-first century.

It is anticipated that key stakeholders such as the registering authority, the nursing profession, employers of nurses and the community at large, who are equally concerned with the delivery of safe and effective nursing care will become aware of the findings of this study. Understanding the perceptions that these beginning practitioners describe in relation to their preparation for practice will contribute to understanding of the expectations of the beginning practitioner.

## 1.5 Research Question

What are the perceptions of nursing students/graduates from a regional university of their preparation for beginning professional practice?

## 1.6 Research Method

Illuminative evaluation with the two elements of the instructional system and the learning milieu supported by qualitative interpretive research approach formed the research method. Parlett and Hamilton (1972, 1977) describe illuminative evaluation as concentrating on the information-gathering rather than the decision-making component of evaluation. Constructivist theory of learning supported this study, as the researcher attempted to understand and describe how students constructed their ideas about their preparation for beginning professional practice.

Constructivist learning theory sees knowledge as constructed by the learner (Brooks & Brooks, 1993; Hein, 1991; Pereira, 1996). Methodological triangulation allowed for analysis of data from multiple sources and was used to aid rigour, depth and richness, enabling the researcher to look for patterns of similarities and differences.

Data collected were predominately qualitative, with the data sets being open-ended questions, reflective writings, documentary information and semi-structured interviews. The qualitative data were supported by quantitative data obtained from responses to closed questions, which included the evaluation of the program objectives.

Data analysis was based on the analytic tool "Framework" (Ritchie & Spencer, 1994 as cited in Bryman & Burgess, 1994), which consists of five stages: familarisation, indexing, charting, mapping and interpretation. This process included the identification of themes by becoming familiar with the data, synthesising, comparing and contrasting participants' comments, and searching for connections and explanations for the data sets as a whole.

## 1.7 Justification for the Research

This evaluative study recognises the value of student evaluations and the findings provide a rich source of data which has the potential to provide strategic program direction to better prepare students for professional practice. Student evaluations are important but have not been utilised to their full advantage.

Nurse academics play a pivotal role in the preparation of students for professional practice. Although academics are involved in nurse education and curriculum development, few are involved in each facet of the program resulting in a limited appreciation of the students'/graduates' overall perceptions of the program.

The data from this study will inform and create an awareness of students'/graduates' perceptions in relation to their overall preparation for beginning professional practice. Given the rapid changes, such as changing roles, skills and knowledge base, which are occurring within the health care system, the nursing profession must respond to the challenge ensuring that the preparation for practice is supported by an appropriate education.

## 1.8 Outline of the Chapters

Chapter 2 examines the literature in relation to the environment of nursing in the latter part of the twentieth century and into the twenty-first century. The student/beginning practitioner entering the field of nursing is linked to Benner's (1984) model of proficiency from novice to expert. The relationship of the instructional system and learning milieu to illuminative evaluation, constructivist learning theory, adult learning, theory/practice debate and reflective practice are included.

Chapter 3 presents a conceptual framework, and outlines the research method of illuminative evaluation. Exploration of the concepts uses a qualitative interpretive approach to support illuminative evaluation. The process of data collection, identifying the profile of the participants, sample size and the two stages of data collection is outlined. Data were analysed using the qualitative interpretivist research paradigm, supported by methodological triangulation and the analytical Framework. Characteristics of methodological triangulation such as trustworthiness, credibility, dependability, conformability are included.

Chapter 4 presents the findings from Stage One: *the experience of entering the field as a student,* which explored data from questionnaires, open-ended

questions and document analysis collected before the students completed the Bachelor of Nursing program. Emergent themes and sub themes are identified.

Chapter 5 follows the same pattern as Chapter 4 by presenting the findings from Stage Two: *experience of entering the field as a beginning practitioner*. This chapter focuses on data from the graduate survey and semi-structured interviews conducted after completion of the Bachelor of Nursing program. These findings focus on the same themes as identified in Chapter 4 with the identification of sub themes based on the data collected in Stage two.

Chapter 6 brings together Chapters 4 and 5 with the data as a whole in relation to the experiences of entering the field as a student and entering the field as a beginning practitioner. A conceptual understanding of the preparation for practice is presented. The context for learning, and complexity and diversity of the workplace provide the backdrop.

Chapter 7 presents an executive summary identifying recommendations. A discussion of the recommendations, limitations of the study, and proposal for further research are presented. As this study has been a personal journey for me as a nurse academic I have included a personal reflection.

## 1.9 Summary

There is generally insufficient research on their educational preparation for beginning professional practice, as perceived by the students, with which to guide the development and conduct of nursing programs. This recognition led the researcher to consider that "things" could possibly be done better. The university and the QNC each has a responsibility to ensure that the program offered for the preparation for

beginning practice meets the rigorous criteria as determined by each of the accrediting bodies, and that the graduates are both fit for award and fit for practice.

The relevancy and legitimacy of students' views in relation to the evaluation of programs has been acknowledged, but these views have not been used on a wide scale in nurse education. Students' perceptions are a valuable resource on which to base an evaluation. It will also determine if the graduates perceive that the program not only meets its identified aim of preparing them for beginning professional practice in the health system, but that they have been prepared for beginning professional practice.

The researcher anticipates that the results of this evaluative study will have the potential to illuminate issues in relation to preparation for beginning professional practice for the twenty-first century workplace, and provide direction to ensure the quality of the Bachelor of Nursing program at this regional university. However, the findings from this study may also have the potential to contribute to any program which prepares graduates for beginning professional practice.

# Chapter 2: Literature review

## 2.1 Introduction

Despite the period of time nurse education has been in the tertiary sector, criticism is still heard from within the nursing profession that graduates from tertiary education programs do not meet the expectations of the workforce and are not "work-ready". Nursing students spend half their time in relation to the program working clinically, but despite this, some sections of the nursing profession question whether the student is "fit for practice" after they have completed a three-year program in a higher education institution (Platt, 2002, p. 35). Hall (1980, as cited in Macleod Clark, Maben & Jones, 1997) suggests that nursing is a profession which expects its graduates to be a completely finished product upon completion of the basic education. However, Chang and Daly (2001, p. 3) contend pre-registration courses do not aim to produce expert practitioners on graduation.

Pre-registration nursing programs need to prepare graduates for a work environment that has undergone massive changes in the last decade (Chang & Daly, 2001, p. 3). During the 1970s, due to the increasing technological and scientific changes in health care, nurses demanded a tertiary education that was more in line with the professional preparation of other health-related groups (Sax, 1978; Marles, 1988). As Cowman (1996) claims "in a context of change, nurse education has a major role in ensuring that nursing practice is sensitive, relevant and capable of responding to the wide range of health and social needs of society" (p. 628).

Another significant factor affecting the nursing profession is the current shortage of nurses (Iliffe, 2001; Cowin & Jacobson, 2003). Iliffe contends that this shortage does not seem to be a result of problems with recruitment, but with the retention of nurses in the workforce. Cowin and Jacobson (2003, p. 34) claim that

workplace conditions discourage potential nurses from entering the health care system and, more importantly, force the resignation of an increasing number of nurses. An implication of this shortage is that it creates a heavier workload for the registered nurse which is compounded by resources being squeezed to reduce expenditure (Iliffe 2001).

### 2.1.1 Outline of literature review

The review of the literature was approached from several perspectives to incorporate the environment of nursing in which to situate nurse education, the philosophy of constructivism as a student-centred learning approach, and illuminative evaluation as an information gathering process on which to base the research. Pedagogy and Andragogy were explored, taking into consideration the concept of novice-to-expert, student perceptions, the theory/practice debate and reflective practice.

To situate nurse education in context for this study, recent reports on nursing and nurse education were considered in conjunction with the historical background, the twenty-first century nurse, educating nurse professionals, relevancy of content, and skills acquisition versus theory.

## 2.2 Reviews and Reports

In 1984, after numerous reports and pressure from many nursing organisations, the Federal Government supported in principle the full transfer of basic nurse education to the tertiary sector and mandated that the last intake to hospital-based programs would be in 1990 (Cooney, 1984). At that time Fatin (1986) claimed that the transfer of nurse education to the higher education sector

would be one of the most significant events in the entire history of the nursing profession. She stated that:

> It will alter the lives and career expectations of many thousands of nurses in this country in a way that has not been seen since Florence Nightingale first introduced training and organisation into nurses' lives (p. 28).

Examples of the most recent reports are The Senate Community Affairs References Committee (2002) report: *The patient profession: time for action,* tabled in the Senate on 26 June 2002, and the National Review of Nursing Education (2002) *Our Duty of Care,* presented to the Federal Ministers of Health and Housing and Education, Science and Training in August 2002. These committees responsible for these reports engaged in wide consultation with members of the nursing profession.

The National Review of Nursing Education (2002) asked the question "*What is a nurse?" (*p. 45). A definition of a nurse was not provided, instead this question was dealt with by discussing roles and claims that "nursing is defined by its practice which, in turn, is characterised by distinctive traditions, skills, knowledge, values and qualities, that is, it forms a discipline" (p. 45).

The Review outlined thirty-six recommendations with Recommendation 22 indicating support for tertiary education for the preparation of nurses:

> To ensure that registered nurses are appropriately prepared for their professional roles, the minimum level of qualification for entry to practice as a registered nurse should remain a university-based bachelor degree, with a minimum length equivalent to six full-time semesters" (National Review of Nursing Education, 2002, p.161).

This Review (p. 161) further states that the undergraduate nurse education program enables nurses to work in different contexts of nursing care.

### 2.2.1 Historical background

When nurses were trained in hospital schools of nursing, the service needs of the workplace were a priority and nurse education was based on an apprenticeship model. These hospital-trained nurses accepted the values and conditions of the workplace or withdrew from nursing, frustrated by organisations whose structures were relatively resistant to change. The hospital is a powerful institution in itself, where staff are subject to (and must learn) various formal and informal rules and regulations; thus staff behaviour is shaped by the institution (Philpin, 1999).

In contrast to the apprenticeship model nursing students from the tertiary sector are supernumerary while in the clinical setting, and are able to devote their time to meeting educational needs rather than service needs. Speedy (1987) stated that "the tertiary nursing system requires not only a different mode of operation from that in hospital training schools but the development of different role relationships and emphases" (p. 42).

One of the results of tertiary education is that nursing curricula generally have become more theoretical and broad-based rather than service oriented which creates a concern for clinicians. As Eraut (1994) contends, universities will seek to broaden and academise the knowledge base and to challenge some cherished and long established practices such as the importance placed on psychomotor skills acquisition. This paradigm shift towards the development of a professional knowledge base for nurses has resulted in a perceived disjuncture between expectations and the values of such programs and the more bureaucratic values of the health care institutions (Philpin, 1999). This disparity in expectations has the

potential to impede the appropriate preparation to meet the complexities and diversities which the twenty-first century nurse will face.

### 2.2.2 Twenty-First Century Nurse

The Australian Council of Deans of Nursing (ACDON) (Senate Community References Committee, 2002) stated that the nurse of the future will become a "knowledge worker' rather than "knowledge holder", acting in partnership with the healthcare system, clients and community (p. 41). They further stated that "the skill development and experience for this lifelong work are . . . very different from those of the hospital-type curriculum" (p.41). To address this change new relationships between theory and practice are required. It needs to be recognised:

> that the knowledge nurses use while engaging in practice comes from many sources and is learned initially in the programs undertaken during undergraduate education (Blegen & Tripp-Reimer, 1997, p. 68).

Flinders University Partnership quoted by the Senate Community Affairs References Committee (2002) states that the "nurse of the 21st century is required to provide high quality care to a discerning consumer whilst dealing with increasingly complex work issues that demand that s/he make astute clinical judgments premised on higher-order thinking" (p.121). RMIT in the same report states that "the demand for intelligent, imaginative nurses capable of navigating a complex course of care cannot be overstated (p. 41). The registered nurse is required to function within a multidisciplinary health care team and within their scope of practice.

The Queensland Nursing Council defines the scope of practice for registered nurses as that for which the nurse is educated, competent and authorised to perform (QNC 1998). "The actual scope of practice is influenced by the context in which the nursing takes place, the health needs of the people, the competence of the nurse and

the policy requirements of the service provider" (Queensland Nursing Council, 1998, p.1). The registered nurse is individually accountable and responsible for the provision of nursing and for delegation decisions." This is supported by The Scope of Practice (1998) guidelines (Queensland Nursing Council, 1998).

The expectation held by some nurse administrators and nurse practitioners that "graduates should hit the ground running" should be challenged. In their submission to the Senate Inquiry, The Australian Deans of Nursing stated that in no other profession is the newly qualified graduate expected to perform to the standard of the experienced professional (Senate Community Affairs References Committee 2002, p. 53). It would be ideal if newly registered nurses could meet all the expectations required by the health care settings immediately following entry to the workforce (Chang & Daly, 2001, p. 4) but as Cowman (1996) indicates, the stakeholder's interests and concerns may be disparate and incompatible. Cowin and Jacobson (2003) claim that the realities of the workplace can be challenging even for the strongest and most experienced nurse; let alone the new graduate.

### 2.2.3 Educating Nurse Professionals

The keystone of professional education is basic preparation for entry into practice. Jarvis (1983) asserts that one of the main aims of professional education should be to produce graduates with a professional attitude towards practice, as well as sufficient knowledge and skills to enter the profession in order to become a practitioner. Jarvis further claims that the curriculum must be designed to ensure that the students have opportunities to acquire the knowledge and skills that will be demanded of them in practice. Although these citations from Jarvis are old they succinctly outline the aims of professional education and curriculum design, thereby providing support for tertiary education for beginning professional practice.

Castledine (2001) contends that nurse educators should be held accountable for the preparation of their students in the academic setting and have a responsibility to help prepare the students for beginning practice. While new graduates cannot be expected to function at the level of experienced nurses, the preparation for professional practice must be relevant to meet the demands of practice. The Bachelor of Nursing, which is the minimum educational preparation to become a registered nurse, aims to prepare graduates who are safe and competent (Department of Nursing, 2001).

Butler (1992) outlined the importance of the context for learning with a focus on the concept of social context incorporating public knowledge and self context. Boud and Walker (1998) support Butler by claiming that it is the learner's interaction with the learning milieu that creates the learning experience. This concept links closely with principles of illuminative evaluation (Parlett & Hamilton, 1972), which has a strong focus on the learning milieu.

#### 2.2.4 Relevancy of Content

In order to maintain the relevancy of education to the nursing profession, it is imperative that nurse academics closely examine their approaches to nurse education without overlooking the importance of either the theoretical or clinical component of the program. Platt (2002) claims that the student may find it difficult to appreciate the relevance of some of the things being taught. Kapborg and Fischbein (2002) claim that not only do the students perceive the practical training as particularly valuable, the students were of the opinion that the medical content of their education should be extended at the expense of content dealing with ideology and scientific and philosophical preparation for research and development work. Iliffe (2001) argues that although a criticism levelled at nurse education is that nurses are not

prepared adequately for the clinical role, it is not the level of education that should be questioned, but the manner in which clinical skill is acquired and the quality of clinical placements.

Curriculum redesign must address trends toward interdisciplinary teamwork, collaboration across disciplines, and community partnerships (Farley, 1993; Kretzmann & McKnight, 1993). To respond to the many changes in health care delivery, nursing curricula should be developed to meet the challenge of preparing nurses for professional practice. The content of the curriculum must be current to ensure relevancy for the student. The pressures of social structures and processes are deemed responsible for the need to generate new curricula and so ensure that nurses have the requisite knowledge (Bruni, 1991, p. 184).

Jarvis (1986, as cited in Platt, 2002) claims that if nursing requires independent, self-directing practitioners, then it demands a form of education that encourages the development of such persons. Curricula need to be developed which prepare the new graduate to be a competent beginning practitioner with the ability to link theory with practice to overcome this perceived dilemma of disconnection (Platt, 2002). These concepts support the need for theory and practice to aim for the same outcomes, with the educational program providing the new graduate with sufficient knowledge and skills to enter the field of professional practice. Duckett (2004) contends that the educational preparation of all nurses is improving, associated with the move to university-based education and the continuing refinement of university curricula.

### 2.2.5 Summary

The change from hospital-based training to tertiary education has not been an easy transition for nurse education, with some registered nurses continuing to resist

the shift. In conjunction with this, the disparity in expectations between the values of the Bachelor of Nursing programs and the bureaucratic values of the health care institutions have the potential to impede the appropriate preparation for beginning professional practice.

To ensure adequate preparation a relevant curriculum is essential to ensure that the new graduate is prepared for beginning professional practice. The relevancy of education is an important aspect in the delivery of a program within the designated curriculum (instructional system) and the context (learning milieu). It is recognised that students need to acquire skills such as clinical decision-making, problem-solving and the ability to communicate with patients, but the focus on skill acquisition leads to tension between nurse academics and clinicians.

Nurse academics are accountable for the preparation of students for beginning professional practice. Illuminative evaluation allowed the investigation of the participants' perceptions of their preparation for beginning professional practice taking into consideration the curriculum and the context.

## 2.3 Illuminative Evaluation

Illuminative evaluation was devised to evaluate small-scale educational programs (Parlett & Hamilton, 1972). The central objective of illuminative evaluation is to investigate educational problems as encountered in practice, developing recognisable portrayals and useful interpretations that relate to questions of policy and practice (Parlett & Hamilton, 1972). Sloan and Watson (2001) claim that illuminative evaluation is essentially an exploratory process and is "particularly appropriate when evaluation purposes require exploration that leads to description, understanding and decisions to effect improvements rather than measurement and

description" (p. 666). The two important components of the illuminative evaluation model are the instructional system and the learning milieu.

### 2.3.1 The Instructional System/curriculum

The instructional system which, for this study is the Bachelor of Nursing program relates to the formal and idealised specification of the program (Parlett & Hamilton, 1972, p. 14) and contains the program objectives. The Bachelor of Nursing curriculum at this regional university is guided by the philosophy of the Department of Nursing, including aims and objectives. The following statement is an extract from this philosophy:

> . . . teaching and learning is a shared process. Through student-centred approaches and learning environments which maximise potential, we endeavour to facilitate the development of skills necessary for inquiry, sound clinical judgement, self-directed learning, reflective practice and academic pursuits and lifelong learning (Department of Nursing, 2001).

On examination of this statement it is noted that it reflects an adult learning perspective. Even though the formal specifications are enunciated, Parlett and Hamilton (1972) assert that the curriculum undergoes modification in the process of being implemented. In this process of implementation the elements of the curriculum may be emphasised, de-emphasised, expanded or truncated as teachers, administrators and students interpret and reinterpret the instructional system for their particular setting. It is also acknowledged that in the learning milieu or the practice setting, objectives as outlined in the curriculum, are commonly reordered, redefined, abandoned or forgotten (Parlett & Hamilton, 1972).

### 2.3.2 The Learning Milieu/context

For the purposes of this study, learning milieu and context are used interchangeably. The learning milieu is dynamic and comprises a complex network of cultural, social, institutional, and psychological variables. Boud and Walker's (1998) definition captures the complexity of the learning milieu.

> The milieu is much more than the physical environment; it embraces the formal requirements, the culture, the procedures, practices, and standards of particular institutions and societies, the immediate goals and expectations of any facilitator, as well as the personal characteristics of individuals who are part of it (p.66).

Boud and Walker (1998) point out that learner's plans can be thwarted by an uncongenial milieu, and a particular milieu can promote particular kinds of learning.

Unlike traditional evaluation, an illuminative model attempts to take account of these variables (Ellis, 2003). Parlett and Hamilton (1972) state that acknowledging the diversity and complexity of the practice area is an essential pre-requisite for a serious study of educational programs. Thus, the learning milieu/context and the instructional system/curriculum cannot sensibly be separated. Boud and Walker (1998) claim that one way to look at experience is to consider it as an interaction between a learner and a social, psychological and material environment or milieu.

## 2.4 Philosophy of Constructivism

Lev Vygotsky (Jaramillo, 1996) contributed immensely to the development of constructivism contending that social experience shapes the way of thinking and interpreting the world. Its central tenet is that knowledge is socially constructed and

the context has an impact on what is learned. Vygotsky's sociocultural theory of learning (Jaramillo, 1996) has impacted the teaching strategies and curricula of the constructivist movement emphasising the critical importance of interaction with people, including other learners and teachers. From a sociological perspective, learning and development take place in socially and culturally contexts, which themselves are constantly changing (Palinscar, 1998).

Les Pereira (1996) describes constructivism as a theory about knowledge and learning which can be used to explain how we know what we know. Thus, it may be seen as a theory of knowledge but not a teaching approach. Hein (1991) and Jaramillo (1996) propose that knowledge is what we construct for ourselves as we learn. Constructivist models of instruction strive to create environments where learners actively participate in the environment in ways that are intended to help them construct their own knowledge (Hein, 1991; Jaramillo, 1996; Schwandt, 2000).

Reid (1994) explains that constructivist teaching is aimed at the enhancement of individual student's personally meaningful knowledge. This aim is not unremarkable as we have a propensity to build and construct the world we live in. Pereira (1996) emphasises the need for knowledge to be contextual with Hand (1993, as cited in Pereira, 1996) claiming that "… when content knowledge is separated from contextual knowledge, students will not be fully competent in subject matter knowledge" (p. 27). Intrinsic in this statement is the recognition of the importance of the application of theory to practice. Schwandt (2000) postulates that "we invent concepts, models, and schemes to make sense of experience. . . (and) continually test and modify these constructions in the light of new experiences" (p. 125)

Hein (1991) presents guiding principles in relation to constructivist thinking, demonstrating that physical actions or hands-on experience may be necessary, but is

insufficient. Constructing meaning is mental, demonstrating that skill acquisition is insufficient. Although there is an emphasis on experiential learning, the importance of higher mental functions must be recognised (Bredo, 1997; Hein, 1991). Hein claims that learning is contextual, learning in relationship to what else we know, what we believe, our prejudices and our fears. He contends that context is the most important aspect for determining whether or not learning will occur.

In support of this perspective an important concept in Vygotsky's theory is the construct of the *zone of proximal development* [ZPD] - "the distance between the actual development levels as determined by independent problem-solving and level of potential development through problem-solving under adult guidance or in collaboration with more capable peers" (Bredo, 1997, p. 35). The zone of proximal development represents the amount of learning possible by a student given the proper instructional conditions and is the "dynamic zone of sensitivity in which learning and cognitive development occur" (Berk & Winsler, 1995, p. 26). Howe and Berv (2000) claim that instruction should be anchored in real life problems and events and that learning should be matched in some way with the learner's level of development; further claiming that the only good learning is that which is in advance of development.

Bredo (1997) claims that teachers activate this zone when they teach students concepts that are just above their current skills and knowledge level, which motivates them to excel beyond their current skills level. The significance for this study is that teaching strategies to assist students to attain new skills is to encourage the students to learn by doing an activity associated with learning. This activity may be in the university laboratory setting or the nursing practice area. The role of the teacher is to keep tasks within the zone of proximal development.

Howe and Berv (2000) claim that a premise of constructivist pedagogy is that, as well as matching the development of the student, "instruction must be designed so as to provide experiences that effectively interact with these characteristics of students so that they may *construct* their own understanding" (p.31). They further claim that activities must be authentic. The curriculum must be structured so that it provides the basis to integrate theory with practice, backed by constant monitoring and evaluation.

From Palincsar's (1998) perspective, development occurs when learned concepts and principles can be applied to new tasks and problems, thus reinforcing the necessity for the application of theory to practice. The implication of this is that while it is recognised that activities and hands-on experience may be necessary for learning, it is not sufficient; theory is also a crucial component. This concept has implications for the perceived theory-practice dilemma, particularly if clinicians claim that the acquisition of key skills is paramount without due regard to the theory underlying these skills (Benner, 1984; MacLeod Clark et al., 1997).

Lev Vygotsky outlined the zone of proximal development in which learning occurs with scaffolding seen as a support system to assist students with learning by providing them with the skills they need (Berk & Winsler, 1995), and it is necessary to allow the student to move forward and continue to build new competencies. Jacobs (2001) explains "the scaffold begins with a sound theoretical basis and a deep understanding of developmentally appropriate practices that will serve as a strong foundation from which to build" (p.125). Components of scaffolding include joint problem-solving, intersubjectivity, warmth and responsiveness, working within the ZPD and promoting self-regulation (Berk & Winsler, 1995). As well as these components, Jacobs (2001) highlights an element of scaffold which is to recognise the importance of including opportunities for students to reflect on both the theory

and practice they have learned and experienced. This reflection will assist with making sound decisions and making sense of what they learn.

### 2.4.1 Summary

Vygotsky and others propose that learners learn actively and construct new knowledge based on their prior knowledge. Constructivist learning theory contends that real learning can only occur when the students engage their minds in a process of actively constructing meaning for themselves. Promoting meaningful and authentic learning is a challenge for constructivism and therefore for nurse academics and clinicians. Theorists believe that learning and cognitive development occur in the zone of proximal development. The importance of this zone in learning is supported by scaffolding which provides the tools for this to happen. An important element of scaffolding is reflection which assists with decision making.

Real meaning cannot be transferred passively from teachers and/or textbooks to the minds of students. They need to be able to apply theoretical knowledge to practice. As the constructivist learning theory focuses on learning being student-centred and not teacher-centred, the pedagogical stance of nurse academics needs to be considered in relation to student learning as the role of the learner's experience is more meaningful than the role of the teacher's experience.

## 2.5 Pedagogy for Adults

Knowles, Holton 111 and Swanson (1998) claim that the pedagogical model is an ideological model that excludes andragogical assumptions. They contend that the andragogical model is a system of assumptions that includes the pedagogical assumptions and concentrates on the adult learning principles. The two models do embrace similar assumptions such as the need to know, the learner's self concept, the

role of experience, the readiness to learn, orientation to learning and motivation, but the focus of each is different (Knowles et al., 1998).

The andragogical model as described by Knowles et al., (1998) is student-centred with the learners accepting responsibility for their own learning by drawing on their own experiences. In developing their concept of adult learning principles, Knowles et al., (1998, p. 49) drew on Carl Rogers' concept of a student-centred approach which was based on five basic hypotheses. These hypotheses claim that learning can only be facilitated, and students will only learn what they perceive to be significant and when they feel free from threat. The educational situation that most effectively promotes significant learning is one in which (a) threat to the self and learner is reduced to a minimum, and (b) differentiated perception of the field is facilitated (Rogers & Freiberg, 1994).

The implications of these hypotheses are several: the focus shifts from the teacher to the student; the learning must be relevant to the student; significant learning may be threatening; a supportive and accepting environment is important; and the student must be free to test different levels of abstractions. This humanistic approach to learning is also conducive to personal change and growth, and can facilitate learning (Rogers & Freiberg, 1994, p. 35-36).

The experience of learning was a focus for Rogers (Rogers & Freiberg, 1994). He believed the following qualities of experiential learning were significant:

- Personal involvement - the whole person in both feeling and cognitive aspects being in the learning event.
- Student initiation - even when the impetus or stimulus comes from the outside, the sense of grasping and comprehending comes from within.

- Pervasive effects on the student - makes a difference in the behaviour, attitudes and perhaps even the personality of the student.
- Evaluation by the student - the student knows whether the learning is meeting their needs, whether it leads toward what the student wants to know.
- Essence of meaning - when such learning takes place, the element of meaning to the student is built into the whole experience (Rogers & Freiberg, 1994, pp. 35-36).

Among the concepts which arise from Carl Rogers' (Rogers & Freiberg, 1994) hypothesis of the student-centred approach to learning is that learning is an active and social process with an emphasis on experiential learning. These concepts are congruent with constructivism. Pereira (1996) asserts that "constructivism is a theory about knowledge and learning which can be used to explain how we know what we know" (p. 1) and that knowledge is founded on experience. Benner (1984) and Hein's (1991) emphases on the importance of knowledge is embedded in practice.

Constructivist theory emphasises that learning should be authentic and that learning needs to meet real life experience. Thus, the learning environment should provide real-world environments for meaningful and authentic knowledge (Huang, 2002). Benner (1984) believes that the higher levels of performance are acquired through experience, and proposes that nurses progress from novice to expert through five stages of proficiency, placing the new graduate at the level of advanced beginner.

In relation to Registered Nurses assisting with the beginning practitioners, the concept of pedagogy for adults is important as it focuses on the learner and their

active engagement in the learning process by using adult learning principles. Registered nurses need to be cognisant of the fact that the learning must be relevant to the beginning practitioner, a supportive and accepting environment is important as significant learning may be threatening and the new graduate must be free to test different levels of abstractions. An implication for this study is that Registered Nurses will require education in relation to adult learning principles.

**Summary**

The constructivist understanding of the learning process, Andragogy and the student-centred approach each advocate the student accepting responsibility for his/her own learning and helping students to build on prior knowledge and understand how to construct new knowledge from authentic experience. Adult learners want to learn skills related to their real work environments. While meaning is gleaned from experience it is acknowledged that not all experiences foster learning that is appropriate to the role of the registered nurse. In assisting to facilitate learning a safe environment must be created with the learner feeling free from threat and learning must be authentic.

Constructivism and Andragogy are similar in that they both view knowledge as constructed by learners through social interaction with the learning milieu in which learning occurs in collaboration with expert practitioners.

## 2.6 Novice to Expert

In her quest for excellence in nursing Patricia Benner proposed a model of skill acquisition based on the work of Dreyfus and Dreyfus (as cited in Benner, 1984, p. 31). In their writings, Dreyfus and Dreyfus (1986) acknowledged that the

results of Benner's study indicated that her model of skill acquisition fitted their model very well.

In line with Dreyfus and Dreyfus' model Benner (1984) believes that the higher levels of performance are acquired through experience proposing that nurses progress from novice to expert through five stages of proficiency. These five stages are novice, advanced beginner, competent, proficient and expert. For the purposes of this study the first 3 stages are discussed. Benner (1984) and Zerwehk and Claborn (1994) argue that the beginning practitioner performs at the novice or advanced beginning level and does not have an established background of nursing knowledge. Benner, Tanner and Chesla (1996) state that the advanced beginner/beginning practitioner is guided more by rules than the expert clinician. They claim that new graduates have a level of trust in the environment and in the legitimacy of experienced nurses' knowledge which allows them to absorb information as fact.

Benner (1984) presents two explanations for the difference in new graduate performance appraisals and expectations by nursing practice and nurse educators:

1 negative stereotyping of the new graduate by nurse practitioners.
2 a basic difference between nursing service and nursing education in the perceptions and understanding of skilled performance (p. 189).

Benner further claims that nurses graduate with little understanding of the strategies for clinical skill acquisition beyond the advanced beginner or competent levels. She believes that they have a secondary ignorance: they do not know what they do not know. A criticism of Benner's sequential transformation from novice to expert 'does not allow for variance in students' abilities or pre nursing experience,

nor for the variance in the range of clinical experiences available on different wards" (English, 1993, p 388).

Benner et al., (1996) claim that the quality of learning is quite different for new nurses, as compared with the learning for more experienced nurses. Benner (1984, p. 1) believes that clinical knowledge is embedded in the practice of nursing and that nurses are often highly skilled in their care but unaware of the basis of this competence. Masters and McCurry (1990) support Benner's tenet that there is increasing evidence that what distinguishes competent professionals from novices is the access that competent professionals have to a rich and organised knowledge base. The acquisition of a strong knowledge base has significance for this study.

In the novice stage the student acquires rules through instruction to determine actions without the benefit of experience. The knowledge imparted to the novice is theoretical knowledge - the initial stages of combining theory and experience taught capabilities (Benner et al., 1996). Nursing students have little understanding of the contextual meaning of nursing practice and for this reason the new graduate is required to employ rational calculation where experience is absent and the new graduate has to consciously use the rules (Benner, 1984). The significance for this study is that a great deal of the practice of nursing involves clinical decision-making, and students/new graduates must develop this skill by drawing on their knowledge.

The advanced beginner is marginally better than the novice, but skill improvement occurs after considerable experience coping with the real situation. This encourages the advanced beginner to consider more objective facts and to use more sophisticated rules; it also teaches the learner an enlarged conception of what is relevant to a skill (Benner et al., 1996). Novices and advanced beginners can take in little of the situation: it is too new, too strange and besides they have to concentrate

on remembering the rules they have been taught (Benner, 1984, p. 24). The rules serve as powerful tools for the advanced beginner to get into the situation so that learning can be achieved efficiently. The advanced beginner often experiences feelings of being overwhelmed and exhausted by the complexity of skills. Benner et al. (1996) state that because of the perplexity of the clinical situation the advanced beginner has minimal capacity to attend to the patient as a person. Implications of this situation are that the beginning practitioner is focused on skill acquisition without due regard to the needs of the patient and patient safety may be compromised.

Benner (1984) and Benner et al. (1996) claim that the competent stage is reached after two to three years experience, when the nurse has a greater understanding of the complexities and is able to begin long-range planning. The nurse at this stage has a sense of mastery and draws on experience and familiarity with the way situations tend to unfold in order to complete an analysis and formulate a plan (Paley, 1996, p. 666). Even at this stage of competence the nurse still experiences feelings of being overwhelmed, and has a greater responsibility for his/her actions than an advanced beginner. In view of these feelings new rules have to be devised to deal with new understanding and knowledge creation. Thompson (1999) expresses concern that Benner's model relies on 'experiential knowledge as the basis of knowing as opposed to the science of communicable research findings, it is difficult to imagine a scenario where nursing's knowledge base becomes a shared resource available to all practitioners equally (p. 1225).

## 2.7 Student and Beginning Practitioner

As the focus of this study is the perceptions of the student/beginning practitioner in relation to their preparation for professional practice, perceptions, situatedness of the student, self-efficacy and reality shock are explored.

### 2.7 1 Perceptions

Social reality can only be understood by understanding the subjective meanings of individuals (Carr & Kemmis, 1986, p. 86). The way of viewing and interpreting experiences will determine the students'/new graduates' perceptions of their preparation for professional practice. Andersson (1993, p. 809) states that perceptions seem to function as "filters of experience" in relation to the student nurses' developing conceptions of nursing practice and also in relation to their understanding of what knowledge is most valuable in relation to this practice. The relevancy of content will be determined by the students'/graduates' perceptions of what they need to function in the practice setting.

Perception of events is influenced by a range of factors; not least our internal belief systems which include positive and negative elements of bias (Williams & Walker, 2003, p. 132). How the students/graduates view their preparation for beginning professional practice is purely subjective, noting that subjectivity is an important aspect of this study. Knowles (1980) acknowledges that "the opinions and feelings of the participants in a program, while they are completely subjective, are a primary source of information on which to base an evaluation" (p. 201). Ainley and Johnson (2001) support this contention and claim that graduates' perceptions of their course experiences can represent a valuable supplement to the range of information.

### 2.7.2 Situatedness of the Student

During their preparation, students undertake clinical experience in various nurse practice settings determined by clinical objectives and course studied. Tennant (2000) claims that the students are in a rather contradictory and ambiguous position as they grapple with the intersecting versions and expectations of what it means to be effective in the workplace. It is in situations such as this that students may feel that what is taught in the classroom and what happens in the clinical area is incongruent. Seed (1994) postulates that the students' difficulties in dealing with their physical environment perhaps arises from the fact that they are exposed to two "zones", one in the university and one in the clinical setting, and that the students expected the two zones would have more elements in common than proved to be the case.

### 2.7.3 Reality Shock

Kramer's (1974, p. vii) seminal work describes "reality shock" for the new graduate making the transition to practice. Kramer describes reality shock as the specific shocklike reactions of new graduates who find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared and then suddenly find they are not. Seed (1994) supports this contention believing that reality shock is increased because of the difference between the university and the practice setting.

An issue which sparks controversy for academics is whether or not new graduates link theory with practice. Bromme and Tillema (1995, p. 261) claim that all professionals requiring comprehensive academic training should recognise the phenomenon of the theory-practice dilemma, and that novices perceive a gap between the theoretical knowledge they have acquired and their actual performance in concrete settings, where the former type of knowledge seems to become

increasingly irrelevant. This contention must be challenged as the data from the participants suggest that this is not the reality of the situation. Ethell and McMeniman (2000) contend a helpful strategy would be for expert clinicians to include new graduates into their world, guiding and supporting by linking new knowledge meaningfully to existing knowledge. De Bellis Longson, Glover and Hutton (2001) claim that:

> new graduates feel that there is no time for thought because of heavy workloads, an unpredictable environment, and an expectation that the work got done, regardless (p. 90).

The difficulties encountered in the transition phase by these factors may affect the graduates' self-efficacy and, in turn, affect their level of performance as they deal with this reality shock.

### 2.7.4 Self-efficacy

Perceived self-efficacy refers to belief in one's capabilities to organise and execute the courses of action required to produce given attainments (Bandura, 1997, p. 3). For new graduates with a secure sense of self-efficacy, more learning occurs. They perform better than colleagues who do not have this same sense of self-efficacy, even though they may each have the same level of knowledge and skills. The perceived self-efficacy will be a determinant of how well the student/graduate manages what is required of him/her in the clinical setting (Bandura, 1997). In their study De Bellis et al., (2001) proposed that culture brought about by attitudes towards new graduates in the clinical setting are not conducive to supporting and nurturing new graduates.

Another aspect which affects self-efficacy is the propensity for individuals to judge their own abilities on others' attainments (Bandura, 1997). This judgement has implications for new graduates when they judge themselves against the capabilities of experienced registered nurses. As well as their own judgement of their abilities in the clinical setting, students are exposed to comparative information about their capabilities from grades, and teacher (academic and clinical) evaluations about their work (Bandura, 1997). New graduates' confidence was undermined when clinical appraisals were not a true reflection of their performance (De Bellis et al. (2001). Dealing with the theory/practice dilemma may create a situation for beginning practitioners - they may feel confident with their knowledge level but experience difficulty in applying this knowledge to practice.

## 2.8 Theory-practice Dilemma

Carr and Kemmis (1986) acknowledge that educational problems arise when there is some discrepancy between an educational practice and the expectations about that practice. In the academic tradition, the utilisation of knowledge is stressed; in the skills orientation, the application of instrumental knowledge is put forward as essential; in the problem-solving orientation, the deliberate action and reflection is highlighted as a way of bridging the distance between theoretical knowledge and practical action (Bromme & Tillema, 1995, p. 262). This notion supports the expressed views by students and clinicians that the university concentrates on teaching the theoretical knowledge and the clinical area focuses on developing clinical competencies within the clinical setting. The focus on skill acquisition as identified by MacLeod Clark et al. (1997) and Williams (1998) has the effect of narrowing the outcomes of the curriculum by placing too much importance

on technical expertise. A resultant effect of this notion is the reinforcement of a long-standing anti theoretical strain (Whitson, 1998, p. 13).

Broome and Tillema (1995); Kanitaski and Johnstone (2002); Lindsay (1990) and Rolfe (1993) have highlighted the apparent existence of what a theory-practice gap is, that is, the gap between the promise offered by the theoretical development and the realities of practice - or the gap between what is taught and what is done. Nursing theory and nursing practice are viewed as two separate activities, that is, writing and teaching about the ideal. They contend that these are seen as separate from the practitioners who implement care in the 'real world.' Ferguson and Jinks (1994) and Lowe and Kerr (1998) contend that within nursing programs a dual curriculum is taught. They propose that an outcome of this dual curriculum is the basis of the theory-practice gap because of the different orientations of teachers and students and the powerful influence of the practice setting in transmitting values to students.

Smith (1997) found that the undergraduate student nurses have some difficulty, particularly in the early part of their program, of connecting theory with the realities of practice. MacLeod Clark et al., (1997) argue that students would encounter less stress if they could feel a little more confident in some very basic aspects of nursing care at an earlier stage in the program. Eraut (1994) contends that, although knowledge may be included in the curriculum because somebody has deemed it relevant to professional practice, it does not become part of professional knowledge unless and until it has been used for a professional purpose.

Chun-Heung and French (1997, p. 456) extrapolated from several studies that student nurses feel that the practice setting is the most influential context when it comes to acquiring skills and knowledge. Cheek and Jones (2003) support these

findings in their study, which asked participants to talk about how they felt nursing education could be responsive to the work that nurses do. The key theme to emerge related to perceptions of the need for a greater clinical component in nursing education. Clinical placements of student nurses are regarded as the environment in which they can learn to apply theoretical knowledge to practice (Reed & Proctor, 1996). Philpin (1999) made the distinction that a neophyte is likely to experience theory-practice dissonance, in that hospitals have different rules and objectives from the educational establishment thus leading to uncertainty for the student/beginning practitioner.

Benner (1984) asserts that an inordinate amount of attention is given to learning the latest technology and procedures rather than skill acquisition in clinical judgement In support of Benner, Seed (1994) raises a concern that students are so engrossed in developing the skills required by the various tasks that they find it difficult to view and relate patients as individuals. While recognising that nurses need to be aware of the impact of technology on patients, Donahue (2004) highlights the continuing relevancy of the traditional nursing values of caring, compassion and quality of care.

Williams (1998) asserts that the primacy which practitioners place upon the importance of their practical experience is in marked contrast with the views of those nurse academics involved in higher education. Macleod Clark et al., (1997) claim that the acquisition of key skills is considered paramount by some clinicians without due regard to the theory underlying these skills. This situation has the potential to influence the new graduate to disregard the application of theory to practice.

Reed and Proctor (1996) claim that there is a problem in identifying what students are expected to learn during clinical placements, and this is exacerbated by

the continuing tension between theory and practice. Rolfe (1993) suggests that the gap between theory and practice in nursing is largely due to the inability of nursing theory to adequately account for what happens in real-life clinical situations. He claims that if the theory-practice gap is to be closed, then theory must relinquish its hierarchal position and develop from practice, sensitive to the needs of individual practitioners in unique situations. Kanitsaki and Johnstone (2002) state that the theory-practice nexus must be strongly established by clinical nurses and academic nurses coming together in mind and spirit to construct an education program to prepare the student for beginning practice.

Maeve (1994, p. 172) contends that nursing has been effectively divided into two worlds. Schon (1983, 1987) described these worlds as that of academia, or the 'high hard ground', and the world of practice, which he referred to as the 'swampy lowlands'.

> In the varied topography of professional practice, there is a high hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy confusing problems defy technical solution. The practitioner must choose. Shall he remain on the high hard ground where he can . . . solve problems according to prevailing standards of rigour, or shall he descend to the swamp of important problems and nonrigorous inquiry? (Schon, 1987, p. 3).

Benner et al., (1996) hold the view that in the technical-rationality model of professional practice, the only knowledge that counts is theoretical knowledge. The concern for Benner, Tanner and Chesla is that this model ignores context, emotion

and the individual's experience as being important in clinical judgement. It has been established that these concepts are important for learning.

Schon (1983, 1987) agreed and afforded a great deal of attention to the inappropriate dominance of technical rationality in professional education. He claims that technical rationality:

> ... holds that practitioners are instrumental problem solvers who select technical means best suited to particular purposes. Rigorous professional practitioners solve well-informed instrumental problems by applying theory and technique derived from systematic, preferably scientific knowledge (Schon, 1987, pp. 3-4).

Schon (1987) believed that the intrusion of technical rationality as a model for professional training and practice threatened to squeeze out the essence of professional practice, that is, the exercise of wisdom and artistry. A disadvantage of focussing on technical rationality is that it reduces the academic's disposition to educate students for artistry in practice and increases the disposition to train them as technicians.

Eraut (1994, p. 120) cautions that the solution is not to reject theory courses but to introduce a general curriculum principle into professional education, that if the time-gap between the introduction of theoretical knowledge and its first use in professional practice is too large, that knowledge is being introduced at the wrong point in the sequence. He cautions that knowledge which does not get used in practice is rapidly consigned to cold storage. This links with the zone of proximal development which represents the amount of learning possible by a student given the proper instructional conditions.

Schon (1987) describes and promotes reflection as a legitimate professional concern by comparing the kinds of knowledge valued in academic settings with the professional competence necessary for practice. Reflection and the knowledge gained through the reflective process, he argues, are fundamental to the development of skills and professional judgements. Reflection may be seen as a key process in bringing together practice and knowledge.

## 2.9 Reflection

While the concept of reflection is not new, there has been considerable interest in the notions of reflection and reflective practice in recent years (Gray & Pratt, 1991). The relationship between the way nurses think and the actions they perform is one of the important debates in the nursing profession. The aim of reflective practice, according to Schon (1983) and Powell (1989) is to advance thinking at a conceptual level and thus better enable change. Two functions of reflective practice are that it helps the practitioner to make sense of the experience (Taylor, 1998), and contributes to the acquisition of knowledge and understanding. Boud, Keogh and Walker (1985, p.19) succinctly describe the activity of reflection as people recapturing their experience, thinking about it, mulling over it and evaluating it. It is suggested that this activity will lead to learning and new understanding.

Lont (as cited in Gray & Pratt, 1991, p. 43) believes that reflective processes are seen as a way of uncovering nursing knowledge because of the need to describe what nursing is. Florence Nightingale recognised the importance of reflection when she stated:

> Observation tells us the fact, reflection the meaning of the fact …

> Observation tells us how the patient is, reflection tells us what is to be done ... The trained power of attending to one's senses, so that these should tell the nurses how the patient is, is the *sine qua non* of being a nurse at all (as cited in Bennett 1986, p. 43).

Kemmis (1985) makes the point that reflection is commonly thought of as something quiet and personal. Kemmis further explores the nature of reflection and concludes that it has a number of characteristics that are general and theoretical:

- Reflection is not a purely 'internal' psychological process; it is action-oriented and historically embedded (p. 141). This means that reflection cannot be understood without reference to the context in which it occurs. Actions subsequently taken will be influenced by reflection.
- Reflection is not a purely individual process: like language, it is a social process (p. 143). This implies that there is a dialectical relationship between the individual and the society, because the individual is shaped by a social and cultural context, which in turn is shaped by the thoughts and actions of the individual.
- Reflection serves human interests: it is political (p. 144). Kemmis claims that reflection is political because it occurs in a context in which self-interests of different people will be differently served (pp. 146-147).
- Reflection is shaped by ideology: in turn it shapes ideology (p. 147). It does this by sustaining or challenging the structure of ideas we normally take for granted.
- Reflection is a practice which expresses our power to reconstitute social life by the way we participate in communication, decision-making and social action (p. 148). By reflecting, we have the potential to transform

our social world through our thoughts and actions. Such reflection gives us the power to analyse and transform situations in which we find ourselves.

Schon (1987) proposes that a reflective practicum provides the link to bridge the widening gap between theory and practice of professional preparation. Nurses should no longer accept the notion that the gap between what we know and what we do cannot be bridged. Reed and Proctor (1996) indicate that reflective practice would appear to be a productive approach to take in nurse education and practice, as it offers a way to bridge the theory/practice gap. Nurses need to uncover and explicate the knowledge which is embedded in practice.

Polanyi (1983) and Schon (1987) acknowledge that much expert practitioners' knowledge is tacit in nature and cannot always be revealed. Tacit knowing refers to that knowledge we possess but do not openly express; it involves that part of knowing that is difficult to put into words or the knowledge that is so deeply embedded we do not know that we have it. Action or doing involves a tacit or unspecifiable component. Lumby (1991, p. 468) claims that tacit knowledge arises from awareness over time, and is therefore more likely to be interwoven within the practice of experts.

Schon (1987, p. 25) suggests that practitioners possess knowledge, which he labels 'knowledge-in-action'. His model rejects the separation of theory and practice and refers to publicly observable, skilful performances. In the context of the beginning practitioner, reflective practice focuses on practice 'as it is' and aims to enhance practice from that starting point (Heath, 1998, p. 293). This contention reinforces Eraut's (1994) and Schon's (1983, 1987) view that reflective practice

entails the notion that the use of knowledge must be context specific, and learning is contextual.

By observing and reflecting on our actions we can learn to describe our tacit knowing, and reflection will lead to better practice. Not only will reflection assist the practitioner in improving their practice, it will also engender effective teaching. These views expressed link closely with constructivism which highlights that students try to make sense of what is taught by trying to fit in with their understandings (Pereira, 1996).

An understanding of the processes for reflection is important for both the beginning practitioner and the nurse academic. Nurse academics need to give sufficient attention to assist the students to develop the skills required to engage in reflective practice to help them understand and make sense of his/her experiences. Reflective practice will assist the beginning practitioner to begin to construct his/her own professional practice and develop their own professional identity.

Reflection can be viewed as a link between theory and practice and a skill for life-long learning. The use of reflection makes an important contribution to the integration of theory and practice, resulting in nurses becoming critical thinkers and doers. Germaine to the development of professional expertise is 'the use of reflection in which tacit knowledge inherent in practice is surfaced to consciousness' (Scanlan, Care & Udod, 2002, p 137).

## 2.10 Summary

Nurse education is situated in the context of the environment of nursing which has been and is shaped by many factors including historical aspects, professional education, relevancy of education and the perceived importance of skills

acquisition. A student-centred approach to learning is a key feature of the constructivist learning model. This model focuses on the learner as an important agent in the learning process, rather than on wresting the power from the teacher. The notion of taking an interdisciplinary perspective links with the philosophy of illuminative evaluation, where the learning milieu comprises a complex network of cultural, social, institutional and psychological variables highlighting the notion that learning will depend on the context (Parlett & Hamilton, 1972). For this study the context for learning is both the institutional and practice setting.

Following the examination of the literature the research question was identified as *what are the perceptions of nursing students/graduates from a regional university of their preparation for beginning professional practice?* In Chapter 3 a conceptual framework is presented to incorporate the concepts which emanated from the literature review and assists with the evaluation of the perceptions of students/graduates in their preparation for beginning practice.

# Chapter 3: Method

## 3.1 Introduction

This study was evaluative in nature, in that an existing educational process was examined for its effectiveness from the viewpoint of the students who undertook the Bachelor of Nursing program at a regional university. This interpretive qualitative study, which examined the perceptions of students/graduates in relation to their preparation for beginning professional practice, used an illuminative evaluation model supported by the constructivist theory of learning in order to understand and describe how students/graduates perceive their preparation for practice. Multiple referents including surveys, interviews and documentary evidence enabled the technique of the methodological triangulation to be used.

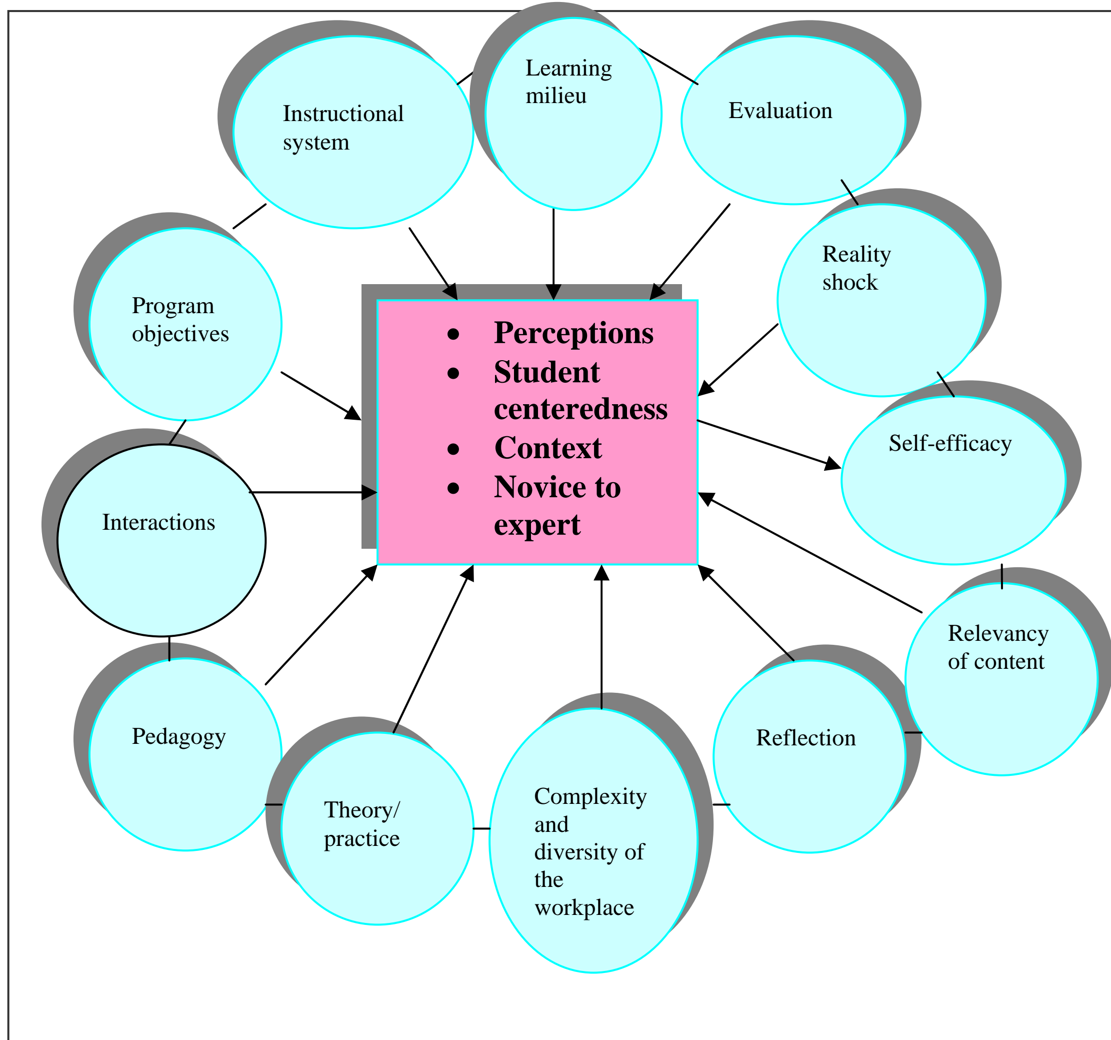
Hamm (2001) claims that educational evaluation is a complex process with the purpose of making judgements concerning the merit, worth and shortcomings of an educational program. Lincoln and Guba (1985) contend that the merit is an intrinsic value bound to the program being evaluated, while worth is an extrinsic value, independent of the program. Worth is determined as much by the context of the curriculum as the content of the program. The importance of the context in relation to learning has been highlighted by Parlett and Hamilton (1972, 1977), Hein (1991) and Boud and Walker (1998).

## 3.2 Conceptual Framework

Illuminative evaluation seeks to document and discuss what it is like to participate in a program, looking for significant features. These features included the concepts of perceptions, student centeredness, context and novice to expert supported by the concepts of illuminative evaluation, theory/practice, reality shock,

program objectives, pedagogy, complexity and diversity of the workplace, reflections, interactions, relevancy of content and self-efficacy. On the basis of this the conceptual framework (Figure 3.1) for this study was developed, based on the findings from the literature (see Ch 2).

**Figure 3.1 Conceptual framework**




### 3.2.1 Qualitative Interpretive Approach

It became evident to the researcher that the most appropriate method to fully explore these issues was to use a qualitative interpretive approach to support an illuminative evaluation and constructivist learning theory. Drawing on students'/graduates' perceptions situates this study in the qualitative interpretive research paradigm, allowing the evaluator to become the conduit through which the

voices of the participants are heard (Denzin & Lincoln, 1994). This premise emphasises the subjective dimension of the study. Data collected from the participants were subjective, personal and context bound (Beanland, Schneider, LoBiondo-Wood & Haber, 1999). An interpretive approach rather than a critical view was used to show what is going on for students as they prepare to become new graduates (Carr & Kemmis, 1986).

Acting as a conduit for hearing participants' voices allowed the researcher to attempt to make sense of, and/or interpret the perceptions expressed by them. Denzin and Lincoln (2000) postulate that "qualitative research is a situated activity that locates the observer in the world" (p. 3). The implication of this statement is that the researcher is a part of the research and as such becomes a *bricoleur,* which Denzin and Lincoln (2000, p. 4) describe as a person who assembles images into a montage. By using multiple methods the interpretive *bricoleur* produces a bricolage, piecing together sets of representations that are fitted to the specifics of a complex situation (Denzin & Lincoln, 2000, p. 4).

As Carr and Kemmis (1986) claim, the interpretive accounts facilitate dialogue and communication between interested parties for the purpose of reducing problems with communication, and reveal the ways the people in that situation make sense of what they are doing. Kemmis (1985) claims this implies there is a dialectical relationship between the individual and the society, because the individual is shaped by a social and cultural context, which in turn is shaped by the thoughts and actions of the individual. The context in which this study is situated is the university and nursing practice contexts.

### 3.2.2 Illuminative Evaluation

The illuminative evaluation model is an educationally-centred, eclectic model, and is seen as the most suitable for this study as it emphasises the importance of understanding the students'/graduates' perceptions of their learning and on a macro level the curriculum that drives the educational program. This evaluation model was developed by Parlett and Hamilton (1972) in response to their dissatisfaction with the traditional approach, which tends to concentrate on seeking objective data and disregarding subjective data. Illuminative evaluation focuses on two main areas, the instructional system (curriculum) and the learning milieu (context) both of which are pertinent to this study.

Parlett and Hamilton (1972) and Sloan and Watson (2001, p. 664) contend that illuminative evaluation is particularly appropriate when evaluation purposes require exploration that leads to description, understanding and decisions to effect improvements rather than the measurement and prediction. The illuminative model takes account of the wider context in which educational programs function.

The exploratory nature of this study provides an opportunity for the participants to reflect on their preparation for beginning professional practice by reflecting on their educational experiences both within the university and practice settings, thus providing an avenue to focus on the importance of the context. Illuminative evaluation allowed the researcher to discover and document the experiences of the students participating in the program both before and after completion of the program.

Although the proponents of illuminative evaluation indicate that the concentration of seeking quantitative information by objective means can lead to neglect of other data such as interviews, document analysis, reflective writings and

questionnaires, most evaluations require information about a large, representative sample of program participants. For these kinds of purposes, quantitative methods are clearly acceptable within qualitative evaluation (Greene, 2000). In this study quantitative data collected included the evaluation of the program objectives to assess the participants' perceptions of program goal attainment. To obtain this data in relation to program objectives questionnaires were administered before and after completion of the program and results were compared.

In addition the closed questions produced quantitative data, complementing the qualitative data which were the basis of illuminative evaluation, based on observation, interviews with participants, questionnaires and analysis of documents, and all combined to help "illuminate" problems (Parlett & Hamilton, 1977, p. 10). Kapborg and Fischbein (2002) claim that evaluations can be carried out in different ways, but it is usual for an individual undergoing an educational program to answer a questionnaire or interview questions concerning their perceptions.

The observation phase chosen was limited to observing the participants during the interview process. Where focus of interest is on participants' construction of the world in which they are studying and working, observation may be of limited value (Peck & Secker 1999). The nature of this study did not warrant observation in the field, as the focus of the study was the participants' perceptions and these cannot be observed. The semi-structured interviews allowed the researcher to discover the views of the participants which were crucial to assessing the impact of the program on their preparation for beginning practice and subsequent performance as a registered nurse. Not all possible participants were interviewed. Parlett and Hamilton (1977, p. 19) acknowledge, though desirable, it is difficult and rarely possible to interview all participants. As each participant invited to participate had

undertaken the three-year Bachelor of Nursing program they had an insight into the program.

### 3.2.3 Constructivist Learning Theory

In keeping with the notion of subjectivity in data collection in relation to the illuminative evaluation approach, the constructivist learning model supports using Rogers' (Rogers & Freiberg, 1994) student-centred approach. McDonough (2001) asserts that "people make sense out of whatever they experience by constructing their own meaning based on what they already know, and how they perceive the new information" (p. 3). The participants constructed their own meaning of their educational experience, recognising that although participants had similar experiences their perceptions may not be the same.

## 3.3 Research Question

What are the perceptions of nursing students/graduates from a regional university in relation to their preparation for beginning professional practice?

## 3.4 Study Participants

A purposive sample (Gillis & Jackson, 2002) was used to select participants from students enrolled in the Bachelor of Nursing at this regional university and who completed the program in 2002. After a three-year involvement, each student had insight into the Bachelor of Nursing program and therefore was knowledgeable and information rich. As these participants were representative of the same experience, the use of a purposive sample was appropriate as the emphasis was on the individual valuing the uniqueness and the meaning given to the experiences they described (Morse, 1994).

Gillis and Jackson (2002) acknowledge that a limitation of purposive sampling is the inability to assess the degree to which the participants represent the population. This fact may be seen as a limitation, but as Beanland et al., (1999) indicate, while the ability to generalise is important for quantitative research, it is not an assumption of qualitative research paradigms. A relationship existed between each of the data sets as they all focused on the participants' perceptions of their preparation for beginning professional practice.

### 3.4.1 Sample Size

Participants were drawn from the 2002 cohort with all having the opportunity to participate in the first four data sets. The participants for the interviews received written invitations and had practised as registered nurses. The interviews focused on the situated experience as a reflection on their preparation. The participants for interviewing were practising in different contexts, for example, large metropolitan and regional hospitals and nursing homes in both the public and private sectors. Therefore, the sampling of the participants for interviewing reflected on the diversified experiences on a common program.

The following table identifies the number of participants for each data set.

**Table 3.4 Data Sets Sample Size**

| Data set | Participants | Population |
|---|---|---|
| Questionnaire | 84 | 135 |
| Clinical comments | 135 | 135 |
| Reflections | 135 | 135 |
| Graduate survey | 114 | 135 |
| Interviews | 10 | 135 |

## 3.5 Ethics Considerations

Ethics clearance (Appendix 3) was received from the University Ethics Committee. The importance of maintaining anonymity and confidentiality was recognised and steps were taken to ensure these were maintained by requesting the participants to refrain from placing any identification marks on the questionnaires and response sheets. The researcher did not have any coding or identification marks on the questionnaire and response sheets. These procedures ensure that no information can be traced back to any participant (Roberts & Burke, 1989, p. 188). A plain language information sheet (Appendix 5) was provided for the participants. Each participant signed a consent form (Appendix 4) and no student/graduate was coerced to participate in the study or to sign the consent form. The security of data meets the standards as determined by the National Health and Medical Research Council (NHMRC) (National Health and Medical Research Council, 1999, p. 12).

## 3.6 Data Collection

Stake (1995 as cited in Aita & McIlvain, 1999) points out that data collection does not really have a formal initiation. Data collection, according to Stake, begins even before the researcher has decided to do the study. This occurs when observations and experiences are informing the preliminary understanding that brings the researcher to the point of wanting to know more about a certain phenomenon. For the purposes of this study, the data collection was in two stages:

- Stage One was completed before the participants graduated
- Stage Two was completed after graduation.

The participants were involved in the collection of data by responding to multiple data sets.

### 3.6.1 Stage One

Stage One collected data from multiple data sets consisting of the following:

- Responses to a questionnaire undertaken two months before completion of the program.
- Comments written by the participants following a five-week clinical placement which completed the program.
- Written reflections of the program.

Participants were invited to respond to a three-section questionnaire (Appendix 6), which was designed specifically for this study. The questionnaire was formulated in consultation with an experienced statistician, and consisted of two sets of closed and open-ended questions. Closed questions have the response alternatives specified by the researcher. The purpose of using such questions is to ensure comparability of responses and to facilitate responses (Polit, Beck & Hungler 2001, Gillis & Jackson, 2002). Gillis and Jackson acknowledge that while questionnaires are easy to administer, they are time consuming to construct.

The first set of closed questions focused on The Bachelor of Nursing program objectives (Appendix 1) to determine the participants' perceptions of their ability to achieve these objectives. The second set of closed questions explored the perceptions of participants in relation to different aspects of the program (Appendix 6) based on a Likert Scale (Mason & Bramble 1989).

Included in this questionnaire were open-ended questions which allowed the participants to express an opinion without any preset categories. A greater range of responses may be collected with this method (Beanland et al., 1999). Gillis and Jackson (2002) outline six reasons why open-ended questions may be used. For the purposes of this study open-ended questions were utilised for the following reasons:

- The researcher wished to stress that the participants were really being consulted, by being asked to offer their opinion.
- The researcher wished to situate the study in a qualitative paradigm. Thus responses to the open-ended questions were subjective and contributed to the richness of the data. These responses included in the thematic analysis provided the quotations to support the perceptions of the student. Verbatim quotations are provided in Chapters 4 and 5.

#### 3.6.1.1 The Questionnaire

Section A: Demographic data.

The demographic data provided a picture of the participants. This data was based on age, gender and nursing experience, including the positions of enrolled nurse, assistant in nursing and/or personal care attendant. The participants were representative of the cohort.

Section B: Questionnaire with all items rated on a five-point Likert scale (Mason & Bramble 1989, p. 301) from *strongly agree* (5) to *strongly disagree* (1). The questionnaire aimed to ascertain:

- B (1) Students' level of agreement to statements about different aspects of the Bachelor of Nursing (pre-registration) program.
- B (2) Students' level of agreement about their capacity to meet the program's objectives by the completion of their program.

Section C: Open-ended questions in which participants were required to provide value statements about the program.

#### 3.6.1.2 Students' Comments and Reflections

At the completion of the program participants commented on their clinical experience and reflected on the three-year program in terms of "what are your thoughts now as you prepare to function as a registered nurse?"

### 3.6.2 Stage Two

This stage supported the technique of data saturation in data collection in which the participants' descriptions became repetitive and confirmed previously collected data with no new ideas, concepts or data being generated. This saturation of data gave the researcher confidence that the description of the phenomenon had been captured.

Data collection occurred in Stage Two after the participants had graduated and included the following data sets:

- graduate survey which was undertaken by the University four months after the completion of the program. The questions were compatible with those in Stage 1
- semi-structured interviews conducted 11 months after completion of the program.

#### 3.6.2.1 Graduate Survey

Four months after the completion of their program graduates were invited to respond to a survey which consisted of:

- a questionnaire using a five-point scale to indicate their perceived level of achievement of the program objectives
- a yes/no question
- an open-ended question.

#### 3.6.2.2 Semi-structured Interviews

Miller and Crabtree (1999) describe semi-structured interviews as "guided, concentrated, focused and open-ended communication events that are cocreated by the researcher and interviewees and occur outside the stream of everyday life" (p. 19). The questions for these interviews were written as a flexible interview guide.

Semi-structured interviews were conducted 11 months after the completion of the program. The participants in these interviews responded to a written invitation to take part in the interviews. The main purposes of these interviews were to encourage participants to explore in more depth their perceptions of their preparation for beginning professional practice, and to determine consistency between their data and data collected in the other four data sets. The researcher recognised that the data may be different as the participants had had up to 10 months experience as registered nurses.

Although it was anticipated that there would be four groups of four to five participants, it transpired that eight interviews were conducted with individual participants and two interviews were conducted each with two participants. In the interviews that consisted of more than one person, the interviews allowed for opinions and experiences to be facilitated simultaneously (Polit et al., 2001). Distance and/or not being available at the same time precluded four of the participants from physically attending one of the interview venues, so these participants were interviewed by phone.

Before commencing all the interviews the participants were welcomed and, after settling in, were informed of the process and asked for their permission to audiotape record the session. Permission was also sought from the participants for the interviewer to record notes during the interview. This note-taking allowed the

researcher to use the notes as a prompt to initiate further discussion by relating back to previous comments and confirming statements from the participants. At times during the discussion the participants strayed from the topic and it was necessary to ask questions to bring them back to the topic. As well as taking notes to keep track of the discussions, Gillis and Jackson (2002) indicate that, "qualitative notes on attitudes and interactions are useful additions that may prove helpful in interpreting the results" (p. 236).

The researcher requested the participants to discuss their perceptions of their preparation for beginning practice, and provided a climate which allowed the participants to spontaneously discuss the issue. These interviews encouraged interaction, which had the effect of eliciting more of the participants' point of view (Mertens, 1998).

The taped interviews were transcribed verbatim. Because these transcripts contain textual data, they can be analysed using content analysis strategies (Berg, 1995, p. 79). Content analysis is an analytical technique primarily associated with qualitative studies and it makes inferences by objectively and systematically analysing written and verbal communication (Berg, 1996; Gillis & Jackson, 2002). Content analysis of the narrative data allows the identification of prominent themes and patterns (Polit et al., 2001) by analysing the content of the message.

## 3.7 Data Analysis

Data analysis involved considered methodological triangulation, the trustworthiness of the data and the use of the "Analytic Framework' incorporating both qualitative and quantitative data.

### 3.7.1 Methodological Triangulation

The qualitative paradigm dominated this study. Methodological triangulation was accomplished by analysis of the data from multiple sources, including open-ended questions, semi-structured interviews, content analysis of written reflections and clinical reflections (qualitative data), and responses to the closed questions (quantitative data).

> The combination of multiple methodological practices, empirical materials, perspectives, and observers in a single study is best understood, then, as a strategy that adds rigor, breadth, complexity, richness and depth to any inquiry (Flick, 1998 as cited in Denzin & Lincoln, 2000, p. 231).

Triangulation leads to the trustworthiness of data by enabling the researcher to look for patterns of convergence as well as counter patterns or negative cases in data (Gillis & Jackson, 2002, p. 216).

### 3.7.2 Trustworthiness

As explained in Chapter 1, it is anticipated that the analysis of the findings from this evaluative study would identify issues that may have the potential to enhance the program by providing direction for improvements to the curriculum. This raises the issue of trustworthiness, are the findings of the study worth paying attention to? Lincoln and Guba (1985) identified four concepts: credibility, dependability, transferability and confirmability, which assist to establish the trustworthiness of qualitative findings

#### 3.7.2.1 Credibility

Lincoln and Guba (1985) indicate that credibility refers to the accuracy of the description of the phenomena under investigation and it cannot be well established without recourse to the data sources itself. Thus, the data must be a portrayal of the

reality of those who have experienced the preparation, and the research must be carried out in a way that is believable. Lincoln and Guba propose various techniques to demonstrate credibility.

The technique chosen for this study to enhance credibility was triangulation. Methodological triangulation using multiple methods, as outlined in the data collection, was chosen to verify commonalities within the data collected. This is a useful approach for data collection when applying both qualitative and quantitative methods to the same concept and is one technique that may be used to enhance credibility (Polit et al., 2001). Multiple methods have the potential to increase the researcher's confidence in the findings if the different methods agree. Methodological triangulation increases the credibility and validity of results owing to corroboration of data (Gillis & Jackson 2002, p. 31). Minichiello, Aroni, Timewell and Alexander (1990, p. 35) claim that a measure of assessment is valid when it the measures what it is supposed to measure, so that inferences may be made.

#### 3.7.2.2 Dependability

Lincoln and Guba (1985, p. 316) state that there is no credibility in the absence of dependability and it ought not be necessary to demonstrate dependability separately. Triangulation can play a role in establishing dependability. However, Lincoln and Guba suggest an audit trail which involves the scrutiny of the data and relevant supporting documents by an external reviewer. It is also important for the researcher to document all the raw data, as well as the methods of data generation and analysis. For Lincoln and Guba dependability is linked to reliability.

Gillis and Jackson (2002) and Aita and McIlvain (1999) claim that data saturation is a guiding principle which will enhance reliability in qualitative

research. To support data saturation in this study, five data sets were used for data generation. These authors define data saturation as a term used to refer to a situation in data collection in which the participants' descriptions become repetitive and confirm previously collected data, with no new ideas, concepts or data being generated. Gillis and Jackson (2002) further assert that saturation of data gives the researcher confidence that the description of the phenomenon has been captured. These authors compare data saturation with random selection and statistical sampling that produces significance, giving the quantitative researcher confidence that the results reflect true results that can be generalised to others.

Reliability (credibility) and validity (dependability) are two important concepts to be considered in relation to both quantitative and qualitative research, in the sense that the findings of the research represent reality (Roberts & Burke, 1989, p. 251) but because of the subjective nature of qualitative research it is difficult to apply the conventional standards of reliability and validity

#### 3.7.2.3 Confirmability

Confirmability refers to the objectivity of the data, in that the meanings emerging from the data could be tested for plausibility (Lincoln & Guba, 1985). Confirmability may be established when an independent researcher corroborates the meaning of the emerging data. The establishment of credibility and dependability contribute to the establishment of confirmability.

## 3.8 Analytic Framework

Qualitative data were predominant in this study supported by a limited use of quantitative data.

### 3.8.1 Quantitative Data

The data collected from the structured questions were analysed by using simple descriptive statistics. A numerical scale was chosen for the structured questions, as it tests attitudes and feelings and is summative in that item scores are added to obtain a final result (Roberts & Burke, 1989). The attitudes were quantified using a Likert summative rating scale. The statistical analysis was the reporting of the collective occurrences based on samples, and the mean for each question was calculated. A mean of 3.5 was established as the criterion. This type of representation clearly shows the rating of scores at each level of scoring. A purpose of using closed questions with fixed alternatives was to allow comparability of responses and facilitated analysis (Polit et al., 2001, p. 267). Analysis of this data provided quantitative data about the level of achievement of the program objectives and identified aspects of the program.

### 3.8.2 Qualitative Data

The qualitative research interpretive process is a complex and creative craft and usually consists of iterative cycles. The analytical process "Framework" (Ritchie & Spencer, as cited in Bryman & Burgess, 1994) which involves a number of distinct but highly interconnected stages was used for the analysis of the data. The five key stages:

- Familiarisation
- Identification of a thematic framework
- Indexing
- Charting
- Mapping and interpretation.

Familiarisation involved gaining an overview of and feel for the data from all the data sets by becoming immersed in the data. This included listening to the taped interviews, reading the transcripts of interviews and responses to the closed and open-ended questions. All responses to the questionnaires, open-ended questions, reflective writings and interview transcripts were read several times.

The conceptual framework assisted in developing a thematic framework as the data were examined in order to derive key issues and themes. Notes were written in the margins, and words and phrases with similar meanings were highlighted. The identification of themes allowed the researcher to draw comparisons between responses to the questionnaire and the reflections. These comparisons provided further evidence of credibility within the study by providing the degree of relationship in terms of pre and post relationships-that is-between Stage One and Stage Two.

Indexing was the process of labelling the data into manageable units for subsequent retrieval and exploration. The themes were consistently applied to the data and it was noted that single passages often contained more than one theme. Ritchie and Spencer (1994, p. 182 as cited in Bryman & Burgess, 1994) indicate that this process of making judgments is subjective, and open to differing interpretations.

During the charting process the transcript data, which had been annotated with a particular issue or theme, were examined and a summary of the participants' perceptions and experiences was recorded. Data were then lifted from the individual transcripts and rearranged according to the appropriate thematic reference.

Charting involved the process of abstraction and synthesis, whereby each passage of transcript data which had been annotated with a particular issue or themes, was examined, and a summary of the participants' perceptions and

experiences was recorded. Data was lifted from the individual transcripts and rearranged according to the appropriate thematic reference.

The mapping and interpreting stage involved comparing and contrasting participants' comments, and searching for patterns, connections and explanations for the data set as a whole. The data collected is presented using the two stages. Stage One represents the perceptions of students at the completion of the program with Stage Two focussing on the perceptions of beginning practitioners, four months and 11 months after completion.

## 3.9 Summary

Evaluation has developed legitimacy of its own. This study was evaluative in nature, in that an existing educational process was examined for its effectiveness from the viewpoint of the students who undertook the program, and was situated in the qualitative paradigm with the inclusion of quantitative tools. A qualitative interpretive approach was used, with the researcher becoming a *bricoleur* and therefore created a bricolage by using multiple methods. Illuminative evaluation, with the inclusion of techniques of traditional evaluation research, was chosen to examine the perceptions of students/graduates in relation to their preparation for beginning professional practice. The illuminative evaluation model was supported by constructivist learning theory.

The conceptual framework based on the findings from the literature provides guideline for the development of a thematic framework. Methodological triangulation, using multiple methods was used to verify commonalities within the data collected. Multiple methods allow for saturation of data, increasing the confidence that the researcher has in the findings if the different methods agree.

Methodological triangulation increased the credibility and dependability of results, as it allowed corroboration of data.  Credibility was enhanced by the use of data saturation giving the researcher confidence that the description of the phenomenon was captured.

The findings from Stage One are presented in Chapter 4: Perceptions of the Student followed by the findings from Stage Two presented in Chapter 5: Perceptions of the Beginning Practitioner.  A thematic framework addresses the emergent themes.

# Chapter 4: Perceptions of the Student

## 4.1 Introduction

The data in this chapter comprises that collected while the participants held student status. A thematic framework identifying themes and sub-themes is based on both the qualitative and quantitative data, guided by the steps of the analytic framework outlined in Chapter 3. Quotes from participants are presented to support the emergent themes. The program was undertaken in the context of both the university and practice settings.

## 4.2 Profile of Participants

All eligible students in the 2002 cohort were invited to participate in Stage One. Participants in Stage Two were drawn from the same cohort, but not all eligible graduates were invited to participate. The reasons for this are outlined in Chapter 1. The profile of the participants is the same for both Stages, with age, gender and nursing experience included. The profile is presented in Table 4.1, and is typical of a normal cohort of students undertaking the Bachelor of Nursing program.

**Table 4.1 Profile of Participants**

| **Age:** | **Number** |
|---|---|
| 17-25 | 56 |
| 26-35 | 15 |
| 36-45 | 11 |
| 45 and above | 2 |
| **Gender:** | |
| Female | 72 |
| Male | 12 |
| **Nursing experience:** | |
| No nursing experience | 20 |
| *EN | 11 |
| ^AIN, PCA | #65 |

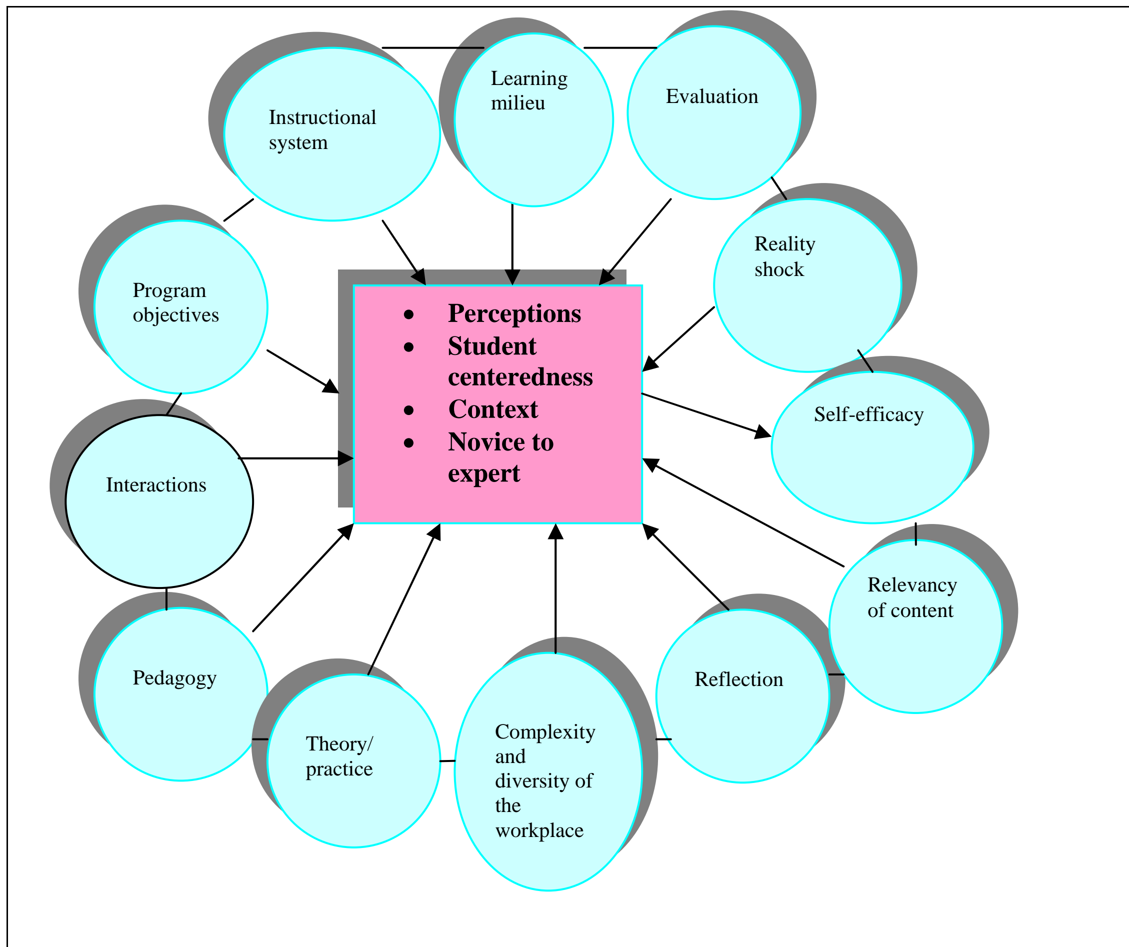
N = 84
*EN: Enrolled Nurse has successfully completed a formal education program conducted either through a hospital-based program or through a Technical and Further Education College (TAFE) and is enrolled with the Queensland Nursing Council (QNC).
^AIN: Assistant in Nursing, PCA: Personal Care Attendant. Both these categories are classified as unregulated care workers who have not received any formal nursing education and do not come under the jurisdiction of the Queensland Nursing Council.
# Twelve participants indicated experience as both AIN and PCA.

The demographic data indicates that 56 (67%) of the 84 participants were under the age of 25, and 20 (23.5%) had no nursing experience. For the purposes of this study nursing experience referred to employment as an enrolled nurse, assistant in nursing or a personal care attendant. In this study the ratio of females to males was 6:1. The data are typical for the entire cohort.

## 4.3 Conceptual Framework

The conceptual framework presented in Chapter 3 as Figure 3.1 is repeated here as Figure 4.1 to provide guidance for developing the thematic framework.

**Figure 4.1  Conceptual framework**




## 4.4 Context

The context in which this study is situated is in the university setting, where the theory using different teaching strategies is delivered, and the practice setting, where the participants gain clinical experience providing opportunities to consolidate their knowledge and skills.  The practice setting is seen as an extension of the classroom.  While the physical context is important, consideration is also given to the cultural and social contexts that have a relationship to student learning.  As well as contributing to acquiring a knowledge base, the social and cultural contexts contributed to the construction of a professional identity and the image of a professional based on their experiences.

## 4.5 Presentation of Data

The responses to closed questions based on students' level of agreement to statements about the various aspects relating to the quality of the Bachelor of Nursing (pre-registration) program (Table 4.2) are presented. A thematic framework encompasses the data collected in the open-ended questions (Appendix 6) and written reflections.

### 4.5.1 Questionnaire

Participants were required to reflect on their preparation for beginning professional practice and indicate the level of concurrence for each question in relation to various aspects of the program. This questionnaire was undertaken before completion of the program, therefore it was necessary to frame some of the questions in the future tense. The questionnaire was developed on a five-point Likert scale from *strongly agree* (5) to *strongly disagree* (1). The mean was determined for each question with the expectation that the mean would be 3.5 or higher, which would indicate a high level of concurrence.

Table 4.2 outlines the questions, providing the mean for each question.

**Table 4.2 Questions and Means**

| | **Mean** N=84 |
|---|---|
| 1. This course will prepare me well to practise as a advanced beginner | **3.78** |
| 2. I know what is expected of me in the program | **4.16** |
| 3 Research is relevant to day-to-day nursing care delivery | **4.15** |
| 4 There is too much clinical in this program | **1.5** |
| 5 I appreciate the relevance of the content in this program | **3.95** |
| 6 Clinical laboratories promote skills acquisition | **3.95** |
| 7 Skills acquired in laboratory sessions are easily transferable to the clinical setting | **3.47** |
| 8 I feel confident with my level of knowledge when undertaking clinical experience | **3.59** |
| 9 I connect theory with practice in a conscious and deliberate manner | **3.84** |
| 10 Use of critical incident technique promotes learning by promoting reflective practice | **3.69** |

All questions, with the exception of 4 and 7, reached the identified mean of 3.5, indicating that there was a high level of concurrence in relation to the quality of the program based on the questions posed. However, the researcher was cognizant of the two questions that did not meet the standard identified.

## 4.6 Thematic Framework

Participants responded to open-ended questions with descriptive comments which lent support to the responses to the closed questions. A thematic framework based on emergent themes was developed following the steps of the Analytic Framework. Within each theme sub-themes were identified, providing a more comprehensive picture of the participants' perceptions. The themes identified were:

- ❖ Acquiring a strong knowledge base
- ❖ Developing a professional identity
- ❖ Image of a professional
- ❖ Reflective practice.

### 4.6.1 Acquiring a strong knowledge base

To construct this theme of acquiring a strong knowledge base, sub-themes were identified and data presented to support the theme. These sub-themes included:

- ❖ Program objectives
- ❖ Relevancy of content
- ❖ Theory/practice connection
- ❖ Laboratory sessions
- ❖ Clinical experience.

#### 4.6.1.1 Program objectives

The program objectives form the basis of the curriculum thus the participants' perceptions of their capacity to meet the program objectives provided insight into their own capabilities and achievements.

Table 4.3 presents the mean of students' perceived capacity to meet the program objectives. The questionnaire was developed on a five-point Likert scale from *strongly agree* (5) to *strongly disagree* (1). A mean of 3.5 was identified as the significant level.

**Table 4.3: Students' Level of Agreement about their Capacity to Meet Course Objectives by the Completion of their Course**

| Program objectives | Mean N=84 |
|---|---|
| 1. Implement Gordon's framework | **2.97** |
| 2. Use critical thinking and problem solving in clinical decision making | **4.1** |
| 3. Communicate effectively with clients, family and members of the health team in both verbal and written communication | **4.27** |
| 4. Practise nursing acknowledging the interactions between health and people's environments | **4.1** |
| 5. Practise within acceptable and legal parameters | **4.36** |
| 6. Demonstrate accountability and safe practice | **4.39** |
| 7. Demonstrate compassion and respect for self and others. | **4.6** |
| 8. Demonstrate a scholarly approach to nursing as a discipline | **4.2** |
| 9. Utilise research findings to maintain and update standards of nursing care | **4.17** |
| 10. Demonstrate ability to evaluate care outcomes at an advanced beginner level | **3.95** |

It was noted that there was a low level of concurrence for question one; *Implement Gordon's Framework*. This rating may be attributed to the change from Gordon's conceptual framework to Irurita's framework as a curriculum change occurred during the time the participants were undertaking the Bachelor of Nursing program. It may be assumed that because Gordon's framework was not the current conceptual framework at the time of data collection, the participants may have *forgotten* this framework and/or the participants did not recognise the value of a conceptual framework. Both Frameworks provided the basis for the curriculum and it was expected that nurse academics linked content with the frameworks when presenting content.

#### 4.6.1.2 Relevancy of Content

The relevancy of the content became significant as it is the content delivered based on the program objectives. The question relating to the relevancy of content (Table 4.2) in the closed questions rated a mean of 3.95, indicating that it rated higher than the identified mean of 3.5. To support this rating, participants' comments demonstrated that they appreciated the relevance of the content.

> *Being mature age some of the course was structured at school leavers and disappointed me but I saw the relevance.*

> *. . . I can see the relevance of all of it in different ways.*

Some participants conceded that all aspects were valuable and responded in a similar vein.

> *I don't think any parts weren't valuable. Some aspects weren't interesting or repetitive but it all relates to each other. You can't omit one unit because its teaching helps you in another unit.*

Research was considered to be relevant to day-to-day nursing care delivery with a mean of 4.15 (Table 4.2) and 4.17 (Table 4.3) for the objective: *Utilise research findings to maintain and update standards of nursing care.*

Despite this high rating in relation to the relevance of research, responses in open-ended questions demonstrated there were ambivalence and/or negativity about the relevancy of research.

> *Research methods should not be taken in the pre-reg course because new beginners need to experience problems and solve and make decisions before taking research methods.*
> *Nursing research unnecessary at this level*

The value of nursing practice courses was highlighted in several responses. The courses that focused on medical/surgical content were regarded by many as being the most important

> *Collaborative Nursing 1 and 2 were two of the units that were so important as they gave us vital information that we'll need at the beginning of our transition →general nursing skills/knowledge.*

> *Courses that had no relevance to the nursing profession. Some of the courses' information was not able to be implemented into the clinical setting.*

Despite the emphasis on the medical/surgical component several responses indicated that participants believed that it was *all beneficial* and . . . *all aspects contribute.*

Program participants undertook three university core curriculum courses which were mandatory for all undergraduate students. These courses were Australia, Asia and Pacific; Introductory Computing; and Communication and Scholarship. The first-mentioned course was perceived as being the least valuable. While it was recognised by some participants that the other two courses did add value to the program, generally the responses were negative as the students did not appreciate the significance that the University placed on these courses.

> *I think compulsory participation in Australia, Asia and Pacific was inappropriate-none of the topics covered had direct or indirect links to contemporary nursing.*

> *Non relevant subjects i.e. Australia, Asia and Pacific, communication and scholarship, research, professional issue, gerontics and cross cultural nursing.*

*Some subjects such as Australia, Asia, and Pacific, Communications and Scholarship, Introductory Computing should be deleted from the course and replaced with subjects more relevant to nursing.*

Participants felt that there was too much focus on mental health, professional issues, cross cultural issues, gerontics and research. Comments included:

*These are all very important facets but to dedicate whole units is inappropriate and a waste of time when "apprenticeship" type units would be more helpful-like in midwifery.* Or *some of subjects I found irrelevant to being an advanced beginner as these are more specialised areas of nursing.*

*Subjects like professional issues* [which focuses on law and ethics], *indigenous studies, too much mental health clinicals (should have been more general nursing time).*

If the content was not seen to be immediately applicable to practice and did not have a clinical component it was deemed irrelevant. An example of perceived non applicability of content was law and ethics as it applies to nursing. This perception supports the time-held criticism of the theory-practice gap.

#### 4.6.1.3 Theory/practice Connection

Data in Table 4.2 indicated a mean 3.85 in response to the question *I connect theory with practice in a deliberate manner.* This mean demonstrates that the participants recognise that theory has value in their preparation for professional practice. However, results in the same Table indicated a lower mean 3.59 in response to the question *I feel confident with my level of knowledge when undertaking clinical experience.*

*Clinical has brought together what was learned in class.*

*All the theory and practice at uni helps to give a basic understanding but it's not until you actually see or do something in an actual clinical setting that it is really understood.*

*. . . clinical experience helps me to understand all theoretical practices at Uni.*

*Knowledge learnt over the past three years could be applied.*

As indicated participants' responses demonstrated that they do connect theory with practice. They acknowledged that theory assisted in helping them to understand concepts.

> *All the theory and practice at uni helps to give a basic understanding, but it's not until you actually see or do something in an actual clinical setting that it really is understood and appreciated.*
>
> *Throughout the course the blocks of clinical have reinforced theory and hands on learning in class.*
>
> *I really feel as though things we learnt at uni and the real world are coming together.*
>
> *Through theory and practice I have been prepared to face professional practice at the beginning level.*

Despite the recognition and valuing of linking theory with practice, the clinical experience was deemed as being the most important, demonstrated by the mean 1.5 to the question; *there is too much clinical in this program,* indicating that participants did not agree with this statement. In order to perform and function in the clinical setting the knowledge of skills and the underlying theory is necessary, with the use of clinical laboratory sessions providing the students with the opportunities to practice their skills.

#### 4.6.1 4 Clinical Laboratories

A mean of 3.95 to the question: *Clinical laboratories promote skills acquisition* indicated that clinical laboratories were seen as an important aspect of the program with supporting comments in the open-ended questions:

> *Honing skills before clinical experience.*
>
> *The use of nursing lab time. These labs enabled me to put into practice what I learnt in theory.*
>
> *Prac nursing labs were really valuable in allowing me to develop practical skills in a less stressful environment.*

*The lab sessions work was totally relevant to what we will be doing in the ward setting.*

An advantage of laboratory sessions for the participants was that they were seen as a safe environment where students could practice without the pressures of the clinical practice area. This practice allowed them to become confident in their abilities to perform skills, with the expectation that they would be able to perform in the practice area *despite practising on dummies.* The context of the clinical laboratories in the university setting allowed the participants to practise skills and begin to link theory with practice.

Despite the concurrence in relation to the value of laboratory sessions, participants indicated that they did experience difficulty in transferring knowledge and skills, as indicated by responses to the question: *Skills acquired in laboratory sessions are easily transferable to the clinical setting* (Table 4.2). The length of time between the learning of the skill and the opportunity to use the skill in the clinical setting could be seen as a factor for the difficulty in the transferability of skills.

*Labs are good but often the skill is shown and done once in the lab and it may be many months before you have the opportunity to perform it.*

*My concern was having such big breaks between clinical.*

The relationship of learning within the context of the classroom and the transfer of skills must be acknowledged in order to assist students to confidently carry the skills learned in the laboratory to the practice setting. At times they perceived that the learning which took place in the laboratory situation was context-specific and not related to the practice area, and the laboratory sessions were sometimes seen as being artificial.

#### 4.6.1.5 Clinical Experience

There was an overwhelming negative response with a mean of 1.5 (Table 4.2) to the question: *There is too much clinical experience in this program***.** The implication of this result is obvious with comments:

> *Clinical experience, I don't think there is enough to prepare us for the transition to an RN.*
>
> *Clinical, there needs to be a lot more.*
>
> *Clinical is essential and should be included, if possible to a greater and more regular extent.*
>
> *Being involved on clinical placements. The more you do the more confident and competent you become.*

Given these responses it is not surprising that the most valuable aspect as perceived by the participants was clinical experience. Some participants viewed clinical experience as *linking together what we have learnt at uni with everyday practice.*

Participants perceived that not only did clinical experience provide them with the opportunity to perform clinical skills but it also provided them with the opportunity to gain confidence in their abilities.

> *I am also becoming more competent at many skills.*
>
> *I feel I have improved and become more confident in my skills.*
>
> *I have consolidated many skills and learnt new ones.*
>
> *I have learnt many new skills and reinforced others.*

From the responses it was clear that clinical experience was perceived to be an extremely important component in the acquisition of skills in the preparation for beginning practice.

> *This clinical experience has helped my theory and skills.*
>
> *My prac has been an excellent time to consolidate my clinical skills.*

*During my practical I have improved my nursing skills and developed confidence.*

*I also learnt how general nursing skills apply.*

*St Simon's Hospital helped me with all my newly acquired skills from the University within the workplace.*

*This placement has concreted basic nursing skills.*

Participants acknowledged their program contributed to their acquiring knowledge base.

*Through theory and practice I have been prepared to face professional practice at a beginning level.*

*Through theory learnt whilst at university, but mostly through clinical experience.*

*Through readings from university nurse academics/tutors and other materials, for example, mostly from being on clinical placements, actually discussing various aspects of nursing with preceptors/other health professionals.*

It became evident that although clinical experience was deemed to be important participants recognised the value of the underlying theory. However, this appreciation of linking theory with practice was limited to content which had a medical/surgical focus and could be immediately applied in the practice setting. The relevancy of content as perceived by the participants is an important factor in relation to the application of theory to practice and the importance they place on skill acquisition. The practice setting allowed the participants to put into practice and reinforce what they had learned in the university context, thus beginning to develop a strong knowledge base.

### 4.6.2 Constructing a Professional Identity

As the participants progressed through the program they began to construct a professional identity. The sub-themes addressed within this theme are:

- Mixed feelings

- Communication
- Life experience.

#### 4.6.2.1 Mixed Feelings

Nursing has the potential for emotional experience which was demonstrated by the descriptors used by participants. These included *enjoyed, feeling happy, fantastic, valued, confident, lack of confidence, nervous, scared,* indicating the mixed feelings experienced by the participants.

> *I have enjoyed this placement and have learnt a lot from this experience.*
>
> *I enjoyed my last placement and feel as though I have achieved a lot from working at .... The staff were very supportive and aided in learning new clinical experiences.*
>
> *It was a very valuable experience that I enjoyed completely.*
>
> *It has been a valuable learning experience that will greatly help me in my graduate year.*
>
> *I have had a fantastic time during this clinical. I feel like I can go into my work next year having learnt so much and had so many opportunities to refine my skills in a supportive and friendly environment.*
>
> *There are things that scare me, but I know I am competent, and I will be OK.*

#### 4.6.2.2 Confidence

The sub theme of confidence with a mean of 3.59 in Table 4.2 in the closed questions corresponded with the participants' responses in the open-ended questions about their degree of knowledge and concomitant level of confidence. They acknowledged that with experience their knowledge and confidence would improve.

> *Have acquired all the skills, it's just the fear and responsibility that makes it difficult to be confident in the first few days.*
>
> *It's a very daunting experience and I feel as though I know very little but I believe in-on-the-job practice and am hoping things fall into place.*
>
> *During this prac I have felt that my confidence has grown in my ability as a nurse. This last week however has turned the tables as I realise that the next*

*time I am in a hospital I will no longer have people to support my every move. This scares me but I have faith in the skills that I have learned at university.*

*Working independently within my scope of practice as a student nurse forced me to think about my patients' needs in more detail, problem solve and in one circumstance advocate for a patient and his family with one of the medical doctors.*

These comments indicate that the participants were beginning to realise that the transition to advanced beginner was impacting on the way they viewed themselves in relation to their performance as a registered nurse.

#### 4.6.2.3 Communication

This sub theme emerged from the data collected from the open-ended questions, with participants acknowledging the importance of communication.

*I feel really confident and I know that my communication skills will improve when I start work next year.*

*This prac developed my communication/listening skills which are vital in the nursing area. It taught me that patients/clients have rights and are to be respected by everyone no matter what the situation is.*

The clinical setting also provided the opportunity to improve communication skills

*This prac developed my communication/listening skills which are vital in the nursing area.*

*I feel that my communication skills have improved.*

An implication of these perceptions is that communication is an integral component of nursing practice. However, this relevance was not recognised until the late stages of the program even though participants undertook the course Communication and Scholarship in the early stages of the program, with a thread focusing on communication through the majority of courses. An implication is that nurse academics will need to emphasise the importance of communication more clearly demonstrating the application in the practice setting.

#### 4.6.2.4 Life Experience

In the open-ended questions participants acknowledged that life experience and age of the student contributed to the development of attitudes and skills.

> *A lot of attitudes are from my life experience and also the teaching of nurse academics. The skills and knowledge has come from classes and personal study.*

The majority of the participants who had had nursing experience either as an EN, AIN or PCA believed that their experiences associated with clinical experience through the program were pivotal in their acquiring of knowledge, skills and attitudes.

> *Through clinical skills while doing prac and working as an EN.*

> *Through the limited clinical placements and my work as an EN.*

> *Through my job as a PCA. It has greatly broadened my knowledge and I have learnt by watching other nurses. Also clinical placements have added to my knowledge, skills and attitudes.*

However, some did state that as well as nursing experience, university studies contributed.

> *This has been provided through uni* (sic) *education, clinical placements and personal development through current employment as an AIN and PCA. My attitude has been developed through guidance of uni nurse academics.*

The combination of the mixed feelings in particular the feeling of confidence, the ability to communicate and life experiences, all contributed to the emergence of a professional identity for the participants. As well as developing a professional identity the participants were also developing their image of a professional nurse.

### 4.6.3 Image of a Professional

One of the open-ended questions was: *What is your view of what it is to be a competent skilled practitioner in nursing?* Responses to this question predominately focused on the attributes of the registered nurse and the role that preceptors played during the participants' clinical experience.

Although preceptors are registered nurses, for the purposes of this study preceptors were discussed separately from registered nurses. The reason for this separation was because of the importance and involvement of the preceptors with the participants during their clinical experience.

Sub-themes highlighted within this theme include:

- preceptor
- registered nurse.

#### 4.6.3.1 Preceptor

The relationship with the preceptor in the clinical setting was a significant factor for the participants, who recognised their supportive roles that included, for example, support, encouragement, sharing knowledge and instilling confidence. It became evident that participants valued the contribution of the preceptors...

> *This encouragement to think for myself has been really good during this practical, as I have taken on a different role from that of student who still has a lot to learn about the nursing profession, to a student that has almost finished her basic training and will be in the workforce soon.*
>
> *This one change in teaching style has really enabled me to feel more confident in my ability as a nurse. I think that this is because I have been put in charge of my patients' care and my own education.*
>
> *Our preceptor was fantastic and really helped to encourage me and make me feel confident in the abilities that I have developed over the last three years.*

The participants responded positively when the preceptor allowed them to use their initiative, and acknowledged their abilities.

> *I struggled to show my preceptor that I was capable to independently provide care as planned for my patients, as she often prompted me before I had the chance to demonstrate the action required.*

Knowledge of the preceptor/staff contributed to the success of the clinical experience by assisting the participants to meet their objectives, develop a knowledge base and generally assist with adapting to the clinical setting.

*Sally was a wonderful preceptor who allowed me to learn at my pace and increased my knowledge base.*

*My preceptor was extraordinary. Her knowledge, supportiveness, and approach made my last clinical experience as a student nurse one to remember.*

*Diane is an excellent preceptor, very knowledgeable, she explained things in a way that wasn't threatening, was understanding and appreciative of my knowledge and skills and gave me every opportunity to learn and practice my skills and utilise my knowledge.*

*Henry has been a wonderful preceptor facilitating the development of clinical skills and knowledge through active participation and interaction.*

*My preceptor's cool and calm approach and rich knowledge background made my clinical comfortable and educational.*

The support of the preceptor provided an environment which contributed to meaningful and authentic learning, giving the participants the opportunity to be actively involved in nursing practice. As the aim for the new graduate is to become a competent, skilled practitioner, responses to this question provided an insight into how they may perceive themselves as a registered nurse. The participants were using reflective practice in this situation, even though it may not have been a conscious action.

#### 4.6.3.2 Registered Nurse

Registered nurses were perceived by the participants to be skilled in several areas in the practice setting which was evidenced by the nomination of the attributes of a competent, skilled practitioner. More than ninety percent of participants included the following attributes:

- ability to deliver safe practice within ethical and legal parameters
- good communication skills
- practice within their scope of practice
- compassionate

- competent
- confident
- having excellent theoretical knowledge
- valuing the unique strengths of others.

The following data illustrates the participants' perceptions:

- **Safe practice within ethical and legal parameters**

  *Practising in a safe manner and offering a duty of care to the clients.*

  *Someone who works within legal parameters, who has sound ethical values and can competently nurse according to ANCI competencies.*

  *Develop an individualised, professional approach to care delivery based on strong legal, ethical and knowledgeable skills level. Also take the responsibility for maintaining up-to-date information and ongoing learning.*

- **Communication skills**

  *Able to communicate, work as a team member, understand and empathy for pats and families, competent at clinical skills, able to assess situations and conditions, make sound decisions, prepared to constantly update skills and knowledge.*

- **Accepting/compassionate**

  *To accept all people of all backgrounds, encompassing their religion, sexuality, morals and beliefs.*

  *Keep up-to-date with research and remain compassionate.*

  *To be competent you must have a vast knowledge base, up-to-date clinical skills and most of all be caring and compassionate to clients and significant others to provide the best possible outcomes.*

- **Scope of practice**

For several participants it was important that a competent skilled practitioner functioned within their scope of practice to provide safe care; know how to delegate and supervise; and how *to assess, plan, implement and evaluate her duty of care.*

> *A competent practitioner is aware of their own level of skills and practice and practises within the scope of practice to provide safe care.*

> *The registered nurse works within the scope of practice in a safe and competent manner by understanding legal guidelines and to provide patient-centred care.*

The following comment encapsulates several of the identified attributes stating that the registered nurse must possess:

> *Sound knowledge base, have technical competence, good communication skills, continuously updating skills, practice within one's scope of practice, ask if unsure, and understand legal and ethical responsibilities.*

- **Confidence**

Participants claimed that competent, skilled practitioners demonstrate confidence in their own abilities. The importance of confidence featured for one-third of the participants.

> *Having an excellent theoretical knowledge coupled with hands-on experience to allow me to safely and confidently interact and care for patients in the wider community.*

> *To be confident in your own ability to perform a variety of procedures and nursing care.*

While a high number included the above-mentioned attributes, a smaller number included reflective practice and time management.

#### 4.6.3.3 Reflective Practice

Some participants introduced terms such as evidence-based practice and reflective practice.

> *To be a competent skilled practitioner is to have the appropriate knowledge to practice competently. It also involves reflective practice and continually researching to promote evidence-based practice*

Knowledge was seen as important.

> *Having knowledge and applying it to the practical nursing.*

> *Someone who has the basic knowledge of all procedures, who can advance their skills during implementation and research.*

> *To be aware of the standards of nursing care, having a broad range of knowledge and skills and be able to incorporate them into practice.*

Participants translated the concept of a competent, skilled practitioner into the attributes of the registered nurse. These attributes, identified by the participants, provided a base for developing the image of a professional which in turn would assist them to construct their own professional image.

#### 4.6.3.4 Time Management

The development of time management skills was an issue for participants.

> *Time management skills, prioritisation and communication were the main factors gained out of this clinical.*

> *I established good time management skills and prioritised my care well.*

> *Having a patient load also enabled me to enhance my time management skills.*

> *This clinical provided opportunities for improving time management and learning the importance of prioritising care.*

This perception was supported by those students who believed that their time management skills were not enhanced because they did not have the opportunity to have a patient load. Some participants' comments indicated that certain factors precluded the enhancement of time management skills:

*At times I thought the structure of the ward made it difficult to practise time management skills and certain skills due to the nature of the ward.*

*I have been very disappointed with this clinical placement. I have not been able to have a patient load therefore my time management has suffered and I feel I will be disadvantaged when I start nursing next year.*

Time management became an issue for the participants in their final clinical placement. The perception that they were not able to effectively time manage at this point in their program was a concern for them. This has the potential to affect their self-efficacy and self-esteem as they have the expectation that they should meet the same standards as the experienced registered nurse.

The development of a professional image is based on the perceptions which participants have of a registered nurse. These perceptions indicate that the participants have high expectations of the registered nurse and preceptor, which may cause conflict for new graduates as they try to emulate the registered nurse without recognising their own limitations as a newly registered nurse.

#### 4.6.4 Reflective Thoughts

Several concepts were highlighted when the participants reflected on their preparation. These included:

- ❖ Reflections
- ❖ Readiness for practice
- ❖ Objectives
- ❖ Critical incidents
- ❖ Image of the program
- ❖ Suggested improvements.

##### 4.6.4 1 Reflections

As well as writing a weekly reflection while undertaking clinical experience, the students were requested to respond to the question:-*What are your thoughts now*

*as you prepare to function as a registered nurse?* It is not surprising that responses in these reflections mirrored those identified in the participants' comments in other data sets indicating that more clinical experience is required. While responses focused on the clinical experience they had just completed the students projected their thoughts to the next stage in their career to that of a beginning practitioner. Comments that encapsulated the feelings expressed by many of the students included:

> *I finally understand the difference between functioning as a student and an RN. An RN is very independent and can make decisions. I am much more confident in making those decisions than I was five weeks ago. I look forward to being an RN.*
>
> *I feel ready for the 'real world' and no longer feel anxious.*

One comment highlighted the perception expressed by the majority of participants:

> *If I reflect honestly on these past weeks, I can certainly say it was no picnic. There leaves no time for sympathy and encouragement from others when one runs for eight hours straight. This challenging learning curve has on several occasions been infinitely frustrating. It seems that I, like many others I imagine, hoped the transition would be easier. I was wrong, and although I have in the past acknowledged that university graduates are really quite useless in the beginning, I don't believe I ever acknowledged myself in that category. And yet, here I stand at the doors of my career, and I am unprepared, ignorant, scared and yes, quite useless and there is nothing I can do to stop it.*

While many felt they were ready to begin professional practice, the lack of recognition by registered nurses in relation to their feelings of uncertainty and vulnerability caused the participants concern. The realisation that they were on the verge of completion of the program caused the participants to really examine how they were feeling, and consider their readiness for practice.

#### 4.6.4.2 Readiness for Practice

Participants were able to project their thoughts on to their perceptions of preparing to function as a registered nurse.

> *I think I am dealing with situations more as a registered nurse rather than a student.*

> *I felt my confidence grow each day, and now feel prepared well enough to enter the world as a registered nurse.*

> *I think I can actually be a registered nurse now.*

Despite their feelings of uncertainty and vulnerability, the participants perceived that they were ready to begin professional practice.

As has been stated, the purpose of the Bachelor of Nursing program is to prepare new graduates as advanced beginners for professional practice. Different terms were used to incorporate the perceptions of the readiness for beginning practice. For the purposes of this study the terms of advanced beginner, registered nurse, transition and real world have been linked to readiness for practice. In some instances two or more themes were linked in the same comment, enhancing the meaning of the comment in relation to beginning practice.

> *This clinical experience has helped my theory and skills and has allowed me to begin my transition from student nurse to advanced beginner.*

> *I now feel ready to practice on my own and this clinical has facilitated my transition to a newly registered nurse.*

> *I have learnt a lot and I'm really looking forward to beginning work as a registered nurse.*

> *I feel competent enough to work out in the real world.*

At the completion of the program, the participants indicated that they were ready to begin their new role as a registered nurse. There was a degree of nervous excitement indicating that they had finally reached their goal of becoming a registered nurse.

#### 4.6.4.3 Personal Objectives

Before any clinical experience students were provided with clinical objectives to guide that experience. They were also required to identify personal objectives.

Students acknowledged that the assistance provided by the preceptor and the staff contributed to the achievement of objectives for their final clinical placement.

> *I was able to meet objectives and expectations of myself at this stage of the degree.*

The acknowledgment of the achievement of clinical objectives had the effect of building confidence in their own abilities.

#### 4.6.4.4 Critical Incidents

In response to the question: u*se of critical incident technique promotes learning by promoting reflective practice?* It became apparent that participants felt that critical incident technique promoted reflective practice. By writing about a critical incident the participants were required to identify the concern with a view to explore and learn more about it and gain a greater depth of understanding. The following excerpt illustrated this:

> *An old lady had a heart attack in a cab and I was the first person to see her (I was in the car park walking towards the hospital, and the cabbie pulled up at emergency, next to me). I almost instinctively knew I should see if she was breathing and take her pulse, but for the second that it took someone else to arrive, I was at a loss, I didn't know what to do. I freaked out. I know I will get better with practice, and next time I will be OK.*

By reflecting on the incident the participant was able to evaluate her response to the situation and the learning that occurred. It was acknowledged that this is a helpful strategy to assist with learning because it provides an opportunity to link theory with practice and incorporate into their repertoire of knowledge.

#### 4.6.4.5 Image of the Program

It may be deduced from the responses to the question: *This program will prepare me well to practise as an advanced beginner,* that the participants felt adequately prepared for beginning professional practice. Participants' comments support this.

*A course that prepares nurses for professional practice and was inclusive and prepared us for a variety of situations.*

*The course is really good. It provided excellent base knowledge to begin my nursing career.*

*I think the course has been an asset and has helped me to develop skills and knowledge needed for the future.*

This program was mainly viewed positively with participants indicating that they were satisfied with their choice of university and that they had received an appropriate education. This perception was supported by the following responses:

*More difficult than other universities, but it is a course with a highly valued reputation for providing excellent nurses. Wouldn't study anywhere else.*

*The best. It allows a student nurse to have an understanding of what to expect when entering into a nursing career.*

*I thought the course was excellent in providing me with knowledge and skills to obtain knowledge for my future practice.*

On the other hand, participants who had failed a pre-requisite which resulted in their program extending longer than three years expressed a degree of dissatisfaction. They believed that because they "*were good on the clinical side*" they should have been permitted to progress. Some participants mentioned conflict with nurse academics, for example, *"if they don't like you then they have the ability to fail you"*. Comments such as this were not prevalent.

Overall the participants had a positive image of the program, an image which contributed to the confident perception that they had been adequately prepared for beginning professional practice. However, they did take the opportunity to suggest improvements for the program.

#### 4.6.4.6 Suggested Improvements

*How could the current curriculum be further developed to improve preparation for beginning practice*? Participants overwhelmingly answered that more

clinical experience should be included in the program. They also felt that continuity in the one area would be beneficial.

> *By somehow allowing the students to remain at the same facility, reducing time to reorientate yourself to a new place. By going to the same place often (increasing clinical hours) would enhance our confidence and other RNs' confidence in us. I feel this would enhance our learning experience and help with time management etc. all things can only be done on clinical.*

To reinforce the concept of continuity it was suggested that "*. . . perhaps 1-2 day clinical could be incorporated each week throughout the semester"*. It was perceived that this would reinforce learning, and orientation with facilities, staff and protocols would be better developed.

A suggested change that was not included in the conceptual and thematic frameworks was the preparation for a registered nurse position on completion of the program. Some participants felt the stress of preparing applications and interviews warranted a reduction in content during the final semester so that more time could be devoted to the preparation of applications. For the participants the magnitude of this preparation was seen as being equivalent to the workload of a course.

> *Less workload in 2nd semester 3rd year, as applying for jobs takes centre stage.*

Considerable assistance was given by nurse academics to each student to address this preparation of applications. Participants indicated that content they did not believe was relevant could be omitted allowing more time to be spent on preparing job applications.

No remuneration for services while undertaking clinical experience was a concern. Non payment caused financial difficulties for some as they could not carry out their paid employment while undertaking clinical experience.

The suggested improvements need to be considered to determine their feasibility and adoption if possible. These suggestions highlighted areas of concern for participants.

## 4.7 Concluding Thoughts

Some of the emerging implications arising from the data in Stage One included; the perception that overall the participants perceived that they had the capacity to meet the objectives of the program. They also acknowledged, that while they valued theory it must be seen to be relevant and, in their view, linked to medical-surgical nursing. Ninety-nine percent commented that more clinical experience was required; transfer of knowledge from one context to another was difficult; preceptors were supportive and encouraged students; and the identification of the attributes of the registered nurse. Claiming that experiences must have meaning links closely with constructivist theory which indicates that learning must be authentic and meaningful to the learner. Reflective practice links closely with scaffolding and will assist them to make sense of the experience.

The major components of the conceptual framework assisted in the identification of the themes acquiring a strong knowledge base, constructing a professional identity, and developing an image of a professional. Acquiring a strong knowledge base will assist with the skills necessary for providing nursing care. The construction of a professional identity linked closely to social and cultural aspects with the participants expressing mixed feelings in relation to their abilities. Some of these feelings were contingent on the way in which the registered nurse and preceptors related to them. The identification of the attributes of the registered nurse formed the basis for the development of the professional image. Preceptors were held

in very high esteem as they contributed to the acquisition of knowledge and assisted the participants to hone their skills.

Chapter 5 follows, and continues with the presentation of data collected in Stage Two after completion of the Bachelor of Nursing program when the participants were in the role of registered nurses. Data for Stage Two were collected from the graduate survey and semi-structured interviews.

# Chapter 5: Perceptions of the Beginning Practitioner

## 5.1 Introduction

Perceptions of the beginning practitioner are presented in this chapter, with the structure following that of the previous chapter. Although the same thematic framework is followed, additional sub-themes are introduced to address the data collected from the beginning practitioner. This data included responses to the graduate survey collected four months after completion of the program and interviews conducted 11 months after completion of the program. In the presentation of the data from these sets some comparisons and contrasts were made with data from perceptions of participants entering the field as a student.

## 5.2 Thematic Framework

The emergent themes from the perceptions of the beginning practitioner mirrored those from the student; however, additional sub-themes were included to address the data collected in Stage Two. The thematic framework comprised:

- ❖ Acquiring a strong knowledge base
- ❖ Constructing a professional identity
- ❖ Image of a professional
- ❖ Reflections

### 5.2.1 Acquiring a Strong Knowledge Base

In considering the development of a strong knowledge base for the beginning practitioner, a comparison of their perceived ability to meet the program objectives was made with the students' perceived achievement of program objectives. In conjunction with the program objectives, the sub-themes included relevancy of

content, theory/practice, laboratory sessions, clinical experience, learning and psychomotor skills.

#### 5.2.1.1 Program Objectives

The graduate survey included a questionnaire to determine how the participants perceived their achievement of the program objectives. These objectives related to both the instructional system and self-efficacy, and were analysed in this section. In comparison the beginning practitioners did not rate their perceived achievement of the program objectives as high as their perceived ability to meet the objectives prior to completion of the course. Table 5.1 illustrates the comparison of the means between these two data sets.

**Table 5.1 Comparison of Program Objectives from Stage One and Stage Two**

| Program objectives | Mean before completion n=84 | Mean after completion n=114 |
|---|---|---|
| 1. Implement Gordon's framework<br>Implement Irurita's framework to recognise vulnerability and preserve integrity | **2.97** | **3.06** |
| 2. Use critical thinking and problem solving in clinical decision making | **4.1** | **3.7** |
| 3. Communicate effectively with clients, family and members of the health team in both verbal and written communication | **4.27** | **4** |
| 4. Practise nursing acknowledging the interactions between health and people's environments | **4.1** | **3.72** |
| 5. Practise within acceptable ethical and legal parameters | **4.36** | **4** |
| 6. Demonstrate accountability and safe practice | **4.39** | **4.14** |
| 7. Demonstrate compassion and respect for self and others | **4.6** | **4.07** |
| 8. Demonstrate a scholarly approach to nursing as a discipline | **4.2** | **3.8** |
| 9. Utilise research findings to maintain and update standards of nursing care | **4.17** | **3.5** |
| 10. Demonstrate ability to evaluate care outcomes at a advanced beginner level | **3.95** | **3.65** |

Examination of the means (Table 5.1) for the beginning practitioner revealed that the participants believed in their capacity to meet the program objectives in relation to areas such as critical thinking, communication, interactions, practising within ethical and legal parameters, demonstrating compassion, accountability and safe practice, scholarly approach, and utilising research findings. This perception was supported by comments such as:

*I was able to meet objectives and expectations of myself at this stage of the degree.*

In comparison, in Stage Two, the results for questions 2 to 10 were all lower than for these same questions in Stage One. This discrepancy may be linked to several factors. As students, participants' performance was evaluated during each clinical experience, with these evaluations demonstrating that they were meeting the clinical objectives and performing at their level of education and experience. Thus, they were receiving affirmation of their capabilities. Also as students they did not function as registered nurses at these times and therefore, as would be expected, they did not have a full appreciation and in-depth understanding of the role and functions of the registered nurse.

The following extract illustrates participants' perceptions of the realities of the practice setting for a beginning practitioner, reflecting on why a full appreciation would have been difficult to achieve.

*I'm just not getting everything straight away and that was really frustrating and the level of responsibility that you suddenly inherit is just . . . , is nothing that they can train you for, because you were never completely responsible for anything and the RN that precepted you was always cleaning up your mess but you didn't know it .*

*You never knew what she did behind, you know, and you never know that full responsibility that you have when you're there. So somebody is always doing little things to make it easier for you and you never realised when you were you know, when you were a student, to how that RN, you know, functions and you have to suddenly do everything. So it's really, it's really mind-blowing those first couple of weeks.*

Question 1, which addressed the objectives in relation to implementing Gordon's framework and evaluation of care outcomes at an advanced beginner level, did not rate highly in either Stage One or Stage Two. This low response could be attributed to the fact that there was a change in curriculum emphasis from Gordon's framework to Irurita's framework during the time the participants were undertaking

the program. One participant asked, *who is Gordon?* Responses indicated that they had a better grasp on Irurita's framework than Gordon's, with a mean of 3.06. This result was expected, as the students had had more recent use of Irurita's framework. The significance of this finding inferred that the participants related more to Irurita's framework and reflected the application of the framework to the later courses. The importance of this result is a conceptual framework has value with proximity of the use. Nurse academics must remain cognisant of this and continue to relate content to the framework that is the foundation of the curriculum.

#### 5.2.1.2 Relevancy of Content

The relevancy of content was an issue for participants. Although they recognised the relevancy of most of the content, for example, *I really think we got a broad spectrum of mental health,* they indicated that there were gaps in their knowledge base.

Graduates suggested that the inclusion of *paediatrics* and *theatre training would be beneficial*. Other comments included:

> *The legal aspects of the choices I make I find scary because we don't "learn it all" at uni, in fact we're only exposed to the bare essentials, the rest supposedly will come with practice and experience. I have no doubt that I will make mistakes, and I will learn by them, but I hope they are not big ones and that no one suffers from them.*

> *Why a nursing degree does not involve CPR is confusing . . . We go into critical care and stuff like that, why would it not be part of the curriculum?*

> *Documentation is something I feel we didn't cover very well at Uni.*

Also, in contrast to a previous comment in relation to Mental Health:

> *although I did Mental Health 1 and 2, when I got into Mental Health ward I didn't know anything about it.*

As well as gaps in content it was perceived that teaching of specific skills such as venepuncture should be included in laboratory sessions and *as students they*

*should have access to new products on the market such as biphasic defib and their operations.*

Some participants also suggested that some of the content was unnecessary:

*I learnt a lot of useless information and missed out on practical essential patient care knowledge. Suggest hospital based or apprenticeship scheme rather than baccleloreate (*sic) *program OR three times the clinical pracs.*
*I had to learn most things I need to know after starting work.*
*The other thing I found completely useless was professional issues-the way in which we covered it.*

*Gerontics and cross cultural was a waste*

Not only did the participants hold strong views in relation to the relevancy of content, they did not appreciate important content being glossed over. It may be suggested that nurse academics need to ensure that content is delivered in such a way that students appreciate its relevance. Although certain courses were considered irrelevant, participants acknowledged that there were considerable strengths in the program.

#### 5.2.1.3 Learning

For the participants learning had to be meaningful and authentic. They also felt they had to learn quickly.

*I think I learnt a lot but I still maintain that when I graduate is when I start learning.*

*Did I listen at all in class, there is so much new information coming at you and you are struggling to remember the old information.*

*I know the basics; let's move on, let's do something more advanced, and you know, put the bigger picture together then; I just think that would have been more beneficial to me.*

*I had to learn very quickly how to remember how to do dressings and stuff like that.*
*I have learnt a lot in these three years, and surprisingly, I have retained a lot of it too!!!*

Participants acknowledged that while they had learnt a lot, at times they felt the need to move ahead at a faster rate. There is some evidence of transfer of knowledge as evidenced by the comments in relation to recognising that they had to remember how to perform skills.

#### 5.2.1.4 Theory/practice

Although struggling with the concept of relating theory to practice, participants acknowledged the importance of this connection.

> *I know that you have to learn theory, I know it is so essential and it would be negligent to send somebody into a hospital without the theory you need. But I think that it is negligent to send a person full of theory into a hospital without the practical as well. You've got to have a balance between the two.*

> *I think it is so important to embed it (*knowledge) *in practice, because dummies in a prac lab are great but they will never take the place and complexity of a patient, you know.*

> *I was trying to fit two pieces together and in the initial couple of weeks it was just two pieces of the puzzle not going together . . . now I'm on top of it, it's all coming together.*

Despite appreciating the importance of the theory/practice connection it was not a high priority for the new graduates and in fact created difficulty. Participants acknowledged that in the early stages of functioning as a registered nurse they did not think about the theory/practice relationship as *you don't know what you don't know.* Those participants who did attempt to link theory with practice perceived that *it was just two pieces of the puzzle not going together.*

#### 5.2.1.5 Laboratory Sessions

The participants, in retrospect, found clinical laboratory sessions beneficial as they provided the opportunity to take time to practice in a less pressured environment.

> *Your practical classes are absolutely essential, you know, any hands-on stuff that you can get is absolutely essential but again you need to follow through*

*I think the labs . . . in second year were really good-like the hands-on stuff I think was really good.*

*Although you learn over time once you do something that was sort of the first place that you did it . . . was good because in your own time and your own pace not when you're on clinical.*

Clinical laboratory sessions were perceived to be necessary to enable the participants to acquire skills required in the practice area. This was supported by data in Stage One. Learning and practising skills in clinical laboratory sessions prepared the students for clinical experience.

#### 5.2.1.6 Clinical Experience

Supporting the previous data it was very strongly expressed that there was not enough clinical experience undertaken during the program. Despite acknowledging that they were *pretty well prepared,* the feeling of not having enough clinical experience persisted.

*I honestly believe that the three years of theory and some practical here and practical there; it's the wrong format.*

However, one graduate said that because he had a nursing background prior to starting the program, *I felt prac nursing no benefit.*

This comment alerts nurse academics that, although all students undertake the same degree, some recognition needs to be given to previous relevant experiences. This is a challenge for program delivery and recognition of prior learning.

Even though they had been registered nurses for 11 months at the time of the interview, on reflection they still held the strong view that more clinical experience was required in the program. The importance of clinical experience was highlighted in relation to the acquisition of skills linking with feelings of confidence.

*I was hung up on all the technical skills . . . because I really didn't feel proficient quite frankly with any of them.*

*What's the safe way to do it?  What's the best way to bend?*

Acquiring skills in the clinical setting linked with feeling proud of their learning, as demonstrated by the following comments:

> *By the end of my time there I was one of two RNs who were competent at it and they* [other RNs] *would ring me at home.*

> *I've really learnt something here.  And it is amazing, I can only get that from practice and opportunity.*

#### 5.2.1.7 Teaching Strategies

Teaching strategies came into question, identifying that content areas deemed to be important were not handled well, particularly in tutorial sessions if the classes were considered to be too large.

> *It was glossed over, it wasn't like we need black and white, not rote learning, but that style where you know, it comes on the OHT, these are legal principles, this is ethical principles and nursing practice.*

Another comment was that the numbers in tutorial sessions were too large.

> *You can't have a tutorial group and have a frank discussion with 50 students. It doesn't work.*

While large numbers in tutorials are not common practice, it highlights the importance that participants place on discussion as a learning tool.  They found that large numbers of students in tutorials precluded the opportunity to have meaningful discussions, in other words, the students want opportunities to challenge beliefs in order to foster a deeper understanding of content.  This exchange of ideas and debate links with reflective practice.

#### 5.2.1.8 Summary

While the content might be appropriate, meaningful and authentic, data in Stage Two were similar to Stage One where it was perceived that the medical-surgical content was the most valued and that skill acquisition was the main focus.

Attention must be paid to recognising prior learning as enrolled nurses feel that they are not accorded any recognition of their experiences. This also raises the question – "do all students require the same experiences?"

Nurse academics must be aware of teaching strategies that will be most beneficial to promoting learning. Participants indicated that the teaching strategies employed in some instances were not conducive to learning. It is important for graduates' self-confidence, that, by the time they finish the program, they feel prepared for beginning practice.

### 5 2.2 Constructing a Professional Identity

The beginning practitioner dealt with mixed feelings, accountability, expectations, reality shock, validation of feelings and image of self while developing a professional identity.

#### 5.2.2.1 Expressions of Mixed Feelings

Beginning practitioners described mixed feelings similar to those expressed when they were students. Perceptions such as feeling overwhelmed, fearful of causing harm, anxious and uncertain were described by the beginning practitioner.

> *. . . and it's so overwhelming when you first get there.*
> *Oh God, you know, it was all quite overwhelming.*

> *I was overwhelmed by all the different things that you needed to know.*

> *As a student* [at a cardiac arrest scenario] *you stand around and think do I, no I had better not and what should I do. You know that there's going to be people there to handle it who are more experienced than you but there are things that you can do and there's things you shouldn't do and then there's times that you just go away.*

> *Is it day one? Is it day two?*

> *I think it was more a fear of the unknown.*

> *You didn't want to do the wrong thing by the patient; you wanted to always be sure you were doing the right thing.*

*I don't want to go to jail for some bad decision that accidentally killed someone, and that fear, and to live with that and to carry it is a worry.*

*I just ask so many questions and I thought I don't care if I'm asking the stupidest questions, because you know, I don't want to be fired and sued at the end of two weeks.*

Linked to the feelings of uncertainty and fearful of causing harm, participants expressed ways in which they coped. In one instance the beginning practitioner was the registered nurse in charge of the shift and she was refused extra assistance when patients were very ill, she coped by consoling herself with the thought that *the patient did not die or I didn't kill anyone.*

To help the beginning practitioner cope better the suggestion was that lecturers should teach students strategies to *give them some emotional armour. It's not the job, it's other nurses that make it difficult. I think everyone is so stressed and the job is so hard and thankless. We forget to be nice to each other.* This comment may reflect the consequences of the nursing shortage. Nursing staff are so busy attending to the needs of patients that they forget that colleagues are also experiencing different emotions and require consideration.

- **Confidence/lack of confidence**

Feelings and levels of confidence manifested in several ways. Some of this involved competency with skills such as time and ward management, and dealing with health team members.

*I do what I do because I am confident in that but not being allowed and not given that opportunity it kind of decreases my confidence in my ability as a nurse because they are not giving me that option to go and do it.*

*I'm feeling confident dealing with different doctors. I can assert myself.*

*I am confident and I am happy.*

*I wasn't that confident; I was more scared than anything.*

These feelings expressed by the beginning practitioners were not identified by students. Functioning in the role of the registered nurse created a different set of feelings in direct relationship to the responsibility with which they were charged.

#### 5.2.2.2 Accountability

Accountability and responsibility were recognised as important characteristics, and while they accepted accountability for their own actions, the participants voiced concern about accepting responsibility for others. In some situations the new graduate was the nurse in charge and this position placed an enormous strain on them. This situation is one which creates difficulty during the preparatory period.

*You have to be accountable for your own practice.*

*If you are doing that job you are accountable.*

*. . . responsibility is something that you will never learn until you have it and I don't know and I can't say how you can teach somebody that.*

Being accountable for their actions and accepting responsibility demonstrated that the participants recognised these in relation to the role of a registered nurse. They also recognised that each person should be responsible for their own actions.

#### 5.2.2.3 Expectations

Participants placed high expectations on themselves as they adopted the role of registered nurses:

*I probably put too much pressure on myself and expected perhaps a higher standard than was necessary, but I tend to expect more of myself than is realistic.*

*I was still thinking like a student looking over my shoulder wanting someone else to make the decisions, and I knew I was expected to be an RN at the start.*

They also had expectations about the practice context:

*I expected a lot less patients and I expected the pace to be slower.*

They also expected to be treated with understanding from the registered nurse:

> *I'm kind of treated like I know nothing. I wondered when they would remove the training wheels.*

> *You're uni trained, you don't know anything.*

Setting a high standard for oneself is not unrealistic but it was interesting to note that new graduates did not have a full appreciation of the pace of the practice setting despite having had clinical experience. The above comments reflected a lack of confidence for some in the early stages of becoming a registered nurse. On the other hand, some of the graduates felt very confident.

When registered nurses failed to recognise the ability of the new graduate and even treated them with contempt feelings of frustration and anxiety were experienced. The mismatch of expectations created problems for both the new graduate and registered nurse.

#### 5.2.2.4 Validation of Feelings of Other Graduates

During the interviews participants validated, confirmed or disagreed with feelings expressed by the other participants. For example, following an expression of uncertainty by one participant another participant responded *yeah all those sorts of things*. Participants also related experiences of their friends working in other areas to strengthen their comments:

> *We were all very scared at the start we were comparing a bit, now we don't compare as much.*

> *Well, it wasn't like that for me. Maybe it is the difference between the public and private systems.*

Although there were some differences in opinion, participants gained a degree of comfort as they compared feelings and expectations and realised that their experiences were very similar. This validation of feelings assisted the new graduates

to be realistic about their own level of performance, contributing to increasing their confidence.

#### 5.2.2.5 Reality Shock

The participants found the transition from student to beginning practitioner rather daunting. A contributory factor to this feeling may be that they do not have the necessary knowledge to fully understand the practice setting and grasp the totality of the role of the registered nurse. This situation is not unexpected as the participants would not be able to become fully immersed in this role during clinical experience.

> *I believe that it is a shock going into the workforce. Nothing prepares you for it.*
>
> *But the first couple of weeks I just thought what am I doing? What's going on here? I'm just not getting everything straight away and that was really frustrating. The level of responsibility that you suddenly inherit is just, is nothing that they can train you for, because you were never completely responsible for anything and the RN that precepted you was always cleaning up your mess but you didn't know it.*
>
> *So. It's really, really mind-blowing those first couple of weeks and you're just, lost in it and you think, Oh God I just hope everything gets better, I hope everything gets better. And then suddenly it does, you know, you learn to do your time management a bit better, you know, you're doing the same thing for the first couple of weeks.*
>
> *And time management is so important but yet again, as a student, you never fully understand time management because you were never doing everything. So you can never plan for everything. You think you've got it down when you get to the hospital and you think I'm not too bad, I shouldn't go too badly, and then you suddenly realise all the things that you never did and you have to fit those into your workload as well, you know, just the little things that you never did, so it's a real learning curve.*
>
> *But it was the initial struggling that was really, really hard to get over.*

Reality shock was a strong feeling. Despite these expressions of reality shock when the participants reflected on their preparation and their role as a registered nurse, they recognised they were functioning as advanced beginners rather than

novices. The beginning practitioners recognised that although they were scared in the beginning they had stopped thinking of themselves as novices. This indicates that they were beginning to construct their own professional identity and acquiring a strong knowledge base.

#### 5.2.2.6 Image of Self

Participants related how they felt about themselves after completing the program.

> *Great feeling of self achievement –for someone who only finished Year 10 and spent the early parts of my life as a labourer and shearer and things like and to actually do further education and go to university – I still think even now-did I actually do that. I am the only one in my family who has actually gone to university and completed a program.*
>
> *Pretty good.*

A sense of accomplishment and technical competence contributed to the image of self.

> *Some shifts you go home and think "what did I accomplish", and others flow like music on the wind. In these first two weeks I have rarely heard music, but I am looking forward to the next three weeks and hearing the whole song.*
>
> *Feel more competent and confident. But still feel inadequate and a burden at times. However, the RN was impressed with my skills.*
>
> *I feel that I probably totally changed how I feel now that I feel I'm on top of all my technical competencies that I need to know, or not all of them but you know, I've learnt a lot in that time.*

As they managed the reality shock and recognised that had reached a level of self confidence, the beginning practitioners began to construct a professional identity. Linked with this, their self-image also changed as they began developing a professional image.

### 5.2.3 Developing a Professional Image

At this stage, the participants were beginning to see themselves as registered nurses with the ability to perform this role. They expected to be treated as a

registered nurse and be accorded the responsibilities that accompany this role. Therefore, the allocation of a preceptor was contrary to their image of a registered nurse. The experienced registered nurse played a very significant role in assisting the beginning practitioner in developing a professional image.

#### 5.2 3.1 Registered Nurse

The reaction of participants to the attitudes of the registered nurses varied, just as their attitudes varied from support and respect to prejudging the graduate and lack of recognition.

> *There is a real connectedness between the staff. Much more pleasant.*
>
> *I was supported by staff, I haven't copped any flak over being a uni student.*
>
> *In one facility I am treated really good and they respect the role I am in but I had to work to get that respect.*
>
> *I had to learn the hard way to have responsibility as RN. The RN did not support me in a situation as the other team member was her smoking buddy.*

One participant felt it was important to offer a message to nursing students of tomorrow to help them adjust to the attitudes they might face.

> *Always expect to have a personality clash; if we all got along I am afraid life would be simple and quite boring. Don't let anyone tell you what path to take in nursing; there are dozens of fields you can choose once you finish: choose the one you enjoy and feel best in.*

As the new graduate enters the field of beginning professional practice this expressed attitude of not being work ready has the potential to undermine their self-efficacy, self-esteem and confidence, with the subsequent result of undermining their level of functioning.

#### 5.2.3.2 Preceptor

Being assigned a preceptor in the initial stages as a new graduate evoked varied reactions for the participants.

*First week I was offline with my preceptor and we'd be one-to-one going and helping around, so it would be like I got a little frustrated in that first week because I thought I was registered but it felt like I was still on prac.*

*We had a preceptor for two of us, she was really good, and yeah for the first few days she just worked with us.*

As noted in Stage One, the preceptor was integral to the quality and success of the participants' clinical experience. However, once they became registered nurses, the new graduates did not appreciate being allocated a preceptor. For these participants, this may highlight a lack of insight in relation to their abilities. On the other hand, it may indicate that the experienced registered nurses did not recognise the skill level of the beginning practitioner. Both of these situations could contribute to the mismatch in expectations.

#### 5.2.3.3 Enrolled Nurse

Some participants were ambivalent about their relationship with Enrolled Nurses.

*I'd never underestimate the EN's knowledge.*

*I haven't come across any friction.*

*I never honestly believed that I would come across this attitude of you've done uni so you are inferior*

The enrolled nurse is a member of the nursing team. They had the ability to undermine the confidence level of the new graduate but in many situations the beginning practitioner appreciated and recognised their knowledge and expertise.

#### 5.2.3.4 Nurse Academics

While some participants indicated that they found nurse academics to be helpful:

*It was easy to see you guys if we needed help.*

*I think what I value most is probably being able to go and approach my nurse academics.*

For some others the fear generated by the nurse academics caused concern.

*They put the fear of God into us you know, 'the RN's responsible, the RN's responsible, the RN's responsible'.*

*The fact that the nurse academics would almost instil fear into you. See that's a very, very big thing that instilled fear, especially being only 20 at the start.*

The participants' image of the nurse academic is interesting as the participants do not connect them to the practice setting. This notion could be seen to support the expressed views by students that the university concentrates on teaching theoretical knowledge and the clinical area focuses on developing clinical competencies within the clinical setting.

#### 5.2.3.5 Nursing

Participants voluntarily offered descriptions of nursing which provided an insight into how they generally viewed nursing.

*Nursing is complex.*

*Nursing is routine.*

*Nursing is emotionally draining.*

*Nursing is a lot of basic care.*

*The nature of nursing is that it focuses on other people-that is why we are all dropping off the perch.*

The registered nurse and preceptor had a great impact on the participants. The attitudes of these members of the health care team markedly affected the beginning practitioner particularly in relation to the image of a professional. Students believed that nurse academics should be available whenever they wished to see them regardless of what the nurse academic was doing at that time.

#### 5.2.3.6 Time Management

Time management featured strongly throughout the data sets, with participants recognising that it was an aspect of professional development on which they had to focus.

> *And time management is so important but yet again, as a student, you never fully understand time management because you were never doing everything.*
>
> *Time management is such an important aspect of an RN's duties that this is the task that I find myself focusing on more intensely. I am consciously applying myself to developing this skill.*
>
> *I learnt the basics of time management, the basics of patient care and I learnt that it was a very busy ward, a very heavy ward. So I learnt my time management skills there which I struggled with in the first couple of weeks, but they really, it was really good that they could teach me what a really hard workload is.*
>
> *The reality of time management is another thing I wasn't prepared for.*

Data suggested that the concept of time management should be accorded more attention during the program. For example, participants suggest students should not be granted extensions for assignments as this does not encourage management of their time and the ability to meet deadlines. Meeting deadlines is an important aspect of nursing practice and early development of time management would greatly enhance their own practice. However, while it is not clear if this would assist with time management in the practice setting, it may alert the student to the importance of time management.

#### 5.2.3.7 Ward Management

Time management linked very closely with ward management. The focus on ward management was highlighted during the interviews. Not understanding ward routine and protocols created concern for the interviewees. These factors, combined with the realisation that they were responsible for organising their time and

managing their own patient load while working within the ward routine, added to their concern.

*I was overwhelmed by all the different things that you needed to know just in the day-to-day running of the ward.*

*The everyday running of the ward, how things work, for example, admissions, finding my way around and what each shift involves, feel a burden at times but depends on the other RNs on shift.*

Although the students were exposed to segments of ward management, there is limited opportunity to be involved in day-to-day overall management of a ward. One participant emphasised very strongly that routine was the key to success in relation to ward management.

*I think it is the routine, you know.*

*I mean it is all experience but it comes from routine so that if you've got routine well set in your mind then if there's a deviation you know what you should be delegating.*

Ward management incorporated delegation of duties to enrolled nurses and unregulated health care workers, and while QNC mandates that the registered nurse is responsible for delegation, the new graduate generally found this to be very daunting.

*Delegation was a big problem for me.*

They felt that they were not in command of what was expected of them as registered nurse, let alone be responsible for others.

*It's just that if I delegated a task, they didn't always trust me or they didn't want to go and do that so that's the thing I came up against.*

However, as they became more familiar and confident in their own abilities, delegation did not pose such a problem. As one participant stated,

*This did not cause a problem for me.*

It is important that students are provided with opportunities to understand what happens in the practice setting on a daily basis. Learning ward management posed the same difficulty for all beginning practitioners, but delegation was more of an issue for those working in the private system than for those working in the public system where there appeared to be more support. This aspect of the registered nurses role demonstrated that context is an important factor in determining what is expected of the beginning practitioner.

##### 5.2.3.8 Task Completion

The completion of tasks was an important aspect of professional development for the participants.

> *You wanted to get through it all and not leave a lot of jobs hanging over for the next shift.*

> *. . . got all my work done and got a good report at the end.*

As skills acquisition was seen as vital, and the registered nurse played a large part in imparting this attitude, skill completion was a stepping stone to gaining approval from the registered nurse.

#### 5.2.4 Reflective Thoughts

Participants reflected on their readiness for practice, the image of the program and suggestions for improvement.

##### 5.2.4.1 Readiness for Practice

On reflection the participants believed that they were ready for practice.

> *I think because I have life experience that wasn't such a hard transition.*

> *I am using the things I learnt at Uni now that I've learnt the basic technical competencies*

> *Thinking like an RN instead of thinking like a student.*

Overall the participants held a positive image of the program. This perception carried through to the final interview as evidenced by comments such as: *It really prepared me for the role I am in at the moment and I couldn't have been more prepared for it even if I wanted to.* As a last comment one participant stated, *it is a very good program but still needs more practical.*

One participant discussed the program in some detail and maintained that:

> *Second year was the most difficult year, because you're trying to get the bigger picture. And then third year, third year was just reinforcing everything that we had done in second and first year.*

The graduate survey revealed that eighty-four percent of participants perceived that they had been adequately prepared.

> *On the whole the program was excellent.*
>
> *Keep up the good work uni nursing staff; you turn normal people into fantastic nurses and human beings. Well done!!*
>
> *I feel that nursing at this university is quite advanced. Currently working with other graduates I have found myself to have very adequate knowledge related to my profession from this degree.*
>
> *It is a very good program but still needs more practical.*
>
> *It really prepared me for the role I am in at the moment and I couldn't have been more prepared for it even if I wanted to be. It was everything I needed to know.*

While some felt they had been satisfactorily/adequately prepared their comments were qualified.

> *I think we are prepared as much as we can be to start work, but there are some things that uni can't prepare us for, for example, responsibility.*
>
> *. . . and the stuff like calling relatives to tell them about their relative's change of condition. NOBOBY TEACHES YOU THAT.*

As indicated in Chapter 4, some of the issues raised were outside the conceptual framework. One issue raised in both Stages was preparation of job

applications and interviews. Some participants indicated that this contributed to inadequate preparation for beginning practice.

> *I was disappointed in the way our registration was handled. Why did it take so long? All promises were not kept.*

The process of applying for a job during the final year of the program weighed heavily on participants, even after they had been in a position for 11 months.

> *. . . but getting the application in and getting your portfolio done, that could be a subject on its own. How to do key selection criteria.*

> *If I hadn't got a job with Queensland Health, I would be billing them for the ten hours I spent doing the application-really time consuming.*

However, some participants had opposing views, indicating that they had received sufficient assistance.

> *I learnt that we had fantastic preparation for getting a job.*

> *I really thought I am so glad that we had people who really cared enough to prepare us and give us that extra push out there into the job market.*

Despite the concern about the preparation for employment, overall the participants felt that they were ready for practice.

#### 5.2.4.2 Suggestions for Improvement

The main suggestions for improvement indicated that the course public health could be incorporated with family health care thus allowing space to convert herontics to a full course rather than a half course. It was also suggested that more advanced clinical skills such as venepuncture and application of plaster casts should be taught.

An interesting suggestion was to have six months clinical experience after 18 months at university. This would serve the purpose of consolidating practice and give the students the opportunity to decide if nursing was the appropriate career for them.

## 5.3 Concluding Thoughts

The data from perceptions of the student and perceptions of the beginning practitioner identified similar emerging implications. However, the perceptions of the beginning practitioner highlighted that in the early stages they did not feel as confident in their abilities as when they were students. Reality shock was a very real concern with the attitude of the registered nurse having a significant effect on the beginning practitioners' self-image and self-efficacy. The tension between registered nurses and beginning practitioners arises from a mismatch of expectations. Differences in perceptions emerged for the beginning practitioner, with the complexity and diversity of the practice setting being similar for each, but there was a change in the cultural and psychological contexts as they commenced to function in their role as registered nurses. The beginning practitioners perceived that overall they had been adequately prepared for beginning professional practice.

In the next chapter the data sets as a whole, linking the data in relation to entering the field as a student and entering the field as a beginning practitioner, form the basis for a conceptual understanding of how the participants constructed their ideas about their preparation for beginning professional practice.

# Chapter 6: Preparation for Practice

## 6.1 Introduction

Exploration of the perceptions of nursing students/graduates regarding their preparation for beginning professional practice revealed that 99% of the participants believed they had been adequately prepared for beginning professional practice. It emerged from this study that the theory-practice gap is a natural phenomenon; however, difficulty was experienced with the transfer of knowledge from one context to another. Unrealistic expectations of registered nurses in relation to the capabilities of the beginning practitioner and the beginning practitioners' unrealistic expectations of themselves create tensions in the practice setting and have the potential to inhibit learning. A real tension exists for academics between preparing a well-educated nurse and preparing a practitioner who, on graduation, will still not be fully prepared to deal with all the complexities and diversities of the nursing practice setting, and expectations.

This chapter presents a conceptual understanding, based on the participants' perceptions, supported by the literature review, and developed after comparing and contrasting participants' perceptions from the data collected in Stage One and Stage Two of this study. Comparison and contrast allow a search for patterns, connections and explanations within the data sets as a whole, thereby linking the data in relation to entering the field as a student and entering the field as a beginning practitioner.

As demonstrated in Chapter 2, the nursing profession must accept responsibility in assisting the new graduates to enter the field as beginning practitioners by ensuring that they are educationally prepared; acknowledging their knowledge level; assisting them to function within their scope of practice and capabilities; and using reflective practice to learn in and from practice. The

constructivist understanding of the learning process focuses on helping students to build on prior knowledge and understand how to construct new knowledge from authentic experience. Constructivist theory emphasises that learning should be authentic and that learning needs to meet real life experience. Thus, the learning environment which includes both the university and practice settings must provide real-world environments for meaningful and authentic knowledge.

Illuminative evaluation informed the analysis of the data provided by the participants as they reflected on their educational experiences both within the university and practice settings during their preparation for beginning professional practice. The experiences of the participants both before and after the completion of the program were analysed. Quantitative data based on closed question responses contributed to the analysis. This supports Parlett and Hamilton (1972) and Sloan and Watson (2001, p. 664) that illuminative evaluation is particularly appropriate when evaluation purposes require exploration that leads to description, understanding and decisions to effect improvements rather than the measurement and prediction. The illuminative model takes account of the wider context in which educational programs function.

## 6.2 Image of the Nurse for the Twenty-first Century

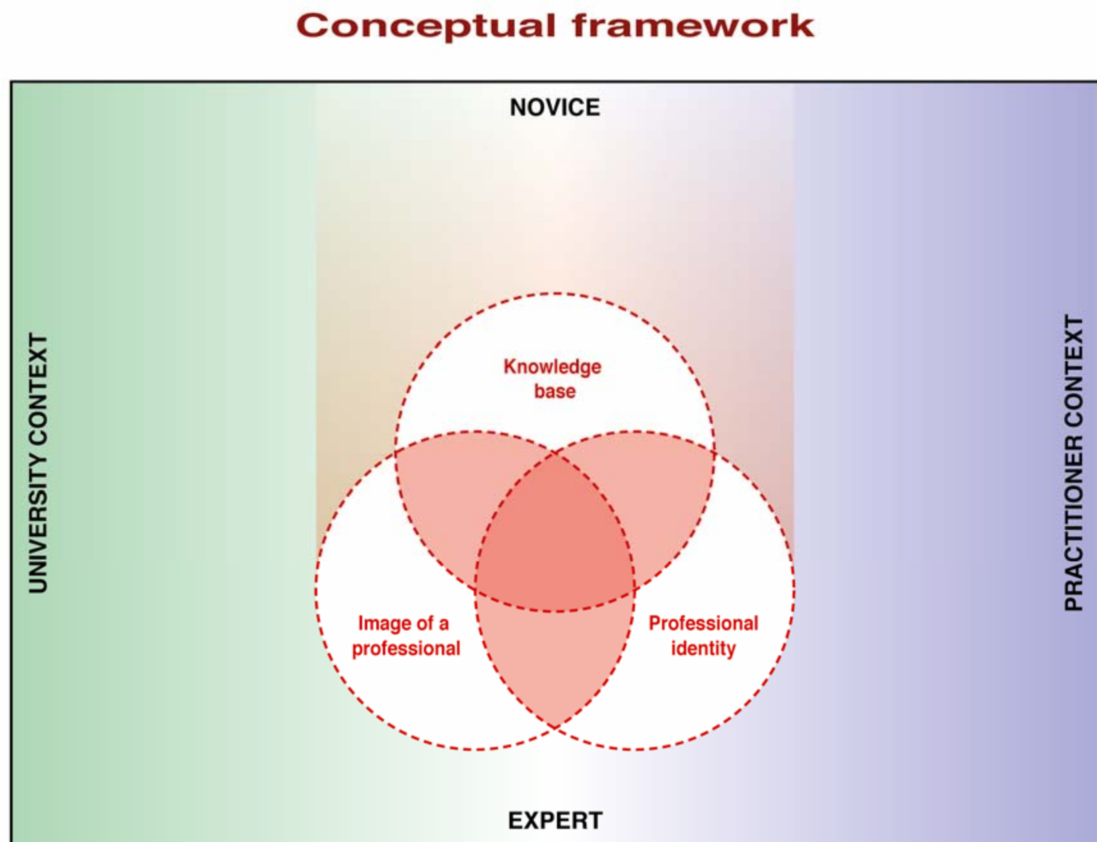
As well as the roles the registered nurse currently embraces, the nurse of the twenty-first century will be recognised by other health care professionals for his/her skill, not only in the psychomotor domain, but also in applying his/her knowledge to make informed clinical decisions, coupled with the expertise he/she brings to patient care. It is not unrealistic to think that the registered nurse will be the team leader in a multidisciplinary health care team. Delegation and supervision will increase as the shortage of nurses increases and more unregulated health care workers are employed

in the health care sector. In particular, in comparison with the nurse in the twentieth century, the nurse in the twenty-first century requires a stronger knowledge base to function in his/her new role in a changing, diverse and complex health care context. The Scope of Practice determines guidelines to provide protection for registered nurses in relation to delegation and supervision.

## 6.3 Framework

The conceptual framework (figure 6.1) delineates the acquisition of a strong knowledge base, the development of a professional image, and construction of a professional identity. The components are interlinked and embedded in the context of the university and practice settings within Benner's (1984) paradigm of novice-to-expert. Later in this chapter, each of the three components is explored in more detail.

**Figure 6.1 Framework for Conceptual Understanding**




The characteristics of the model demonstrate the connection of Benner's paradigm and contexts with the components. The broken lines around the circles demonstrate the opportunity for the inclusion of unexpected aspects which may enhance the acquisition of a strong knowledge base, development of a professional image and the construction of a professional identity.

## 6.4 Context

The results of this study highlight the significance of the learning milieu/context in both the university and practice settings, creating the context in which the participants undertook the educational program. The university provides the setting where theory is delivered via lectures and tutorials, with simulated practice

undertaken in nursing laboratories. This context, as acknowledged by participants, allows them to learn and hone their skills in a safe environment and was identified by participants as being an important aspect of their learning.

The nursing practice setting (identified by participants as the 'real world') provided opportunity for the students who have supernumerary status, to apply theory to practice under supervision of a preceptor. As well as assisting the students to learn, this supervision is required to ensure patient safety thus supporting the importance of context in relation to authentic and meaningful learning and the acquisition of knowledge (Hand, 1993, cited in Pereira, 1996; Pereira, 1996).

Participants acknowledged that in the first year of the program they experienced difficulty in fully grasping an understanding of the contextual reality of the practice of nursing. In the initial stages they indicated that their learning tended to take place in a vacuum as they were not familiar with the context and they did not have an understanding of the practice setting. The use of simulated laboratories assisted in gaining an understanding of skills required. Learning became more meaningful and authentic for the participants as they progressed through the program. They developed new knowledge and were able to link concepts and utilise clinical decision-making and problem-solving skills. This creation of knowledge resulted from the combination of contextual knowledge in relation to the relevant underlying theoretical knowledge and the relevancy of the content to the learner. Acknowledgement of connecting theory to practice became evident when participants claimed that *they related theory to practice.*

Based upon comments made by the participants, it is clear that the contexts of the university and nursing practice settings are inextricably intertwined in relation to acquiring a strong knowledge base, developing a professional image and constructing

a professional identity. While the contexts are an important aspect, it is evident from the findings that the complexity and diversity of the practice setting adds another dimension in relation to the preparation for beginning practice.

### 6.4.1 Complexity and Diversity of the Workplace

Factors identified by the participants as contributing to the complexity and diversity of the practice setting included the nature of the work performed, the acuity of the patients, the highly technological environment, and the nursing shortage. A ramification of the current nursing shortage as identified by Iliffe (2001) and Cowin and Jacobson (2003) is the reduction of the level of supervision for both the student and the new graduate. An implication of this is that despite the new graduate's preparation to function at advanced beginner level, as registered nurses they are placed in a position in which they are required to function at a level higher than that for which they have been prepared. The participants recognised that although they were beginning practitioners, they were charged with the same responsibilities as the experienced registered nurse, and thus were expected to function at this same level. Participants recounted situations where they were required to "be in charge of the ward" only months after completion. As well as creating anxiety for the beginning practitioner, this unrealistic expectation placed them at an artificial level of competency and at risk of compromising patient safety by practising outside their scope of practice.

Benner's (1984) model does not provide sufficient guidance in this situation. It assumes a world that allows an appropriate time frame for the new graduate to progress through the five stages of proficiency from advanced beginner to expert. By being placed in "a charge position", the new graduate who has been prepared to practise at an advanced beginner level is not accorded the luxury of two years

experience as a registered nurse, to allow them to progress through the advanced beginner stage to the competent stage, as was promised (Sax, 1978) when tertiary education for nurses commenced. It may be argued that Benner's model does not reflect the world of the twenty-first century advanced beginner who is required to meet the demands and reality of the practice setting. Despite this, it must be acknowledged that the beginning practitioner will still progress through these stages and must be allowed to gain a sense of mastery, as they fully adapt to the advanced beginner role.

The anecdotal comment that new graduates *should hit the ground running* must be refuted and challenged. Clinicians' expectations that a new graduate should perform at the level of an experienced registered nurse is unrealistic. This judgement has implications for new graduates who identified that when they judge themselves against the capabilities of experienced registered nurses they believed that they are found wanting. No matter how effective the theoretical input in the university or the length of clinical experience, tertiary preparation will never cater for all the complexities and diversities of the workplace; nor was it intended that it should do so. Neither will clinical experience in one clinical setting cater for all the complexities and diversities in other clinical settings, as evidenced by comments from the participants. It is, therefore, unrealistic to assume that the new graduate, on graduation, has the skills and knowledge to be able to function at the same level of proficiency as the experienced registered nurse.

Despite the best intentions of the educational preparation, the transition from student to registered nurse takes further learning and adaptation to the role. While it is acknowledged that the Bachelor of Nursing program cannot prepare graduates for the complexity of every clinical situation, nurse academics are responsible for

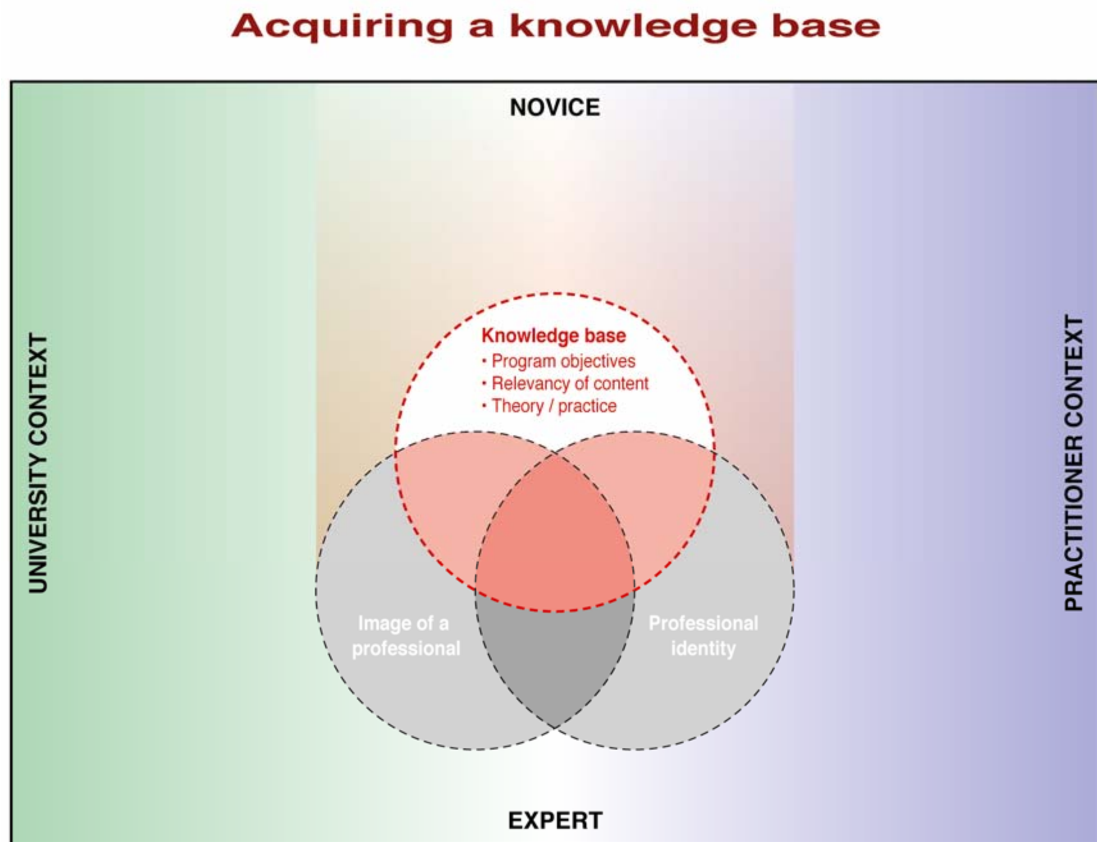
facilitating students to learn the necessary critical thinking, problem-solving and survival skills to equip them to manage unfamiliar situations in the practice setting.

As the nursing shortage continues, new graduates will be confronted with situations in which they will be expected to take on more and more responsibility, without the benefit of building on their knowledge base to equip them to deal with their new registered nurse status. As constructivism expounds, the support system is a necessary scaffold that allows the learner to move forward and build new competencies. During the process of acquiring a strong knowledge base, the beginning practitioner is concurrently beginning to construct a professional identity as an informed registered nurse. This concept is explored more fully in analysis of constructing a professional identity.

## 6.5 Acquiring a Strong Knowledge Base

Concepts arising from the data in relation to acquiring a strong knowledge base include achieving program objectives, relevancy of content, theory, clinical experience, and transferring knowledge and skills from the university context to the practice setting. Figure 6.1.1 illustrates the concepts extrapolated from the data, which formed the basis of the discussion of acquiring a knowledge base.

**Figure 6.1.1 Knowledge Base**




Nurse academics and nurse practitioners bear a great responsibility for guiding student activity to assist them in linking theory with practice, modeling behaviour, and providing examples that will transform students' experiences into authentic and meaningful learning. Nurse academics and clinicians need to heed the comments made by Kanitsaki and Johnstone (2002) that the theory-practice nexus must be strongly established by clinical nurses and academic nurses coming together in mind and spirit to construct an education program to prepare the student for beginning practice. Such a joining of forces would form the basis of establishing partnerships leading to implementation of specific strategies to assist the beginning practitioners adapt to their new role. A more acceptable outcome would be better recognition of the value of the beginning practitioner by registered nurses with a subsequent

reduction of comments to new graduates such as, "*you're uni trained. You do not know anything.*"

Rather than make such comments key stakeholders need to acknowledge that beginning practitioners have a knowledge base and skill level commensurate with their level of education and experience. This is a valid perception given that the new graduates had demonstrated achievement of the program objectives and legislated competence levels by evaluation of their performance in both the academic and practice settings.

### 6.5.1 Program Objectives

Participants perceived that as students they had the ability to achieve the program objectives, suggesting that they felt prepared for beginning professional practice. One participant reflected the perceptions of other participants with her comment that she could not have been prepared any more than she had been. Despite this perception, responses indicated that they did not fully appreciate the role and function of the registered nurse. This was evidenced by comments such as, *I did not realise how much the registered nurse did.* It is understandable that as students they were not in a position to become fully cognisant of the role of the registered nurse.

The graduate survey data in Stage Two demonstrated that the participants' perceptions changed once they entered the workforce, indicating that they did not feel as confident and positive about their ability to meet the program objectives. This difference in levels of confidence reflects the change in status from student to beginning practitioner and they commence functioning as registered nurses and had the opportunity to acquire a more realistic and in-depth understanding of the role of the registered nurse and knowledge of the reality of the workplace. However, within the 11 months' experience as a registered nurse, these beginning practitioners'

perceptions of their abilities changed. Their confidence levels increased as they realised they were able to perform the role of the registered nurse at an advanced beginner level. This is an anticipated and expected outcome thus validating the method of their preparation.

### 6.5.2 Relevancy of Content

Participants in both Stage One and Stage Two indicated that only those courses considered to be clinically relevant should be included in the program. This perception supports Platt's (2002) concept that the students may find it difficult to appreciate the relevance of some aspects of the curriculum. It follows that learning that occurs in the university must have application and meaning for the participants in the practice setting. This reinforces the concept of the zone of proximal development in relation to the learning of new skills by: encouraging students to learn by practicing in laboratory sessions; undertaking clinical experience in a relevant practice setting, applying theory to practice and ensuring that the experiences are meaningful and authentic, from the students' perspective. Nurse academics and clinicians must scaffold learning experiences to enhance learning and assist the students to learn new competencies and acquire knowledge. Scaffolded support is needed to assist students to understand and develop critical thinking skills.

The high level of significance attributed to psychomotor skills from the viewpoints of both the registered nurses and participants illuminated their perceived conflict that exists between theory and practice. Students attribute little credence and value to non psychomotor skills, as evidenced by their comments in relation to the irrelevancy to intrinsic skills such as communication skills, a professional approach, gerontics, and cultural awareness. Devaluing of content in relation to perceived non-clinical skills was based, by participants, on the premise that these skills were not

important. However, value and relevancy of such content were acknowledged by new graduates as they became more confident in their own technical abilities and their focus moved from merely performing tasks to clinical decision-making and problem-solving, that is, the real domains of the scope of practice for registered nurses.

This recognition of the importance of these skills demonstrates the importance of linking theory with practice and supports the constructivist thinking that constructing meaning is mental, demonstrating that skill acquisition is insufficient. This supports Benner's (1984) claim that as this new understanding occurs beginning practitioners begin to develop new rules to manage, thereby enabling them to progress to the next stages of proficiency and have a greater understanding of the situation by drawing on skills such as problem-solving and critical thinking.

Beginning practitioners commented that they should have been taught how to communicate with patients and relatives, especially when the patient was very ill. Despite the fact that such communication skills are taught in the program, they felt there was more emphasis on the acquisition of technical skills and not enough on the development of communication skills. This difficulty with communication skills, despite having undertaken two courses in mental health and one in communications, supports Benner's (1984) and Seed's (1994) contention that students are so engrossed in developing psychomotor skills required by the various tasks that they find it difficult to relate to patients as individuals. An implication is that students may learn in one domain at a time, for example, learning the skill but not understanding or paying attention to theory underlying that skill. This may be an explanation why students experience difficulty in transferring knowledge and skills.

Nurse academics must address the issue to ensure that beginning practitioners recognise the importance of all skills necessary to deliver quality patient care by creating opportunities for the students to engage in authentic and meaningful activites in the university. Providing cameos of clinical situations for the students to analyse, role-play and discuss is a teaching strategy that will assist in developing skills such as communication (including active listening and nurse-patient relationship), problem-solving and reflection. Beginning practitioners stated they began to apply theory to practice in the nursing practice setting when it *all started to make sense for them.*

### 6.5.3 Theory-practice Connection

The theory-practice debate has been a focus of discussion since the transfer of nurse education to the tertiary sector. This study has highlighted that in the beginning stages new graduates did not have *the time to think about the theory* as their focus was on the completion of tasks. Evidence of the development of tacit knowledge was demonstrated as the participants acknowledged that they began to relate theory to practice when they believed they had mastered the necessary psychomotor skills. As their knowledge level and confidence increased they realised they had acquired the knowledge to make informed decisions, became confident to make clinical judgements, and could "stand up and be counted" when challenged by a health care professional.

Recognition of their knowledge level as graduates was reinforced when an experienced registered nurse complimented them on making an informed decision or managing their time successfully. When this acknowledgement was received, graduates believed they were accepted as a registered nurse, thus contributing to a higher level of self-esteem and self-efficacy by boosting their confidence. This recognition from a registered nurse, demonstrating warmth and responsiveness and a

perceived engagement with the graduate's further learning, is important to the graduates. This acknowledgement demonstrates that the context of nursing practice delivers a powerful message about what registered nurses value and what they do not value, in terms of the beginning practitioner's ability to function as a registered nurse and be seen as being "useful".

While theory was seen to be important, not surprisingly, a key finding to emerge from this evaluative study was that participants believed more clinical experience was needed during their preparation. However, it is a concern that some students, clinicians and administrators believe that the length of the clinical placement, rather than the quality of the experience, is a significant criterion for judging the adequacy of clinical experience. Equating the length of the clinical placement with adequacy reinforces the perception that psychomotor skills are the most important aspect of nursing practice. This finding supports the contentions expressed by Chun-Heung and French (1997) and Cheek and Jones (2003) that for student nurses, the practice setting is the most influential context when it comes to acquiring skills and knowledge. For participants, clinical experience had the texture of reality, providing what they perceived were authentic learning experiences. During clinical experience participants experience a dissonance between the university "reality" and the practice "reality" as being the difference between the real and the ideal, perpetuating this tension between theory and practice. Despite these factors, participants stated that it only took about a month after commencing practice to compensate for this perceived limitation.

Preparation for practice must not be seen as the sole responsibly of nurse academics. Registered nurses in the practice setting must also provide learning opportunities, and time to allow students and new graduates adapt to the practice

setting. Clinical experiences should be carefully structured to situate theoretical learning in practice and to promote reflective practice. This will encourage students and beginning practitioners to learn in and from practice. It will also assist with validation of their actions and abilities as they have the opportunity to discuss the management of their nursing care and reflect on their actions. It will allow for joint problem-solving and intersubjectivity, thereby allowing graduates to enhance their nursing practice and foster their decision-making skills.

New graduates nominated strategies that would enhance clinical experience which included increasing the length of time spent in the practice setting; the proximity of clinical experience in relation to the learning of new skills; being allocated a patient load allowing follow through with the nursing care; acceptance from the registered nurses; and more information from nurse academics. These perceptions raise several issues and challenges for both clinicians and nurse academics.

Tertiary education equips these nurses with the broader skills to develop critical-thinking skills, problem-solving and communication skills and function as informed nurses in their role in the multidisciplinary heath care team, manage changes in technology, and progress on the continuum to expert clinician. As new graduates practitioners become more comfortable in their role as registered nurses, they begin to link theory with practice, and come to value what they had learnt in the academic setting. They feel safer and more confident in their knowledge and skills, and are prepared to contribute to informed decision-making.

#### 6.5.3.1 Pedagogy

The pedagogy of the nurse academic will determine the teaching strategies used. Nurse academics need to consider how students learn and make sense of their

learning. Reflection on experiences will assist in developing skills to acquire new knowledge and understanding. An appropriate learning theory should underpin the curriculum as opposed to a concentration on the concept of a theory-practice gap that perpetuates the tension between nurse academics, nurse clinicians and nurse administrators. The use of adult learning principles will challenge the traditional pedagogical way of teaching and encourage students to accept responsibility for their own learning. The articulation of a learning theory such as constructivism focuses on the student's ability to mentally construct meaning of his/her environment and assist with the transfer of knowledge from one context to another.

Participants felt overwhelmed at times by the volume of information given in the university context. They also believed that because the content has been delivered, nurse academics felt that students should retain all that information. This action works against encouraging students to accept responsibility for their own program learning and self-directed learning. This indicates that the traditional nurse educator is teacher-centred with little thought of how the student is learning (French and Cross as cited in Jinks, 1999), rather than being a progressive teacher focusing on the student, adopting adult learning principles and encouraging life-long learning.

Brooks and Brooks (1993) assert the role of teachers and learners is to provide the setting, pose the challenges, and offer support that will encourage authentic learning. The need is for flexibility and adaptability. It suggests that the requirement for critical-thinking and life-long learning skills be embedded throughout the nursing educational program so that the beginning practitioner will not be only a technical expert, but a critical thinker, problem solver and reflective practitioner and life-long learning.

### 6.5.4 Summary

The perceived achievement of the program objectives demonstrates that, as beginning practitioners, confidence level decreased in the first four months but improved in the ensuing six months as their confidence increased and they began to relate theory to practice.

The discussion in relation to the so-called theory-practice gap led the researcher to question why the perceived theory–practice gap is a major issue, despite the plethora of literature to support it. The researcher proposes that a theory-practice gap is a normal phenomenon in the learning process and must be present to ensure continued learning. Without a theory-practice gap, no further learning would take place. This applies to the expert as well as the novice and is consistent with Benner's (1984) novice to expert model.

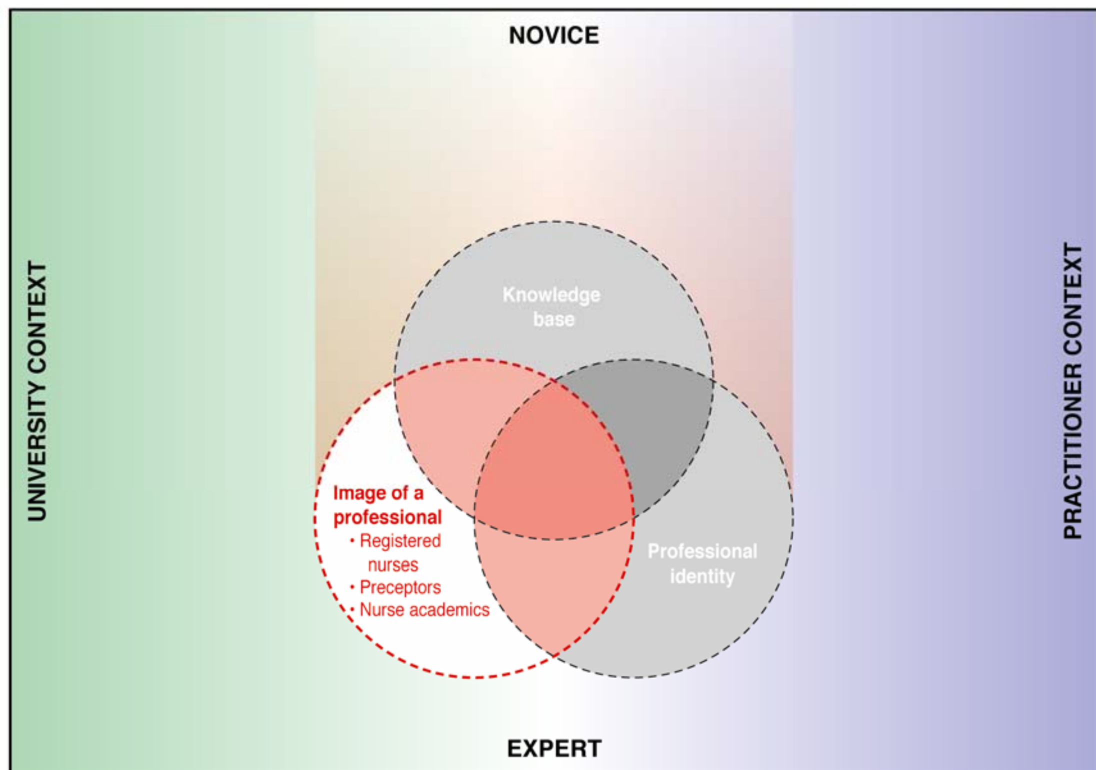
In the initial stages of commencing as beginning practitioners, they concentrate on the activities and tasks that help them to survive. As they become more confident in their own abilities they allow themselves to 'unpack' the knowledge they have and consciously apply theory to practice, thus addressing the theory-practice gap. From this discussion it may be concluded that if a theory-practice gap does not exist, questioning, learning, and reflective practice will not occur, thereby hindering the learning process. Attention must continue to be given to how students perceive learning will be conducted, what learning will occur and why learning is important. This thinking aligns with the fact that as adult learners, students acquire knowledge and skills that are relevant to their educational needs, and that the learning is authentic for them.

## 6.6 Image of a Professional

The way in which students/graduates view nurse professionals forms the basis of their image of a professional. Attitudes of nurse academics contribute to the image of a professional. Participants identified the attributes of a professional. It was extrapolated from the data that both students and new graduates were affected, positively or adversely, by the attitudes of registered nurses, preceptors and nurse academics. Beginning practitioners appeared to be more adversely affected by the attitudes of registered nurses as they commenced in the role of registered nurse as opposed to their experiences as students. Students, while undertaking clinical experience, felt "protected" by the preceptor, thus contributing to a positive experience. The outcomes of these positive or negative attitudinal experiences, as perceived by participants, will contribute to the participants' development of an image of a professional.

Figure 6.1.2 illustrates the position of the image of a professional within the context of conceptual understanding in relation to the preparation for beginning professional practice. As seen from the model it intersects with the acquisition of a knowledge base and construction of a professional identity. This is significant for new graduates who are fragile neophytes making the transition from student to registered nurse.

**Figure 6.1.2 Image of a Professional**




### 6.6.1 Registered Nurses

Attributes of a registered nurse, as identified by participants in Stage One, provided insight into how they viewed registered nurses and also the attributes they considered necessary to function as a registered nurse. Participants appreciated and responded positively to registered nurses who were very helpful, supportive and adopted a collegial approach. This feeling of connectedness between experienced nurses and themselves made the transition from student to registered nurse much less stressful, and enhanced the beginning practitioners' self-esteem and confidence as they adjusted and adapted to their new role as registered nurses. It also reinforced their image of a professional.

Registered nurse statements indicating that they believed new graduates were *really quite useless* exerted a negative effect on the beginning practitioner, resulting in creating feelings of low efficacy and self-esteem for the graduates. As well as this, these feelings of uselessness, as expressed by new graduates, led to their feelings of unpreparedness for their role as a registered nurse rather than as a beginning practitioner. The new graduates, when establishing themselves as a knowledge worker, stated that they felt intimidated when their own theoretical knowledge was doubted or when it was stated that their knowledge did not count because of their university education. The relationships between the registered nurses and beginning practitioners must be nurtured to enhance professional collegiality rather than professional negativity.

Assisting in the development of a professional image is establishing a context conducive to learning. The sharing of expert knowledge (Ethell & McMeniman, 2000) and promoting reflective practice will assist in creating such a context and assisting the beginning practitioner in adapting to the role of registered nurse. For clinicians, the use of reflective practice will encourage them to share their knowledge with students and beginning practitioners. In the clinical setting, the beginning practitioner must be given the opportunity to share in the clinical experience without the expectation of functioning at the level of the experienced registered nurse.

Nurse academics also have an integral role in facilitating reflective practice for all involved in the educational process, recognising that reflective practice is a skill which needs to be "taught". Engaging in reflective practice from the beginning of the program will encourage students to adopt it as a daily routine, and incorporate it into their everyday practice, assisting with clinical reasoning. Nurse academics must revise their current practices to incorporate the use of reflective practice into the

learning/teaching process to guide their own teaching, and facilitate students to reflect on their learning and hone their skills in problem-solving and critical thinking.

Students indicated that the use of critical incidents assisted them to reflect on their actions in certain situations. This supports Schon's (1983) contention that using opportunities to link theory with practice when they use critical incident technique promotes reflection on action. However, there was not strong evidence that participants engaged in reflective practice, either as a student or as a new graduate. A result is that opportunities to help students bring together practice and knowledge, thereby encouraging a greater understanding, are lost. This has major implications for the program as the students/new graduates become anchored in performing tasks rather than becoming an integral partner in clinical decision-making and applying theory to practice. Encouraging reflective practice during and after clinical experiences will assist students to make sense of their experiences and enhance learning. More use of critical incidence technique must be encouraged to enhance reflective practice.

The data suggests that for students/beginning practitioners, the relationships and attitudes of preceptors, registered nurses and nurse academics and the culture of both the university and the nursing practice setting all impinge on learning, acquisition of knowledge, and contribute to shaping their professional identity and image. The attitudes of registered nurses created tension when they expressed negativity in relation to the students'/graduates' preparation for beginning professional practice. This had the effect of undermining the beginning practitioners' confidence, as evidenced by their comments. Beginning practitioners enter the field with a trust that they will be accepted into the practice setting.

As Benner (1984) highlights, this trust is easily destroyed by negative stereotyping of new graduates by registered nurses. A context of distrust was created for the new graduate, thereby affecting the beginning practitioners' performance, learning and confidence and contributing to reality shock. If the new graduates feel "under threat", there will be a negative impact on their learning. As highlighted in the literature, Vygotskian theory (Hein, 1991; Jaramillo, 1996; Schwandt, 2000) emphasises the importance of the context in relation to learning and the interaction with people. A deficit in these interactions will lead to missing opportunities to use scaffolding, for example, using joint problem-solving, intersubjectivity, and warmth and responsiveness.

### 6.6.2 Preceptors

Registered nurses, in their role as preceptors, were supportive and encouraged students. This was evidenced by students' comments such as, the preceptor *gave me every opportunity to learn and practice my skills and utilise my knowledge.* However, beginning practitioners did not express the same appreciation of the allocation of a preceptor in the same way as the students. The positive reactions towards preceptors changed, despite the beginning practitioners' lack of confidence and lowered self-efficacy in the initial stages of beginning practice. The beginning practitioners experienced a sense of frustration as they were not accorded the recognition of their change of status from student to registered nurse. This may be viewed as an unrealistic perception on their part of their abilities as the allocation of a preceptor, in the initial stages, assists the beginning practitioner to adapt to his/her new role as a registered nurse.

The incongruity of this attitude reflected the unrealistic expectations about their level of ability of the beginning practitioner, with the potential of creating tension between themselves and the registered nurses. The concern expressed by the new graduates in relation to their feelings of "reality shock" indicated that nothing prepared them for the shock of the realities of the practice setting. This study highlighted that beginning practitioners, registered nurses and academics must acknowledge these unrealistic expectations so that new graduates do not contribute to their own tension and reality shock when they start as registered nurses. All involved in the educational process need to check their assumptions about reality, voice concerns and articulate expectations in order to address these unrealistic expectations and develop strategies to address these issues. This would assist in a shared understanding.

### 6.6.3 Nurse Academics

Nurse academics also play a role in the development of an image of a professional. When academics tried to prepare students for the roles and responsibilities of the registered nurse and the realities of the workplace that is complex and diverse, the participants perceived this to be a scare tactic to create anxiety. Nurse academics have a duty of care to ensure that students are informed and prepared, as much as is possible, for their role as a registered nurse. The researcher suggests that rather than the information itself, it is the manner in which the information is delivered that may be the problem. For example, a tone of voice that injects fear or focussing on consequences rather than providing strategies and information to assist the beginning practitioner to deal with situations, will create anxiety and may contribute to developing a negative image. As previously indicated, the use of scenarios would provide an avenue for authentic learning situations that

would enable the students to gain a deeper understanding of the role of the registered nurse.

To address this problem of unrealistic expectations meaningful dialogue must take place between nurse academics, clinicians and administrators to establish a common ground and determine strategies for resolution. An environment must be created in both the university and clinical setting so that the students and new graduates feel that they receive sufficient support and direction for learning. Encouraging and guiding students to reflect on their clinical experiences in a university situation would create a climate in which students could discuss their various experiences, affirm and validate their feelings.

### 6.6.4 Summary

Registered nurses and nurse academics each play an important role in developing a professional image to which the beginning practitioner can relate and aspire, during and after completion of the program. When registered nurses and academics support the new graduates as they face fresh challenges, graduates are in a better position to understand the situation, thereby alleviating stress and making for better practice. Issues are dealt with as they arise and the new graduates learn in and from their practice. The sharing of registered nurses' expert knowledge with the beginning practitioner contributes to his/her learning as they begin to construct their own meaning.

The expectations of all parties must be articulated and addressed to reduce the miscommunication that currently exists. It would also give the new graduates a sense of security and a feeling of safety, assisting them to deal with the reality shock and functioning at a level commensurate with an advanced beginner. The manner in which information is imparted to the student/beginning practitioner served to increase

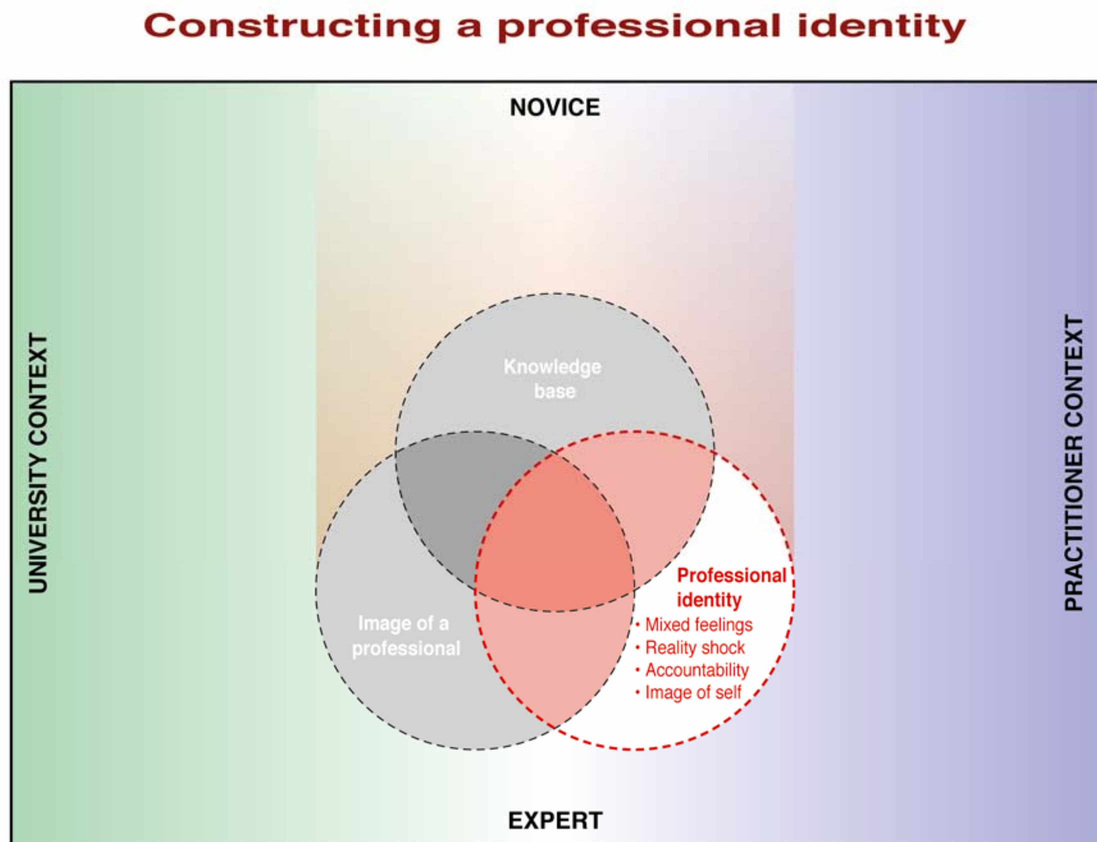
anxiety and tension. This is significant as anxiety prevents new graduates feeling safe enough to transfer their theory to practice. Embedding the information in course content may reduce this anxiety and tension. The image of a professional begins to develop in the early stages of the program. Students will build on this image based on their own experiences both in the university and practice settings

## 6.7 Constructing a Professional Identity

The construction of a professional identity is inextricably intertwined with the development of an image of a professional, and the acquisition of a strong knowledge base within the contexts of the university and practice settings. The construction of a professional identity is important for the beginning practitioners as they begin to function as registered nurses, beginning to progress through the five stages of proficiency.

Not surprisingly, as the beginning practitioners made the transition from student status to registered nurse they experienced different feelings in relation to their skills and role within the health care team. The construction of a professional identity is based on the elements that were extrapolated from the data. Figure 6.1.3 illustrates constructing a professional identity in relation to the other concepts.

**Figure 6.1.3 Professional Identity**




### 6.7.1 Mixed Feelings

Feelings expressed in Stage One were a mixture of excitement, happiness, and nervousness. These feelings were not surprising as participants entered each new phase of their learning and their confidence increased. At this stage, the students, overall, expressed a readiness to enter the field of nursing. This was evidenced by comments such as *I am now ready to begin as a registered nurse* and *I will be OK.*

In Stage One participants displayed a relatively high confidence level in their own ability as their clinical performances had been evaluated within the context of their level of education and against the predetermined standard of the ANC competencies at a beginning level. These evaluations are legitimate within the context of their clinical performance and level of education, but it may be argued that

it has the effect of creating a “false confidence” for the beginning practitioner as they enter the field of nursing practice. However, it may be seen as a reflection of them ‘not knowing what they don’t know’ as they were not being fully conversant with the role of a registered nurse. In contrast, the perceived readiness of the student changed as the beginning practitioner experienced feelings of being overwhelmed, uncertain and fearful of causing harm to the patients. New graduates were often placed in situations for which they had little experience and were uncertain how to act.

An example of a situation that highlighted graduates’ uncertainty and not knowing how to act was illustrated by the designation of “senior” registered nurse on duty and being required to manage very ill patients. A criterion used by beginning practitioners to assist with coping in these situations was that *the patient did not die* or *I did not kill anyone.* This is evidence of their feelings of being overwhelmed and exhausted and having to *develop emotional armour* to protect themselves from becoming over-anxious. Recognition of their limitations and a situation where patient care was potentially comprised prompted the beginning practitioners to seek assistance from a more experienced registered nurse. However, assistance was often denied because of unavailability of experienced registered nurses. This is a reflection of the current nursing shortage, forcing the new graduate into the competent stage rather than advanced beginner. An implication of being expected to function at this competent level in such situations is that new graduates are placed in a position where they are required to function outside the level of their capabilities and scope of practice. This has potential legal implications.

To address this situation registered nurses and nurse academics need to work in partnership to devise strategies to assist the beginning practitioner to manage the most commonly faced situations and assist to make this transition. While it is

understandable that this situation would arise, it is impossible for a program to prepare the beginning practitioner for every situation because of the complexity and diversity of the practice setting. Despite this, every effort must be made to prepare the new graduate as well as possible by exposing them to complex and diverse workplaces and basing self directed learning activites on real case scenarios.

A suggested resolution for this situation is the introduction of clinical internship which would assist the beginning practitioner to “ease” into the role and become more confident in his or her own abilities. It would also allow for quality assured supervision.

Based on their student clinical evaluations it is not unrealistic for the new graduates to feel confident, but it must be recognised that their level of confidence will decrease in the initial stages of beginning practice, as they judge their own abilities against those of the registered nurse. Realisation that they are not functioning at a level of expectation despite being new graduates creates reality shock and slows the construction of a professional identity. This has implications for the profession in terms of retention: some new graduates will choose to leave the profession rather than deal with this situation. The expressed feelings of the graduates as a reflection of their reality shock support Benner’s (1984) notion that the beginning practitioner will experience such feelings. Although this reality shock was acknowledged, it did not provide comfort to the new graduates as they commenced in their role as a registered nurse and, it should not be dismissed as unimportant.

### 6.7.2 Reality Shock

Even though it is now 30 years since Kramer (1974) outlined the elements of reality shock, new graduates are still experiencing it. In Stage One of this study, the participants did not describe symptoms of reality shock. It is suggested that this is not

unexpected because, as students, they are not and cannot be fully immersed in the practice setting proceedings. In addition, preceptors tend to adopt a 'protective' role toward the student. However, the situation changes after commencing beginning practice with the new graduates feeling overwhelmed, exhausted, frightened and scared. All these feelings are illustrative of reality shock.

What contributes to this reality shock are the unrealistic expectations of registered nurses and the new graduates themselves regarding the ability of the new graduate. Beginning practitioners acknowledged that they could not fully appreciate the role of the registered nurse until they were immersed in that role stating that, although they had clinical experience during the program, they did not know how much the preceptors *cleaned up behind them.* Factors which may contribute to this are that students cannot fully understand the role of the registered nurse, it is not fully explained or demonstrated or the students do not observe it.

For those participants who were given a patient load on their final clinical placement, the reality of the workplace was less overwhelming and they were able to gain a more in-depth knowledge of what was expected as a registered nurse. An obvious strategy is for all students to be allocated a patient load on their final clinical placement allowing them to be responsible for patient care. Some registered nurses resisted doing this. Whatever the reasons for this resistance, it is ironic that registered nurses do not take advantage of this final placement by providing students with the opportunity to be responsible for a patient load when they have the support of a preceptor. The opportunity to have a patient load will assist the students to make the transition to registered nurse and contribute to the amelioration of reality shock.

Other factors cited that make reality shock a real phenomenon for the beginning practitioners are juggling patient care and management of the “administrative aspects” which include ward and time management. While the graduates felt they had the knowledge, the contextual reality of the practice setting had a significant effect. The beginning practitioners were expected to function at the same level as the experienced registered nurse because they were seen as holding the same qualifications, but, of course, the beginning practitioners do not have the same skill level.

Reality shock has the potential to inhibit learning and, as the literature indicates, learning will not take place if the person is feeling under threat. It must be recognised that the new graduate cannot be fully prepared for every eventuality, but they must be given the opportunity to acquire skills to assist them to better deal with each situation as it arises. The new graduates need to be able to actively participate in the environment in ways that are intended to help them construct their own knowledge (Hein, 1991; Jaramillo, 1996; Schwandt, 2000).

Nurse academics must make every effort to equip the beginning practitioner with the skills to help them cope with reality shock, recognising that it is not possible to eliminate it completely. The beginning practitioner is likely to experience reality shock with a theory-practice dissonance in that clinical settings have different rules and objectives from the educational establishment. This is a challenge for nurse academics who need to attempt to bring these closer together and deal with the mismatch in expectations.

The unfamiliar responsibility of ward management in relation to administrative policies and procedures, and the difficulties of not having easy access to answers as related questions arose caused concern. Being unfamiliar with ward

management had an effect on time management as the beginning practitioners have to juggle both of these aspects without real understanding of their position. Ward management issues are further compounded as the new graduate must not only learn about the new practice setting but also the health care institution itself in which this practice setting is operating.

Mastering these skills, as evidenced by the comments made by the participants, was important to the beginning practitioner, not only so that they could fulfill their role as a registered nurse, but also in constructing a professional identity and contributing to the development of an image of themselves as a professional. From a constructivist point of view, it is crucial for them to participate and interact with the surrounding environment so that they create their own view of the situation and therefore function in that situation. A strategy that has the potential to assist the new graduate is clinical internship and mentoring which would provide more opportunity for inducting them into the practice setting under the guidance of an experienced registered nurse.

### 6.7.3 Image of Self

Image of self links closely with the concept of self-efficacy (Bandura, 1997) with participants indicating that in Stage One they had a strong image of self, contributing to the beginning construction of a professional identity. They felt adequately prepared and ready to enter the field as a beginning practitioner. This may be a naïve evaluation, but realistic, as a strong self-image was commensurate with their level of education and demonstrated competence. On entering the field as a beginning practitioner their level of confidence decreased when they initially experienced the role of the registered nurse, affecting their image of self.

The graduate survey attested that the graduates had a loss of confidence in their ability in the achievement of the program objectives. However, the participants who were interviewed 11 months after completion of the program expressed feelings of confidence and competence. They felt that they were now thinking and acting as a registered nurse. This supports the notion that adults are relevancy-oriented; they must see a reason for learning something and they are practical, focusing on the aspects of a lesson most useful to them in their work. It also supports the notion that learning is contextual, learning in relationship to what else the graduates know; thereby linking theory with practice.

### 6.7.4 Summary

New graduates need to develop and consolidate their professional identity while often struggling to reconcile competing images of their role. The effect of reality shock in the beginning stages of becoming a registered nurse is very real. Nurse academics and clinicians must be cognisant of this and develop and implement strategies to minimise the effect for the beginning practitioner. As graduates become more confident in their role as registered nurses, feel comfortable with their own knowledge and link their learning with what they already know they will begin to construct their professional identity.

## 6.8 Reflective Thoughts

This study allowed participants to reflect on their preparation for beginning practice, assisting them to make sense of their educational preparation and affirm that they had been prepared *as much as they could be* for beginning professional practice. Despite this view, an overwhelming response was that more clinical experience should be undertaken during the program. This is consistent with the prevailing

notion that the acquisition of psychomotor skills is of paramount importance and, theoretical knowledge belongs in the university.

Students perceived the practice setting to be the "real world" and suggested strategies that could be incorporated into the program to help prepare them *for the real world.* These included offering more laboratory sessions basing them on real practice scenarios. Although scenarios based on actual case studies are currently used it is important that nurse academics continue to encourage and provide opportunities for learning and practising all skills. These strategies will assist beginning practitioners to gain the skills to link theory with practice; thereby bringing the two zones, the university and the clinical setting, closer together. Creating contexts conducive to learning will assist students/graduates to apply theory to practice.

## 6.9 Preparation for Beginning Professional Practice

The development of the conceptual framework (figure 6.2) for the preparation for beginning professional practice is based on the elements that evolved from the study and focuses on the perceptions of students/beginning practitioners in relation to their preparation for beginning professional practice. These elements include:

- university and practitioner contexts
- novice to expert
- knowledge base
- image of a professional
- professional identity.
- reflective practice

The Framework based on the novice to expert paradigm highlights the novice-to-advanced beginner, acknowledging the level of proficiency to which the program

purports to prepare the graduate for beginning professional practice. Growth from novice to beginning practitioner will occur in both the university and practitioner contexts with the reliance on the university context as the primary influence in the early stages, decreasing as the educationally prepared student moves to advanced beginner status. The preparation and progression from novice to advanced beginner are dynamic, ongoing and gradual processes.

**Figure 6.2 Professional Practice**

The significance of the broken lines forming the circles indicates the dynamic nature of the model allowing for content to be included or deleted which, on reflection, will enhance preparation for beginning professional practice. Recognition of prior learning is also considered allowing a student to enter the program at stages other than at the commencement of the program. An example would be when a

student will enter the program who is an enrolled nurse and who has undertaken formal nursing education.

Explicit in this model is that reflective practice is pivotal to learning and links the acquisition of a knowledge base, image of a professional and construction of a professional identity. As the literature suggests, reflective practice is an important aspect of learning thus assuming a central position within the learning loop as it relates to authentic tasks, acknowledging that it will not be understood without reference to the context in which it occurs. Learning and actions subsequently taken will be influenced by outcomes of reflective practice which will assist with critical-thinking and problem-solving. Reflection enables the use of particular strategies to be encouraged, some to be targeted for change and others to be dropped from the students'/graduates' repertoire.

The framework addresses the perceived theory-practice gap by demonstrating the acquisition of a strong knowledge base fostered in both the university and practitioner contexts. An element of scaffolding provides opportunities to reflect on both theory and practice to assist learning. It demonstrates that theory and practice are inextricably linked within each context thus providing for authentic learning. The transition from novice to advanced beginner will be enhanced by the development of an image of a professional and the construction of a professional identity.

Implicit in this framework is the spirit of partnerships between nurse academics and clinicians which are needed to provide contexts that are conducive to appropriate learning. In keeping with constructive thinking, nurse academics and registered nurses must forge strong partnerships to assist student/graduate learning. Integral to the preparation for the beginning professional practice is the joining of forces of education and practice. This could be achieved by embracing the goals of

scaffolding, joint problem-solving, intersubjectivity, warmth and responsiveness, working within the ZPD and promoting self-regulation as the basis for developing strategies. This would enhance collaboration and engagement in meaningful and authentic learning.

## 6.10 Concluding Thoughts

Emerging from the findings of this evaluative study is that despite experiences and receptions of some staff to them new graduates perceive, after an eleven-month period of functioning as a registered nurse they were educationally prepared for beginning professional practice. They valued the knowledge, both theoretical and practical, that they acquired during their preparation for beginning professional practice and, in fact, had completed the transition to an advanced level.

The keystone of the Bachelor of Nursing program is providing the professional education for preparation for entry into practice. The beginning practitioner must acquire disciplinary knowledge that will help to ensure that they will be both “fit for award” and “fit for practice” in conjunction with acquiring clinical wisdom based on learning from experience in the clinical context. New graduates need to know that they will enter a workplace in which they will not be able to meet all their expectations and those of the health care setting. Both experienced registered nurses and the beginning graduates must recognise that a beginning practitioner will not have the same level of skills and knowledge as the expert. An opportunity exists to establish strong and sustainable partnerships for clinicians and nurse academics to work together to ensure a less traumatic transition from student to beginning practitioner within a framework of collegiality and goodwill.

New graduates, after undergoing the educational program to prepare them as beginning professional practitioners, not only have to further develop technical skills, they also have to learn the nature and scope of their practice as a registered nurse, including clinical decision-making skills. They are expected to know what is expected of them; how to manage a workload and time pressures, plus other job related stressors, while learning how to function and relate to other registered nurses and members of the health care team. As well as acquiring psychomotor skills, opportunities must be made to assist students in developing critical-thinking, problem-solving and communication skills.

New graduates face many new and different scenarios taking time for them to become fully cognisant of their role as a registered nurse, and fully employing the knowledge and skills they have acquired during their preparation for beginning professional practice. These graduates demonstrated a strong knowledge base that equips them to function at an advanced beginner level. However, they tend to devalue this knowledge in the early stages as they lose trust in the practice context because of the unrealistic expectations of the registered nurse and negative stereotyping. While preceptors are held in high regard by students, the attitude of some experienced nurses further adds to the beginning practitioner's feelings of being useless when his/her educational preparation is devalued. This indicates that in fact the expectations of the registered nurses are a major unexplored issue which requires deeper exploration.

Despite unrealistic expectations of some registered nurses, new graduates themselves also expressed unrealistic expectations that they should be able to function at the same level as an experienced registered nurse, thus forcing them to a perceived higher level of proficiency. Reality shock must be acknowledged and recognise that, to some extent, the beginning practitioner will experience it. This could be reduced if

all concerned adopt a more collegial approach in terms of assisting the new graduate in making the transition to the role of the registered nurse. Beginning practitioners base their self-mage on the recognition of the experienced clinician's comments; this may have a positive or negative affect, depending on the perception of and interpretation by the participant.

It behoves all involved in nurse education to implement strategies that will assist in the reduction of this phenomenon, recognising that it will not be overcome completely as the beginning practitioners adapt to their role as a registered nurse. The current nursing shortage creates problems of its own, with significant implications such as reduced supervision for both students and new graduates and the placement of new graduates in situations for which they have not been prepared.

The nursing profession must address the tension and view differently the concept of the perceived theory-practice gap, and not use it as a tool to undermine nursing education and in turn the self-esteem of the beginning practitioner. The theory–practice gap is a natural phenomenon reflecting ongoing learning and how people learn. For continued learning, there must be a theory-practice gap to allow for understanding and new knowledge creation for the beginning practitioner. The nursing profession must value one another's work

The current Bachelor of Nursing program does not have a well-articulated learning theory. This study highlighted the importance of a learning theory to underpin the undergraduate nursing curriculum. Thus, the adoption of a learning theory based on adult learning principles and constructivist thinking would place emphasis on the student as the integral player in the educational process. In light of this, nurse academics need to examine their own teaching methods to determine what

strategies they would need to employ to address adult learning principles more appropriately.

All involved in nursing education have a responsibility to ensure that the students are educationally prepared, in the best possible way, for their role as a beginning practitioner to meet the demands of the twenty-first century. It is not the aim of the Bachelor of Nursing program to produce expert practitioners on graduation, but to prepare a well educated beginning practitioner for the twenty-first century. The twenty-first century nurse is being prepared for a workplace that is complex and diverse, making it impossible to prepare them for every practice setting because of their complexity and diversity.

# Chapter 7: Moving Forward

## 7.1 Introduction

This evaluative study of an existing educational process, (the Bachelor of Nursing program), was embarked upon to gain an understanding of the perceptions of students/graduates in relation to their preparation for beginning professional practice. It was established that ninety-nine percent of participants believed they were prepared for beginning practice. The study illuminated factors that impinged on their preparation for practice leading to formulation of recommendations for moving forward.

An executive summary outlining the recommendations, discussion of recommendations, limitations of the study, proposal for further research and a personal reflection are presented.

## 7.2 Executive Summary

The emphasis on the importance of understanding the students'/graduates' perceptions of their preparation for beginning professional practice was the focus of this study. Constructivist theory and illuminative evaluation each emphasise the importance of the context in which learning takes place and how that context which is complex and diverse has an impact on what is learned. Embedded in this thinking is the importance of interaction with people, the focus on the student in the teaching learning process, and the context for providing opportunities for authentic learning.

Emerging from the findings is the importance of preparing the new graduate for the twenty-first century to meet the complexities and challenges of the workplace rather than perpetuating the twentieth century notion that technical skills are of paramount importance. In addressing this, the education program which is enacted

in both the university and practice setting and, therefore, the responsibility of both, needs to be underpinned by pedagogy for adults.

The recommendations are based on the premise of strong partnerships, adult learning principles, curriculum development and reflective practice. Each of these recommendations is linked and interdependent.

## Recommendations

### 1 Build strong partnerships between the university and health care facilities

The university has the responsibility to ensure that at the completion of the program new graduates are 'fit to practice'. This includes ensuring the enacted curriculum meets regulation standards and providing sufficient resources. Nurse administrators in both the public and private sectors have a responsibility in the education of the future workforce and thus ensure that a practice context conducive to learning is provided. Establishing partnerships and working together will assist in creating environments in which students/new graduates will continue to learn and grow.

### 2 Build strong partnerships between nurse academics and clinicians

Strong partnerships must be established between nurse academics and clinicians to assist the new graduate to enhance the transition from student to registered nurse and be accepted into the clinical world of the expert practitioner. This would assist in addressing the tension that currently plagues the nursing profession and allow us to move forward, thus reuniting nurse education and practice.

**3 Foster an ethos of guided practice**

Guided practice/mentoring by the experienced nurse would assist in the induction of the advanced beginner into the role of the registered nurse. It would contribute in further knowledge acquisition, development of an image of a professional and the construction of a professional identity.

**4 Adopt pedagogy for adult learners**

The context for learning is in both the university setting and the practitioner setting. The adoption of adult learning principles which highlight the principles of motivation, choice and accepting responsibility for self-directed learning will ensure that the focus is on the student and his/her learning rather than on the teacher. Teaching strategies designed to ensure that experiences are authentic and meaningful will meet Andragogy and constructivist models of teaching aims which include creating environments where the students actively participate in ways to help them construct and acquire knowledge.

**5 Develop a curriculum that will reinforce student-centeredness**

A curriculum based on a clear articulation of adult learning principles and teaching strategies that will focus on the developmental and learning needs of the student should be developed. As previously noted constructivist learning environments will enhance and encourage students to be actively engaged in authentic learning and reflect on their interpretations of their experiences.

**6 Incorporate reflective practice as an integral learning tool**

The use of reflective practice will encourage the beginning practitioners to apply theory to practice thus allowing them to understand their practice. It must be recognised that reflection on practice is a skill which needs to be taught and is a

learning tool that has the potential to enhance students' learning and facilitate authentic learning based on adult learning principles.

## 7.3 Discussion of Recommendations

The recommendations are formulated in anticipation that, if implemented, will assist the nursing profession to work together to prepare beginning graduates for the twenty-first century.

### 7.3.1 Build Strong Strategic Partnerships Between Universities and Health Care Facilities

The conduct of the educational program is dependent on the resources of both the university and health care facilities that contribute to the clinical education of the students by offering clinical placements and supervision. The overall resource management of both these contexts is guided by the respective institution's policies and procedures.

As highlighted in the data, participants indicated that more clinical experience should be included in the program, acknowledging that this would increase the cost of clinical supervision. The cost of this supervision continues to increase creating a problem for universities. This is an issue for both the university and health care facilities and by working together could develop strategies to prevent costs becoming prohibitive.

Universities are prepared to meet some of these costs, but the Federal and State governments and the private sector need to accept more responsibility for nurse education by supporting clinical education either financially or in kind. An implication of increasing costs is that universities may need to reduce the time

currently allocated to clinical experience thus compounding the concern for all involved in the preparation.

### 7.3.2 Build Strong Strategic Partnerships

It became apparent from the findings that students/graduates perceive a dichotomy between learning in the university and learning in the practice setting, that is, they view it as the "ideal" versus the "real" which tends to lead to the perception of a theory-practice gap. It is crucial that nurse academics and registered nurses/preceptors work together to form strong, sustainable and strategic partnerships to ensure that there is a common agenda aiming for the same goals and sharing of expertise. Clinicians and academics must establish an organised procedure and engage proactively and collaboratively to work together on problems of education and practice in serious and sustained ways. There must be real engagement not just talk.

Registered nurses must be members of curriculum development and curriculum advisory committees, thus creating opportunities for clinicians to contribute to curriculum content, inform nurse academics about industry needs, provide feedback in relation to the supervision and performance of students and inform nurse academics of the preparedness and progress of new graduates. Involvement in curriculum development will give registered nurses a voice in the preparation for beginning professional practice while gaining more understanding of the educational process. Curriculum committee members must disseminate information to, and be a conduit for their colleagues so that they, too, are part of the process.

It would be impossible and unrealistic to include all registered nurses on curriculum development committees. Involvement may be achieved by seeking input from nurse administrators and registered nurses by requesting written comments from as many nurses as possible, primarily those involved with clinical placements for students from this university. Representatives from this group would be invited to sit on curriculum development committees. Nurse academics must be prepared to listen to the information from the registered nurses and act on this information after consensus is reached.

Strong partnerships will enhance dialogue and contribute to the development of a shared view about the attributes and competencies of a beginning practitioner for the twenty-first century, claiming ownership of the curriculum and accepting responsibility in the education. This involvement may assist in dealing with the unrealistic and unmet expectations of all parties. New graduates will not be expected 'to hit the ground running'. We have a collective responsibility to ensure that new graduates are prepared for beginning professional practice to meet the demands of the twenty-first century nurse.

### 7.3.3 Guided Practice

Developing and adopting an ethos for guided practice will assist the new graduate to make the transition to function as a registered nurse. This process has two implications:

- What would this mean for the registered nurse?
- What would this mean for the new graduate?

**Meaning for the Registered Nurse**

Registered nurses do not always articulate their own expertise and knowledge and may need assistance to help unlock this knowledge so that their wisdom and

experience can be recognised and shared. Unlocking this tacit knowledge which has become deeply embedded for the experienced nurse will enable them to share their knowledge with new graduates, enhancing their understanding. As Benner (1984) indicated the expert nurse applies an intuitive process for clinical thinking and a wealth of untapped knowledge is embedded in the practices and the "know-how" of expert clinicians (p.11). Reflection on the way in which they arrive at a decision may assist in unlocking this knowledge which could be shared with the new graduate. This will provide the foundation for a shared understanding between the experienced nurse and the new graduate. The more experienced and expert the registered nurses become, the more their knowledge base increases and uncovering expert knowledge links closely with Benner's novice-to-expert model.

Developing shared understanding will assist to create an environment in which the experienced nurse will be prepared to accept that the new graduate requires guidance in linking theory with practice and acquiring the skills of a registered nurse with the natural phenomenon of the theory-practice gap providing opportunities for learning. Experienced registered nurses are in an ideal position to be mentors for new graduates as they should be practising at Benner's highest level of proficiency and therefore the new graduates have the best person to teach them the role and responsibilities of the registered nurse. The mentoring process has no defined time but it has a supportive and educative role. Mentoring will enhance the opportunities to encourage reflection on practice for both the registered nurse and the new graduate. Reflection can be viewed as a link between theory and practice and a skill for life-long learning.

Clinical internship linked with mentoring is a strategy which would have the benefit of providing the students with opportunities to begin to learn the roles and

responsibilities of the registered nurse before becoming a registered nurse. To assist the students to acquire requisite skills in the final clinical placement of the program, they would be responsible for the care of at least two patients, including the concomitant administrative activities. A mentor would be allocated to guide and supervise the student during which time the registered nurse would have opportunities to share knowledge and begin to induct the new graduate into the practice environment

As participants acknowledged they *did not realise how much the preceptor cleaned up behind them,* demonstrating that they did not have an understanding of the roles and responsibilities of the registered nurse. Nor was the registered nurse taking the opportunity to inform them. A clinical internship would allow the students to refine their skills as well as gain a beginning understanding of time and ward management. Anticipated benefits of clinical internship are increased self-confidence, a beginning adjustment to the work situation and less reality shock.

**Meaning for the New Graduate**

New graduates will benefit from a shared understanding as they enter the world of the expert clinician when they commence in their role as a registered nurse. They rely on the experienced registered nurse to guide them through the transition. Inclusion of the new graduate into the registered nurses clinical world will allow the new graduate 'to hear and speak' the language of nursing and feel part of that expert clinical world.

It is crucial that there is sufficient support, direction and guidance for new graduates in assisting them to meet the challenges they will face in the complex and diverse practice setting. For the new graduate, guidance from expert nurses who have an established strong knowledge base and professional identity would act as

mentors and role models. This will provide opportunity for the new graduates to gain a more in-depth and expert understanding of their role and how to perform it. It would assist new graduates to strengthen their own knowledge base, providing opportunities to reflect on their own learning and assist them to deal with reality shock.

The potential benefits of guided practice incorporating clinical internship, mentoring and sharing of knowledge have been highlighted for both the novice and the expert practitioner and, in turn, the nursing profession. Guided practice may be seen as nurturing our young resulting in encouraging retention of new graduates and thus addressing the nursing shortage.

### 7.3.4 Pedagogy for Adults

Each nurse academic, nurse practitioner and student brings a repertoire of skills, life and previous experience that affect the way in which they construct knowledge to solve problems. The pedagogy of nurse education needs to challenge the paradigm of the pedagogy of higher education where lectures, discussions and tutorials are the acceptable mode. Nurse academics and students must accept that innovative teaching strategies will assist student learning, be cognizant of adult learning principles, and encourage students to be self-directed learners. These strategies will contribute and enhance the development of self-directed learning skills thereby encouraging lifelong learning. The use of electronic technology, such as WebCT allows the students to pace their learning accessing course information at a time which is suitable to them.

Pedagogy is not only the domain of the nurse academic. The pedagogy of the registered nurse needs to be considered if a shared view of attributes and competencies is to be successful. They, too, will need to challenge the pedagogy of

the practice setting where it is believed that the new graduate should be charged with the same responsibilities as a registered nurse.

### 7.3.5 Curriculum Development

In order to maintain the relevancy of education to the nursing profession, it is imperative that nurse academics closely examine their approaches to nurse education without overlooking the importance of either the theoretical or clinical component of the program and work with registered nurses. The curriculum must be structured so that it provides the basis to integrate theory with practice, backed by constant monitoring and evaluation.

The challenge for nurse academics is to provide these learning opportunities to link theory with practice, and facilitate the students' construction of their own knowledge base. The greater use of learning based on actual clinical scenarios will give students 'real world' experience in the safety of the university context providing a safe environment to support their learning. Authenticity of laboratory sessions will often be judged by their relationship to the activites undertaken in the practice setting. Well designed opportunities to link theory and practice increase and maintain the development of skills and strategies. Habits of analysis and reflection are cultivated through problem-based learning, case-based study, critical incident reports, focused observation and authentic laboratory experiences which allow the students to practice in a safe environment. In keeping with constructivist thinking, the use of scaffolding will enable the student nurse to move from the known to the unknown. These learning opportunities will support the learning process in both the university and practice settings and will contribute to success with tasks difficult for the student/beginning practitioner to do on his/her own.

Encouraging reflection on action will help students make connections between what they are learning and its application to the practice setting. This may contribute to transfer of learning from one context to another. Tracking students' performance to determine what transfer of learning is occurring and what interventions are required to assist with this transfer of knowledge. Reflection on action will contribute to students monitoring their own learning and determine what transfer of learning took place and what strategies assisted them.

The use of peer teaching by final year students in laboratory sessions for first and second year students is a strategy which has the potential to enhance the learning for all involved. For final year students it will provide the opportunity for them to validate and revise their own knowledge and skills as they supervise less experienced students. Anticipated outcomes for the final year students of peer teaching would include an increased confidence in their own abilities, enhanced interpersonal skills and a beginning understanding and ability to supervise others, thereby alleviating the expressed fear of delegation, and time management. As they become registered nurses, they would be accustomed to sharing their knowledge, thereby, establishing the foundation for guided practice.

First and second year students would have more individual and closer supervision, thereby assisting them to apply principles when practising new skills. They would also benefit from the third year nursing students' reflections on their own experiences and as they talked with more experienced students begin to use "nursing" language. This strategy may alter the impact of transferring knowledge and skills to the practice setting.

### 7.3.6 Reflective Practice

Reflective practice is seen as integral to the learning process and is also an element of scaffolding. Nurse academics must be cognizant of the fact that reflective practice is a learned skill. Reflection on experiences allows students to develop the capacity to learn from their experiences and engage in analysis of their own and other students' practice. Beginning practitioners need the opportunity to talk with others such as fellow students, nurse practitioners and nurse academics about their own nursing practice. These discussions would allow them to reflect on their work, seek clarification, share uncertainties and alert the more experienced registered nurses to opportunities to provide assistance to help develop skills such as clinical decision-making, problem-solving, communication skills, and psychomotor skills. Preparing the student for the autonomous role of clinical-decision making in nursing practice will be enhanced by these skills of reflective practice. Problem-based case studies are one strategy that will contribute to developing these skills.

The beginning practitioner needs to become skilled in clinical decision-making and it therefore behoves nurse academics and nurse practitioners to ensure that new graduates develop the skills to link theory with practice to enable them to acquire a strong knowledge base. The use of reflection could be the bridge that assists with this.

The inclusion of reflective practice in the registered nurse's activities will assist in uncovering what contributes to expert practice, enabling explanation of tacit knowledge to assist the new graduate to learn from the expert. Expert practitioners should adopt this practice to allow the learning for the new graduates to be linked inextricably to the activity of expert practice, linking theory with practice and the context. This strategy would assist with more understanding for both the new

graduate and the experienced registered nurse and alleviate stress by dealing with the issues as they arise and allow the new graduates to learn in and from their practice in complex and diverse contexts.

### 7.3.7 Summary

It is clear that the recommendations are interdependent collectively contributing to the preparation for beginning professional practice. A conclusion made from this study is that the theory-practice gap is a natural phenomenon and must be present for continued learning. Experienced registered nurses are in an ideal situation to contribute to this learning by sharing their knowledge and wisdom with the new graduate to create a shared understanding of nursing practice. Extending this concept is the development of a shared view between registered nurses and nurse academics of the attributes and competencies of a new graduate.

Building partnerships with key stakeholders will assist to enhance the uniting of teaching and learning in the university setting with teaching and learning in the practice setting. Having positive experiences will enhance learning for the new graduate as the learning situation that most effectively promotes learning is one which is free from threat. The curriculum based on adult learning principles will contribute to learning the skills of lifelong learning.

## 7.4 Limitations

This evaluative study is a small scale study relating to a regional university therefore, the results may not be generalised for all Bachelor of Nursing programs. It is recognised that participants may not be representative of all students/graduates from other universities who undertake a Bachelor of Nursing program.

Although there are many key stakeholders involved in the education for beginning professional practice not all key stakeholders were included in this study as the focus of this study is to gain an understanding of the perceptions of the participants. There was no intention to evaluate the curriculum per se. However, it was inevitable that components of the curriculum were highlighted as the participants articulated their perceptions.

## 7.5 Further Research

Suggestions for further research in the following hitherto undocumented areas in relation to the preparation for beginning professional practice include:

1 The impact of the cultural and psychological variables on the new graduates in the practice setting and its effect on their self-efficacy and self-esteem.

Illuminative evaluation highlights that cultural and psychological variables affect the relationship between registered nurses and new graduates. New graduates place considerable importance on the attitudes of registered nurses and the importance of feeling accepted by them. Further information about the effects of this variable on learning would assist in the preparation for beginning professional practice.

2 The attrition of graduates within the first year of completion of the Bachelor of Nursing program.

Studies have been undertaken focusing on retention of registered nurses. However, it appears that a significant number of graduates leave the profession within the first year of completing the program. Understanding the reasons for this

phenomenon would provide information to assist the nursing profession to implement strategies to reduce the attrition.

## 7.6 A Personal Reflection

Recognising that new graduates are faced with many challenges and unrealistic expectations when they enter practice I felt compelled to gain an understanding of how students/graduates in our Bachelor of Nursing program perceived their preparation for beginning professional practice. New graduates are often placed in situations requiring them to function outside their scope of practice, then criticised because they are not able to function at the same level as an experienced registered nurse and do not ‘hit the ground running’. Discussions with new graduates alerted me to the fact that they are leaving the nursing profession because they feel that they are unable to meet these expectations quickly enough.

I believe that until there is full acceptance by the nursing profession that nursing education needs to and must continue to be conducted in the higher education sector, new graduates will continue to be “caught” in the middle and be subjected to unnecessary tensions creating negative stereotyping of the new graduate.

Upon reflection, this evaluative study was challenging for me as I realised that I had to confront my own feelings and biases about preparation of the beginning practitioner and pedagogy. It was also challenging because I was involved in the curriculum development and teaching of the program which prepared the participants involved in this study. I acknowledge the tension that existed between my genuine desire to understand what was going on for the participants, and the desire to protect myself, other academics and clinicians from potential criticism from the participants. I dealt with this situation by requesting the participants be honest, and accepting the

fact that the information I received was reality for them and that the focus of this evaluative study was their perceptions. I reported the data from the participants with objectivity and accuracy.

Engaging in this study prompted me to reflect on my own teaching practices and acknowledge my pedagogical stance. These reflections have made me more aware of my teaching strategies, and I recognise the need to rethink some of my practices to ensure that my teaching is student-centred and based on adult learning principles. I have been guilty of trying to impart all the knowledge I have acquired over many years, instead of using this knowledge to construct learning experiences to provide sufficient information and guidance to assist students with their learning.

Although it is viewed generally within the profession that more clinical experience is required, I feel a question that commands more understanding is; what does more clinical experience *really* mean and what would it actually achieve? This would need to be answered, not only from the perspective of the student but by all those involved in nurse education.

It was affirming for me that the participants believed they had been adequately prepared for beginning professional practice. This journey confirmed for me that nurses must be educationally prepared in the university setting to meet the demands of the profession and that strong and sustainable partnerships with clinicians and health care facilities should be established. Preparation for beginning professional practice must equip the twenty-first century nurse with the attributes and competencies from their educational preparation to meet the complex and diverse demands of the practice setting.

## References

Ainley, J. & Johnson, T. (2001). *Course experience questionnaire 2000*. Graduate Careers Council of Australia.

Aita, V. A., & McIlvain, H. E. (1999). An armchair adventure in case study research in Crabtree, B. & Miller, M. *Doing qualitative research (*2nd ed). Thousand Oaks: Sage Publications, Inc.

Andersson, P. E. (1993). The perspective of the student nurse and their perceptions of professional nursing during the nurse training program [Electronic version]. *Journal of Advanced Nursing*, 18, 808-815.

Ansari, W. (2002). Student nurse satisfaction levels in their courses: Part II–effects of academic variables. *Nurse Education Today,* 22, 171-180.

Australian Nursing Council. (2002). *Australian national competency standards for the registered nurse and the enrolled nurse.* Canberra.

Bandura, A. (1997). Self-efficacy. *Harvard Mental Health Letter*, 13(9), 4-7.

Beanland, C., Schneider, Z., LoBiondo-Wood, G., and Haber, J. (1999). *Nursing research methods, critical appraisal and utilisation.* Sydney: Harcourt.

Benner, P. (1984). *From novice to expert: excellence and power in clinical nursing.* Menlo Park: Addison Wesley.

Benner, P., Tanner, C., & Chesla, C. (1996). *Expertise in nursing practice. Caring, clinical judgment, and ethics*. New York: Springer Publishing Company.

Bennett, M. (1986). Nursing diagnosis: In the beginning. *4*(1), 42-45.

Berg, B. (1996). Qualitative research methods for the social sciences. Boston: Allyn & Bacon.

Berk, L. E., & Winsler, A. (1995). *Scaffolding children's learning: Vygotsky and early childhood education*. Washington, DC: National Association for the Education of Young Children.

Blegen, M. A., & Tripp-Reimer, T. (1997). Nursing theory, nursing research, and practice: Connected or separate? In McCloskey, J and Grace, H (Eds), *Current issues in nursing* (5th ed.). St Louis: Mosby.

Boud, D., Keogh, R., & Walker, D. (1985). *Reflection: Turning experience into learning*. London: Kogan Page.

Boud, D., & Walker, D. (1998). Promoting reflection in professional courses: the challenge of content. *Studies in Higher Education, 23*(2), 191-207.

Bredo, E. (1997). The social construction of learning. In G. D. Phye (Ed.), *Handbook of academic learning. Construction of knowledge* (pp. 3-45). Amsterdam: Academic Press.

Bromme, R., & Tillema, H. (1995). Fusing experience and theory: The structure of professional knowledge. *Learning and Instruction, 5*, 261-267.

Brooks, J., & Brooks, M. (1993). In search of understanding: The case for the constructivist classroom. Alexandria, Virginia: Association for Supervision and Curriculum Development.

Bruni, N. (1991). Nursing knowledge: Process of production. In G. Gray & R. Pratt. (Eds). *Towards a discipline of nursing.* Melbourne: Churchill Livingstone.

Bryman, A., & Burgess, R. G. (Eds.). (1994). *Analysing qualitative data.* London: Routledge.

Butler, J. (1992). Teacher professional development: an Australian case study. *Journal of Education Teaching, 18*(3), 221-239. Retrieved February 19, 2004 from Ebscohost. http://web17.epnet.com/citation.asp?tb+1&_ug+dbs+aph+sid+07B28025%2D8522%.

Carr, W., & Kemmis, S. (1986). *Becoming critical: Knowing through action research.* Geelong: Deakin University Press.

Castledine, G. (2001). Nursing education: is it becoming too academic? *UKCC. Fitness for practice.* London: UKCC.

Chang, E., & Daly, J. (2001). Managing the transition from student to graduate nurse. In Chang, E & Daly, J. (Eds). *Transitions in Nursing. Preparing for professional practice.* Sydney: Maclennan & Petty Pty Ltd.

Cheek, J., & Jones, J. (2003). What nurses say they do and need: implications for the educational preparation for nurses. *Nurse Education Today, 23*, 40-50.

Chun-Heung, L., & French, P. (1997). Education in the practicum: a study of the ward learning climate in Hong Kong. [Electronic version]. *Journal of Advanced Nursing, 26*, 455-462.

Cooney, J. (1984). On the record. *Australian Nursing Journal.* 14(4), 25-27.

Cowin, L., & Jacobsson, D. (2003). The nursing shortage: Part way down the slippery slope. *Collegian,* 10(3), 31-35.

Cowman, S. (1996). Student evaluation: A performance indicator of quality in nurse education. [Electronic version]. *Journal of Advanced Nursing,* 24, 626-632.

De Bellis, A, Longson, D, Glover, P & Hutton, A 2001, 'The enculturation of our nursing graduates', *Contemporary Nurse,* vol. 11, no. 1, pp. 84-94.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research*. Thousand Oaks: Sage Publications, Inc.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2000). *Handbook of qualitative research*. (2nd ed). Thousand Oaks: Sage Publications, Inc.

Department of Nursing. (2001). *Bachelor of Nursing curriculum.* Unpublished. Toowoomba

Donahue, M. P. (2004). Turning points in nursing history. In L. Haynes, T. Boese & H. Butcher, *Nursing in contemporary society. Issues, trends, and transition to practice.* New Jersey: Pearson Publishing Inc.

Duckett, S. J. (2004). *The Australian Health Care System* (2nd ed.). South Melbourne: Oxford University Press.

Dreyfus, R. L., & Dreyfus, S. E (1986). *Mind over machine. The power of human intuition and expertise in the era of the computer.* New York: The Free Press.

Ellis, L. B. (2003). Illuminative case study design: a new approach to the evaluation of continuing professional education [Electronic version]. *Nurse Researcher, 10*(3).

English, I. (1993). Intuition as a function of the expert nurse: a critique of Benner's novice to expert model. *Journal of Advanced Nursing, 18(3),* 387-393.

Eraut, M. (1994). *Developing professional knowledge and competence.* London: Falmer Press.

Ethell, R. G., & McMeniman, M. M. (2000). Unlocking the knowledge in action of an expert practitioner. *Journal of Teacher Education, 51*(2), 87-101.

Farley, S. (1993). The community as partner in primary health care. *Nursing and Health Care.* 14, 244-249.

Fatin, W. (1986). Approval of college transfer. *Australian Nursing Journal,* 15(7), 27-30.

Feiman-Nemser, S. (2001). From preparation to practice: Designing a continuum to strengthen and sustain teaching [Electronic version]. *Teachers College Record, 103*(6), 1013-1055.

Ferguson, K., & Jinks, A. (1994). Integrating what is taught with what is practised in the nursing curriculum: a multi-dimensional model. *Journal of Advanced Nursing,* 20,687-695.

Gillis, A., & Jackson, W. (2002). *Research for nurses: Methods and interpretation.* Philadelphia: F.A. Davis Company.

Gordon, M. (1987). *Nursing diagnosis. Process and application* (2nd ed). New York: McGraw-Hill.

Gray, G., & Pratt, R. (Eds.). (1991). *Towards a discipline of nursing*. Melbourne: Churchill Livingstone.

Greene, J. C. (2000) Qualitative program evaluation in Denzin, N.K. & Lincoln, Y.S. (Eds.). (2000). *Handbook of qualitative research*. (2nd ed). Thousand Oaks: Sage Publications, Inc,

Hamm, R. W. (2001). Educational evaluation; Theory and working model. *Educational Evaluation,* 108(3), 404- 408.

Heath, H. (1998). Paradigm dialogues and dogma: Finding a place for research, nursing models and reflective practice. *Journal of Advanced Nursing,* 28(2). 288-295.

Hein, G. E. (1991). *Constructivist learning theory.* Paper presented at the CEA (International Committee of Museum Educators) Conference, Jerusalem, Israel. Retrieved November 29, 2003 from http:// www.exploratorium.edu/IFI/resources/constructivistlearning.html.

Howe, K. R., & Berv, J. (2000). Constructing constructivism, epistemological and pedagogical. In D. C. Phillips (Ed.), *Constructivism in education* (Vol. 1, pp. 19-40). Chicago: The National Society for the Study of Education.

Huang, H.-M. (2002). Toward constructivism for adult learners in online learning environments. *British Journal of Educational Technology, 33*(1), 27-37.

Iliffe, J. (2001). RN education has found its level. *Australian Nurses Journal,* 8(7), 1-2.

Irurita, V. (1999). The problem of patient vulnerability. *Collegian,* 6(1), 10-15.

Jacobs, G. M. (2001). Providing the scaffold: A model for early childhood/primary teacher preparation. *Early Childhood Education Journal, 29*(2).

Jaramillo, J. A. (1996). Vygotsky's sociocultural theory and contributions to the development of constructivist curricula [Electronic version]. *Education, 117*(1), 133-141.

Jarvis, P. (1983). *Professional Education*. London: Croom Helm.

Jinks, A. M. (1999). Applying educational theory to nursing curricula: Nurse teachers' definition of student-centred andragogical teaching and learning concepts. *Journal of Higher Education,* 23(2), 221-230.

Kanitsaki, O., & Johnstone, M-J. (2002). Nursing education: a concern for all nurses. *Contemporary Nurse, 12*(1), 7-15.

Kapborg, I., & Fischbein, S. (2002). Using a model to evaluate nursing education and professional practice. *Nursing and Health Sciences,* 4, 25-31.

Kemmis, S. (1985). Action research and politics of reflection. In D. Boud & R. Keogh & D. Walker (Eds.). *Reflection. Turning experience into learning*. London: Kegan Pau

Knowles, M. (1980). *The modern practice of adult education. From pedagogy to andragogy*. Engelwood Cliffs: Prentice Hall Regent.

Knowles, M., Holton 111, E., F, & Swanson, R. (1998). *The adult learner. The definitive classic in adult education and human resource development* (5th ed.). Houston, Texas: Gulf Publishing Company.

Kramer, M. (1974). *Reality shock. Why nurses leave nursing.* St Louis: The C.V. Mosby Company.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Chicago: ACTA Publications.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park: Sage Publications.

Lindsay, B. (1990). The gap between theory and practice. *Nursing Standard,* 5(4), 34-35.

Lowe, P. B., & Kerr, C. M. (1998). Learning by reflection: the effects on educational outcomes [Electronic version]. *Journal of Advanced Nursing,* 27(5), 1030-1036.

Lumby, J. (1991). Threads of an emerging discipline. In G. Gray & R. Pratt. (Eds). *Towards a discipline of nursing*. Melbourne: Churchill Livingstone.

Macleod Clark, J., Maben, J., & Jones, K. (1997). Perceptions of the philosophy and practice of nursing: preparation for practice. *Journal of Advanced Nursing,* 26, 246-256.

Maeve, M. (1994). The carrier bag theory of nursing practice. *Advances in Nursing Science,* 16(4), 9-22.

Marles, F. (1988). *Study of professional issues in nursing*. Report of the Committee commissioned by the Hon. D. R. White MLC Minister for Health. Melbourne: Government Printer.

Mason, E. & Bramble, W. (1989). *Understanding and conducting research: Applications in education and behavioural sciences* (2nd ed). New York: McGraw-Hill Book Company.

Masters, G. N., & McCurry, D. (1990). *Competency based assessment in the professions.* National Office of Overseas Recognition Research Paper No 2. Canberra: Australian Government Publishing Service.

McDonough, S. K. (2001). Way beyond drill and practice: foreign language lab activities in support of constructivism [Electronic version]. *International Journal of Instructional Media, 28(1), 75-80.* Retrieved from Ebscohost December 1, 2003. web20.epnet.com/citation.asp?tb=1&_ug=dbs+0=1n+en%2Dus+sid+8CD170B2

Mertens, D. M. (1998). *Research methods in education and psychology. Integrating diversity with quantitative and qualitative approaches.* Thousand Oaks, CA: Sage Publications.

Miller, W. L., & Crabtree, B. F. (1999). Clinical research. A multimethod typology and qualitative roadmap. In B.F. Crabtree and W.L. Miller (Eds.). *Doing qualitative research.* (2nd ed). Thousand Oaks: Sage Publications, Inc.

Minichiello, V., Aroni, R., Timewell E., & Alexander, L. (1990). *In-depth interviewing; researching people.* London: The Falmer Press.

Morse, J. (1994). Designing funded qualitative research. In N. Denzin & Y. Lincoln (Eds). *Handbook of qualitative research.* Thousand Oaks, CA: Sage Publications.

Myrick, F., & Barrett, C. (1994). Selecting clinical preceptors for basic baccalaureate nursing students: a critical issue in clinical teaching. *Journal of Advanced Nursing* (19), 194-198.

Myrick, F. & Yonge, O. (2005). *Nursing preceptorship. Connecting practice and education.* Philadelphia: Lippincott Williams & Wilkins.

National Health and Medical Research Council (1999). *National statement on ethical conduct in research involving humans.* Canberra.

National Review of Nursing Education. (2002). *Our duty of care*. Canberra: J.S. McMillan Printing Group.

Paley, J. (1996). Intuition and expertise: comments on the Benner debate. *Journal of Advanced Nursing* 23, 665-671.

Palinscar, A. S. (1998). Social constructivist perspectives on teaching and learning. *Annual Reviews Psychology. 49,* 345-375.

Parlett, M., & Hamilton, D. (1972). Education as illumination: A new approach to the study of innovatory programs. In M. Parlett, & G. Dearden, (Eds). (1977). *Introduction to illuminative education: Studies in higher education. (*pp. 9-29). California: Pacific Soundings Press.

Parlett, M., & Hamilton, D in Parlett, M. and G. Dearden, Eds. (1977). *Introduction to illuminative education: Studies in higher education.* California, Pacific Soundings Press.

Peck, E., & Secker, J. (1999). Quality criteria for qualitative research: Does context make a difference? *Qualitative Health Research*, 9(4), 552-558.

Pereira, L. (1996). Stepping out with constructivists. *Australian Science Teachers Journal, 42*(2), 26-28. Retrieved from Ebscohost on December 1, 2003. http:/web20.epnet.com/citation.asp?tb=1&_ug=dbs+0+1n+en%2Dus+sid+8CD170B2.

Perry, J. (2001). Enhancing instructional programs through evaluation: Translating theory into practice. *Community College Journal of Research and Practice,* 25, 573-590.

Philpin, S. (1999). The impact of 'Project 2000' educational reforms on the occupational socialization of nurses: an exploratory study. [Electronic version]. *Journal of Advanced Nursing,* 29(6), 1326-1331.

Platt, C. (2002). Nurses 'Fit for Purpose': using a task-centred group to help students learn from experience. *Teaching in Higher Education,* 7(1), 33-45. Retrieved November 19, 2003 from Carfax Publishing.
DOI: 10.1080/13562510120100373.

Polanyi, M. (1983). *The tacit dimension*. Gloucester: Mass, Peter Smith.

Polit, D. F., Beck, C. T., & Hungler, B. (2001) *Essentials of nursing research: methods, appraisals and utilization* (5th ed). Philadelphia: J.B. Lippincott Company.

Powell, J. (1989). The reflective practitioner in nursing. *Journal of Advanced Nursing,* 14, 824-832.

QNC. (1998). Refer Queensland Nursing Council. (1998)

Queensland Government. (1997). *The Nursing Act. 1992*. Brisbane: Government Printer.

Queensland Nursing Council. (1998). *Scope of nursing practice. Decision making framework.*: Brisbane: Queensland Nursing Council.

Reed, J & Proctor, S. (1996). *Nurse education. A reflective approach.* London: Edward Arnold.

Reid, D. K. (1994). Special education teachers interpret constructivist teaching [Electronic copy]. *Remedial &Special Education, 15*(5), 267-281.

Roberts, C. A., & Burke, S. O. (1989). *Nursing research: A qualitative and quantitative approach.* Boston: Jones and Bartlet Publishers.

Rogers, C., & Freiberg, H. J. (1994). *Freedom to learn*. New York: Macmillan College Publishing Company.

Rolfe, G. (1993). Closing the theory-practice gap: a model of nursing praxis. *Journal of Clinical Nursing,* 2(3), 173-177.

Sax, S. (1978). *Nurse education and training*. Report of the Committee of Inquiry into Nurse Education and Training to the Tertiary Education Commission. Canberra.

Scanlan, J. M., Care, W. D., & Udod, S. (2002). Unravelling the unknowns of reflection in classroom teaching. *Journal of Advanced Nursing,* 38(2), 136-143.

Schon, D. (1983). *The reflective practitioner. How professionals think in action*. Great Britain: Arena.

Schon, D. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass Inc.

Schwandt, T. A. (2000). Constructivist, interpretivist approaches to human inquiry, in Denzin, N.K. & Lincoln, Y.S. (Eds.). (2000). *Handbook of qualitative research*. (2nd ed). Thousand Oaks: Sage Publications, Inc.

Seed, A. (1994). Patients to people. *Journal of Advanced Nursing, 19*, 738-748.

Senate Community Affairs References Committee. (2002). *The patient profession: Time for action.* Report on the inquiry into nursing. Canberra: Senate Printing Unit, Parliament House.

Sloan, G., & Watson, H. (2001). Illuminative evaluation: evaluating clinical supervision on its performance rather than the applause. [Electronic version]. *Journal of Advanced Nursing,* 35(5), 664-673.

Smith, P. (Ed.). (1997*). Research mindedness for practice. An interactive approach for nursing and health care.* New York: Churchill Livingstone.

Speedy, S. (1987). Critical Issues in tertiary nursing faculty development. *The Australian Journal of Advanced Nursing,* 4(4), 41-44.

Taylor, B. (1998). Locating a phenomenological perspective of reflective nursing and midwifery practice by contrasting interpretive and critical reflection. In C. Johns & D. Freshwater (Eds.), *Transforming through reflective practice*. Oxford: Blackwell Science.

Tennant, M. (2000). Learning to work, working to learn: Theories of situational education. In C. Symes & J. McIntyre (Eds.), *Working knowledge. The new vocationalism and higher education* (pp. 123-134). Buckingham: The Society of Research into Higher Education and Open University Press.

The Joanna Briggs Institute of Nursing and Midwifery. (2001). *An integrative systematic review of nursing curricula undergraduate clinical education and transition support for new graduates.* Adelaide University Australia. Commissioned by Queensland Nursing Council.

Thompson, C. (1999). A conceptual treadmill: the need for 'middle ground' in clinical decision making theory in nursing. *Journal of Advanced Nursing, 30(5),* 1222-1229.

Whitson, K. (1998). Key skills and curriculum reform. *Studies in Higher Education,* 23(3), 13-27. Retrieved from Ebscohost November 1, 2000. http://globalvgw.epnet.com/fulltext.asp?resultSetId=R00000000&hitNum23&boo.

Williams, P. (1998). Using theories of professional knowledge and reflective practice to influence educational change. *Medical Teacher,* 20(1), 28-35. Retrieved from Ebscohost March 31, 2000. …/fulltext.asp?resultSetIdR00000004&hitNum=33&booleanTerm=Reflective %20practice.

Williams, B., & Walker, L. (2003). Facilitating perceptions and imagination in generating change through reflective practice groups. *Nurse Education Today* 23(2), 131-137.

Zerwekh, J., & Claborn, J.C. (Eds.). (1994). *Nursing today: Transition and trends.* Philadelphia: W.B. Saunders Company.

# Appendix 1

**Bachelor of Nursing Program objectives**

1. Implement Irurita's framework to recognise vulnerability and preserve integrity.
2. Use critical thinking and problem solving skills in clinical decision making.
3. Communicate effectively with client, family and members of the health care team in both verbal and written documentation.
4. Practise nursing, acknowledging the interactions between health and people's environments.
5. Practise nursing within recognised ethical and legal parameters.
6. Demonstrate compassion and respect for self and others.
7. Demonstrate accountability and safe practice.
8. Demonstrate a scholarly approach to nursing as a discipline.
9. Utilize research findings to maintain and update standards of nursing care.
10. Evaluate care outcomes at a beginning practitioner level.

# Appendix 2

**Bachelor of Nursing Courses**

## Introductory Computing

RATIONALE:
The development and use of computers and related technologies continues to grow at a rapid pace. There are few areas of society and/or academic study where the impact of computer technology is not readily apparent. In view of this extensive growth in the use of computers, it is necessary for students to gain some basic understanding of computer use across a range of applications in both the educational and broader social context. Students require a sound base of knowledge in order to realise the potential of computers as a general support tool and to apply computers effectively to their university studies and future careers.

SYNOPSIS:
Provides students with a sound knowledge base relating to computer use in the educational, work, and broader social contexts. Such a knowledge base will highlight the potential of the computer as a tool for enhancement of and support for information access, manipulation, presentation, and storage. Not only will the unit provide basic computer literacy in terms of where and how computers are used, but students will learn how to use computers to benefit both their study and their careers. Issues involving awareness of how computers impact upon society, such as ethics and privacy, will also be discussed.

-----------------------------------------------------------------------------------------------------

## Communication and Scholarship

RATIONALE:
Advances in communication are occurring globally at a rapid rate. In the contemporary world, effective communication requires an understanding of these new complex processes. It also requires individuals to possess a broad range of transferable skills to meet the demands of change, and to apply these in an equally broad range of contexts.

SYNOPSIS:
This course presents an introduction to the theory and practice of Communication, with particular application to academic and professional settings. Students study the processes of research and scholarship, and of tailoring communication for specific audiences. Students develop an understanding of barriers to communication, and strategies which can be used to overcome these barriers. At the direction of their Faculties students will also undertake study in a selection of areas such as thinking skills, the dimensions of verbal and nonverbal communication, and the dynamics of interpersonal and group communication. Students also gain the written, verbal and personal transferable skills essential to their role in a rapidly changing environment.

-----------------------------------------------------------------------------------------------------

## Australia, Asia, and the Pacific

RATIONALE:
Australia is currently challenged to re-assess and re-define its regional identity in Asia and the Pacific, and to become more informed about the cultures and aspirations of adjacent countries. Australian professional people will increasingly become involved with persons and cultures from Asia and the Pacific in their working and social lives. This course has been designed to prepare educated Australians for this professional experience.

SYNOPSIS:
Drawing upon a framework from the Social Sciences, the course provides basic information about, and analysis of, contemporary regional relationships. The role and impact of Australians in Asia and the Pacific, and Asians and Pacific Islanders in Australia will be examined. Attention will be given to the personal and social skills that will facilitate Australia's role in our region.

----------------------------------------------------------------------------------------------------

## Nursing for Health

RATIONALE:
It is essential that student nurses are introduced to the vital role that nurses have in health promotion as it relates to primary health care. It is therefore essential that nurses learn the components of ‘holistic health' so that their own health promotion practices and health are improved, and they are better able to assist clients.

SYNOPSIS:
This course provides an introduction to health as a state of being and to the main factors which influence health. The role of the nurse is explored in relation to both health promotion and primary health care. Current community health problem areas are chosen as models to demonstrate health promotion strategies which may be used in health promotion settings. Skills of health screening for both the purposes of health promotion and primary health care practice are introduced.

----------------------------------------------------------------------------------------------------

## Nursing Foundations 1

RATIONALE:
In order to function as a caring and competent nurse, students need to develop the attitudes, knowledge and skills necessary to identify when nursing care is needed to promote, augment or substitute for functional health patterns. This course provides the basis for the development of these attitudes, knowledge and skills.

SYNOPSIS:
This course builds on concepts discussed in Nursing for Health and complements concepts studied in Nursing Foundations 2. Common nursing problems within the physical domain of functional health patterns are identified using clinical reasoning skills. Nursing interventions and skills are developed for identified strengths and problems of individuals across the lifespan.

---

## Nursing Foundations 2

RATIONALE:
In order to function as a caring and competent independent practitioner, students need to develop attitudes, knowledge and skills necessary to identify when nursing care is needed to promote, augment or substitute for functional health patterns. This unit provides the basis for development of these attitudes, knowledge and skills.

SYNOPSIS:
This course builds on concepts discussed in Social Sciences for Nursing and complements concepts studied in Nursing Foundations 1. Common nursing problems within the psycho-social, spiritual and cultural domains of the functional health patterns are identified using clinical reasoning skills. Nursing communications, interventions and skills are applied as appropriate to the developmental stage across the lifespan. Students are introduced to research and scholarly writing.

---

## Social Sciences for Nursing

RATIONALE:
An overall understanding of the different theoretical approaches within the Social Sciences forms the basis for studying the needs and reactions of individuals and groups in health and illness. Nurses work with people and families who are facing a vulnerable episode in their lives because of a potential or actual alteration in their health status, and the theory and practice of the Social Sciences will assist students to meet the needs of their clients at such times.

SYNOPSIS:
In this course, students are introduced to fundamental Health Psychology and Health Sociology concepts within a nursing framework which emphasises the experiences of people in health and illness.

---

## Medication Calculations 1

RATIONALE:
It is part of a nurse's responsibility to ensure that the correct dose of therapeutic agent is given to the correct patient/client at all times. This course will assist the nurse in this task.

SYNOPSIS:
This course is designed to ensure that nursing students are familiar with, and can use, with a high level of accuracy, the mathematical processes involved in medication calculations. The study of these processes will be complemented by drug administration studies in other courses.

---

## Anatomy and Physiology

RATIONALE:
A basic knowledge and understanding of the structure and functioning of healthy people is essential for subsequent studies in pharmacology and pathophysiology and is an integral part of the knowledge base required for nursing practice.

SYNOPSIS:
A body systems approach is used in this course to study the essential anatomy and physiology of healthy people.

---

## Physiology and Pharmacology Foundations

RATIONALE:
The physiological concepts covered form a basis for both pharmacology and pathophysiology and increase the knowledge base for nursing practice. A knowledge of basic aspects of pharmacology is required for nursing practice related to drug administration, monitoring of drug effectiveness and observation of unwanted effects.

SYNOPSIS:
In this course students study further physiological concepts with an emphasis on those relevant to pharmacology. Principles of pharmacology including routes of administration and pharmacokinetics are covered, and the major drug classes are introduced. The concept of toxicity of drugs and similar chemicals is also discussed.

---

## Biophysical Science Foundations

RATIONALE:
The purpose of this course is to assist students to understand the physics, chemistry, and biochemistry relevant to the functioning of the healthy human body. This course relates to studies in anatomy and physiology, pharmacology, pathophysiology and for nursing practice.

SYNOPSIS:
This course contains the basic physics, chemistry and biochemistry necessary for understanding the functioning of the healthy human body and for nursing practice.

---

## Microbiology and Immunology

RATIONALE:
This course provides an understanding of basic microbiology from a clinical perspective. Students require a sound foundation in the nature of the infectious process and the fundamentals of infection control for nursing practice.

SYNOPSIS:
This course provides an introduction to the significance of microbes to human health. The nature of infectious agents, mechanisms of pathogenicity and modes of microbial control are investigated. The interaction between infectious agents and the host immune system is investigated in terms of susceptibility to developing infectious disease.

---

## Collaborative Nursing 1

RATIONALE:
Biophysical nursing comprises a large part of nursing practice. Students must integrate and apply knowledge of pathophysiology and pharmacology relevant to processes of dysfunctional health patterns to facilitate appropriate nursing interventions.

SYNOPSIS:
This course uses Gordon's functional health patterns to examine the therapeutic management of dysfunctional health patterns in individuals across the lifespan using collaborative and independent nursing skills. The broad causal factors of disease and pathophysiology underpinning dysfunctional health patterns within the domains of activity-exercise pattern (activity intolerance); cognitive-perceptual pattern; and nutritional-metabolic pattern are examined. Collaborative nursing skills will include generic aspects of perioperative care.

---

## Collaborative Nursing 2

RATIONALE:
Biophysical nursing comprises a large part of nursing practice. Students must integrate and apply knowledge of pathophysiology and pharmacology relevant to processes of dysfunctional health patterns to facilitate appropriate nursing interventions.

SYNOPSIS:
This course uses a case problem approach to examine the therapeutic management of dysfunctional health patterns in individuals across the lifespan using collaborative and independent nursing skills. The broad causal factors of disease and pathophysiology underpinning dysfunctional health patterns within the domains of activity-exercise pattern (impaired mobility); elimination pattern; sexuality-reproductive pattern and the ageing process are examined.

---

## Mental Health Nursing 1

RATIONALE:
Nurses perform their professional functions in a wide range of health care settings. Mental Health Nursing 1 and 2 aim to identify and explore important issues related to Mental Health/Nursing. These units will examine the collaborative role of the nurse as a member of the health care team and will examine in depth advances in nursing autonomy in the care of the mental health client in hospital and community settings.

SYNOPSIS:
Mental Health Nursing 1 is concerned with the nursing care of clients who suffer from psychiatric illness. Modern concepts of mental illness will be explored in the context of the client problems associated with the symptomatology described in the Diagnostic Statistical Manual of Mental Disorders, IV. The use of a number of treatment and nursing strategies will be considered as a knowledge base for the development of the nurse's role in a number of mental-health care settings. The students will continue to develop clinical reasoning skills and will identify problems requiring both collaborative and unique nursing skills.

---

## Mental Health Nursing 2

RATIONALE:
Nurses perform their professional functions in a wide range of health care settings. Mental Health Nursing 1 and 2 aim to identify and explore important issues related to Mental Health Nursing. These courses will examine the collaborative role of the nurse as a member of the health care team and will examine advances in nursing autonomy in the care of the psychiatric client in hospital and community settings.

SYNOPSIS:
Mental Health Nursing 2 develops themes and concepts of theoretical frameworks introduced in Mental Health Nursing 1. There is more emphasis upon the unique role of the Mental Health Nurse and the concept of the Nurse Specialist is introduced. Communication, counselling skills and group therapy are emphasised and the importance of the family and the community as clients is reinforced.

---

## Nursing and Family Health

RATIONALE:
A complex and multi-faceted relationship exists between the health of the individual and that of the family. Family health standards strongly influence individual health practices, hence the family, rather than the individual, becomes a prime focus of nursing care. This course, with its wellness perspective, is designed to prepare students for the broader application of nursing to the family as client so as to promote family health and integrity.

SYNOPSIS:
This course examines contemporary forms of the family through a variety of theoretical perspectives. Students are encouraged to reflect on their own experiences of family and nursing. Health challenges within the family will be identified and explored. Students will relate clinical decision making to the care of families and develop nursing skills which will promote wellness for both healthy and high risk family systems.

---

## Trends and Issues in Nursing 1

RATIONALE:
Nurses need to analyse historical events that have had an impact on nursing and the forces that have shaped the profession of nursing. Knowledge of legal and ethical principles is necessary to prepare the nurse for practice.

SYNOPSIS:
This course consists of three modules - Law, Ethics and Practice. The course explores contemporary theories to analyse the continuing debate about the essence of nursing. It discusses history and theories of nursing and also examines legal, ethical and practice issues that may confront the nurse. The course also explores contemporary issues in health care and how they affect the nursing profession.

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## Trends and Issues in Nursing 2

RATIONALE:
Nurses in Australia fulfill their professional role in a health care system which is heavily influenced by a number of sociological factors, including legal factors, ethical factors, and the dominant and competing models of health and health care. This course builds on the perspectives presented in Trends and Issues in Nursing 1, and encourages students to critically examine the ways in which nurses currently respond to these factors, and to develop personal frameworks for responding to the challenges for nursing today and in the future in contemporary society.

SYNOPSIS:
This course builds on the foundations for understanding law and ethics as they relate to nursing practice presented in Trends and Issues in Nursing 1. Students will be exposed to a number of legal, ethical and practice issues and will be required to critically analyse those issues through a number of processes such as on-line discussions and developing critical reflection. In addition students will critically examine nursing's response to those challenges presented by such issues.

-----------------------------------------------------------------------------------------------------

## Nursing Research

RATIONALE:
Graduates with a Bachelor's Degree in Nursing are expected to effectively utilise Nursing Research and actively participate in the Scholarship of Nursing. This course with its theoretical base and applications provides students with opportunities to prepare themselves for their roles in scholarship and research in Nursing.

SYNOPSIS:
The course provides an introduction to the role of research processes and scholarship activity in the Nursing profession. Content includes an examination of the research process and methodologies (qualitative and quantitative). Issues of validity, reliability, sampling, generalisation and application of findings are addressed from the research consumer perspective. The professional nurse's role in the dissemination of knowledge is examined as a scholarly expectation including the skills of scientific writing, publication and professional speaking.

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## Acute Care Nursing

RATIONALE:
Acute, serious and life threatening situations profoundly affect the integrity and vulnerability of people. It is important for nurses to be able to plan comprehensively and care for people in these situations.

SYNOPSIS:
This course focuses on serious and life-threatening events such as trauma, serious illness, disasters and other crises. Students explore human responses to crisis and apply the relevant principles of nursing practice. The integrated approach taken in this course assists students to apply knowledge learned at a previous level and progress towards attaining ANCI competencies which includes exploration of attitudes and values. Concurrently students develop professional relationships and support networks encouraged through peer interactions. This course encourages and supports the student using adult learning principles as they achieve mastery of content.

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## Indigenous and Public Health Nursing

RATIONALE:
The purpose of this course is to enable students to recognise inequalities in the health status of individuals, families, or groups. Particular interest will be given to the inequities that remain in Indigenous health status as compared to their non-Indigenous counterparts. In undertaking this course the student will utilise the principles of Public Health Care to plan collaboratively with these individuals, groups or communities to have equal access to affordable, equitable and appropriate health service provision to meet their needs.

SYNOPSIS:
This course explores the Public Health Care role of nurses as independent practitioners and as participants in multi-disciplinary and intersectoral practice. The focus is on both the individual and community as clients, and requires a health strategy, which is 'people centred' rather than 'disease centred'. By assessing the health of a community, the role of the professional nurse can increase the integrity and preservation of a community by utilising Public Health Care philosophy, principles and strategies.

---

## The Beginning Practitioner

RATIONALE:
In order to promote delivery of nursing care in a timely, economic and environmentally safe manner, students need to be prepared for the transition from tertiary experience to the work culture.

SYNOPSIS:
This course is practice based and encompasses clinical and management skills fundamental for beginning practitioners and will enhance graduate transition to the workforce.

---------------------------------------------------------------------------------------------------

# Appendix 3

**Ethics clearance follows.**

The University of Southern Queensland

TOOWOOMBA QUEENSLAND 4350
AUSTRALIA
TELEPHONE (07) 4631 2100
**www.usq.edu.au**

*The Office of Research and Higher Degrees*

*Postgraduate and Ethics Officer*
*Telephone: 0746 312956*
*Facsimile: 0746 312955*
*Email: bartletc@usq.edu.au*

15 October 2002

Ms Roslyn Reilly
Faculty of Sciences
USQ

Dear Ms Reilly

**Re: Ethics Clearance for Research Project, *Preparing for Beginning Professional Practice***

The USQ Human Research Ethics Committee recently reviewed your application for ethics clearance. Your project has been endorsed and full ethics approval is now confirmed. Reference number **H02REA240** has been assigned to this approval.

The Committee is required to monitor research projects that have received ethics clearance to ensure their conduct is not jeopardising the rights and interests of those who agreed to participate. Accordingly, you are asked to forward a **written report** to this office after twelve months from the date of this approval or upon completion of the project.

A questionnaire will be sent to you requesting details that will include: the status of the project; a statement from you as principal investigator, that the project is in compliance with any special conditions stated as a condition of ethical approval; and confirming the security of the data collected and the conditions governing access to the data. The questionnaire, available on the web, can be forwarded with your written report.

Participants in your project should be advised that, if they have a concern regarding the implementation of the project, they should contact The Secretary, Human Research Ethics Committee USQ or telephone (07)4631 2956. Please note that you are responsible for notifying the Committee immediately of any matter that might affect the continued ethical acceptability of the proposed procedure.

Yours sincerely

C. Bartlett

Christine Bartlett
Postgraduate and Ethics Officer
Office of Research and Higher Degrees

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# Appendix 4

**PREPARATION FOR BEGINNING PROFESSIONAL PRACTICE**

**CONSENT FORM**

I, ____________________________________________________________,

voluntarily agree to participate in the research study titled, 'Nurses' perceptions of the relevance of their preparation for beginning professional practice in the health system: an evaluative study', conducted by Roslyn Reilly.

I have read and retained a copy of the Information Form and have had the opportunity to discuss, to my satisfaction, all aspects of the study.

By signing this consent I am indicating that I understand the nature of my participation. I am aware that I have the right to withdraw my participation at any time without fear of consequence.

If you have any concerns regarding the implementation of the project, please contact The Secretary, Human Research Ethics Committee USQ or telephone (07) 4631 2956.

I will retain a copy of this signed consent and am aware that an identical copy will be held in the files of the researcher.

Signed: ______________________________ Date: ____________________

Name: ______________________________

Researcher: ______________________________

# Appendix 5

## PREPARATION FOR BEGINNING PROFESSIONAL PRACTICE

## INFORMATION SHEET

My name is Roslyn Reilly. I am enrolled in the Doctor of Education at the University of Southern Queensland. I am a registered nurse and nurse academic. I have a keen interest in leadership and nurse education. The aim of this study is to analyse nurses' perceptions of their preparation for beginning professional practice.

Your participation in a focus group will be a valuable contribution to this study. With your permission I would like to tape record this session to ensure accuracy of information. I will also record some notes. It is anticipated that this session will take approximately 1 hour.

Your privacy and confidentiality will be maintained throughout the study. Identifiable features such as your name will not be disclosed. You will have control over what you choose to disclose. Information collected for this study will be kept in a locked file. The files will be destroyed after five (5) years from the completion of the study. Information processed and stored on computer files will be password protected.

I believe that this will be beneficial to you to reflect on your preparation and also contribute to evaluation of your preparation for practice. The secondary benefit will contribute to ensuring that the Bachelor of Nursing is preparing graduates well for beginning professional practice.

If you agree to participate, please sign both copies of the consent form (one, which you retain with this information form, the other I will retain with my files).

You are free to decide not to participate. If you do agree to participate, you may withdraw at any time without consequence. If at any time you have questions or comments about any matter pertaining to this study, you are welcome to contact my supervisor, Dr Dorothy Andrews 07 46312346 or myself 07 46312669

Thank you

*Roslyn Reilly*

# Appendix 6

### Data sets

### Questionnaire

Eighty four students from a cohort of one hundred and thirty five final year students accepted the invitation to respond to the questionnaire. The questionnaire was divided into three sections.

1 Section A: Demographic information
   - Age.
   - Gender.
   - Nursing experience.

2 Section B: Two sets of closed ended questions. Each of these sets required responses using the Likert Scale.
   - Students' level of agreement to statements about the various aspects relating to the quality of the Bachelor of Nursing (pre-registration) program.
   - Students' level of agreement about their capacity to meet program objectives by the completion of the program.

3 Section C: Six open ended questions with no defined parameters for participants' responses:-
   a. What is your view of what it is to be a competent skilled practitioner in nursing?
   b. How have you acquired the knowledge, skills and attitudes to prepare you for professional practice?
   c. What aspects of the program were the most valuable in preparing you for beginning professional practice?
   d. What aspects of the program were the least valuable in preparing you for beginning professional practice?
   e. How could the current curriculum be further developed to improve preparation for beginning professional practice?
   f. What is your image of the program?

As a graduate from one of our programs, we value your perceptions on the level of your achievement of the objectives of the program you have recently completed. Your perceptions and opinions will assist us to improve our programs. We therefore ask you to complete the short survey below by circling the appropriate number and giving us your opinions in the open-ended section at the end of this survey on other matters related to the program you have completed.

**1 Bachelor of Nursing (Pre-Registration) Objectives**

(1 = I cannot assess the level of my achievement, 2 = not satisfactorily achieved, 3 = satisfactorily achieved, 4 =achieved at a high level, 5 = achieved at a very high level)

I am able to:

| | | Level | | | | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | Implement Irurita's framework to recognise vulnerability and preserve integrity. | | | | | |
| 2 | Use critical thinking and problem solving skills in clinical decision making. | | | | | |
| 3 | Communicate effectively with client, family and members of the health team in both verbal and written documentation. | | | | | |
| 4 | Practise nursing acknowledging the interactions between health and people's environments. | | | | | |
| 5 | Practise nursing within recognised ethical and legal parameters. | | | | | |
| 6 | Demonstrate compassion and respect for self and others. | | | | | |
| 7 | Demonstrate accountability and safe practice. | | | | | |
| 8 | Demonstrate a scholarly approach to nursing as a discipline. | | | | | |
| 9 | Utilize research findings to maintain and update standards of nursing care. | | | | | |
| 10 | Evaluate care outcomes at a beginning practitioner level. | | | | | |

**2.** I believe I was suitably/adequately prepared to undertake my study program. Yes/No

**3.** Please give us your opinion on any matters related to your program. Please include any information that you feel may help us to improve our programs.