The impact of undergraduate clinical teaching models on the perceptions of work-readiness among new graduate nurses: A cross sectional study

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ABSTRACT

Background: Clinical Placements are an essential component of bridging the gap between academic theory and nursing practice. There are multiple clinical models designed to ease the transition from student to professional, yet there has been little exploration of such models and their impact on graduates’ perceptions of work-readiness.

Objectives: This cross sectional study examined perceptions of work-readiness of new graduate nurses who attended one of the following clinical teaching models: the University Fellowship Program (UFP), the Traditional Multi-facility Clinical Model (TMCPM), and the Mixed Program (MP).

Methods: Three groups of first year graduate nurses (UFP, TMCPM, and MP) were compared using the Work-readiness Scale, a validated and reliable tool, which assessed nurses’ perceptions of work-readiness in four domains: organizational acumen, personal work characteristics, social intelligence, and work competence. A multivariable Generalized Estimating Equations regression investigated socio-demographic and teaching-modelrelated factors associated with work-readiness.

Results: Of 43 nurses approached, 28 completed the survey (65% response rate) of whom 6 were UFP attendants, 8 attended the TMCPM and 14 the MP. Those who had attended the UFP scored higher than the other two in all four domains; however, the crude between-group comparisons did not yield statistically significant results. Only after accounting for age, gender, teaching setting and prior work experience, the multivariable model showed that undertaking the UFP was likely to increase perceptions of work-readiness by 1.4 points (95% CI 0.11–2.69), \( P = 0.03 \). The UFP was superior to the other two placement models.

Conclusion: The study suggests that the UFP may enhance graduate nurses’ perceptions of work readiness.

1. Introduction

A theory-practice gap is common among graduate nurses, resulting in a developmental lag between achieving competency as an undergraduate student nurse and competency as a novice graduate nurse (Blevins and Millen, 2016, Duchscher, 2009; Eley et al., 2010; Halfer, 2007; Kelly and Ahern, 2009). Often termed different phrases such as ‘hit the ground running’ or ‘moving seamlessly into the workforce’, the concept of work-readiness is defined differently throughout the literature. For the purpose of this study the definition by Caballero and Walker (2010) was utilized and is described as the level of preparedness for successful transition from student to employee. New graduates often experience a range of challenges including physical, intellectual and emotional exhaustion, struggles with developmental and sociocultural changes, and disillusionment with their profession during their transition to practice. These experiences are termed ‘reality shock’ (Duchscher, 2009). Like many other nations, the Australian tertiary sector has sought to narrow the theory-practice gap by providing clinical placements within the health sector to better prepare nursing students for the reality of practice (Latham et al., 2007).

The purpose of undergraduate clinical placements is to immerse student nurses in the clinical environment, allowing opportunity to develop clinical skills, apply knowledge and theory to clinical practice, apply practical problem-solving skills and become professionally socialized. Clinical placement now makes up to 50% of the undergraduate curriculum. In the United Kingdom (UK), Stayt & Merriman (2012) note concerns regarding graduate nurses work readiness and attributing factors include reduced availability within healthcare for student clinical placements, a reduction in supervision of students whilst on placement and an unpredictable clinical environment with increasing patient acuity. Similarly, Reimer Kirkham et al. (2007) reviewed the use of Innovative Clinical Placements (ICPs) in Canada citing that the healthcare restructuring, budget cuts and the increase in student nurse enrolment would indicate that the traditional approach to allocating
clinical placements was unsustainable. Similar to these and other nations, Australia is challenged by an increase in student enrolment with a shortage of clinical placement availability and has sought to try new and innovative models to meet the demand. To date there has not been sufficient research that examines the correlation between undergraduate clinical teaching/placement models and graduate work-readiness. As alternative undergraduate clinical teaching models are implemented, it is increasingly important to assess whether such models adequately prepare graduate nurses for clinical practice.

The research conducted thus far does not provide clear solutions, but rather focuses on transition stress and its causes, and disseminates a number of key outcomes from university and hospital partnerships that have varied degrees of impact on graduate work-readiness. In the United States of America, Blevins and Millen (2016) note that graduate nurses are being flooded into the profession to alleviate the nursing shortage, a situation that is not unique to the USA alone. However, as graduates fill the gap caused by the nursing shortage, there is a more challenging gap, the gap between the theory they learnt at university and the practice they are required to deliver. The difficulties surrounding the transition from university to clinical setting, and the apparent lack of graduate nurses’ work-readiness, have led to an increased emphasis on the role of clinical placement in undergraduate education. Since critical thinking and decision-making relating to real life patient-nurse situations are challenging to teach and assess in a classroom environment, clinical placements are designed to reduce the reality shock of transitioning from an expert student to a novice registered nurse (Carlson et al., 2010; Corlett, 2006; Courtney-Pratt et al., 2015; Dyson, 2000; Newton and McKenna, 2007). However, with nursing student numbers increasing and hospitals already at capacity unable to accommodate the clinical hours required by tertiary education providers, the amount of acute clinical placement time is limited and the quality of placements can vary significantly (Gilmour et al., 2013).

The stressful nature of clinical placements is well described in the literature (Latham et al., 2011; Moscaritolo, 2009). Multiple sources of stress and anxiety for students during their clinical placements include: the unpredictable clinical environment (Myrick and Yonge, 2005); disparity between what has been taught in the classroom and what is actually practiced in the workplace (Clark and Springer, 2012); inconsistency between different wards, facilities, and even shifts; nursing staff attitudes towards students and time constraints (Carlson et al., 2010); and student interaction with the interdisciplinary health care team (IDHCT) and their perceived interest in working with students (Moscaritolo, 2009). The demand for clinical placements has dramatically increased. In Australia, the number of nursing students almost doubled between 2001 and 2011 (HWA, 2014). In light of the increasing student numbers and decreasing availability for placements, it is essential to find a clinical placement model that can more effectively accommodate these pressures (Ellerton, 2003; Reimer Kirkham et al., 2007). There is no universally accepted structure for nursing clinical education, however in many European countries, the United States of America, Canada and Australia, the most commonly found clinical placement model involves nursing students passing formal academic proceedings and attending a healthcare facility (Reimer Kirkham et al., 2007; Warne et al., 2010). This is usually completed over periods between two and six weeks at a time, during Monday to Friday and does not generally include overnight shifts. Currently, Australian nursing students in the state of Victoria complete eighteen weeks of clinical placement over the duration of their bachelor degree (Missen et al., 2015).

There is little industry consensus about graduate’s preparedness for practice, Berkow et al. (2008) report that 90% of leading nurse academics in the USA believe students are fully prepared for practice at course completion, in contrast to, and compared with 10% of health system nurse executives. Graduate work-readiness is becoming more recognized as a measurable concept (Caballero et al., 2011). The Work Readiness Scale for graduate nurses is a reliable tool that was developed and validated to assess graduates’ perceptions of work-readiness (Caballero et al., 2011; Walker et al., 2015). The authors describe work-readiness as more than simply possessing a set of clinical skills. The authors argued that work-readiness was about having capability and attributes that enabled an individual to function successfully within an organization. The suggested four work-readiness constructs included Social Intelligence, Organizational Acumen, Work Competence and Personal Work Characteristics (Walker et al., 2013a). This study examined perceptions of work-readiness of new graduate nurses who had attended one of the following three clinical teaching placement models: the Traditional Multi-facility Clinical Placement Model (TMCPM), The University Fellowship Program (UFP) and the Mixed Program (MP). The TMCPM, in which placements are usually taken in weeklong blocks, is commonly found and used in most Australian hospitals, whereby students attend their required number of clinical placement hours at different hospitals for each unit of study. The UFP is a program that requires students to attend all, or most, of their clinical placement hours at a single hospital, whereas the MP relates to students who have attended the study hospital’s placements as part of their TMCPM, but and are not enrolled in the UFP.

The UFP differs from the other two models in such that it employs a Clinical Liaison Nurse who is professionally affiliated with the university and is familiar with the university academic curriculum, but is also a permanent and long-serving staff member of the hospital. This ensures that the Clinical Liaison Nurse has up-to-date organizational understanding of the hospital and the wards in which students are placed and that the placements are aligned with course content, and clinical teaching is further supported. The students are partnered with a senior nurse to act as a preceptor for the duration of each clinical placement, and have access to a professional network at the hospital through committees, volunteer work and other extra-curricular activities—that would otherwise not be offered to them. This study aimed to examine if the UFP had any impact on graduate nurse’s perceptions of work-readiness.

2. Methods

This cross-sectional study used a self-administered survey to gain empirical data from a convenience sample of graduate nurses in their first year of practice in Cabrini Health – an acute care 832-bed private hospital in Metropolitan Melbourne, Australia. All graduates were offered a self-administered questionnaire five months into their graduate year. The graduates received their professional assessments prior to the study so as not to perceive any bias as to if they did or did not participate in the study. Consent forms were given to graduates at the mid-year study day when they received a verbal explanation of the study as well as a written explanation.

Participants were surveyed using the Work-readiness Scale (WRS). This validated and reliable tool was utilized to evaluate the perceptions of work-readiness from the sample (Caballero and Walker, 2010). The WRS for Health Sector Graduates comprises 61 items rated on a 10-point Likert scale (where 1 is completely disagree and 10 is completely agree) to examine each of the five work-readiness constructs (Personal Work Characteristics (PWC), Organizational Acumen (OA), Work Competence (WC), Social intelligence (SI), and other health Sector factors (HS)) (Walker and Campbell, 2013) and an additional sub-scale on clinical preparedness (Walker et al., 2013b).

2.1. Ethical Considerations

Prior to data collection ethics approval for this study was obtained from the Australian Catholic University and the Cabrini Human Research Ethics Committees.
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