Graduate Nursing Performance: a descriptive study of the perceptions of Graduates, Preceptors and Clinical Nurse Consultants in Tasmania

submitted by

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Statement of authorship

Except where reference is made in the text of the thesis, this work contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for another degree or diploma.

No other person's work has been used without due acknowledgment in the main text of the thesis.

This thesis has not been submitted for the award of any other degree or diploma in any other tertiary institution.

Karen Roberts

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Abstract

This descriptive study used the Australian Nursing Council Incorporated (ANCI) Competencies eighteen major headings as a set of performance criteria to investigate four aspects of graduate nursing performance:

- the perceptions of registered nurses (RN) (Graduates, Preceptors and Clinical Nurse Consultants (CNC)) regarding the expected level of graduate nursing performance at the completion of a Bachelor of Nursing (BN) course, and the commencement of employment as a registered nurse;
- the perceptions of registered nurses of the actual level of graduate nursing performance near the completion of the first professional year;
- the components of nursing practice registered nurses believed were *critical* to a satisfactory level of graduate nursing performance; and
- the attributes of a Graduate perceived by registered nurses to represent outstanding nursing performance.

All Graduates from the University of Tasmania's BN 1996 programme, RN Preceptors who worked with the Graduates, and the CNC's of the areas where Graduates were employed were invited to participate in the study.

Findings revealed that Graduates expected to be functioning at a higher level of performance at the beginning of their graduate year than did the Preceptors and CNCs. There was little agreement between the three groups. When agreement between pairs of groups was examined Preceptors and CNCs agreed the most, followed by Graduates and Preceptors and Graduates and CNCs.

When perceptions were sought regarding Graduates' nursing performance near the end of their graduate year Graduates again rated their nursing performance higher than Preceptors and CNCs. There was little agreement between the three groups. When agreement between pairs of groups was examined Graduates and Preceptors agreed the most. Overall, the Graduate and Preceptor groups were more consistent than the CNC group in their rating of Graduate performance.

All three groups identified eight performance criteria that were seen as important to achieving a satisfactory nursing performance. These *critical* Competencies could be interpreted as a beginning description by RNs of their beliefs about "good nursing practice" and a "good nurse".

For the Graduate group "safe practice" and "personal/professional continuing education" were the most frequently cited attributes of outstanding Graduate performance. For the Preceptor and CNC groups the most frequently cited attributes were "communication skills" and "knowledgeable and skillful caregiving".

The findings of the study would suggest that the Preceptors and CNCs, most immediately involved in the transition experiences of Graduates, need to discuss and share expectations and perceptions of graduate nursing performance between themselves and with the Graduates.

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Chapter one

Introduction

1.1 Background to the study

In 1992 the entry-to-practice qualification for nurses, in Australia, changed from diploma to bachelor level studies. This has meant that Schools of Nursing have introduced new curricula that address the current and future needs of the community in regards to health and illness, with an increasing emphasis on primary health care, community-based care and the knowledge and skills nurses require to meet these challenges. The Bachelor of Nursing courses also have to consider the Australian Nurse Registering Authorities Conference (ANRAC (1990)), now the Australian Nursing Council Incorporated (ANCI) Competencies that have been accepted by the nurse registering authorities in each state and territory, as of 1990, as being the minimum level requirements for registration as a "Registered Nurse".

Graduates from the first Bachelor of Nursing programme, of the Tasmanian School of Nursing (TSoN), completed their studies in 1994 and were in employment in professional nursing positions in 1995. Based on formal and informal evaluation from the students in the first group and anecdotal feedback from registered nurses and employers the course has undergone some modifications. The second group of graduates from the course completed their studies in 1995 and were in graduate employment positions in 1996. It is this group that the present study targeted.

This chapter outlines the focus of the present study. The transition experiences for graduates, and in particular the roles of the registered nurse Preceptors, Clinical Nurse

Consultants (CNCs) and the Graduates themselves are considered. Additionally, the components of performance assessment perceived by nurses of different levels of experience as being *critical* are raised as issues. Finally the present study's contribution to knowledge development and the scope of the study are presented.

The terms Graduate/Graduates are used in the present study to represent a person employed for the first time as a registered nurse, after successful completion of a Bachelor of Nursing (BN) course of studies, for a period of up to twelve months. In the present study the main focus was the perceptions of Graduate performance; 1) at the commencement of their employment and 2) near the completion of their first twelve months of professional experience, by Graduates, Preceptors and CNCs.

1.2 Overview of the study's focus

Since the transfer of nursing education to the tertiary sector, the assessment of graduate performance in practice and the subsequent recommendations for improvement have focused on the changes that could or should be made to the three year course preparation of students prior to graduation. The most frequently cited change is an increase in the clinical experience the students undertake within the three years of the course. There has also been an emphasis placed on a "block" of practice at the end of year three to consolidate nursing knowledge and skills prior to registration as a nurse (Reid 1994:243, Recommendation 12.2).

The education sector is seen as having a responsibility to develop collaborative processes with the service sector to identify and describe the work/employer expectations of graduate nurses for inclusion within the three year course (Reid 1994:240). The TSoN

lecturing staff involved in the Bachelor of Nursing; and in particular the units relating to the development of nursing knowledge, nursing skills and nursing practice; are involved in an experiential curriculum that incorporates the ANCI Competencies in the design, implementation and assessment of the students' nursing practice. This approach has been shown, in a study by Sankey (1995), to enable the students to integrate the ANCI Competencies into their nursing practice. Therefore, the TSoN in recommending a student for registration as a nurse, following the students' successful completion of the course requirements, has documentation evidencing the student's achievement of minimal competence for beginning level practice, as set out in the ANCI Competencies (ANCI 1995). "Minimal competence means that the person has **competence** across a **set** of competencies applicable to the nurse, at a **standard** that is judged to be the **minimum level** suitable for professional licensure" (ANRAC 1990:93, original emphasis). From within the experiential curriculum the lecturers' expectations for successful completion of course requirements are situated in the students' achievement of minimal competence.

However, the TSoN has not formally asked the registered nurses in clinical practice what they currently expect of graduates at the completion of a three year course and the actual level of nursing performance required by the end of the first professional year of employment, nor has there been any summative evaluation of the course outcomes for graduates following a year of professional practice. The committee (Reid 1994) in the report *Nursing Education in Australian Universities* Report of the national review of nurse education in the higher education sector 1994 and beyond commented that;

> submissions from individual hospitals tended to be more critical of the alleged deficiencies of the new graduates than were other submissions to the Review (Reid 1994:233).

The Review committee did not specifically state their expectations of hospital staff or what they interpreted as traditional health sector expectations of graduates although

throughout the report the implication is that the health sector expect a level of "experience" that is not possible for new graduates without having to consider an investment in graduate support by the employers that is required to achieve this level of "experience". The Review report also emphasised the need for the education and service sectors to form closer working relationships so that discussions between them could assist in dealing with the perceived difficulties, and this is reflected in a number of the report's recommendations (Reid 1994).

The evaluation of the nursing performance of graduates prior to and after the first professional year is a new research phenomenon within Australia. Professor Madjar, when describing a study in New South Wales by the University of Newcastle's Faculty of Nursing and the Central Coast Area Health Service which commenced in January 1997, and which looked at the experiences of transition from the student in the classroom to nurse and employee in the hospitals and other work places, commented that "...research into this area has already been conducted overseas, the results can't always be applied to the local conditions, so Australian research is essential" (Nursing Review, Feb.:9).

The present study is a formal process of seeking the input of registered nurses in clinical practice regarding four main aspects of the nursing performance of graduates of the TSoN Bachelor of Nursing course, and more generally explores issues related to preceptorship and learning. Firstly, in seeking the perceptions of clinical nurses, including recent graduates, in regard to their expectations of Graduates' level of performance at the end of a three year BN course a description of these expectations in the Tasmanian context is documented. Secondly, the study documents a description of the actual level of performance of the Graduates near the end of their first professional year of employment. The documenting of nurses' expectations of performance at the commencement of

employment and the level of performance achieved at the end of twelve months allows a comparison to be undertaken among and between the different registered nurse categories of Graduate, Preceptor and Clinical Nurse Consultant (CNC). Thirdly, the perceptions of the three registered nurse groups were sought regarding the components of nursing performance that they believe are *critical* to satisfactory level of graduate performance. Such descriptions by registered nurses of the *critical* components, or beliefs, about performance compliments the descriptions of the expected and actual levels of graduate nursing performance. Fourthly, the study provides a description of attributes identified by Graduates, Preceptors and CNCs which represent their ideas of outstanding practice of a graduate following their first professional year. Implicitly, such attributes might be said to indicate qualities of a "good nurse". Many nurses have, in the researcher's experience, a personal understanding of what a "good nurse" is. Although this "good nurse" image is rarely articulated in any systematic form it could be said to implicitly influence the personal/professional judgements by an individual nurse with regard to the nursing performance of another. Additionally, nurses' views of important/significant experiences that helped them practise nursing, or undertake their role, were sought.

1.3 The transition experience and the key registered nurses involved

The Graduates in their first nursing positions are, in Tasmania, matched with experienced registered nurses who act as preceptors to assist the orientation and integration of the new nurses within a framework of graduate support activities. The Graduates, from 1996 onwards, are offered these support activities until, in consultation with the Graduate, Preceptor, CNC and often a member of the Staff Development Department, it is decided that the Graduate no longer needs a formalised support structure. However, the period of time of induction, orientation and peer support required by graduates to integrate the

specific and local clinical requirements will be different for each individual. The time suggested in the literature for this activity varies from as little as 3 months, to as long as twelve months (Deshong 1994 cited in Reid 1994:242).

Mandatory twelve month Graduate Nurse Programmes were not supported by the Review panel (Reid 1994:242, Recommendation 12.4) although there was a strong implication in the submissions to the review that the first twelve months is a significant period of time for the graduates. For example, in the Tasmanian statewide public sector the graduate positions are offered within a framework of Graduate Nurse Development (GND) activities conducted by the Staff Development Department of each agency. In the Royal Hobart Hospital (RHH) programme the Graduates participated in a series of seminars, reflective practice sessions, clinical competence assessment activities and four "Performance Review and Development" (PR&D) discussions. The PR&D discussions, in the 1996 programme, were between the Graduate, Preceptor and CNC at one month, four months, eight months and twelve months in the graduate year.

The PR&D process utilises the ANCI Competency framework as the basis for the performance review. The CNC and Preceptor write-up the discussion and performance review including the goals set for implementation prior to the next meeting. The Graduate reads and signs the report. If the Graduate disagrees with anything contained within the written report (s)he is encouraged by the GND coordinator to write a response to any issues raised. All the PR&D documentation becomes part of the Graduate's personnel file. The decision regarding the Graduate's progress, such as a continuing requirement for GND support, is a collective decision of the staff involved. The Graduate makes an application to be considered for review of their nursing performance as having met the competence requirements of the GND framework. The CNC, Preceptor and

GND staff review the Graduate's request and nursing performance against the ANCI Competencies and a decision on releasing the Graduate from further formal GND activities is made. The maximum time allowed for GND support is the twelve months of the Graduates' temporary contracts.

In 1997 the GND activities remained ostensibly the same although there were only three PR&D review sessions. This change in the approach was premised on the assumption, and past experiences, that most Graduates have concluded the competence review activities and would not require the GND support after nine months (RHH GND Coordinator, personal communication).

1.3.1 The beginning level practitioners

The period of time a graduate is defined as a "beginning level practitioner" is not universal in the literature. "Beginning level meant that the participants had less than one year's clinical experience in the area of nursing practice in which they were currently working" (Williams 1989:6) and "[b]eginning Registered Nurses (BRN) had been employed for periods ranging from 2 weeks to 10 months at the time of observation" (Butles & Fox-Young 1990:12). Benner (1984) has the category of "Novice" to refer to a nurse who has "...no experience of a situation" and the category of "Advanced Beginner" as a nurse "with less than two years experience in [a] similar situation" (1984:20). A level of "competent" practice, in the same or similar situations, may be achieved in two to three years according to Benner (1984:25).

For the present study the evaluation of performance, near the end of the first professional year, using the ANCI Competencies major headings as performance criteria statements to

gauge the perceptions of registered nurses regarding graduate nursing performance, is consistent with the understanding that the first twelve months is a significant period of time in Graduates' professional development as a registered nurse and is in keeping with the view of the local context. Using the ANCI Competencies eighteen major headings in the present study was appropriate for seeking perceptions of nursing performance of the Graduates as it is consistent with the use of the Competencies as a framework for the assessment of students' preparedness for the registered nurse role and the continuation of this approach in the PR&D process in the state public health agencies during the first twelve months.

1.3.2 The Preceptor and the Clinical Nurse Consultant

The preceptors working with and alongside the graduates are in a prime position to contribute to the evaluation of nursing performance. The preceptor is able to offer the graduate clinical experience and expertise, advise and support in clinical decision-making to deliver nursing care, provide the local knowledge required to "fit in", and the personal backup and feedback that assists the new graduate in the transition. The preceptors' perspective of graduates' nursing performance represents a significant population of professional nurses involved in the delivery of health/illness care who are directly relating to and observing the graduates at work. The formal preceptor - graduate relationship allows for the development of a rapport and personal knowledge of each other that facilitates an interchange of ideas and feedback. It is crucial because of the nature of the preceptor relationship that this be supported and managed in some way by the agency, either centrally or in the local clinical areas, so that the result is a beneficial experience for both preceptor and graduate.

The benefits of preceptorship for student/graduate, registered nurse preceptor and the health agency are evident in the literature. "The use of preceptors strongly increases the student's [graduate's] sense of independence with patient care as well as satisfaction with the clinical experience" (Zerbe & Lachat 1991:20). Similar findings were evident in a two year study by Caty and Scott (1988) involving students, registered nurse preceptors and the head nurses of the clinical units that participated. The study found four themes arising from the responses to the question - Name three major advantages of the preceptor - student experience. The themes were: increased independence which allowed for self-growth and increased responsibility of the student; the student being readily accepted as a team member; the experiencing of the realities of daily nursing practice and the students "recognising the stressors of the work place and realising that many staff nurses are still learning"; and the opportunity to apply knowledge and skill with preceptors noting the opportunity to relearn knowledge and skills or to role-model expertise in clinical nursing (Caty & Scott 1998:22).

The development of a comprehensive preceptor model was identified as important to increase the retention of nurses during periods of staff shortage in a study by Hitchings (1989). Preceptorship was seen to be a "factor of magnetism", that is a reason for staff choosing to stay at a particular hospital. The staff "liked to serve as preceptors" and share their nursing knowledge, and good orientation programs were reported which assisted with the integration of new staff, which helped increase their own level of responsibility (Hitchings 1989:255).

The preceptor role was seen to have benefits for the preceptor too. In a descriptive study by Dibert and Goldenberg (1995) benefits and rewards identified for the preceptor included: improvement of teaching skills; personal satisfaction; increased knowledge

base; remaining current and stimulated in nursing; increased organisational skills; involvement with change in the nursing unit; and improved chances for promotion. The organisation benefited too. Preceptors had an increased level of involvement in the activities of the hospital (Dibert & Goldenberg 1995:1148).

The Clinical Nurse Consultants' (CNCs) involvement in the graduate's transition phase is different from the Preceptor. Their focus is on overall clinical area management but their role is equally important to the graduates' feeling of acceptance and membership of the nursing "team". The CNC's role in graduate transition is not as directly addressed in the literature as that of the preceptor. In studies of student/graduate nursing performance the CNC (Charge Nurse, Nurse Unit Manger, Clinical Unit Manager and other various titles) is sometimes included in the performance review (Battersby & Hemmings 1991 and Ryan & Hodson 1992). The CNC position description generally incorporates statements pertaining to responsibility for resource management including staffing, accountability for nursing practice standards within the clinical area and nursing leadership. This view of the role of the CNC is confirmed by Story (1996) when she describes the new graduates' expectations of the CNC. She summarises the graduates' expectations of CNCs as "to be visible, to establish clinical standards and promote bureaucratic and organisational goals" (1996:7). Story acknowledges that the role is a difficult one but identifies the role of the CNC in her continuing education, as a graduate, as crucial.

1.3.3 The Graduates' perspective

Recognition of their own abilities and level of professional competence (ANCI major heading no. 4) is a requirement of all nurses, graduates included. Therefore a study

investigating the perceptions of level of graduate performance should include the Graduates' perceptions in the analysis.

Graduates bring their own beliefs and values about nursing derived from various sources including, their educational preparation, personal beliefs and experiences, and clinical experiences during their studies and in their first year of employment. In the Bachelor of Nursing course, TSoN, the students are involved in building a profile of their nursing performance, using the ANCI Competencies framework, in collaboration with registered nurses and lecturers. This experience of assessing and documenting their own nursing performance is important for the student in evidencing their achievement of minimal competence. In the present study, the Graduates utilised an evaluation process that used the ANCI Competencies major headings which they where familiar with and this helped reinforce the continuous nature of performance self-review. The Graduates' experiences in the first professional year places different stresses on them than they may have experienced as undergraduates.

The depth or complexity of detail of the description of Graduate nursing performance was increased by the inclusion of the perceptions of different levels of nurse. The CNCs, Preceptors and Graduates are important representative groups of the registered nurse population and together are the immediate key stakeholders in the successful integration and adaption of graduates to the role of registered nurse.

The development and advancement of nursing within the health/illness care delivery system for the future is in part dependent on the graduates as they are encouraged to consolidate their learning and contribute to the future ideas and planning of health care. This contribution is encouraged when the graduates have their efforts acknowledged and

achievements rewarded by those they work with. The Preceptors and CNCs working with the Graduates are actively shaping the future of nursing. As found in studies by Buckenham (1994) and Moorhouse (1992) the first year for graduates is a time of great change and challenge and their "success" in transition, from student of nursing to registered nurse, is a complex process. The registered nurses working with the graduates have a significant role to play in the processes of professional socialisation to the extent that graduates may decide to continue in nursing or leave the profession based on their experiences in the first twelve months of practice.

1.4 The critical components of performance

As well as exploring the Graduates', Preceptors' and CNCs' expectations regarding graduates' performance at the start and near the end of their graduate year it was also felt important to determine what nurses thought were *critical* components of performance. Although it is expected that all nurses at the completion of BN courses will have achieved a minimal level of competence, inclusive of all the competencies pertaining to the ANCI eighteen major headings, it is not known if experienced nurses or graduates actually subscribe to this view. It may be that nurses at different levels vary in their perspectives on the *critical* value of each ANCI major heading in relation to graduates' performance following the first year of employment. The present study provided an opportunity for nurses to articulate their ideas, regarding the important components of the beginning registered nurse role by the Graduates at the completion of the first year of practice, that implicitly at least may be seen to inform their individual beliefs and judgements of what might be "good nursing practice" and a "good nurse".

1.5 Attributes of outstanding Graduate performance and indicators of Graduates' future potential

Another aspect addressed in the present study was the identification of attributes of outstanding nursing practice as possibly indicative of a graduate's future performance potential, as perceived by registered nurses. This focus is different from the education sector where, whilst concerned with levels of nursing performance as part of overall student achievement, the focus is more directed to identifying students with potential to undertake Honours and higher degree level studies. Within universities the selection of outstanding performance is based on academic achievement. The TSoN identifies achievement as including practice knowledge and nursing performance in the selection of candidates for the Honours programme. The descriptive account of attributes identified by nurses as indicators of future nursing potential offers the opportunity for clinical nurses to identify and encourage Graduate's, whose nursing practice reflects theses attributes, for career development and later clinical leadership.

The main research questions in the present study were:

- What are the expectations of Graduates, Preceptors and Clinical Nurse Consultants of the level of performance of a graduate at the completion of a three year nursing degree?;
- What are the Graduates', Preceptors' and Clinical Nurse Consultants' perceptions of the graduates' actual level of nursing performance in practice near the completion of the first year of graduates' employment?;
- What are the perceptions of the Graduates, Preceptors and Clinical Nurse Consultants of the *critical* Competencies that indicate a satisfactory level of nursing performance?; and
- What are the attributes of a Graduate perceived by Graduates, Preceptors and Clinical Nurse Consultants as indicators of outstanding practice that may indicate a graduate's future nursing potential?

Additionally, open response questions were asked in relation to preceptorship and learning experiences.

The present study follows on from the study by Sankey (1995) where the TSoN curriculum and the integration of the ANCI Competencies by the students into their practice was examined. The researcher continues the focus on the ANCI Competencies major headings in this study using them as the performance criteria items against which the registered nurses indicate their perceptions of expected and actual level of nursing performance by graduates. The present study will make a significant contribution to any future study of progress over time in the perceptions of graduate nursing performance by developing and testing an evaluative strategy for the Bachelor of Nursing, Graduate Nurse Development activities and a survey tool that is applicable to the Tasmanian context.

1.6 The scope of the study

As a study for a coursework minor thesis there are some considerations that have influenced the approach and scope of this work. The time frame for this study was semester two 1996. Most of the graduates, of the TSoN from 1995, commenced employment around February - March of 1996. This means the survey was undertaken towards the end of the second six months of the graduates' first year. The timing mismatch in terms of commencement of employment and the study leave period to undertake the present study means that only a single sampling of perceptions of nursing performance was possible.

1.7 The subsequent chapters

The thesis report contains four subsequent chapters. Chapter two reviews the issues arising from the literature that form a background to the transition experiences of new graduates. A review of studies of student/graduate performance is presented. Chapter three describes descriptive study methodology, the use of survey as a data collection method and the development of the questionnaire tool used in the present study. The data analysis is also discussed. Chapter four presents the results. Chapter five presents a discussion of the findings, implications and ideas for future research.

Chapter two

Background issues from the literature

2.1 Introduction

This chapter examines the issues associated with the journey from nursing student to registered nurse. Factors influencing this journey span the education and service sectors including: the preparation of nurses for practice; expectations of competence/performance (at the completion of the BN course) and performance (near the completion of the nurses' graduate year); and the articulation between the education and service sectors. A summary of the "competence" and "performance" terminology debate from the literature is also included.

A search of the literature on articles related to graduate competency/performance resulted in a very limited number being found and most related to the United States of America and the United Kingdom contexts. Many focused on student nurse performance and suitability for registration with no follow-up tracking of graduate performance. The articles that did evaluate graduate performance sought the views of the employers and immediate nursing supervisors of the graduates but, except for one study, did not ask the graduates to evaluate their own performance. The literature on nursing competence/performance, at the completion of a nursing course, focuses mainly on the processes of assessment and evaluation of actual performance.

2.2 Preparation for Practice: the Tasmanian perspective

The TSoN Bachelor of Nursing [pre-registration] course is a six semester, three year, full-time course leading to registration as a nurse. The qualification is recognised in all states and territories in Australia. The course is structured on a curriculum matrix: the vertical axis represents the areas of knowledge on which the course is based, the students studying: the discipline of nursing, nursing practice, health and supporting studies. The horizontal axis represents the focus for each year in relation to the areas of knowledge: year one focuses on health and healthy communities; year two on people living in the community who experience episodes of illness and illness care; and year 3 concentrates on health and illness care in a variety of contexts (Appendix 1). The course is premised on a number of philosophical assumptions, from beliefs relating to health, nursing as a discipline for academic and clinical research, nursing as a profession and a broad based educational approach that provides opportunities for students to develop life-long learning strategies. The beliefs about nursing as a practice-based discipline and the role of knowledge and experience are of particular importance in preparing nurses for professional practice.

The TSoN acknowledges that nursing is a discipline with a knowledge base which arises from within practice with students learning from within an experiential curriculum. The studentship encompasses the "performance of" and "engagement with" nursing practice. The course philosophy also incorporates the Australian Nursing Council Incorporated (ANCI) Competencies as the minimum standard for level of performance required for recommendation for registration as a nurse. Explicit in the curriculum is an agenda of developing a writing of the culture in nursing where embedded nursing knowledge is captured in descriptive accounts of practice.

The students have a two year theoretical foundation in the knowledge and skills required for the nursing role, practice knowledge, and a beginning experience of nursing in the clinical context. In the third year, the students are immersed in nursing practice contexts where they have the opportunity to build the links between the foundational understandings and the practice role of a nurse. The Practice strand of the curriculum matrix (vertical axis) of the course is structured as:

- Year 1 has 112 hours of on-campus learning and 56 hours of a health related project directed at learning in the community;
- Year 2 has 180 hours of on-campus learning, incorporating lectures, tutorials, clinical laboratories and simulated clinical experiences, and 240 hours of clinical practice - conducted as two four week blocks at the end of each semester; and
- Year 3 has in total 560 hours of clinical learning/experience supported by 112 hours of tutorials in the practice contexts of acute care, mental health and community nursing.

The Practice strand units for years 2 and 3 add up to a total of 800 clinical hours (Nursing Board of Tasmania, (NBT) 1996:23).

A study by Sankey (1995) has shown how the TSoN's curriculum enables students to integrate the ANCI Competencies into their nursing practice. The teaching/learning approaches that assist the integration include: an outcome-based approach to teaching using problem-based learning; the inclusion of increasing lengths of time in nursing practice experiences; and the provision for students to achieve the Competencies at their own pace, normally within three years. The assessment strategy used in the Practice strand units in years 2 and 3 includes supervision and support during nursing practice experience and the provision of feedback both formative and summative that enhances the integration of the Competencies in the performance and assessment of student practice as identified by Sankey (1995:190).

The assessment of student performance in practice needs to reflect the complexity of the clinical setting whilst incorporating both practice and educational requirements. The TSoN has developed a profiling assessment strategy, the Practice Profile, to address the complexity of the processes involved. The use of portfolios or profiles to showcase students' work has been used in other disciplines, such as fine arts and architecture, and this evidence of performance has been adopted to suit a nursing context (Roberts 1996). The students are assessed as having achieved minimal level competence, for beginning level practice, on successful completion of BN studies. The different understandings amongst nurses about what minimal level *competence* and *performance* mean in terms of "readiness" to work is well documented. The terms appear to be used interchangeably in the literature. Each term is a complex concept and a summary of the debate is included in section 2.5 of this chapter.

2.3 The "readiness for work" of nurses following a three year BN course of studies

A quote from the Chief Adviser Nursing, New Zealand, captures the essence of expectations surrounding new graduates' readiness to work; "anecdotal evidence suggests [e]mployers maintain that new graduates are not able to 'hit the decks running' and prefer to employ experienced nurses as they provide more value for money" (cited in Reid 1994:217). Generally the criticisms of graduates in transition were summarised as of two types:

> ... first, lack of knowledge of the workplace, of work organisation, prioritisation and time management, of employee behaviour and working with colleagues, and of how health agencies (particularly large hospitals) function; and second, lack of the knowledge and skills needed to be a clinical practitioner (Reid 1994:217-8).

The first of the deficit types identified in the National Review report (1994) derives from a comparison of nurses who having completed an apprenticeship had gained three years of work experience as well as education. As a newly registered nurse they were in the fourth year of employment, and therefore deemed efficient workers. Graduates from the tertiary nursing courses, as registered nurses, are in their first year in the full-time workforce and were not deemed as effective employees. Anecdotal evidence of employment practices that fund a graduate position as a full-time equivalent, following a short orientation period, places high expectations on a new graduate and increases the pressures of work felt by the other members of a nursing shift who have to absorb the graduate's "newness" and inexperience (Nursing Board of Tasmania 1995). The National Review Committee noted that of the submissions received "few of the hospitals argued for reassessment of traditional health sector expectations" (Reid 1994:233).

The ANCI document (1995:1-2), in the statement pertaining to the role of the registered nurse states the major aim of educational programmes is the development of knowledge and skill in providing nursing care for individuals and groups. This includes developing skills in assessment, clinical decision making, and in the planning, implementation and evaluation of care provided. The emphasis on educational preparation for the provision of care is significant in considering the issues for nursing graduates in their transition to the role of registered nurse. The work requirements that an organisation might reasonably expect of an employee are not all, however, directly related to provision of care. The Graduate as registered nurse undertakes a role that incorporates more than just the provision of direct patient/nursing care.

The range of activities are summarised in the ANCI document (1995:2);

> The role of the registered nurse includes the following integrated components: clinician; care coordinator; counsellor; health teacher; client advocate; change agent; clinical teacher/supervisor. The role of the registered nurse includes the responsibility to examine nursing practice critically and to incorporate the results of personal action research or the research findings of others.

In considering a prevailing belief that it should not be necessary to teach new graduates how to fulfil all these requirements, that is, how to be registered nurses Moorhouse (1994:10-11) writes that becoming a RN is not merely an extension of being a student nurse. While (1994:525) also questions the ability of student nurses to demonstrate RN position behaviours, which by law they are not allowed to perform. These two writers appear to be suggesting that a formal "programme" of becoming a RN is required.

The service agencies also expect employees to represent the organisational mission in a manner that enhances the agency's corporate image and standing in the community. This organisational knowledge is not specifically addressed in the educational preparation of graduates and they need time and guidance to develop these understandings. Frequently the organisational expectations of a registered nurse, following the completion of a BN course, have not been articulated in any depth with reference made only in relation to the formal documentation of agency policies and procedures available in the manuals. Often the organisational "expectations" are implicit not explicit. Buckenham (1994) found the participants in her study spoke of difficulties in "learning the local rules". In the apprenticeship system the nursing students spent three years developing the understanding of being an employee and the knowledge of organisational and "local rules" expected by the particular hospital of its future RN employees.

It is imperative in the planning and evaluation of courses, which prepare nurses for practice and activities that support graduates in the transition phase, that the expectations of the organisation, the local clinical area and the registered nurses working with the graduates are identified and communicated to the graduates so that they may match these with their own expectations of themselves. From this understanding the evaluation of graduate performance in practice can share a set of common criteria, known by all the participants, against which performance can be assessed. These criteria need to be publicly accessible so that nurses and employers from the education and service sectors have a similar starting point from which to discuss changes or modifications to the educational preparation or the graduate support activities provided. In the researcher's experience, since the transfer of nursing education to the tertiary sector, the assessment of graduates in practice and the subsequent recommendations for improvement/changes have focused on the educational preparation of nurses only. The education sector has a responsibility to be responsive to the service sector's concerns with the preparation of nurses for the registered nurse role however, there is a need to reconsider the service sector's expectations of graduates in a rapidly changing health care industry.

The need to ask registered nurses currently involved in nursing practice what their expectations of graduates are at the completion of a BN course and the commencement of employment as a registered nurse, and perceptions of graduate performance near the end of the first professional year is imperative so that the service perspectives are represented and open to the same level of scrutiny and debate that has been given to the educational preparation perspective. The present study aims to make public some of the expectations and perceptions of graduate performance so that the nurses in Tasmania have a documented place to begin to address the issues for the future.

It appears to the researcher that there is an understanding in nurses' minds that there is a prescriptive list of skills/knowledge/practices that a graduate can accumulate in a nursing programme that will ensure their ability to perform in a graduate, registered nurse role. What a nurse needs to know to practise is difficult to articulate and depends, again, on "there [being] more than one view of what constitutes good nursing practice" (Reid 1994:207). In the numerous discussions on this topic of "what a nurse needs to know to practise", the researcher has had with many nurses over the years, there is a sense that intuitively there is something that makes a "good" nurse, that is often described in terms of knowledge and/or skills but that is not actually amenable to strict definition or categorisation, each nurse expressing a personal sense of knowing. To identify that diversity of understandings it is important to begin to challenge the notion that "a nurse is a nurse is a nurse" and therefore is an interchangeable item for whom no planning of individual skill and knowledge mix consideration is required for work allocation. And yet even in this diversity of expectations there are things that a nurse "just has to know and be able to do" to practise as a nurse, but the question is - Exactly what should appear on that "must" list? The present study's descriptive accounts present a generalised beginning of a picture of the expectations of the practice world of the new graduate.

2.4 Education to Service: the articulation

A repeated theme in the literature on transition and induction practices is the need for the university and the health agencies to work together. The National Review (1994) recommends the university and health agencies work together particularly around the issues of articulation from one sector to the other. "Lets face it there is the "ivory tower" [university] and [nursing] "practice" and they never have got together and they never will". This "conversation stopper" was used by a friend and nursing colleague of the

researcher during a dinner discussion about the supportive learning environments in practice and the needs of new graduates. Her views covered the litany of how the registered nurses were not capable of providing the supportive learning environment the graduates needed because the registered nurses in practice were sadly lacking in knowledge and skills, in combination with the utopian view the university is reputed to have regarding the practice areas ability to provide support and learning for new graduates. This view of a separation, between the education and service sectors, has been identified by Parker (1994) and in many of the submissions to the National Review (1994). In this one conversation the nurse/friend devalued her RN colleagues and effectively closed any possibility of a "critical" discussion around the needs of graduates for experience, support and the issues that this raises for staff in clinical practice. This nurse is in her early thirties, has completed Bachelor level nursing studies and has until recently been employed as a clinical educator. It is said that change will slowly occur as the "older nurses" retire from the system but in this instance this nurse is at a stage in her career where she is likely to assume a position of power not retire from one.

Beliefs held by some current practising nurses, as reflected in the conversation outlined above, raise the issue of the effort required, by the university and health agencies, in investment of energy for collaboration and working for change in the future. The researcher in her clinical education role experiences groups and individual nurses who are positive and collaborative in their approach to the future of nursing whilst at the same time encountering some apathy to issues relating to the graduates and the future of nursing, or a resistance to the university and its role in the preparation of nurses, as reflected in the friend/colleague's quote. Equally, the researcher has experienced colleagues in the education sector who are disdainful of the knowledge and expertise of practising nurses or those who seek to work collaboratively with clinicians precisely

because of their situated knowledge and experience. The transition process is dependent on a managed articulation from student to employee which requires collaborative work between the education and service sectors and most importantly a constructive and positive belief in the future for nursing and nurses.

2.4.1 The reality of practice: "fitting in"

Becoming a registered nurse and employee is the culmination of completing a course and success in job application and selection processes. The initial period of employment features a need to "fit in" by the graduate and anxieties relating to performance tend to affect the graduate's abilities and confidence. Moorhouse (1994:109) suggests that the assumptions that heavy workload and rapidly increasing responsibility are the main sources of concern for graduates may not be the case. He believes that the graduate who does not feel acknowledged as part of the nursing team by peers and RN colleagues experiences a more stressful transition. He suggests that in-service education campaigns that make people more aware of each others' need for recognition raises morale and increases work effectiveness in general, and for Graduates can promote a milieu where they feel able to discuss their concerns and therefore experience a less stressful transition from student to RN.

Strategies that have assisted graduates during this period focus on the provision of supportive orientation/induction processes and the pivotal role of interpersonal communication and feedback from colleagues. Supportive induction practices have become topical in recent times, probably due in part to the release of the National Review (1994) and an increasing emphasis on employee skills induction and support as required

by government training/multiskilling legislation, as reflected in staff development activities.

Preceptorship, the matching of a graduate with an experienced clinician was identified as the personalised approach offering individualised needs assessment and remediation, and assisted with integration into the workforce. Various ways of enacting preceptor models where direct matching was not possible were discussed in a meeting of nurse employers and TSoN staff (Nursing Board of Tasmania (NBT) 1995). An outcome of the meeting for all participating groups was the countering of some past 'unrealistic' generalised expectations of graduates and the discussion of strategies for supporting the initial transition experiences of graduates in the Tasmanian context.

For example in the Tasmanian private health sector, where cost imperatives of new staff were uppermost in the discussion (NBT 1995), mirroring shifts of a graduate/new staff member with a nominated preceptor/support person was described as assisting in the integration process. The registered nurse and the graduate each had a patient load but the pair worked together so as to provide a flexible support basis for the graduate. Shift mirroring of a Preceptor and Graduate was also being trialed on one ward at a public hospital even though the formal organisational position was that this arrangement was "too hard" to arrange. In the GND activities in 1997 the Graduates, in one public hospital, evaluated the settling-in first month in relation to the support they perceived from the Preceptors. The Graduates who expressed the most unsettling experiences and continuing difficulties at one month were allocated to two clinical areas that had not rostered mirroring shifts (GND Coordinator, RHH, personal communication).

The TSoN Bachelor of Nursing curriculum and the ANCI Competencies place significant emphasis on critical self reflection as central to professional nursing practice however, there still exists the risk that implicit expectations in established cultures, such as health care settings, can result in the assessment that the graduate is "not meeting the expectations". Buckenham (1994) discusses the idea that individual nurses can be significantly influenced by local and changing requirements. In the current climate of shrinking health budgets decisions are being made in relation to the delivery of health care that impact on the performance of the graduates. Changing organisational policies and staffing that do not specifically address the level of experience of the graduates and nurses in discrete clinical areas may result in units, where there is a high proportion of graduates to experienced staff, where the graduates are being judged as not achieving the required performance level due to some deficit in the graduates.

There appears, to the researcher, to be a growing awareness of the need to articulate expectations of graduates and nurses, in a particular clinical context at a given point in time, so as to set benchmarks for expectations of new graduates and criteria for the evaluation of the level of nursing performance. In the present study the descriptive accounts of the perceptions of expectations of graduate nursing performance at the completion of a nursing course and the commencement of employment as a registered nurse; and the perceptions of the actual level of graduate nursing performance near the completion of the first professional year; by Graduates, Preceptors and CNCs in the Tasmanian context may elucidate points of agreement and discrepancies among these three staff cohorts and help lay the foundations for reaching consensus over the expectations at these two crucial stages of the graduates' professional development.

2.4.2 The influence of colleagues on graduates' confidence

The Graduates find the transition period a time of confronting values, some personal and some professional. Meissner (1986) suggested that the risk to nursing might be "professional extinction" if registered nurse preceptors are "...just waiting to smash the [graduates'] rosy view of nursing and trample their sensitivity to patient concerns". The result for the graduate, according to Meissner (1986:53), is "...professional frustration, burnout and dropout". Buckenham (1994) describes the conflict her participants found between the personal and professional values gained in their education with the "bureaucratic" values of the workplace. The graduates in the study found the personal and professional values of holism and the individualisation of care was at times at odds with work organisation values of completing all the tasks of care for an allocated patient load. The participants adopted a strategy of *fragmentation* of care, reverting to a task based care style to deal with the initially overwhelming situation. As the graduates' confidence in their own skills developed Buckenham found a change occurring in the descriptions of their nursing practice that increasingly reflected an *integrated* total patient care approach (Buckenham 1994:131-136).

Horsburgh (1989) in her ethnographic study of initial employment experiences of new graduates found a similar values conflict. Her major conclusion was that the rhetoric and practice in the education sector, which emphasises primary nursing care for patients, conflicts with rhetoric and practice of the nursing services in health care agencies that emphasise management issues of tasks, workload organisation and timeframes. For the participants in her study the lack of an identifiable component of the role of a "new" graduate differentiating them from their more experienced colleagues conflicted with the accountability and professional claims of nursing to protect the graduates from being

thrown in at the deep end. The graduates felt good when they could and did function in these situations but experienced high level of anxiety and tiredness as a result. (Horsburgh 1989:614-5).

A central theme in all the literature around graduate transition, expectations and performance achievement and the influence of colleagues, is that of the role of feedback. Buckenham (1994) and Moorhouse (1992) in their studies repeatedly reinforce the pivotal role of experienced registered nurses, whether acting as formal preceptors or in less formal support roles, in relation to the transitional development of the new graduates. The most crucial aspect of the preceptor role clearly identified by both authors is communication and feedback.

Moorhouse in the recommendations resulting from his study concludes with the suggestion that feedback may be positive for all nurses, where he recommends;

> senior registered nurses ... develop the habit of personally acknowledging the work of each of your staff at least once per week. Reward and gratitude are delightfully contagious. Who knows, perhaps someday someone will acknowledge your contribution also! (1992:111).

This pivotal role played by registered nurses, fellow graduates and other staff of the health agency who interact with the graduates is repeated throughout this review of the literature. The time spent with experienced nurses, as role models, providers of encouragement feedback and assistance, builds in the graduates a sense of belonging as a nurse and as a person. The positive aspects of this experience must also be reviewed against the danger that with "... this understanding of professional nursing practice, [...] new graduates may quickly learn which actions they *must take to be seen to be competent and to be accepted by more experienced nurses"* (Perry 1987:11, emphasis added). The integration of established beliefs and values of the "host" organisation by graduates can

also result in a reproduction of a cultural status quo where the ideas and critical intent developed by graduates during their education may be dropped from their practice (Perry 1987:13).

Provision of supportive inductions processes and the type of feedback given by colleagues to graduates will be influenced by the beliefs of the registered nurses as to whether the graduates are ready to fulfil the role. The "readiness to work" beliefs and the understandings of the concepts of competence and performance amongst nurses may influence the manner and type of feedback the graduates receive. It is therefore important to have information about registered nurses' perceptions regarding the new graduates "readiness to work", as outlined in section 2.3 of this chapter. The following section presents some of the issues in the literature of the interpretation and use of terminology in the "competence" and "performance" debate.

2.5 Assessing nurses' competence in practice

The assessment of nurses in practice relies on a clear understanding of what exactly is to be assessed. Currently, nurses' practice is assessed using the ANCI Competencies. The development of the ANCI Competencies aimed to achieve consistency across Australia and to allow the transfer of registration across States and Territories (Sankey 1995: 138). Assessing the achievement of minimal competence (i.e., students either pass or fail a given competency), involves the

> ... determination of, and judgement about, a student's performance, including the subconcepts of cumulative evidence - accumulation of information about a student's performance over a period of time to provide an ongoing record of their ability to function as a beginning-level nurse; data source - the utilisation of a variety of sources of evidence to determine a student's ability to function as a beginning-level nurse, and

> professional judgement - the utilisation of intuition or tacit knowing in the subjective process of determining a student's ability to practise competently as a beginning-level nurse (Sankey 1995:140).

Competence from this perspective is being used in a categorical sense, "the condition of being capable, ability; ... the state of being legally competent or qualified" (McLeod 1987:196), i.e. the level of competence is either achieved or not - there is no *partially competent* standard. However, in relation to the assessment of competence the Nursing Competencies Assessment Project (NCAP 1990, cited in Sankey 1995:57) found a number of limitations in the validation of Competencies including "...the difficulty of working with no widely accepted definition of competence and competency".

The terms "competent", "competence" and "competency" are defined in various, often conflicting, ways in the literature. In relation to Competencies "...there is great diversity of definition within both the nursing and non-nursing literature which adds confusion to the implementation process" in educational curriculums and when used to develop performance/competence evaluative strategies for post-educational contexts (Sankey 1995:70). The confusion surrounding the terms is also captured in articles by Girot (1993) and While (1994).

Girot (1993) asked nurses to describe the competence of the student in a specific situation and how they measured this, then to identify a student that they considered non-competent and describe the attributes of the student in a particular situation. Her study findings indicated four common themes relating to attributes of a competent student: trust; caring; communication skills; and knowledge/adaptability. A non-competent student would be one without these attributes.

While the ultimate aim is to establish a pass or fail criteria it is also recognised that the achievement of a competency can be "effectively and/or expertly" (ANRAC, 1990:91 - definition adopted by ANCI) achieved, thus in effect, acknowledging that competencies, like other student nurses' behaviours/performances can be graded.

2.5.1 Assessing/grading student nurse performance

While's (1994) review article summarises a number of authors who were grappling with the concepts of "competence" and "performance" as they related to the *Project 2000* - tertiary preparation program for nurses in the United Kingdom. In her article "performance" relates to the conduct of nursing practice in the clinical area whilst competence represents an ideal of knowledge and skills. Mansfield (1989 cited in While 1994:527) is interested in determining the level of student nurses' performance. She suggests that a *high* quality performance consists of choosing the best course of action for each particular situation by utilising knowledge from the selection of alternatives. In this respect, performance as a term is used in a more dimensional perspective, the "manner or quality of functioning" (McLeod 1987:735) and in effect indicates that performance can be "graded".

Grussing (1984) and Newble (1992) (both cited in While 1994:526) emphasise the distinction between the capacity for performance and the nature and quality of performance itself. They summarise that there is a difference between what an individual should be able to do at an expected level of achievement and what they actually do in the real-life setting. For example, the satisfactory performance of a nursing skill in a laboratory setting or with a cooperative client as compared to the performance of the same skill in a clinical situation, where the client, for reasons of illness acuity or level of

confusion, adds an additional stressor on the student/nurse that may affect their performance.

With reference to the literature, the researcher is not able to resolve all the ambiguities that exist with the use of these two terms- competence and performance - where one term requires the other for its own definition. In light of this, the researcher concludes that the ANCI Competencies could be used to assess both competence and performance, it depends on the user's view or usage. In the context of the present study the ANCI Competencies major headings, as performance criteria (PC items) statements, were graded.

2.6 Summary

The journey from student to registered nurse is in part a very individual event; however, there are a number of issues arising within the education and health service sectors that may influence the experiences of students/graduates. The requirements for registration influence the components of learning and experience within the course of studies students undertake. The beliefs of nurses in education and clinical practice regarding learning experiences and end of course level achievement impact on the structure and conduct of clinical learning. On successful completion of a course of nursing studies the new graduate enters a work force that has expectations of the roles of registered nurse and employee. These expectations are often more implicit than explicitly stated (Moorhouse 1992, and Buckenham 1994).

The attainment of the local knowledge required by a graduate to "fit in" to a clinical area is significantly influenced by the quality and encouragement the graduate receives from

their colleagues. In addition, the level of commitment to collaborative work between the universities and health agencies in the discussion and documentation of the issues and evaluative processes surrounding graduate performance will influence the transition experiences of graduates.

The present study is situated within the background of the issues and experiences of different levels of registered nurses in the transition experiences of Graduates from BN studies to work. The lack of local, national and international descriptions of end of course expectations of nursing graduates, the level of achievement of actual nursing performance after a graduate year, the *critical* components of satisfactory performance, and the attributes of an outstanding performance that are addressed in the present study situate the perceptions of performance in nurses' descriptive accounts. The inclusion of three levels of registered nurses allows for comparisons to be made between these groups. This comparison of performance amongst the three identified groups is not evident in the literature. If there are discrepancies in the lenses of vision of Graduates, Preceptors and CNCs regarding the nursing performance of graduates at the commencement of employment and near the completion of the first professional year, and in particular if the discrepancies are not acknowledged, there is a worse case scenario risk of: the Graduates being upset by the performance evaluations they receive; the Preceptors being disappointed in the level of performance they observe; and the CNCs being concerned for the future standards of nursing and patient care. The present study's descriptive accounts begin the process of defining the lenses of view.

In reviewing studies of the assessment of nurses in practice the terms competence and performance seemed to be used interchangeably. The concerns regarding the lack of universal understanding of concepts such as competence and performance, as discussed

by Girot (1993) and While (1994), and the limitations of validation of the Competencies (Sankey 1995) are acknowledged in the present study. Nevertheless, the ANCI Competencies are the nationally legislated standards for registration and for the purposes of the present study the researcher believes the use of the ANCI Competencies major headings as measures of performance is appropriate. These Competencies are used in the local nursing context for PR&D and therefore the registered nurses are conversant with them.

Chapter three

Research Design

The present study combines quantitative and qualitative data to describe the expectations and perceptions of graduate nursing performance in Tasmania by Graduates, Preceptors, and CNCs. Their views were sought via a postal survey. This Chapter is divided into four sections: descriptive study methodology; development of the questionnaire; distribution of the questionnaire; and data analysis.

3.1 Descriptive Study Methodology

Descriptive research does not usually have an intent to establish causality and usually no manipulation of variables is undertaken (Burns & Grove 1993:293) Descriptive methodology normally does not seek to achieve the research outcomes of prediction and control by the manipulation of variables but still assumes the basic principles of the scientific approach in investigation. The scientific paradigm assumes "there is an objective reality that exists independent of human discovery or observation" (Polit & Hungler 1991:18), that the objective world is structured and regular, not occurring by random or accidental events, and can therefore be identified, described and manipulated (Allen, Benner, Dieklemann 1986:24). The definition of knowledge in this paradigm gives ontological privilege to phenomenon that can be observed and described, and the importance of the epistemological claim that events that can be observed are known with more certainty than those events that can not be observed (Allen et. al. 1986:25-26). In the present study, the nursing performance by graduates can, and was, observed by Clinical Nurse Consultants and Preceptors in quality management activities and formal and informal professional performance reviews. The Graduates observed their own

performance too, either informally or through more formal means, e.g. professional self-review and performance review and development activities conducted by the employer. The present study in seeking perceptions of level of performance and attributes identified as indicators of future outstanding nursing performance involved observation of nursing performance in a clinical context, and this assessment required professional knowledge and understanding of nursing and the registered nurse role. The perceptions documented in the survey data therefore represent an evaluation arising from the personal and professional values and views of the respondents. Professional judgement is the combination of tacit knowledge, experience and intuition used by a registered nurse in the evaluation of the competence of another nurse, or as a self-evaluation, undertaken over a period of time and a variety of situations within a clinical context (Sankey 1995:140).

A theoretical issue in the empirical-analytic paradigm is the concept of universality, a generalisable single truth. Such universality in regards to what might constitute a "good nurse" or "good nursing practice" could be difficult to establish. The present study describes the perceptions of the "average" Clinical Nurse Consultant, Preceptor and Graduate in regards to expectations of beginning practitioners at the commencement of employment as a registered nurse and the achievements by the Graduates near the completion of their first twelve months. Part of the questionnaire used in the present study aimed to capture the expectations and perceptions of registered nurses to describe the diversity and commonalties of what is a "good nursing graduate" and "good graduate nursing practice" for a descriptive account of the ideas of registered nurses in Tasmania.

A final theoretical issue of the scientific approach is the underlying assumption that observation is the starting point that yields a secure basis for knowledge (Chalmers

1976:23) by reference to agreed-on observational statements. The selection of the ANCI Competencies major headings as the criteria statements for the present study was because they are a set of research-based criteria describing the components of the beginning registered nurse role. The review of the ANCI Competencies for Registered and Enrolled nurses, conducted by the University of Western Sydney, commenced in 1994 (Sankey 1995:59), identified a number of issues amongst nurses regarding the usefulness of the existing competencies, the barriers to their use by nurses, concerns relating to the philosophical and conceptual approach and gaps, duplications and omissions from the list. While this review and the concerns raised above over the definitions of terms indicate that as yet the ANCI Competencies may not be accepted by all nurses as a universally agreed set of descriptors they are currently the only set of nationally legislated statements of the requirements for registration, and therefore the minimum expectations of a beginning registered nurse.

The research effort is focused on going beyond the specifics of the local settings, although the local perceptions of the registered nurse groups is the raw data, to a more generalised understanding. *"Generalisability* of research findings is an important criterion for assessing the quality of an investigation" (Polit & Hungler 1991:18). For the present study the generalisability of the findings of graduate performance across the state is the basis on which the researcher is contributing to new knowledge, in regards to evaluative assessment of the nursing performance of graduates of the Bachelor of Nursing, and the expansion of understanding of the phenomenon of graduate performance in relation to professional and employment expectations of beginning-level practitioners.

3.2 Development of the questionnaire

The three questionnaires used - one for the Graduates, one for the Preceptors, and one for the CNCs - were specifically developed for the present study. Each questionnaire contained four parts: part one sought demographic data which was used to describe the membership of the [CNC/Preceptor/Graduate] respondent groups; part two contained two scales relating to assessment of the level of nursing performance of the Graduates: 1) at the commencement of employment as a registered nurse; and 2) near the completion of the graduate year; part three contained a number of open-ended questions to expand on some of the issues raised in categorising levels of nursing performance - perceptions of *critical* components of Graduate performance, and attributes of outstanding Graduate practice; and part four was a brief section seeking open response feedback from the respondents on any issue they felt was important but not covered in the preceding parts. All three questionnaires contained common questions as well as some questions specifically relating to the perspective of the CNC, Preceptor or Graduate (Appendix 2a &2b). Each part will be discussed in the following sections.

3.2.1 Part one: Demographic data

For all three questionnaires demographic data collected related to the registered nurses' educational preparation, clinical experience and specialisation, description of the current clinical area of work, and tertiary nursing studies. In the demographic section of the CNC and Preceptor forms there was a question asking how many Graduates they were supporting. Apart from an additional question required for the Preceptors (see next page) no additional questions were required for the CNCs and Graduates.

For the Preceptors there were additional questions that focused on the preparation and support that they had received for the preceptor role. In the researcher's experience, and supported by the literature, the success and benefit of a preceptor - preceptee relationship is related to the level of preparation and understanding of the roles of each player in the relationship and the degree of comfort each person experiences over time. Understanding of the teaching/learning process and the requirements of assessment/evaluation criteria is useful in preparing a preceptor for the role. Of equal importance to the continued development and rapport between the preceptor and preceptee are the processes of continuing support, either from a local unit level or a more central Graduate Development Activity process. The questions sought to identify the types of role preparations registered nurses received and the process of on-going support offered. The three questions to the Preceptors were:

As a Preceptor have you had some form of initial orientation - this may have included;

1 being given articles on preceptoring to read and having a brief introductory discussion to the role, and/or

2 a preceptor workshop preparation, and/or

3 ongoing support for you in your role, and/or

4 some other form of orientation/support?

No____ Yes____

If Yes, circle the number(s) corresponding to the orientation or support formats listed above, you received.

Of the orientation/support you received,
which has been the most helpful for you in your role?

given articles to read and a brief discussion _____

workshop preparation _____

ongoing support _____

some other form of orientation/support _____

How was/is the preceptor orientation/support, you have identified as most helpful, structured and how has it helped you in your preceptor role?

3.2.2 Part two: Assessment of levels of Graduate nursing performance: at the completion of BN course and commencement of employment as a registered nurse; and near the end of the first year of professional practice

Part two of the questionnaire contained two questions. The first question asked the respondents to rate the level of nursing performance that they'd *expect* all graduates to have achieved by the end of a three year Bachelor of Nursing course and at the commencement of employment as a registered nurse. The second question asked the respondents to assess the graduates' *current* level of performance, i.e. near the end of the graduate year.

For these questions Graduates' performance was assessed using a rating scale that was developed to utilise the ANCI Competencies major headings as performance criteria (PC items) statements. In the review of studies in the literature that focused on the assessment of graduate nursing performance two tools were commonly used: *Schwirian's Six Dimension Scale of Nursing Performance* (Schwirian 1978) and *Bondy's Criterion Reference Scale* (Bondy 1983). Jairath, Costello, Wallace and Rudy (1991) and McDonald (1995) used the *Schwirian scale* as it had been designed whereas Ferguson and Calder (1993) and Battersby and Hemmings (1991) modified the tool to suit their settings. In considering a tool for the present study one consideration was that of cultural relevance. The *Schwirian scale*, authored in America, has been used in an Australian study (Battersby & Hemmings 1991). Battersby and Hemmings adapted the *Schwirian* item statements to incorporate the New South Wales nursing competency statements. However, in light of the fact that ANCI Competencies are now the set of nationally agreed on criteria and were familiar to nurses in the present study the ANCI (1995) major headings were selected as contextually relevant in Australia. The 18 PC items were presented in a random order, as recommended by Schwirian (1978:351).

Each of the 18 PC items was rated according to the following evaluation scale: I = independent, fulfils the RN role with minimal guidance; G = requires occasional guidance; A = requires guidance and assistance; S = requires assistance and direct supervision; and na = not applicable or not observed (Appendix 2a). The rating scale used was a simplified version of the tool developed by Bondy (1983) in her study *"Criterion-referenced definitions for rating scales in clinical evaluation".* The Bondy scale is well known, reliable and valid (Bondy 1984) and has been utilised in clinical evaluation in Australia. The decision to use these descriptors: independent; guided; assisted; supervised; followed feedback from the colleague reviewers of the questionnaire (see section 3.2.5.2).

The CNCs and Preceptors who supported more than one Graduate were asked, in the rating of *current* nursing performance, to select a category that represented the average of the performance of the graduates to overcome the possible difficulty of recalling individual graduate performance and removing the necessity for the completion of an individual form for each Graduate.

3.2.3 Part three: Perceptions of critical Competencies and attributes of outstanding Graduate performance

Part three contained three questions. The first question sought respondents' views on the *critical* Competencies that indicated a satisfactory level of nursing performance? For the first question respondents were re-presented with the 18 PC item statements. The researcher was interested in whether there existed a hierarchy of Competencies that were considered more or less important in the evaluation of safe or unsatisfactory nursing performance. The question used to gather this information was: *What competency major*

heading(s) do you consider as ***critically important*** *to the overall evaluation of graduate performance, such that failure to perform this/these would indicate an overall unsatisfactory level of nursing performance.* There was no restriction on the number of headings respondents could circle.

The second question asked respondents: *What in your opinion are the* ***attributes,*** *(qualities or features of a person), that would represent an outstanding level of nursing performance and indicate to you the potential of a first year registered nurse?* For the Graduate questionnaire this question was phrased in terms of a Graduate colleague as the researcher felt that identifying attributes in oneself might be more difficult. The researcher took this approach with the Graduate group question due to her clinical education and nursing practice assessment experience where students at times appear to underrate their achievements and level of performance.

The last question in part three was specific to each of the respondent groups and asked for ideas for changes they could make to their role in the first twelve months that might help make the experience more positive for them in the future. For example, the CNC and Preceptor question asked: *In retrospect, what could have been done differently to make your position, as a [Preceptor/CNC], easier during the Graduates' first professional year?*

In the Graduate question the focus to begin with was more on a reflection of their experiences: *The first year of employment is a time for you to consolidate your practice competency and develop confidence in you knowledge and skills for nursing practice. On reflection, what have been the most important/significant experiences during your*

first year, both positive and negative, that have helped you to develop skills and confidence to be able to practise nursing as you wish to?

A supplementary question sought to identify changes that Graduates might make to support Graduates, viz.: *Based on your experiences during this first year, if you were responsible for organising activities or support services for graduates what would you include and why are these important?*

The ideas for change from the three registered nurse groups were included in order to help with reviewing the Graduate Development Activities, offered in the different health agencies, to better address the needs of Graduates' in the transition phase, and the education and patient care focus of the Preceptors and CNCs in future years.

3.2.4 Part four: "Any other feedback"

Part four had a question that offered the opportunity for respondents to make any additional comments that they felt they would like the TSoN to be aware of. In the researcher's clinical education experience there are times when registered nurses wish to comment on aspects of the course, students or experiences and feel unable to fit this feedback into the formal evaluation structures. The open response space was offered in this part of the questionnaire for any such general comments or feedback.

In developing the tool the researcher undertook of number of stages and pilot testing to establish the final questionnaire that was sent out to the respondents.

3.2.5 The draft questionnaire

The initial draft questionnaire was a combined CNC, Preceptor and Graduate single form where each group was directed by instructions to complete, or not complete, certain sections. The draft questionnaire was reviewed by a group of the researcher's nurse colleagues for their comments to determine the relevance of particular items, and to assess the ease of completion of the questionnaire. The feedback from the researcher's colleagues focused on two areas; 1) the relevance of the questions to the research questions, and 2) the usability of the draft questionnaire.

3.2.5.1 Relevance of the draft tool questions

Polit and Hungler (1991:375) state that content validity is based on judgement and the input of experts in the content area to analyse the representation of the questions to the research phenomena. To ensure the content validity of the questions the researcher asked nurses, academic colleagues in the draft stage and RNs in the pilot testing stage, to comment on their relevance and in particular on the use of the ANCI major headings from the perspective of both the education and service sectors. The ANCI Competencies major headings were accepted by the colleague reviewers as a set of criteria useful in gauging the nursing performance of Graduates. The RNs in the pilot stage did not provide feedback for or against the use of the ANCI Competencies major headings.

The aim of the present study was to make comparisons between the three registered nurse groups views using a format that makes the comparison process systematic. Ordinal measurements describe the relative ranking of the level of an attribute (Polit & Hungler 1991:396). Using the ANCI Competencies major headings as performance criteria statements and an ordinal scale of performance categories was a decision made by the

researcher for the present study when considering the preliminary nature of the results sought. The researcher's nurse colleagues also agreed that it was appropriate to link the ANCI Competencies major headings with an ordinal scale of measurement, however, philosophical differences of opinion about the use of Competencies in this manner would exist. (See discussion in Chapter Two, section 2.5)

3.2.5.2 The usability of the draft tool

In relation to the usability of the draft tool, the review panel suggested the insertion of an abbreviated descriptor list. The draft tool contained the full cateogry descriptors from a tool developed by Krichbaum, Rowan, Duckett, Ryden and Savik (1994). The categories used by these authors were Independent (I), Supervised (S), Assisted (A), Provisional (P) and Dependent (D), and each category had a number of cues and critical components identified. The colleague reviewers felt these were too detailed so the descriptors were shortened and inserted in a table on each page of the questionnaire where rating of Graduate performance was required in the present study (as per section 3.2.2). In addition, on the suggestion of the review panel, three separate questionnaires were developed enabling the tailoring of the questions to each target group - CNC, Preceptor and Graduate instead of the combined tool of the draft stage.

3.2.5.3 The pilot questionnaire

The revised draft tool was sent to a pilot group of registered nurses for completion of the questionnaire and comment on the tool's structure and usability. The pilot tool included a question in Part four requesting comments on the tool itself: *What changes to this questionnaire would you suggest to make it respondent friendly?,* was in addition to the

open response question. The final version of the questionnaire was reached following the pilot group's responses.

The pilot group consisted of a convenience sample of the population of 1996 Graduates, Preceptors and CNCs. These registered nurses were located in the Northwest and Northern health regions. The pilot group was constituted of 21 Graduates, 21 Preceptors and 16 CNCs. Whilst these are fairly large numbers for a pilot group the geographical divisions meant the travelling and distribution was practical for the researcher. The pilot response rate of 24% is low, however, the researcher proceeded with the full survey mail-out as no specific changes to the questionnaire were suggested in the pilot responses. The pilot group respondents' data was included in the study's analysis as no change was made to the survey questionnaire or information package for the main group survey

3.3 Distribution of the questionnaire

A postal survey was chosen as the preferred data collection method as it allowed the researcher to distribute a questionnaire to a large number of registered nurses spread out across the state. The questionnaires were addressed to the clinical areas where the registered nurses worked using the list of names and areas supplied to the researcher by a contact nurse in each of the agencies. The addressed envelopes were taken to each hospital and the internal mail system was utilised for delivery. The introductory letter and instructions page of the questionnaire contained a request from the researcher that the form be completed by the respondent alone, and emphasised the desire that the researcher obtain the personal perceptions of the registered nurse rather than a group considered response.

The main survey mail out to the registered nurses in the Southern region public and private sectors was undertaken in December. A review of the response rate was undertaken four weeks after the mail out. The overall response rate by January 15 1997 was 24 %. In an attempt to increase the response rate, and in consideration of the December - January holiday period the researcher rang the agencies contact people and discussed the response rates in general and asked if the issue could be raised in the staff communication forums. Due to the low response rate a reminder letter and complete package was sent out to all the registered nurses at the end of January 1997 in the hope of increasing the respondent participation rate by a second reminder of the study.

3.3.1 Negotiating access

The researcher approached the agencies to establish a process whereby the list of names of registered nurses was accessible and the clinical addresses available without the researcher having the need to access the personnel files and other confidential information of the respondents. The researcher made contact with the Director of Nursing (DON) or Programme DON in each agency seeking initial permission to conduct the research. The DONs referred the researcher to a contact person, most commonly the Staff Development person responsible for overseeing Graduates' progress, to generate the list of Graduate, Preceptor and CNC names and clinical addresses. At one agency, the DON suggested that the researcher speak to a meeting of the CNCs to "get them on-side" with the research.

The cooperation with the agencies was not always a straightforward matter. In Tasmania, the public acute care hospitals had, at the time of the study, a management structure divided into programmes/divisions. Each division had a Director of Nursing (DON)

which meant the researcher had to meet a number of Director's of Nursing, e.g. DON - Medical Services, DON - Surgical Services. At the meeting with the DONs a letter was presented to confirm the request and access required. To meet all the DONs the researcher travelled around the state. In one agency the researcher had made three appointments where the respective person(s) did not attend the meeting and this was one agency the researcher had to travel 200 kms to reach.

The inefficiency continued with the generation of the actual lists of RN names. The Graduate lists were on the whole complete although a few of the names the researcher received were of Graduates from schools other than the TSoN, who, whilst being in their first professional year, were not the specific focus of the present study. The CNC list was easily compiled. However, the list of Preceptor names for each agency was not a simple process. The researcher received a list from one agency that contained more Preceptor names than Graduate names with no indication or explanation of whether some Preceptors were sharing responsibility for a Graduate(s). From another agency the Staff Development Department contact person the researcher had dealt with had apparently delegated the compilation of the Preceptor and Graduate list to a temporary staff member, on work experience, who was unfamiliar with the term Preceptor whilst the contact person had left on annual leave! In this instance the researcher requested assistance from one of the programme Directors of Nursing who was able to organise a RN on restricted work duties to ring the clinical units and check on Preceptor and Graduate pairings.

3.3.2 Respondents

The study is a census of the Graduates of the TSoN 1995 in their first professional positions in Tasmania in 1996, the registered nurse Preceptors working with and

alongside them and the Clinical Nurse Consultants of the clinical areas in which the Graduates were working. The population for the study was a total of 176 registered nurses; 68 Graduates, 69 Preceptors and 37 CNCs.

3.3.2.1 Consent to participation

Information for the respondents regarding their consent for participation in the study was presented in the survey package covering letter. The information was repeated on the instructions page of the questionnaire tool (Appendix 2a). The university's Ethics Committee recommended that a statement be added to the letter regarding the fact that non-response to the survey by the registered nurse would not be prejudicial to them. This statement was in response to the research proposal identifying the researcher's involvement in clinical education and as a Lecturer in the TSoN and therefore the possibility of the researcher knowing or working with the registered nurse.

3.3.2.2 Confidentiality of responses

Confidentiality of the responses was protected by the numbering of each questionnaire, for the purposes of data utilisation in the research report, and this process was stated in the covering letter and on the instruction page. The issue of confidentiality of responses was also important in considering the demographic data collected. Specification of the health region in the demographic data section would have compromised the identity, and therefore the confidentiality of the responses, of the registered nurses in the NorthWest region as there was only one Graduate working there at the end of 1996. Similarly, in the Northern region there was only one Graduate employed in the private sector. The small numbers in these categories means a regional comparison on these items would also not have been appropriate.

To ensure as high a response rate as possible a stamped self-addressed envelope rather than a business reply envelope, as suggested by Oppenheim (1966:35), was used in the present study.

3.4 Data analysis

It was felt inappropriate to calculate probability estimates for the findings. This decision was in light of the small numbers of responses and the fact that the study did not involve random samples. For each of the questions the analysis of the data is described in this section.

- (A) Expectations of Graduates' performance at the completion of a three year nursing degree?

Recall, each of the PC item statements were rated according to: independent; guided; assisted; or supervised. For each PC item a frequency chart of responses for each respondent group - Graduates, Preceptors and CNCs - was constructed. From these charts modal responses were calculated in order for comparisons to be made regarding agreement and disagreement amongst the three groups of respondents for each PC item. Additionally, comparisons were made among respondent groups regarding the total number of PC items rated as independent, guided, assisted, or supervised.

- (B) Expectations of Graduates' actual level of performance near the completion of the first year of employment?

Responses to this question were analysed as for the question immediately above.

- (C) Perceptions of *critical* Competencies that indicate a satisfactory level of nursing performance?

The number of times each of the ANCI major heading was checked by each respondent group, (Graduates, Preceptors and CNCs), was tallied and compared. Comparisons between the groups required the frequencies to be expressed in a manner that accommodated the fact that the respondent groups had different numbers of RNs so a direct comparison on raw responses between groups was not possible. Therefore comparison between the groups has been presented, in the results chapter, as percentages of responses per group (Appendix 8).

- (D) Attributes of a Graduate as indicators of outstanding practice that may indicate a graduate's future nursing potential?

Responses to this question were open-ended and in an attempt to group them the work of Llewellyn-Thomas, Sims-Jones and Sutherland (1989) was drawn upon. These authors found that seven main attributes were highlighted in measures of the "exemplary" nurse, namely: collaborative ability; empathy with patients; knowledgeable/skilful caregiving; leadership ability; ability to act as an advocate for the patient; ability to act as an advocate for the profession; and personal integrity.

In the present study two nurses and the researcher independently categorised each of the response items according to the above seven headings. Following the first round of categorisation, the researcher determined which responses met the criteria for inclusion under one of the above seven headings. A response was said to meet inclusion under a heading providing there was agreement among at least two of the raters. Where all three raters disagreed consensus was sought regarding an item's categorisation.

It was felt important to ask about issues and events that had significant impact on the conduct of the learning and teaching experiences of graduates. In addition to the above questions the Graduates were asked about:

- (E) The most important/significant Graduate experiences (Question A, Appendix 2)

This question was followed up with another which afforded Graduates an opportunity to indicate the activities or support services they would include if they were responsible for organising such a programme (Question number B, Appendix 2).

The Preceptors were asked about the preparation they had received for the role, and, from a predetermined list, to select which form of orientation/support was the most helpful (Question number C Appendix 2).

The Preceptors and CNCs were asked to consider what they might have done differently to make their position easier during the Graduates first year (Question numbers D & E, Appendix 2).

The questions in this section (E) were all analysed in a similar way. First, the number of times a similar word or phrase occurred among the respondents' written comments was listed, grouped and tallied by the researcher and two nurse colleagues working independently. Second, the three lists were compared and consensus was sought where there was disagreement among the raters over a word/phrase's grouping.

(F) The final question invited all respondents to give *"any other feedback"* (Question number 6, Appendix 2). Because there were few responses to this question it was a straightforward matter of simply reporting the verbatim responses. The results of the data analysis are presented in the following chapter.

Chapter four

Results

This chapter presents descriptive accounts from analysis of the data; including the respondent demographics and survey responses for each of the research questions, and for each of the Graduate, Preceptor and CNC group specific questions.

4.1 Survey response

A total of 176 questionnaires were sent to registered nurses (Graduates, Preceptors and CNCs) in the state. The overall response rate was 34%. As can be seen from the table below, Graduates were least likely to respond to the survey.

Table 4.2 Survey response rate

	Graduate	Preceptor	CNC
Mailed out	68	69	37
Responses received	18	24	18
% response per group	**26.5**	**34.8**	**48.7**

4.2 Respondent demographics

The three groups of registered nurse respondents are described according to the demographic data collected in section one of the questionnaire.

4.2.1 Graduates

Nine of the Graduates (50%) who responded to the survey completed the graduate year in one clinical area. The remainder worked in two or more clinical areas. Table 4.2.1 indicates that Graduates worked in both private and public sector health settings with the majority working in units with a specific focus (medical, surgical, etc.).

Table 4.2.1 Characteristics of the Graduate group

	Graduates n=18
Place of employment	
Private sector	7
Public sector	11
Description of clinical areas	
- medical	3
- surgical	3
- psychiatry	2
- combined med/surg	8
- other (operating room, extended care)	2

4.2.2 Preceptors and CNCs

The majority of Preceptor and CNC respondents worked in the public health sector, with a mean of 6.5 and 8.6 years experience respectively in their current clinical area. The vast majority were educated in the hospital system. Of the Preceptors six (25%) had tertiary qualifications as their initial nursing preparation compared to two (11%) of the CNCs. Half of the Preceptors and seven of the CNCs had undertaken further tertiary studies (Table 4.2.2, see next page).

Table 4.2.2 Characteristics of the Preceptor and CNC groups

	Preceptors n=24	CNCs n=18
Place of employment		
Private sector	3	4
Public sector	21	14
Time in current clinical area	mean 6.5 years	mean 8.6 years
Description of clinical area		
- medical	3	4
- surgical	3	10
-community	0	1
-psychiatry	1	1
- combined med/surg	8	2
- other.	3	0
Initial nursing qualification		
- hospital certificate	18	16
- tertiary course	6	2
Years of nursing since qualification	mean 11.3 years	mean 18.4 years
Specialty courses/certificates	7	14
Tertiary studies		
- Bachelor	9	6
- Grad. Dip.	3	1
- Masters	0	1

Further inspection of the data indicated that the majority of Preceptors worked with a Graduate for a mean of nine months. Only one Preceptor worked with more than one Graduate. Sixteen Preceptors had previous experience in this role.

4.3 Expectations of Graduate nursing performance at the completion of a BN course and commencement of employment as a registered nurse by Graduates, Preceptors and CNCs

The table 4.3 (see next page) presents the modal comparison of responses from the three groups of registered nurses in relation to their rating of Graduates' nursing performance expected at the completion of their Bachelor of Nursing course and at the commencement of their employment as a beginning level registered nurse. Recall, the performance categories used for the rating were: independent, guided; assisted; and supervised.

Table 4.3 Modal comparisons for the expected level of Graduate nursing performance by Graduates, Preceptors and CNCs at the commencement of their graduate year

Performance criteria items	Graduate	Preceptor	CNC
1 Demonstrates a satisfactory knowledge base for safe practice.	independent & guided *	independent	guided
2 Functions in accordance with legislation and common law affecting nursing practice.	independent	independent	guided
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	independent	guided	guided
4 Recognises own abilities and level of professional competence.	independent	guided	independent, guided & assisted *
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	guided	assisted	independent
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	guided	assisted	assisted
7 Implements planned care	assisted	guided	guided
8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	guided	guided	guided
9 Acts to enhance the dignity and integrity of individuals and groups.	independent	independent	independent
10 Protects the rights of individuals and groups.	independent	independent	independent
11 Assists individuals or groups to make informed decisions.	guided & assisted *	guided	assisted
12 Communicates effectively and documents relevant information.	independent	guided	guided
13 Demonstrates accountability for nursing practice.	independent	independent	guided
14 Conducts nursing practice in a way that can be ethically justified.	independent	independent	independent
15 Acts to enhance the professional development of self and others.	guided	guided	independent
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	independent	guided	independent
17 Collaborates with health team.	independent	guided	guided
18 Effectively manages the nursing care of individuals or groups.	guided	guided	assisted

* indicates more than one mode

The above table highlights the fact that for each group and for nearly every PC item a single modal response was found, indicating in general that the groups had definite ideas with regard to expectations of the level of Graduates' performance at the commencement of their graduate year. For only two items (PC 1 & 11) in the Graduate group and one item (PC 4) in the CNC group were multiple modes identified.

Graduates expected to perform independently for 10-11 (56 - 61%, as one PC item had two modes) of the 18 PC items whereas the Preceptors and CNCs expected this level of performance for six (33%) and seven (39%) of the 18 PC items respectively. The table (on the preceding page) also illustrates the fact that Graduates, Preceptors and CNCs do not always agree with each other regarding the expected level of Graduate performance for given items (see the following sections).

4.3.1 PC items where all respondent groups agreed on the expected level of Graduate performance

The Graduate, Preceptor and CNC respondent groups agreed on the expected level of Graduate performance for only four items (PC 8, 9, 10 & 14). A "guided" level of performance was expected for *PC 8 - Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.* For the other three items: *PC 9 - Acts to enhance the dignity and integrity of individuals and groups*; *PC 10 - Protects the rights of individuals and groups*; and *PC 14 - Conducts nursing practice in a way that can be ethically justified*; an "independent" level of performance was expected.

4.3.2 PC items where two respondent groups only agreed on the expected level of Graduate performance

Separate to the findings 4.3.1 immediately above, for an additional 10 (56%) PC items agreement between two groups was found. First, the Graduates and Preceptors agreed on four of these items (PC 2, 13, 15 & 18). An "independent" level of performance was rated for: *PC 2 - Functions in accordance with legislation and common law affecting nursing practice;* and for *PC 13 - Demonstrates accountability for nursing practice.* For *PC 15 - Acts to enhance the professional development of self and others*; and *PC 18 - Effectively manages the nursing care of individuals or groups*; a "guided" level of

performance was identified. In total, and including the PC items where all groups agreed, the Graduates and Preceptors concurred on eight PC items.

Second, the Graduates and CNCs agreed on one item; *PC 16 - Recognises the value of research in contributing to developments in nursing and improved standards of care,* expecting an "independent " level of performance - making a total of five PC items where Graduates and CNCs agreed.

Third, the Preceptors and CNCs agreed for five items (PC 3, 6, 7, 12 & 17). A "guided" level of performance was expected for four of these items : *PC 3 - Maintains a physical and psychosocial environment which promotes safety, security and optimal health; PC 7 Implements planned care; PC 12 - Communicates effectively and documents relevant information;* and *PC 17 - Collaborates with the health care team.* An "assisted" level of performance was expected for *PC 6 - Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.* In total therefore, Preceptors and CNCs agreed for nine PC items.

Overall, there was little agreement between all three groups of respondents, agreeing on the expected level of graduate performance for only four (22%) of the 18 PC items. Most agreement was between Preceptors and CNCs, they agreed on a total of nine (50%) of the 18 PC items. Graduates and Preceptors agreed for a total of eight (44%) items. Graduates and CNCs agreed for a total of 5 (28%) items. Also, while Graduates expected to be performing at an "independent" level for 10-11 PC items, the Preceptors and CNCs expected this level of performance for six items and 6-7 items (due to one item having more than one mode) respectively.

4.3.3 PC items where all groups disagreed on the expected level of Graduate performance

All respondent groups disagreed on the expected level of Graduate performance for one item, *PC 5 - Carries out a comprehensive and accurate assessment of individuals and groups in a variety of settings.* Graduates rated this item as "guided", Preceptors rated it as "assisted" and CNCs thought the Graduates should be "independent".

4.3.4 PC items where multiple modes were found for the expected level of Graduate performance

There were three items of expected level of Graduate performance where multiple modes were found (PC 1, 4 & 11). The Graduate group had two modes (independent and guided) for *PC 1- Demonstrates a satisfactory knowledge base for safe practice.* The Graduate group also had two modes (independent and assisted) for *PC 11 - Assists individuals and groups to make informed decisions.*

The CNC group responses for *PC 4 - Recognises own abilities and level of professional competence* was divided into three modes (independent, guided and assisted).

4.3.5 Consensus of rating within each respondent group of expected level of Graduate performance

Inspection of the three frequency charts for expected level of Graduate performance (Appendix 3) illustrates the raw ratings for each of the PC items for each of the respondent groups. Where the mode represented 50% or more of the responses (Appendix 3) for an item it can be seen that this accounted for: 12 of the 18 PC items in the Graduate group (PC items 2, 3, 4, 5, 6, 9, 10, 12, 13, 14, 17, and 18); for 13 items in the Preceptor group (PC items 1, 2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 15, and 18); and for nine

items in the CNC group (PC items 3, 5, 6, 9, 10, 11, 12, 13, and 16). This indicates that each group had fairly firm ideas regarding their expectations of Graduate performance for at least half or more of the 18 PC items. By calculating the percentage of the total responses that represented the mode for each item for each group (Appendix 4, Table 4.3.5) it can be seen that Graduates, as a group, were more certain of their convictions than either the Preceptors or CNCs, regardless of the expected level of performance category nominated.

4.4 Comparison between the expected and actual level of Graduate nursing performance

Recall, as well as rating Graduate performance at the commencement of the Graduate year, all three groups were asked to rate the level of actual Graduate performance near the completion of the graduate year using the same eighteen PC items. Analysis of each of the respondent group's data (Appendix 5) was undertaken using the same format referred to above (section 4.3).

The rest of this section compares the results for each group regarding their rating of the expected and actual level of Graduate performance. Only PC items where an "independent" performance category was rated are included for analysis, at sections 4.4 and 4.4.1, as it might be expected that on completion of a graduate year Graduates would be performing at this level for at least most of the PC items. For simplification of the analysis, where multiple modes occurred for a PC item this was excluded from the analysis.

In comparing the ratings of the expected and actual level of Graduate nursing performance for the 18 PC items: Graduates expected to be "independent" for 10 (56%)

items at the commencement of their graduate year, and rated their actual level of performance as "independent" for 17 (94%) PC items near the end of their first year; Preceptors and CNCs expected the Graduates to be "independent" for six (33%) of the 18 PC items at the commencement of the graduate year, and rated the actual level of Graduate performance as "independent" for 10 (56%) and three (17%) items respectively near the end of the graduate year.

4.4.1 Consistency of ratings of Graduate performance by Graduates, Preceptors and CNCs

The table 4.4.1 (on the next page) illustrates the degree of consistency of ratings of the expected and actual level of Graduate nursing performance separately for Graduates, Preceptors and CNCs. The table shows the number of times the performance category "independent" was the single mode for the rating of expected and actual Graduate performance.

Table 4.4.1 Consistency of rating of Graduate nursing performance by Graduates, Preceptors and CNCs where the "independent" performance category was the single mode

Number of PC items that attracted an "independent" level of performance rating

	Beginning of the Grad. year (Expected)	Near the end of the Grad. year (Actual)	
Graduate	10	17	The 17 PC items rated as "independent" in the actual (near the end of the graduate year) rating included all of the 10 PC items rated as "independent" in the expected rating (at the commencement of the graduate year)
Preceptor	6	10	The 10 PC items rated as "independent" in the actual rating included all of the 6 PC items rated as "independent" in the expected rating
CNC	6	3	The 3 PC items rated as "independent" in the actual rating included only 1 PC item rated as "independent" in the expected rating

From the table above it can be seen that the Graduates and Preceptors are consistent, rating the same items as "independent", in both expected and actual levels of performance, in their ratings of Graduate performance. On the other hand, the CNC group was not consistent in this regard.

For the Graduate group for one PC item (*PC 5 - Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings*), being the only item for the actual level of nursing performance not rated as "independent", the Graduates rated their level of expected and actual performance as "guided". Comparisons were also made on agreement between the respondent groups for ratings of Graduate performance on individual PC items.

4.4.2 Comparison of agreement of ratings of Graduate performance between each of the three groups

The table below illustrates the agreement between the groups regarding their perceptions of expected (at the commencement of the graduate year) and actual (near the end of the graduate year) levels of Graduate nursing performance for all PC items irrespective of rating (i.e., independent, guided, supervised, & assisted).

Table 4.4.2 Agreement between Graduate, Preceptor and CNC groups for ratings of the expected and actual levels of Graduate nursing performance for PC items

Agreement between respondent groups for expected level of performance.	Agreement between respondent groups for actual level of Performance.
Graduates & Preceptors & CNCs Agreed for 4 items (PC 8, 9, 10 & **14**)	Graduates & Preceptors & CNCs Agreed for 4 items (PC 12 13, **14**, & 17)
Graduates & Preceptors Agreed for 8 items (PC **2**, 8, **9**, **10**, **13**, **14**, 15, & **18**)	Graduates & Preceptors Agreed for 11 items (PC 1, **2**, 3, 4, **9**, **10**, 12, **13**, **14**, 17, & **18**)
Graduates & CNCs Agreed for 5 items (PC 8, 9, 10, **14**, & 16)	Graduates & CNCs Agreed for 5 item (PC 7, 12, 13, **14**, & 17)
Preceptors & CNCs Agreed for 9 items (PC 3 , 6, 7, **8**, 9, 10, **12**, **14**, & **17**)	Preceptors & CNCs Agreed for 7 items (PC 5, **8**, **12**, 13, **14**, 15, & **17**)

Note: PC item numbers in **bold** indicate where the respondent groups agreed for the same PC item for both the expected and actual level of Graduate nursing performance.

It can be seen from the preceding table that there is agreement between the groups for some of the PC items for both the expected and actual level of performance. For all three groups there is shared agreement for only one item (PC 14); Graduates and Preceptors for six items (PC 2, 9, 10, 13, 14 & 18); Graduates and CNCs for one item (PC 14); and Preceptors and CNCs shared agreement is for four items (PC 8, 12, 17, & 14).

Overall the Graduate and Preceptor groups became closer in terms of shared agreement with an increase in agreement from eight items for the expected level of performance to

11 items for the actual level of Graduate nursing performance. The Preceptor and CNC groups agreed for nine items for the level of expected performance, however these groups were further apart in shared agreement for the actual level of Graduate performance - agreeing for only seven PC items.

4.5 Perceptions of the *critical* competencies that indicate a satisfactory level of Graduate nursing performance by Graduates, Preceptors and CNCs

To aid analysis of the responses to this question the researcher defined a performance criteria item *critical* where two thirds or more of the respondents identified the PC item as *critical* to a satisfactory level of Graduate nursing performance (Table 4.5, see next page). With reference to table 4.5 a total of 14 (78%) of the 18 PC items were defined as *critical.*

Table 4.5 ***Critical*** **competencies for a satisfactory level of Graduate performance by Graduates, Preceptors and CNCs**

Graduates PC item no. (% response)	Preceptors PC item no. (% response)	CNCs PC item no. (% response)
1 (100)	1 (96)	1 (100)
2 (78)	2 (87)	2 (89)
3 (89)	3 (83)	3 (78)
4 (94)	4 (92)	4 (83)
12 (94)	12 (83)	12 (94)
13 (89)	13 (79)	13 (78)
7 (78)	7 (67)	7 (89)
17 (78)	17 (67)	17 (83)
5 (72)	-	5 (67)
18 (89)	-	18 (67)
10 (94)	-	-
-	-	9 (83)
-	-	6 (78)
		14 (72)
Total no. of items 11	8	13

The above table illustrates agreement between Graduates, Preceptors and CNCs for eight critical items: *PC 1 - Demonstrates a satisfactory knowledge base for safe practice; PC 2 - Functions in accordance with legislation and common law affecting nursing practice; PC 3 - Maintains a physical and psychosocial environment which promotes safety, security and optimal health; PC 4 - Recognises own abilities and level of professional competence; PC 7 - Implements planned care; PC 12 - Communicates effectively and documents relevant information; PC 13 - Demonstrates accountability for nursing practice; and PC 17 - Collaborates with the health care team.*

The Graduates and CNCs agreed for two additional critical items: *PC 5 - Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings; and PC 19 - Effectively manages the nursing care of individuals and groups.*

Four PC items were identified as *critical* by only one respondent group. The Graduates identified one item *PC 10 - Protects the rights of individuals and groups.* The CNCs

identified three additional items: *PC 6 - Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team; PC 9 - Acts to enhance the dignity and integrity of individuals and groups; and PC - 14 - Conducts nursing practice in a way that can be ethically justified.*

Four PC items were not identified as critical to a satisfactory level of Graduate nursing performance by any group: *PC 8 - Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data; PC 11 - Assists individuals of groups to make informed decisions; PC 15 - Acts to enhance the professional development of self and others; and PC 16 - Recognises the value of research in contributing to developments in nursing and improved standards of care.*

4.6 Perceptions of attributes of a Graduate as indicators of outstanding performance that may indicate a Graduate's future nursing potential by Graduates, Preceptors and CNCs

Recall, the work of Llewellyn-Thomas et. al. (1989) was drawn upon to group respondents comments for the question regarding attributes of outstanding Graduate practice (Appendix 2a, question 5). After the first round of categorisation the researcher decided which responses met the criteria for inclusion under one of the categories. To accommodate responses that fell outside these categories new ones were determined through consensus and this resulted in an additional five attribute categories being identified: safe practice; communication skills; work organisation; personal/professional continuing education; and adaptability to situations. The table on the next page shows the number of responses for each attribute for each group - Graduates Preceptors and CNCs.

Table 4.6 Attributes of outstanding Graduate performance by Graduates, Preceptors and CNCs

Attributes of outstanding Graduate performance	Number of Graduates mentioning this item	Number of Preceptors mentioning this item	Number of CNCs mentioning this item
# Collaborative ability	4	5	5
# Empathy with patients	5	8	2
# Knowledgeable and skillful care giving	4	11	5
# Leadership ability	-	-	-
# Ability to act as advocate for the patient	2	2	2
# Ability to act as advocate for the profession	-	1	3
# Personal integrity	4	2	4
* Communication skills	5	14	11
* Safe practice	9	8	5
* Work organisation	3	5	5
* Personal/professional continuing education	6	3	4
* Adaptability to situations	-	1	4

Key: # = categories defined by Llewellyn-Thomas et. al. (1989)
* = additionally defined categories

Each of the three groups was definite about at least one attribute as representing for them outstanding Graduate performance: for the Graduates "safe practice" was mentioned by nine respondents, representing 21% of all the responses by Graduates to this question. For the Preceptor and CNC groups "communication skills" was mentioned by 14 respondents (representing 23% of all the responses by Preceptors) and 11 respondents (representing 22% of all responses by CNCs) respectively. A sharp fall in the number of respondents mentioning an attribute, for each of the respondent groups, for the second most frequently occurring item, and for subsequent items, can be seen. For the Graduates the second most frequently occurring attribute was "personal/professional continuing education" mentioned by six respondents (14% of the all the responses by the Graduates). For Preceptors and CNCs "knowledgeable and skillful care giving" was mentioned by 11 respondents (representing 18%) and five respondents (representing 10%) respectively of the total responses for each respective group. The attribute of "leadership ability" (Llewellyn -Thomas et. al. 1989) was not mentioned by any of the respondents in the present study as an attribute of outstanding Graduate performance.

4.7 Issues specific to each group - Graduate, Preceptor and CNC

Each of the respondent groups was asked questions regarding their particular experiences of the Graduates' first year of professional practice with the focus being on how these experiences might influence Graduate, Preceptor or CNC roles or planning in the future. The responses to these questions were tallied and grouped under categories determined by the researcher and two colleagues. In the majority of cases the respondents' comments were easily categorised.

4.7.1a Graduates significant experiences during the graduate year

All the Graduates responded to this question in the survey. The table 4.7.1a (see next page) summarises categories of experiences that were significant to the Graduates, during their graduate year, in building their practice confidence. The items in the table are presented in order of priority, determined by the frequency of responses for each category.

Table 4.7.1a Graduates' significant experiences during the graduate year

Category of Graduate experience	Number of Graduates mentioning an item
Acknowledgment: as team member, and of work done	10
Involvement in patient care	6
Learning from their mistakes	4
Variety of clinical placements	4
Feedback and support from colleagues	3
Graduates feeling their abilities were trusted	3
Working with a Preceptor	2
Working with nursing students or Enrolled nurses	2
"Blood, sweat and tears"	2

The most significant experience for Graduates was acknowledgment: of them as a nurse and a member of the nursing team, and of their nursing work; mentioned by 10 respondents (representing 56% of all the responses by Graduates). The second most significant experience for Graduates was their involvement in patient care, mentioned by six respondents (representing 33% of all the responses by Graduates). According to the Graduates' comments these experiences built their confidence in their own abilities to practise nursing as they wished. With regard to other items in the table above it can be seen that there was less group agreement regarding the importance of the other significant learning experiences.

For one Graduate the first year *"was a 'blood, sweat and tears' experience"* as (s)he felt ill prepared, *"because of my lack of experience coming from uni and lack of help and guidance received while a student in acute care. I have not 'fitted in' to my practice easily"*. Another Graduate provided similar feedback.

4.7.1b What might be included in a graduate year by Graduates

In considering the planning of future Graduate Nurse Development (GND) activities the Graduates' overall comments centred on the need for support. They wanted: more meeting times to share experiences; assurance of confidentiality in regards to the sharing of individual problems; and a more formal commitment by the GND coordinators and RN staff to support for all staff as well as the Graduates. Other ideas for inclusion in GND activities were provision of in-service and education sessions that focused on specialty skills (e.g. clinical procedures and Xray interpretation). Two Graduates wanted the Graduates and Preceptors to work together more often.

4.7.2a Preceptors: preparation for the Preceptor role

When asked which of the listed types of orientation: articles to read and a brief introductory discussion; a workshop; ongoing role support or some other form of preparation; they had received in preparation for the role of Preceptor, nine (39%) of the 23 respondents identified having received three forms of orientation/support, five (21%) received two forms and two (9%) respondents received at least one form of role orientation and support. Three (15%) respondents recorded having received no form of role orientation or ongoing support.

4.7.2b The most helpful form of role orientation

In responses to the follow-up question relating to the most helpful form of role preparation and support a workshop was cited as being the most helpful (12 (52%) of the 23 respondents). Nine (39%) respondents identified a form of ongoing support, such as formal meetings of Preceptors or working and debriefing with Preceptor or GND

coordinators as the most helpful for their role. Preceptor comments frequently mentioned their need to meet: for sharing of preceptor experiences with other Preceptors; and the opportunities to problem solve with Graduate coordinators, suggesting the value of ongoing support to their ability to fulfill the Preceptor role. Preceptorship articles and an introductory discussion regarding the role were also cited as helpful by six (23%) respondents.

4.7.2c Making the Preceptor role easier next time

In considering what could have been done differently to make the Preceptor role easier in the Graduates' first year by far the most frequent comment was the need for more time with the Graduates (9 (39%) of the 23 respondents). Comments by respondents suggest that this might be achieved by: the mirroring of Graduate and Preceptor shifts - particularly in the initial period; make a more formal and regular meeting time with the Graduate to discuss and reflect on progress and problems; and that the meeting be away from the worksite.

4.7.3 Making the Clinical Nurse Consultant role easier next time

In considering what could have been done differently to make the CNC role easier in the Graduates' first year the most frequent suggestion was the selection of an appropriate RN to be a Preceptor and that this RN/Preceptor be prepared to take on the role responsibility (4 (24%) of the 17 respondents).

Additional comments raised issues relating to ward management, suggestions were made for: more forward notice and the need for meetings regarding Graduate placements and rotations to discuss ward level issues of new Graduates with GND coordinators and

hospital management staff; the length of time Graduates are supernumerary to be increased; and combined meetings between the University and agency regarding Graduate transition issues.

On a more personal level, two of the CNCs identified that they would try to more clearly articulate their expectations of the Graduate at the beginning of the Graduate's clinical placement, two CNCs would have liked to interview the Graduate prior to their commencement on the ward, and two CNCs also identified the need, for themselves and their staff, to encourage the Graduates and *"give them a go"*.

4.8 "Any other feedback"

In part four of the questionnaire respondents had the opportunity to provide additional feedback which they felt had not been covered in other parts of the survey. The verbatim responses to this question are contained in Appendix 9, in this section a summary of the feedback is presented.

4.8.1 Feedback from Graduates

Only four Graduates provided further feedback. Three felt unprepared for the Graduate nursing position by their BN course. Their comments identified areas of knowledge and clinical teaching that they felt were insufficient for their needs. One felt (s)he knew nothing and was dangerous and was also upset by the rudeness of some RNs. Finally, one Graduate commented that talking to year three students to share ideas and ask questions was a good idea.

4.8.2 Feedback from Preceptors

Four Preceptors provided further feedback. One Preceptor wanted feedback from the Graduates regarding their experiences. Another Preceptor had a particular issue with the *"attitude"* and lack of professionalism of some Graduates. One Preceptor appears to distrust the evaluative feedback of her colleagues in regard to Graduate performance. Finally, a concern that the Graduates were not ready as RNs, with *"... only the basic skill of a student nurse (1st year hospital trained)"* was also expressed (see Appendix 9).

4.8.3 Feedback from CNCs

Five CNCs provided feedback in this section. As in the Preceptor section, a CNC also wanted feedback from the Graduates regarding their experiences. The benefits and the difficulties of Graduates on a ward were raised and a suggestion of more liaison with the university was proposed. Implied in some of the comments is that the Graduates need to have learnt more so they are "useable" in a busy ward, or that more knowledge would make the Graduate year less stressful for the Graduates. One CNC appears to give a back-handed compliment, at the expense of the BN course, to the level of ability of the Graduates.

A discussion of the results and the implications for future research are presented in the final chapter, Chapter five.

Chapter five

Discussion

The main focus for this study was the perceptions of Graduate nursing performance. Graduates, Preceptors and Clinical Nurse Consultants took part in this study. Comparisons were made between the perceptions of Graduates, Preceptors and CNCs of the expected level of Graduate nursing performance at the commencement of the graduate year, and the perceived actual level of Graduate performance near the completion of the graduate year. Respondents were also asked questions relating to the critical components of a satisfactory performance, and the attributes of outstanding performance. In addition, questions were asked about preceptorship and Graduates' learning experiences. The major findings of this study are discussed in the following sections as they relate to each of the research questions.

5.1 Expected level of Graduates' nursing performance at the beginning of their graduate year

First, Graduates as a group were more consistent regarding their rating of their expectations of performance compared to Preceptors and CNCs. Inspection of their modal responses confirmed this. Second, Graduates expected themselves to be functioning at a higher level of performance for more performance criteria (PC) items than did the Preceptors and CNCs. They expected to be functioning at an "independent" level for 10-11 of the PC items (note: one item had 2 modes), whereas Preceptors and CNCs expected this level of performance for six and seven PC items respectively. Third, regardless of the expected level of performance rated for a given PC item, when all three groups were compared there was little agreement between them. When agreement

between pairs of groups was examined Preceptors and CNCs agreed most, followed by Graduates and Preceptors, and Graduates and CNCs, regarding the expected level of Graduate performance. However, no pair agreed for more than half of the PC items.

The research findings do not suggest any group's view is the "correct" perspective, only that there was a difference between the Graduate, Preceptor and CNC groups' expectations. The emphasis in the following discussion is on accounting for the differences between the groups.

Firstly, the level of disagreement may in part be the result of no, or minimal, discussion between the registered nurses, especially Preceptors and CNCs, and the university lecturers regarding ideas of Graduate level of performance at the completion of a course of study. As a Lecturer, in clinical education, the researcher had been involved in combined health agency and university meetings where lecturers and CNCs met to discuss the hospital staffs' concerns about the level of Graduate performance. However, the researcher is not aware of a forum where Graduates, Preceptors and CNCs have discussed the expectations of Graduates, rather the discussions that have occurred tended to focus on the Graduates' deficits. The overall impression from these discussions appeared to the researcher to be that CNCs were fairly clear about what the Graduates were unable to do but less clear with regard to what they expected of a Graduate at the beginning, and by the end, of the first professional year of practice. The researcher is not implying that such discussions of expectations of Graduate performance have never occurred however, in her experience these discussions have not been targeted as strategically important content of the induction programmes for new staff.

Secondly, differences between the groups' expectations might also be related to the Preceptors and CNCs "playing it safe", that is, taking a conservative viewpoint on expectations of Graduate nursing performance in their responses and hence, perhaps, exaggerating the differences between these two groups and the Graduates.

Thirdly, the Graduates had a first hand knowledge of their own experiences from which to evaluate performance expectations, whereas the Preceptors and CNCs were asked to estimate Graduate performance in general. Personal/professional review by the students of their own practice is an integral component of the assessment of clinical nursing units in the TSoN BN course. The students, during their course would have had time to think about their level of nursing performance and had been directly involved in collecting and collating self evidence, and evidence from lecturers and clinical preceptors, to support their practice achievements. The researcher's involvement with clinical education provides anecdotal evidence that all students near completion of their course have both high expectations of themselves as registered nurses, and the ability to reflect on their own achievements of nursing performance. Personal/professional self-review of performance by Graduates in the present study can be seen as a continuation of the review activities from their student experiences.

Some Preceptors in the present study had acted as preceptors to students during their clinical placements in year three of their BN course (during 1995) however, these RNs with previous student preceptorship experience would be a minority of those RNs involved as preceptors in the graduate year. Thus, many Preceptors would not have had prior opportunity or conscious need to carefully consider their expectations of, or the evaluation of actual student nursing performance. The CNCs have a more indirect role in the assessment process of students in Tasmania, thus the differences between the groups

may be a result of registered nurses having, until this questionnaire, not consciously thought about their expectations of new graduates in relation to the ANCI Competencies for beginning level practice (referred in this study as the performance criteria items). Fitzpatrick and Hopkins (1983) found a lack of conviction behind expressed expectations among patients attending a neurology clinic. They found that patients used the research interview to formulate ideas about the forthcoming consultation. A similar situation may have occurred in the present study.

Fourthly, there is a possibility that some of the Preceptor and CNC responses may be voicing their concerns regarding the TSoN's ability, or any university course for that matter, to equip students with the basic skills they believe a registered nurse requires for practice. Within the respondent data were sentiments that the Graduates had not achieved a satisfactory standard of performance as compared to nurses previously prepared by the hospital programmes. Such sentiments are reflected in the following respondent data quotes (see Appendix 9):

> *This would be the optimum - to have independent RN's direct from college. All Grads at present require assisted/supervised rating for most activities. I'm comparing Hosp. trained Nurses to Uni grads.*

> *I personally feel that you get a registered nurse who has the responsibilities but really only the basic skill of a student nurse (1st year hospital trained).*

Other sentiments reflected in the respondent data focused on the Graduates' need to demonstrate: attentiveness when receiving education; "a strong work ethic"; and the need for Graduates to accept performance feedback when it was given; traits of obedience and respect for seniority that have in the past formed a significant part of a nursing apprenticeship. The differences in expectations of Graduate performance may, perhaps,

have been influenced by the personal/professional history of the registered nurse respondents.

Fifthly, it might have been reasonably predicted that the Preceptors and CNCs would share more of the same expectations of Graduate performance as they are current practising nurses who have worked together for some time and share an appreciation of the demands of clinical practice. However, the results are surprising in that the level of shared agreement of 50% was not higher between Preceptors and CNCs, in regard to the expectations of Graduate performance at the commencement of the graduate year. For the remaining half of the performance criteria items where the Preceptors and CNCs do not agree it would appear that individual experience of the demands of clinical practice alone is insufficient to establish a shared understanding of performance expectations for Graduates. On the basis of these results, there is an urgent need for staff to discuss Graduate performance requirements amongst themselves. This discussion might enable the Preceptors and CNCs to come to some level of consensus regarding Graduate performance expectations that could then be communicated and discussed with university lecturers, Graduates and other registered nurses.

Finally, it is interesting to note that no respondent group had difficulty in rating the performance criteria (ANCI Competencies major headings). This indicates to the researcher that both new graduates and full-time clinical staff do subscribe to the notion that grading of competencies is both possible and acceptable to them.

5.2 Comparison between the expectations of Graduate nursing performance at the commencement of the graduate year and the evaluation of the actual level of Graduate performance near the end of the graduate year

Near the end of their graduate year Graduates rated themselves as functioning at a higher level of performance for more items than did the Preceptors and CNCs: Graduates evaluated their level of actual nursing performance as "independent" for 17 of the 18 PC items; whereas the Preceptors and CNCs thought the Graduates were functioning at this level for 10-11 and 3-5 (as a result of some items for each group having more than one mode) of the PC items respectively. Secondly, regardless of the actual level of performance rated for a PC item, when all three groups were compared there was little agreement between them, similar to the findings for expectations of beginning performance in the preceding section. When agreement between pairs of groups was examined Graduates and Preceptors agreed most, followed by Preceptors and CNCs, and Graduates and CNCs, regarding the perceived actual level of Graduate nursing performance. Only the Graduates and Preceptors agreed for more than half of the performance criteria areas (11 of the 18 PC items).

This shift for the Preceptor group, from agreement more often with the CNCs when rating expected level of Graduate performance (at the start of the graduate year) to agreement more often with the Graduates regarding the actual level of Graduate performance (near the end of the graduate year), may have arisen due to the development of a closer working relationship between the Preceptor and Graduate during the year. If a preceptor - preceptee relationship is working well, according to the literature, a sharing of perceptions would be expected, and hence a closer agreement on ratings of actual level of Graduate performance should result. However, from the results of the present study there was still a distance in terms of the number of PC items where the Graduate and Preceptor

groups agreed. The Graduate and Preceptor groups agreed for eight (44%) of the PC items of expected Graduate performance and for 11 (61%) of the PC items in relation to the actual level of Graduate performance. For both groups shared agreement for both the expected and actual level of performance ratings occurred for only six (33%) of these PC items. Horsburgh (1989:613) found the disparity between evaluations of performance by graduates and supervisors may have resulted from the lack of feedback on the Graduates' clinical work and performance. This interpretation in the present study was supported by some respondents' comments, particularly from the Preceptor group, where it was indicated they needed to make more time available to spend with Graduates to discuss their experiences and progress. Comparison of the modal responses for the ratings of Graduates' expected and actual level of performance for each of the PC items shows that the Graduate and Preceptor groups were at least more consistent than the CNC group.

For the researcher, an issue is raised when one considers the difference between the groups with respect to the low level of agreement over Graduates' performance at the end of their graduate year, that is: by what measure is the Graduate evaluated as having successfully integrated into the workforce; or from the Graduates' perspective, what level of performance/integration is perceived as necessary for consideration for further employment? In Tasmania, in the public hospital sector, and in most of the private sector agencies, the Graduate is offered a twelve month temporary contract. At the completion of the graduate year, presumably, reports on the Graduate's performance are submitted and considered with regard to an offer of continuing employment. The lack of a universal understanding of the period of time a graduate is considered as a "beginning level practitioner" from the literature is discussed in Chapter one (section 1.3); this combined with an apparent lack of consensus of expectations of beginning and end of first year achievement, of Graduates in Tasmania, raises the question: what performance

standard is used as the basis for a decision of offering continuing employment to a Graduate?

Also linked to the issue above, of how the decision to offer continuing employment is made, is the question: who has input into the decision? Given the lack of agreement between the Preceptors and CNCs regarding perceptions of the level of Graduate performance, the researcher's concern is in regard to whose evaluation/recommendation should form the basis for decisions regarding Graduates' future. From the results of the present study the Preceptors opinions should be given equal if not greater weight than the CNCs as the Preceptor group showed more consistency in their rating of Graduate performance at the beginning and near the end of the graduate year.

It is the researcher's understanding of the public sector system in Tasmania that Graduates' evaluation of their own level of performance near the end of the graduate year was not formally considered as part of any future employment decision. The summative interview summary was written by the CNC, and although signed by the Preceptor and Graduate, the Graduate is not in a bargaining position for employment consideration if they disagree with the CNC's evaluation. It is beyond the scope of the present study to assess whether the Graduates who participated were deemed to have successfully integrated into the workforce at the end of the graduate year.

The Graduates are also in a difficult situation where it would appear that they are being evaluated against two implicit sets of criteria, Preceptors and CNCs, that may conflict with their own expectations and self assessments. The need for Graduates to see themselves as competent and confident for their personal/professional integrity whilst working to achieve the different and possibly conflicting expectations of others could

create a situation of "cognitive dissonance" (Festinger 1957 cited in LeFrancois 1982:187), resulting in Graduates engaging in behaviour choices that induce stress. For example, a Graduate may choose to conduct their nursing practice according to the wishes of the CNC, although this approach conflicts with behaviours that as a student they gained praise for from clinical teaching staff, in order to gain acceptance and a positive performance evaluation. A more explicit, for example, written statement of expectations of a Graduate at the commencement of employment, and the level of nursing performance that is seen as being of a reasonable standard to achieve at the end of the graduate year might, whilst not reducing the imperative to continue the collaborative work to address these issues, provide a point for discussion and progress review for the Graduate, Preceptor and CNC.

5.3 Perceptions of the *critical* Competencies that indicate a satisfactory level of Graduate nursing performance by Graduates, Preceptors and CNCs

Recall the respondents were asked to identify those performance criteria items they considered were *critical* to a satisfactory level of Graduate nursing performance. For the respondents of the present study there was a subset of performance criteria (ANCI Competencies major headings) that were seen as more important to achieving satisfactory nursing performance that is, a hierarchy of emphasis on aspects of performance appeared to exist. The three groups agreed on eight *critical* Competencies for a satisfactory level of Graduate nursing performance. These *critical* areas included: satisfactory knowledge base; functioning in accordance with the law; maintaining a safe environment; recognition of own level of ability; effective communication; demonstrated accountability; implementation of nursing care; and collaboration with the health team. Also, included as *critical* by individual groups were: protection of the rights of

individuals by the Graduate group; and enhancement of individual dignity, formulation of a plan of care, and ethically justified practice by the CNC group.

The CNC group identified more *critical* Competencies (11) than the Graduate and Preceptor groups. There is no direct explanation for this in the respondent data. It might be that, as with the expectations and evaluation of graduate performance, CNCs in particular, had not, until this questionnaire, thought about what they consider as *critical* to a satisfactory nursing performance. The increased number of *critical* Competencies identified by the CNC group may again represent a conservative position of "play it safe". The Graduate and Preceptor groups identified less areas of performance as *critical* to satisfactory practice. This may be due to the Graduates' and Preceptors' direct involvement and observation of Graduate nursing performance resulting in both groups having confidence with less *critical* cues to indicate a satisfactory performance as compared to the CNC group.

Performance areas of the RN role identified as *critical* are interpreted by the researcher as a beginning description of some implicit understandings of registered nurses as to what constitutes "good nursing practice" and a "good nurse". The eight performance areas identified by all three groups of respondents as *critical* could be seen as markers of "good" nurse/practice. If these aspects of nursing practice are crudely categorised they could be seen to be descriptive of the knowledge required for the "doing" aspects of the nursing role. Continuing this rudimentary categorisation the performance areas not identified by any group as *critical* could be described as more analytic in nature: evaluation of care, assisting clients to make informed decisions, enhancing the professional development of nurses, and the recognition of the value of research to nursing. If these conclusions can be described as evidence of a hierarchy of performance

areas then the researcher concludes that a shadow of "doing over thinking" nursing culture still exists in regards to what is understood by these respondents to be "good" nursing.

5.4 Attributes of a Graduate as indicators of outstanding performance that may indicate a Graduate's future potential by Graduates, Preceptors and CNCs

For the Graduate group "safe practice" was the most frequently cited attribute of outstanding Graduate performance. In the Graduate group response data the words "safe practice" were used with no additional explanation. The next most frequently occurring attribute was "personal/professional continuing education". This is perhaps not surprising given that one of the broad objectives of the BN course is to stimulate in the student/Graduate a notion of life-long learning. The Graduates' identification of a need for continuing education programmes is consistent with this aim.

For the Preceptor and CNC groups "communications skills" was the most frequently cited attribute of outstanding Graduate performance. In all three groups' responses the words "communication skills" were used with very little additional explanation. There was some implied sense in the Preceptor and CNC groups data that "good communication skills" were related to a Graduate's ability to empathise with the patient's situation, and that this empathy would influence their responses and action in patient care. For example a Preceptor suggested the Graduate needed the:

> *Ability to listen to a client and ask real questions in order to attain a realistic nursing care plan, and to understand just where the patient is coming from. The first year registered nurse is usually able to put into writing what they hear, but they must ask more questions in order to understand what they are hearing is what is being said.*

Communication skills in this data included the need for both verbal and non-verbal components for understanding. Other respondents referred to good communication skills as being between "patients, staff and health care team members" however how the term "good" was being used was not explained in the responses.

The next most frequently occurring attribute for both the Preceptor and CNC groups was "knowledgeable and skillful caregiving". This attribute was consistent with the identification of knowledge for practice as *critical* to a satisfactory level of Graduate performance (see previous section 5.3). However, no additional explanation of how this knowledgeable and skillful caregiving is different from the knowledge and skill required to give competent care was provided. These attributes; communication skills and knowledgeable and skillful caregiving, were also identified by Girot (1993) as two of the four attributes of a competent student in her study.

The overall sense the researcher gained from the data in this section, particularly from the Preceptor and CNC groups, was that the Graduates were somehow not quite registered nurse colleagues of the more experienced nurses, and that they had a period of "required learning" before they could participate in any form of comment or review of another registered nurse's practice. The literature on preceptor - preceptee relationships and the giving of feedback (Lewis 1986, Rittman & Osburn 1995) identifies the need for honest two-way communication. Whilst not overt in the respondent data, there is a sense of the Graduates being expected to be obedient, attentive and responsive whilst not critiquing the teaching and feedback they received. There was a smaller number of respondents who identified very positive Graduate attributes including enthusiasm, motivation, questioning and "a sense of humour as essential".

The attribute "leadership ability" (Llewellyn-Thomas et. al. 1989) was not mentioned by any group. The researcher can only surmise that leadership ability was not seen as a current attribute of a beginning level practitioner, but may be an attribute RNs assume will develop in the future as the Graduate gains experience. Identifying an attribute such as leadership ability may also depend on what RNs considered are indicators of leadership and whether these can be seen in a Graduate nurse's practice.

5.5 Issues of preceptoring and Graduates' learning experiences

The responses to the questions regarding preceptoring and learning experiences gave the respondents in each of the three groups the opportunity to comment on significant experiences during the graduate year from their perspective and how as a result of these experiences they might approach their role in the future.

5.5.1a Significant experiences for the Graduates

For the Graduates, the most significant experience that built their confidence, and enabled them to practise nursing as they wished to, was acknowledgment by their colleagues and more experienced nurses of their work and membership of the nursing team. This finding is similar to Moorhouse's (1992) and Buckenham's (1994) where the participants sense of belonging, or not belonging, made a difference in their overall practice confidence and personal satisfaction. For example,

> It may prove that, having consulted new graduates themselves, the real needs are very simple and can be easily met, ... the sort of in-service education campaign directed at making people more aware of each others need for recognition is cheaply and easily mounted and may return effort many times over in improved morale and work effectiveness (Moorhouse 1992:109, emphasis added).

5.5.1b Planning future Graduate Nurse Development Activities – Graduates' views

The Graduates in planning future Graduate Nurse Development activities placed a lot of emphasis on the GND coordinators, in particular, to allow more time for Graduates to get together to share experiences, and for a confidentiality of sharing where there were issues of concern to individual nurses. Teaching and learning activities around specific clinical skills were also seen as important. There was no specific mention by the Graduates of activities that registered nurses on the ward might be more formally involved in that would contribute to the Graduates' practice development outside the preceptor - preceptee relationship, although two Graduates wanted to work with their Preceptors more often. The researcher concludes that the Graduates either felt satisfied by the level of supervision and support that occurred in the clinical areas and therefore they did not mention this as an activity for future planning, or they did not feel that the support they received from more experienced nurses needed to be any more formalised.

5.5.2a Preparation for the Preceptor role

A formal preceptor preparation workshop and ongoing support for the Preceptor during the graduate year were cited as the most helpful by a majority of the respondents. Formal preparation and ongoing support for the preceptor role is emphasised in the literature (Barnett 1992; McMurray 1986; Piemme, Kramer, Tack & Evans 1986) as necessary for the preceptorship model to be a valuable support and learning experience for all participants. Both Graduates and Preceptors commented that in future they would like to commit to establishing times for communication and sharing of issues and progress in the relationship however, Graduates did not directly mention a lack of preceptor support as a concern which suggests that the Preceptors were able to provide the level of support Graduates expected.

5.5.2b Changes to the role in the future by Preceptors

An increased commitment of time to develop a preceptor - preceptee relationship was the most frequently mentioned change the respondents could make for the next time. Some of the strategies for creating this additional time involved management issues of rostering the Preceptor and Graduate so that they could work together more often, as well as a strong implication in the respondent comments that the Graduate and Preceptor would only have time to meet more often if the meeting was scheduled, by someone else, so as to give this time a more formal priority in the hierarchy of nursing duties. The professional accountability and responsibility of the participants in the preceptorship relationship is given preeminence in the organisational rhetoric, for example in the GND activities documentation, but in practice appears to have a less prominent priority status.

5.5.3 Changes to the role in the future by Clinical Nurse Consultants

As managers of clinical areas the CNCs relied on their experienced nurses to more directly assist with the orientation and integration of new staff to the area. In the transition period of Graduate nurses, the CNCs identified the selection of an appropriate registered nurse to act as a Preceptor as the most important feature of making their role easier next time. From the researcher's recent clinical teaching experience, the CNCs are sometimes presented with a difficult situation. There may be senior experienced staff who the CNCs consider are inappropriate for a preceptor role, thus they have to allocate inexperienced RNs to precept the graduates. The CNCs in the Tasmania public health sector have only a limited capacity to control the number of Graduates allocated to their areas.

5.6 Additional feedback

Evidence from Graduates for whom the graduate year was an overwhelming, stressful and an isolating experience is well documented in the literature (Buckenham 1994, Moorhouse 1992, Perry 1987, & Meissner 1986); and two Graduates in the present study attested to the sense of vulnerability as a "new" nurse: *"I walked onto a medical ward and [was] expected to know it all. I was given six patients and knew nothing about the problems and drugs these patients had, I was a danger - but I was still expected to do the work".* This Graduate, and another who provided similar feedback, appeared overwhelmed by the caseload allocation in the initial stages of their work as registered nurse.

One Preceptor and one CNC made a comment in the additional information section that they would like feedback from the Graduates regarding their experiences. As there was no additional comment the researcher is not aware of whether these two respondents had: sought feedback from the Graduate(s) and had not received any; were not satisfied with any feedback they may have received either from their own enquiries or a more formal evaluation from the GND/clinical agency perspective. Lewis (1986:19) recommends that each clinical area seek feedback from Graduates regarding their experiences of the practice settings as part of the open communication and reciprocal honesty that should be established in a preceptor - preceptee relationship.

5.7 Implications of the findings

The most significant issue arising from the present study for the researcher was the implications arising as a result of the disagreement between the Graduate, Preceptor and CNC groups with regard to the expectations of Graduate nursing performance at the

commencement of the Graduate year, and the evaluation of the actual level of Graduate nursing performance near the end of the Graduate year. The question is begged, on what basis is the decision taken regarding the Graduate's achievement of a level of performance that no longer requires the formal Graduate Development Activities support? With no apparent consensus as to what level of performance is expected of a new Graduate by either the Preceptor or CNC groups, and by implication (as this was not formally addressed in the present study) no consensus of the level of achievement perceived to indicate a satisfactory level of performance that indicates a successful integration of the Graduate into the nursing workforce, it would appear that the Graduates have no defined goal/target/outcome to work toward.

On the basis of these results, the recommendations for continuing employment appear to have no explicit criteria that would apply equally to all Graduates ensuring an equitable and just opportunity to secure one of the limited continuing places. The development of consensus outcome criteria would assist future discussions between the university and health agencies in relation to the issues of preparation of, and transitional support for, Graduates of nursing courses. In addition, careful evaluation of current review practices whereby Graduate performance is assessed by Preceptors and CNCs at three, six and nine months needs to occur - clearly, from the evidence of this study, Graduate, Preceptor and CNC views differed considerably. The findings from this study indicate that the Review committee's (Reid 1994) comments are still very relevant where they suggest that the phase of transition from a student of nursing to a confident member of the nursing workforce requires more focus in the future, and that this work must involve the registered nurses most prominent in the transition phase, i.e. the Clinical Nurse Consultants, the Preceptors, the Graduates and the university lecturing staff.

5.8 Limitations of the study

The overall response rate of 34% is low, even considering the lower response rates expected in a postal survey method of data collection. Polit and Hungler (1991:292) identify low response rates as a problematic feature of mailed survey questionnaires. They caution against assuming that the subsample of respondents who completed and returned the survey are "typical" of the sample and therefore it would be inappropriate to generalise the results of the study to the study population. In addition, the descriptive accounts in this study relate to the Tasmanian perspective and to graduates from the only Bachelor of Nursing programme offered in the state. The findings therefore, whilst they may be of interest to nurses in other states of Australia or overseas, can not be generalised to those contexts.

In relation to the differences found between the expected and actual level of Graduate performance, respondent memory may be an issue in particular for Preceptors and CNCs. The first question asked respondents to give a general opinion on their expectations about beginning graduates (there would be no need, at least for the Preceptor and CNC groups, to think about any Graduate in particular, or any particular time frame) whereas, with the second question Preceptors and CNCs probably thought about the Graduate(s) currently in their practice setting prior to completing that particular part of the questionnaire, i.e. their responses were anchored in the here-and-now. For Graduates they have had to try and remember what they were like when they first began their graduate year.

5.9 Further research

The present study looked at the perceptions of expected and actual performance of the "average" Graduate. Future research could examine comparisons at the individual level. Responses for each Graduate could be compared in relation to her/his Preceptor and CNC. Additionally, the individual Graduate, Preceptor and CNC perceptions could be compared over time by collecting data at the beginning, middle and end of the graduate year. In this way the researcher could look at the agreement of perceptions between each of the individual participants in the transition phase of a Graduate. Data from other sources such as follow-up interviews or focus groups could help clarify each RN category's expectations and perceptions.

Secondly, a study to assess the impact on expectations of Graduate performance as a result of a combined university and clinical agency workshop, designed to clarify expectations prior to the Graduates commencing their graduate year could be conducted. An experimental study design with two groups from a clinical agency, one group participating in the combined workshop and the other not receiving this additional information, would offer the researcher the opportunity to begin to discuss a cause and effect relationship between clarification and consensus of expectations of Graduate performance and the subsequent ratings of Graduate nursing performance. Clare, Longson, Glover, Schubert and Hofmeyer (1996:174) in their literature review article comment that GND/transition programmes tended to be described rather than critically evaluated.

The notions of what constitutes a "good nurse" and "good nursing practice" could be investigated further. An in-depth exploration of registered nurses' views regarding the

outcome criteria for a nurse at the end of a graduate year could address two concerns. Firstly, what "ordinary" nurses construe as "good nursing practice" and a "good nurse". Secondly, nurses views regarding tasks and analytical skills in relation to determining what is considered *critical* to a satisfactory level of nursing performance. Recall, in the present study the inference was made that respondents valued tasks over analytical thinking skills.

In conclusion, the findings of this study would suggest that the Preceptors and CNCs, most immediately involved in the transition experiences of Graduates, need to discuss and share expectations and perceptions of graduate nursing performance between themselves and with the Graduates.

Appendix 1

Table 2.2 University of Tasmania, School of Nursing

Bachelor of Nursing [Pre-Registration] - Curriculum Matrix

Table 2.2 TSoN Bachelor of Nursing [Pre-Registration] - Curriculum Matrix

	Discipline	**Practice**	**Supporting Studies**
Year one	Discipline Studies in Nursing	Health Care Where People Live and Work	Computing Practice Human Bioscience 1 Society, Culture and Health --- Society, Culture and Health cont. Human Biosicence 2
Year two	Scientific Perspectives in Nursing	Supportive Care in Hospital and Community Settings	Perspectives on Ageing Human Bioscience 3 --- Child and Adolescent Health Human Bioscience 4
Year three	Feminist and Critical Perspectives --- Nursing as a Profession	Acute Care Nursing --- Community Practice	Philosophy of Health Care --- Unspecified Elective

Appendix 2a

3.2 Survey package sent to each respondent. The Graduate tool is used here as an example. The specific differences for the Preceptor and CNC packages are discussed in Chapter Three.

Introductory Letter and Questionnaire sent to each Graduate.

Appendix 2b

3.2 Survey package - additional questions to the Preceptor and CNC groups

UNIVERSITY OF TASMANIA

Tasmanian School of Nursing
Clinical Division - Hobart

43 Collins St
Hobart Tasmania 7000
Australia

Phone (03) 6226 4750
Fax (03) 6226 4880

To Graduate registered nurses

Re: Graduate Nursing Performance: a descriptive study of the perceptions of registered nurses in Tasmania.

My name is Karen Roberts. I am a Lecturer with the Tasmanian School of Nursing (TSoN) Clinical Division - Hobart.

I am undertaking the research project entitled "Graduate Nursing Performance: a descriptive study of the perceptions of registered nurses in Tasmania." The study will be a descriptive presentation of the views of registered nurse Preceptors, Clinical Nurse Consultants and Graduates in evaluating the nursing performance of graduates from the Bachelor of Nursing (Pre-registration) course, who completed their studies in 1995 and are in the first professional year in 1996.

The supervisor for the project is Mr. Gerry Farrell, Senior Lecturer, TSoN, Newnham campus.

Graduates from the first Bachelor of Nursing programme, of the Tasmanian School of Nursing (TSoN), completed their studies in 1994 and were in employment in professional nursing positions in 1995. As a member of the second group of graduates from the course, completing your studies in 1995, you are currently nearing the completion of your first year of professional practice in 1996. It is timely to consider a study that investigates the **nursing performance** of the graduates in relation to: the adequacy of the course to prepare graduates for fulfilling the registered nurse role. As a Graduate your views in regards to your own nursing performance needs to be actively sought and incorporated into the continuous course evaluation processes.

As a Graduate you are a representative of an important group of professional nurses who represent the TSoN Bachelor of Nursing course. I believe it is important to ask graduates in practice what your expectations of yourselves are. With this knowledge the education and service sectors might more easily develop processes of cooperation and collaboration in the preparation and support of nurses and nursing. This project aims to capture your perceptions of your nursing performance.

The questionnaire has been delivered to you with permission from your agency's Director of Nursing/Program Director of Nursing. The delivery process arranged with your agency ensures that your privacy has been respected and the researcher does not have access to your personal information.

The enclosed questionnaire is anonymous, there is no need to record your name on the form. The number on the questionnaire is for the sample count only not to identify each form. The completed questionnaires will be utilised in the research analysis, project report and any subsequent publications arising out of the project however the original forms will be stored in a locked filing cabinet belonging to the researcher to ensure confidentiality of the responses.

Completion of the questionnaire is voluntary however I would encourage you to consider contributing your views to the course evaluation processes of the TSoN. Completion of the enclosed questionnaire and returning it to the researcher, using the return addressed envelope, will be considered as your consent to the researcher using the data from the responses in the project. It is anticipated that answering the questionnaire should take approximately 20 minutes.

It is important in mailed questionnaire projects that the responses are returned promptly to ensure sufficient representative views are gathered to validate the findings from the research. It may be necessary for a second mail out of the questionnaire if an inadequate response rate is achieved from the first round. Please could you complete and return this survey promptly.

Please complete the questionnaire without discussion with your colleagues, the preceptor(s) or the Clinical Nurse Consultant. This will ensure the answers you give to the questions in the survey are representative of your own views. It is your individual perceptions that I am seeking in the response data.

A summary of the project findings will be sent to Director's of Nursing in 1997 to disseminate the information to nurses in practice.

If you wish to discuss any aspect of the project I can be contacted on;

(03) 6226 4750 - TSoN secretary, **********, please leave your name and a contact number.

In anticipation of your responses, thankyou for giving your time

Karen Roberts.

Project Title: Graduate Nursing Performance: a descriptive study of the perceptions of registered nurses in Tasmania.

Researcher: Karen Roberts, Lecturer
Tasmanian School of Nursing

Supervisor: Gerry Farrell, Senior Lecturer
Tasmanian School of Nursing

Instructions:

1 In this questionnaire a Graduate is defined as:
a registered nurse who completed their studies at TSoN in 1995 and is in the first professional year of employment in 1996.

2 The following questionnaire is divided into four parts:

Part one: seeks some background information that will be used to describe the membership of the Graduate respondent group;

Part two: contains two scales relating to assessment of the level of nursing performance of the graduates;

Part three: contains a number of open-ended questions to expand on some of the issues raised in categorising levels of nursing performance; and

Part four: is a brief section seeking feedback on the construction of the questionnaire.

Please could you complete all four sections.

3 Instructions and notes are contained in the shaded boxes at the beginning and end of each section.

4 Do not mark the questionnaire with your name or details that would indicate your identity or place of work unless you wish to.

5 Please return the completed questionnaire, in the return addressed envelope provided, within one week of receiving it.
Responses returned after a week will still be included however prompt return will aid the data analysis phase of the project.

6 Completion and return of the questionnaire is considered as your consent to the researcher using the data from the responses in the project.

7 Please complete the questionnaire without discussion with your colleagues.

8 There are no right or wrong answers, sometimes your first response is the best response. It is anticipated that answering the questionnaire should take approximately 20 minutes.

Thankyou for giving your time and responses to this project.

Part one

Q1 Please complete these questions on your graduate clinical experience.

Please indicate in which health sector you are currently employed:

private health sector _____

or Department of community services and health _____

How long have you been working in your current clinical area?

____months.

How would you categorise your current clinical area? medical _____
surgical _____
community _____
psychiatric _____
extended care _____

other, please specify _____

Is your current clinical area the same as when you commenced employment?

Yes _____ No ____

If No, please categorise your previous clinical area(s)
medical _____
surgical _____
community _____
psychiatric _____
extended care _____

other, please specify _____

end of part one

Part two

Q2 a) Level of nursing performance - (expectations)

For this first rating scale please select the category that represents the level of nursing performance you would expect ALL GRADUATES to have achieved at the end of a three year Bachelor of Nursing course and the commencement of employment as a registered nurse.

PLEASE CIRCLE THE CATEGORY SYMBOL of your choice.

The following category symbols are used in this evaluation scale:

I = independent, fulfills the RN role with minimal guidance
G = requires occasional guidance
A = requires guidance and assistance
S = requires assistance and direct supervision
na = not applicable or not observed

The following 18 statements are the ANCI (1995) major headings.

The nursing performance of <u>all</u> graduates should show evidence that: (select a category of expected level of performance for each statement)

1 Demonstrates a satisfactory knowledge base for safe practice.	I	G	A	S	na
2 Functions in accordance with legislation and common law affecting nursing practice.	I	G	A	S	na
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	I	G	A	S	na
4 Recognises own abilities and level of professional competence.	I	G	A	S	na
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	I	G	A	S	na
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	I	G	A	S	na

The following category symbols are used in this evaluation scale:

I = independent, fulfills the RN role with minimal guidance
G = requires occasional guidance
A = requires guidance and assistance
S = requires assistance and direct supervision
na = not applicable or not observed

7 Implements planned care.	I	G	A	S	na
8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	I	G	A	S	na
9 Acts to enhance the dignity and integrity of individuals and groups.	I	G	A	S	na
10 Protects the rights of individuals and groups.	I	G	A	S	na
11 Assists individuals or groups to make informed decisions.	I	G	A	S	na
12 Communicates effectively and documents relevant information.	I	G	A	S	na
13 Demonstrates accountability for nursing practice.	I	G	A	S	na
14 Conducts nursing practice in a way that can be ethically justified.	I	G	A	S	na
15 Acts to enhance the professional development of self and others.	I	G	A	S	na
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	I	G	A	S	na
17 Collaborates with health care team.	I	G	A	S	na
18 Effectively manages the nursing care of individuals or groups.	I	G	A	S	na

Q3 b) Level of nursing performance - (actual)

For this second rating scale please select the category that represents your current level of nursing performance. This is a self-assessment of level of performance.

PLEASE CIRCLE THE CATEGORY SYMBOL of your choice.

The following category symbols are used in this evaluation scale:

I = independent, fulfills the RN role with minimal guidance
G = requires occasional guidance
A = requires guidance and assistance
S = requires assistance and direct supervision
na = not applicable or not observed

The following 18 statements are the ANCI (1995) major headings.

My current level of nursing performance shows evidence that: (select a category of actual level of performance for each statement)

1 Demonstrates a satisfactory knowledge base for safe practice.	I	G	A	S	na
2 Functions in accordance with legislation and common law affecting nursing practice.	I	G	A	S	na
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	I	G	A	S	na
4 Recognises own abilities and level of professional competence.	I	G	A	S	na
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	I	G	A	S	na
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	I	G	A	S	na
7 Implements planned care.	I	G	A	S	na

The following category symbols are used in this evaluation scale:

I = independent, fulfills the RN role with minimal guidance
G = requires occasional guidance
A = requires guidance and assistance
S = requires assistance and direct supervision
na = not applicable or not observed

8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	I	G	A	S	na
9 Acts to enhance the dignity and integrity of individuals and groups.	I	G	A	S	na
10 Protects the rights of individuals and groups.	I	G	A	S	na
11 Assists individuals or groups to make informed decisions.	I	G	A	S	na
12 Communicates effectively and documents relevant information.	I	G	A	S	na
13 Demonstrates accountability for nursing practice.	I	G	A	S	na
14 Conducts nursing practice in a way that can be ethically justified.	I	G	A	S	na
15 Acts to enhance the professional development of self and others.	I	G	A	S	na
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	I	G	A	S	na
17 Collaborates with health care team.	I	G	A	S	na
18 Effectively manages the nursing care of individuals or groups.	I	G	A	S	na

end of part two

Part three

In this section would you please give responses to the following questions using your own words. It may seem obvious but could I ask that you write clearly so that your responses can be used in the research.

Q4 What competency major heading(s) do you consider as **critically important** to the overall evaluation of graduate performance, such that failure to perform this/these would indicate an overall unsatisfactory level of nursing performance?

CIRCLE THE NUMBER of the competency major headings that you identify as critically important in the overall evaluation of performance. There is no restriction on the number of headings you may circle.

1 Demonstrates a satisfactory knowledge base for safe practice.

2 Functions in accordance with legislation and common law affecting nursing practice.

3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.

4 Recognises own abilities and level of professional competence.

5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.

6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.

7 Implements planned care.

8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.

9 Acts to enhance the dignity and integrity of individuals and groups.

10 Protects the rights of individuals and groups.

11 Assists individuals or groups to make informed decisions.

12 Communicates effectively and documents relevant information.

13 Demonstrates accountability for nursing practice.

14 Conducts nursing practice in a way that can be ethically justified.

15 Acts to enhance the professional development of self and others.

16 Recognises the value of research in contributing to developments in nursing and improved standards of care.

17 Collaborates with health care team.

18 Effectively manages the nursing care of individuals or groups.

Q5 What in your opinion are the **attributes**, (qualities or features of a person), that would represent an outstanding level of nursing performance and indicate to you the potential of a first year registered nurse colleague?

QA The first year of employment is a time for you to consolidate you practice competency and develop confidence in your knowledge and skills for nursing practice.
On reflection, for you what have been the most important/significant experiences during your first year, both positive and negative, that have helped you to develop skills and confidence to be able to practise nursing as you wish to?

QB Based on your experiences during this first year, if you were responsible for organising activities or support services for graduates what would you include and why are these important?

end of part three
Thankyou for your effort so far. You have nearly finished, just one section to go!

Part four

Survey feedback
To assist with future surveys would you please comment on this questionnaire as a tool.

Q6 Has the questionnaire enabled you to provide the feedback of graduate nursing performance that you would like the Tasmanian School of Nursing (TSoN) to know?

Yes ____ No ____

If No, what other feedback comments would you like the TSoN to consider in future evaluations of graduate nursing performance?

Pilot group only

What changes to this questionnaire would you suggest to make it more respondent friendly?

end of part four, the end!
Thankyou for your time and responses.

Appendix 2b

Additional questions to the Preceptor group

QC As a Preceptor have you had some form of initial orientation; - this may have included;

1 being given articles on preceptoring to read and having a brief introductory discussion to the role, and/or

2 a preceptor workshop preparation, and/or

3 ongoing support for you in your role, and/or

4 some other form of orientation/support?

No____ Yes____

If Yes, circle the number(s) corresponding to the orientation or support formats, listed above, you received.

Of the orientation/support you received,
which has been the most helpful for you in your role?

given articles to read and a brief discussion _____

workshop preparation _____

ongoing support _____

some other form of orientation/support_____

How was/is the preceptor orientation/support, you have identified as most helpful, structured and how has it helped you in your preceptor role?

QD In retrospect what could have been done differently to make your position, as a Preceptor, easier during the graduates' first professional year?

Additional question to the CNC group

QE In retrospect what could have been done differently to make your position, as a CNC, easier during the graduates' first professional year?

Appendix 3

Appendix 3 is three frequency charts showing the perceptions of expected level of Graduate nursing performance at the completion of a BN course of studies and commencement of employment as a registered nurse, for eighteen performance criteria items, by group: Graduates; Preceptors; and CNCs.

Chart 4.3.5-G: Graduate expectations of Graduate nursing performance

Chart 4.3.5-P: Preceptor expectations of Graduate nursing performance

Chart 4.3.5-C: CNC expectations of Graduate nursing performance

Chart 4.3.5-G: Graduate expectations of Graduate nursing performance following the completion of a BN course and the commencement of employment as a RN

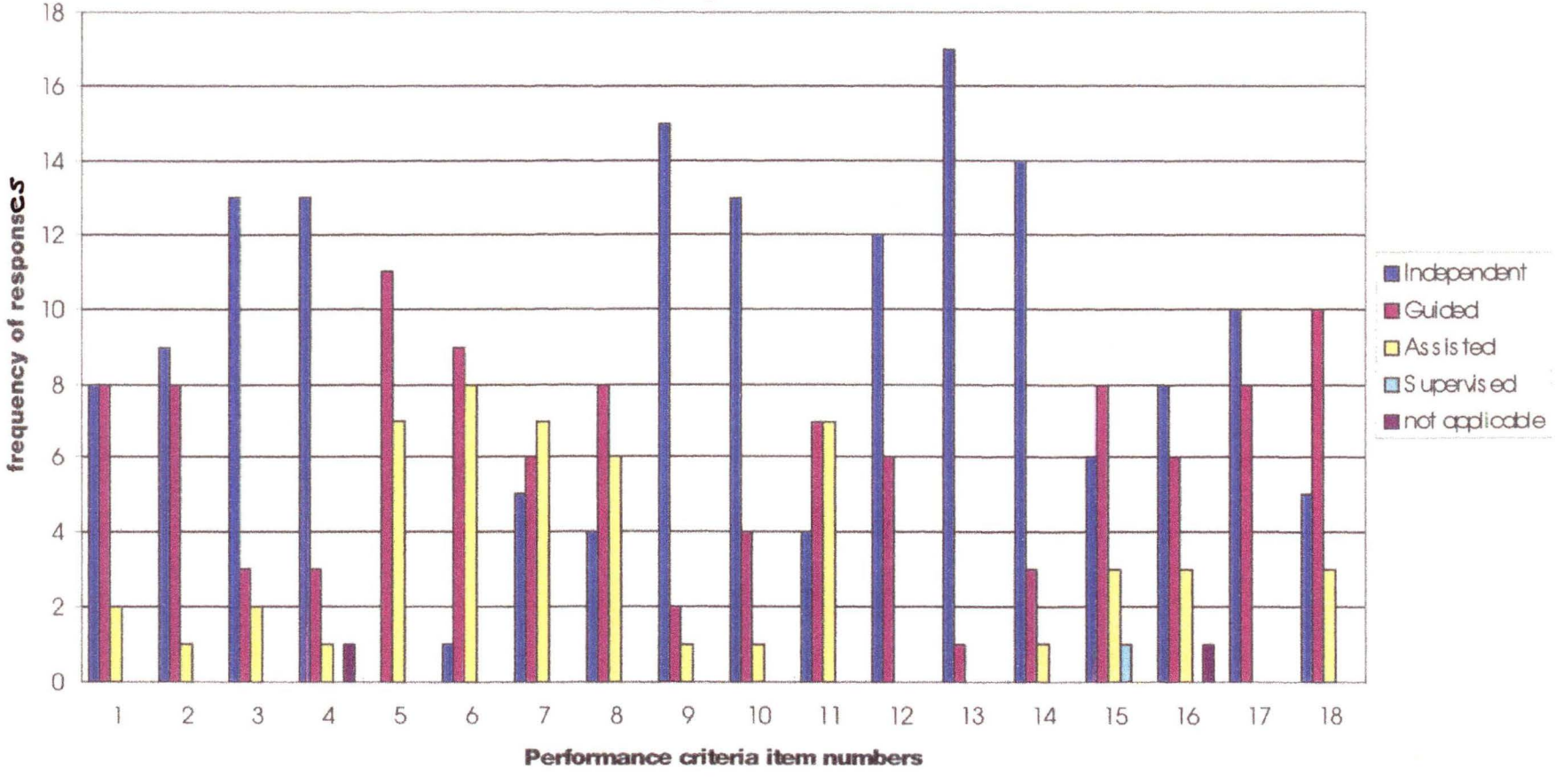


Chart 4.3.5-P: Preceptor expectations of Graduate nursing performance following the completion of a BN course and the commencement of employment as a RN

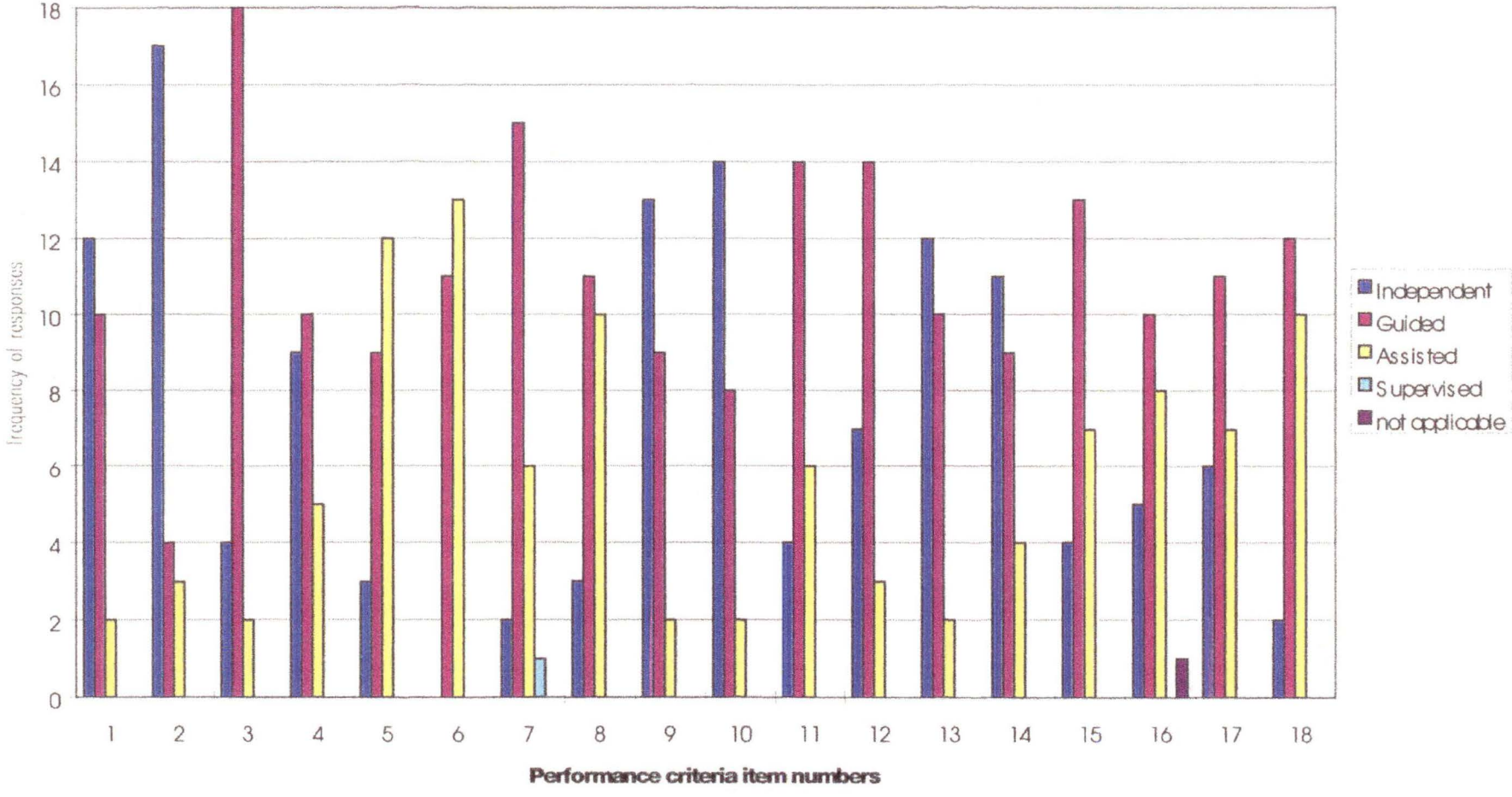
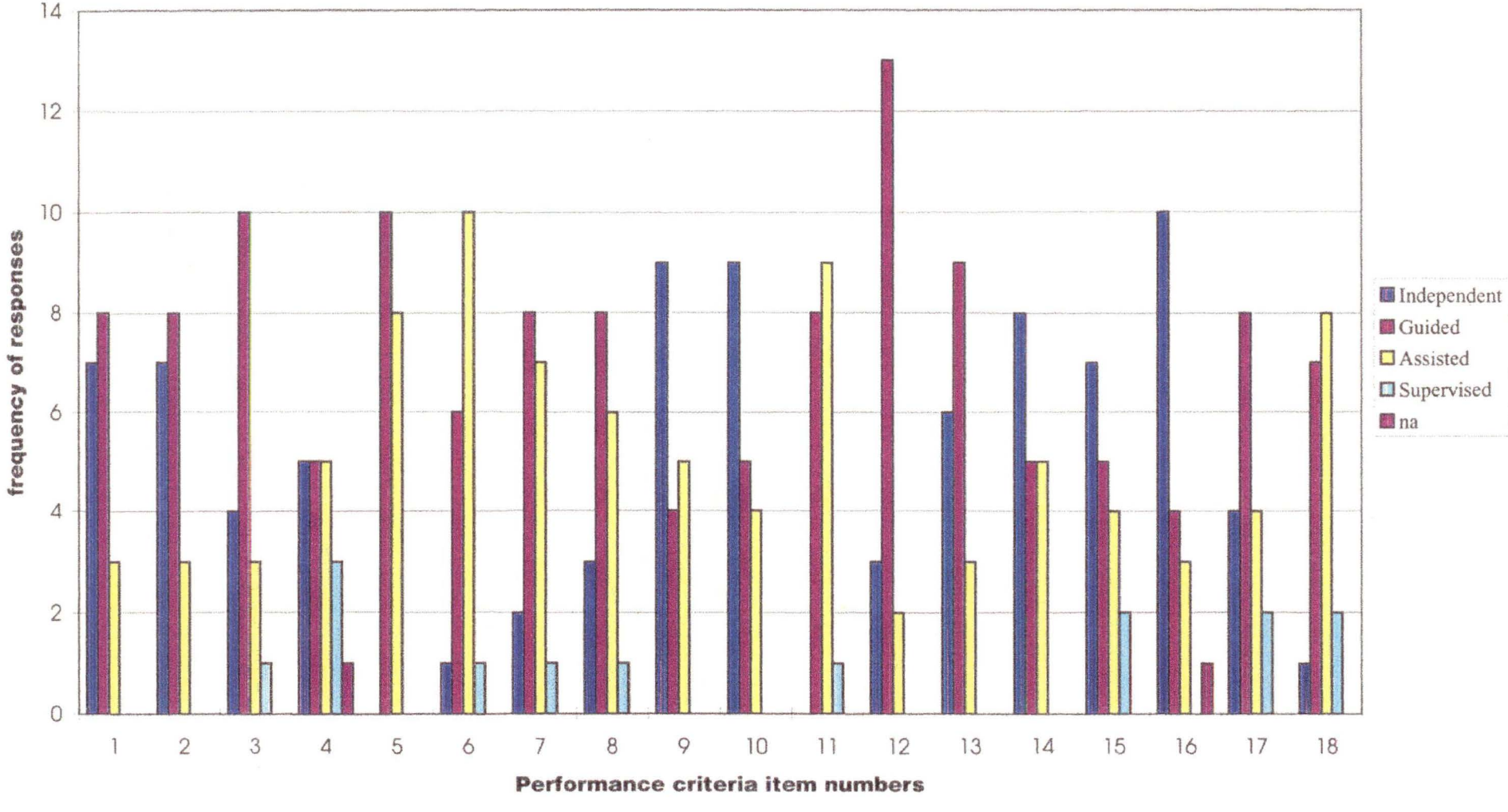


Chart 4.4.5-C: CNC expectations of Graduate nursing performance following the completion of a BN course and the commencement of employment as a RN



Appendix 4

Table 4.3.5 Comparison of modal percentages for each PC item for the expected level of Graduate performance by Graduates, Preceptors and CNCs

	Performance criteria item	Level of performance category	Group	Modal percentage
Expected level of Graduate performance				
All groups agree	8	guided	Graduate	44
			Preceptor	46
			CNC	44
	9	independent	Graduate	83
			Preceptor	54
			CNC	50
	10	independent	Graduate	72
			Preceptor	58
			CNC	50
	14	independent	Graduate	76
			Preceptor	46
			CNC	44
All groups disagree	5	guided	Graduate	61
		assisted	Preceptor	50
		independent	CNC	56
2 groups agree	2	independent	Graduate	50
			Preceptor	71
		guided	CNC	44
	3	guided	Preceptor	75
			CNC	56
		independent	Graduate	72
	6	assisted	Preceptor	54
			CNC	56
		guided	Graduate	50
	7	guided	Preceptor	63
			CNC	44
		assisted	Graduate	39
	12	guided	Preceptor	58
			CNC	72
		independent	Graduate	66
	13	independent	Graduate	94
			Preceptor	50
		guided	CNC	50
	15	guided	Graduate	44
			Preceptor	54
		independent	CNC	39
	16	independent	Graduate	44
			CNC	56
		guided	Preceptor	42
	17	guided	Preceptor	46
			CNC	44
		independent	Graduate	55
	18	guided	Graduate	55
			Preceptor	50
		assisted	CNC	44

Table 4.3.5 cont.

	Performance criteria item	Level of performance category	Group	Mode percentage
Multiple modes where 2 groups agree and 2 other groups agree				
	1	independent	Graduate	44
			Preceptor	50
		guided	Graduate	44
			CNC	44
	4*	independent	Graduate	72
			CNC	28
		guided	Preceptor	42
			CNC	28
		assisted	CNC	28
	11	guided	Graduate	39
			Preceptor	58
		assisted	Graduate	39
			CNC	50

* indicates where one RN respondent group had more than one mode

Appendix 5

Appendix 5 contains the analysis of the respondent data relating to the actual level of graduate performance. The table below presents the modal comparison of responses from the three groups of registered nurses in relation to their rating of the actual level of Graduates' nursing performance near the completion of the first year of professional practice.

Table 4.4.1 Modal comparisons for the actual level of Graduate nursing performance by Graduates, Preceptors and CNCs

Performance criteria items	Graduate	Preceptor	CNC
1 Demonstrates a satisfactory knowledge base for safe practice.	independent	independent	assisted
2 Functions in accordance with legislation and common law affecting nursing practice.	independent	independent	guided
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	independent	independent	guided
4 Recognises own abilities and level of professional competence.	independent	independent	guided
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	guided	assisted	assisted
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	independent	assisted	guided
7 Implements planned care.	independent	guided	independent
8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	independent	guided & assisted*	guided
9 Acts to enhance the dignity and integrity of individuals and groups.	independent	independent	guided
10 Protects the rights of individuals and groups.	independent	independent	guided
11 Assists individuals or groups to make informed decisions.	independent	guided	assisted
12 Communicates effectively and documents relevant information.	independent	independent	independent
13 Demonstrates accountability for nursing practice.	independent	independent	independent & guided*
14 Conducts nursing practice in a way that can be ethically justified.	independent	independent	independent

* indicates more than one mode

Table 4.4.1 cont.

Performance criteria items	Graduate	Preceptor	CNC
15 Acts to enhance the professional development of self and others.	independent	guided	guided
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	independent	guided	assisted
17 Collaborates with health team.	independent	independent	independent & guided*
18 Effectively manages the nursing care of individuals or groups.	independent	independent & assisted*	guided

* indicates more than one mode

The preceding table shows that for each group and for nearly every PC item a single modal response was found, indicating in general that each group had definite ideas with regards to the actual level of Graduate nursing performance near the completion of the Graduates' first year of professional practice. Multiple modes occurred for two items (PC 8 & 18) for the Preceptor group and two different items (PC 13 &17) for the CNC group however these did not result in pairing of groups in agreement with regards to actual level of Graduate nursing performance.

Graduates rated their actual level of performance as "independent" for 17 (94%) of the 18 performance items whereas the Preceptor and CNC groups rated this level of nursing performance for 11 (61%) and five (28%) of the 18 PC items respectively. The preceding table illustrates that for 11 (61%) of PC items the Graduates and Preceptors agreed on an "independent" level of nursing performance, and for three (17%) PC items all three groups agreed regarding this level of actual Graduate nursing performance. Also evident in the table is the CNC group's evaluation of actual Graduate nursing performance at a "guided" level, for 11 (61%) of the 18 PC items.

Further analysis of these items of agreement and disagreement are presented (see the following sections).

4.4.1 PC items where all the respondent groups agreed on the actual level of Graduate performance

The Graduate, Preceptor and CNC groups agreed on the level of actual Graduate performance for four items (PC 12, 13, 14 & 17). An "independent" level of performance was assessed by Graduates, Preceptors and CNCs for: *PC 12 - Communicates effectively and documents relevant information*; *PC 13 - Demonstrates accountability for nursing practice*; *PC 14 - Conducts nursing practice in a way that can be ethically justified*; and *PC 17 - Collaborates with the health care team.*

4.4.2 PC items where two respondent groups agreed on the actual level of Graduate performance

Separate to the findings 4.4.1 immediately above, for an additional 11 (61%) of the 18 PC items agreement between two groups was found. First, the Graduates and Preceptors agreed on seven items (PC 1, 2, 3, 4, 9, 10 & 18). An "independent" level of actual Graduate performance was rated for: *PC 1 - Demonstrates a satisfactory knowledge base for safe practice; PC 2 - Functions in accordance with legislation and common law affecting nursing practice; PC 3 - Maintains a physical and psychosocial environment which promotes safety, security and optimal health; PC 4 - Recognises own abilities and level of professional competence; PC 9 - Acts to enhance the dignity and integrity of individuals and groups*; PC 10 - *Protects the rights of individuals and groups;* and *PC 18 - Effectively manages the nursing care of*

individuals or groups. In total, and including the PC items where all groups agreed, the Graduates and Preceptors concurred for 11 PC items.

Second, the Graduates and CNCs agreed on only one item (PC 7). For *PC 7 - Implements planned care* an "independent" level of actual Graduate nursing performance was rated making a total of five PC items where Graduates and CNCs agreed.

Third, the Preceptors and CNCs agreed on three items (PC 5, 8 & 15). A "guided" level of actual Graduate performance was identified for: *PC 8 - Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data;* and *PC 15 - Acts to enhance the professional development of self and others.* An "assisted" level of actual performance was rated for *PC 5 - Carries out a comprehensive and accurate assessment of individuals and groups in a variety of settings*. In total therefore, Preceptors and CNCs agreed for seven PC items.

Overall, there was little agreement between all three groups of respondents, agreeing on the actual level of graduate performance for only four (22%) of the 18 PC items. Most agreement was between Graduates and Preceptors, they agreed on a total of 11 (61%) of the 18 PC items. Preceptors and CNCs agreed for a total of seven (39%) of the 18 PC items. Graduates and CNCs agreed for a total of five (28%) of the 18 PC items. Also, while Graduates rated their actual level of nursing performance at an "independent" level for 17 PC items, the Preceptors and CNCs rated the actual level of Graduate nursing performance at this level for 10-11 items (due to one item having

more than one mode) and 3-5 items (due to two items having more than one mode) respectively.

4.4.3 PC items where all the respondent groups disagreed on the actual level of Graduate performance

The Graduate, Preceptor and CNC groups disagreed on the actual level of Graduate nursing performance for three items (PC 6, 11, & 16). For *PC 6 - Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team*; Graduates rated this items as an "independent" level, CNCs rated it as "guided", and Preceptors thought the Graduates were at an "assisted" level. For the two other items: *PC 11 - Assists individuals or groups to make informed decisions;* and *PC 16 - Recognises the value of research for professional developments in nursing and improved standards of care*; the Graduates rated their performance at an "independent" level, the Preceptors rated this as "guided" and the CNCs thought the Graduates were at an "assisted" level of actual nursing performance.

4.4.4 PC items where multiple modes were found for the actual level of Graduate performance

There were three items of actual level of Graduate performance where multiple modes were found, items (PC 8, 13, & 17). The Preceptor group had two modes (guided and assisted) for *PC 8 - Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.* The CNC group had two modes (independent and guided) for 2 items: *PC 13 - Demonstrates accountability for nursing practice;*

and *PC 17 - Collaborates with the health team.* The multiple modes did not result in a pairing of agreement between two respondent groups in these instances.

4.4.5 Consensus of rating of the actual level of Graduate performance

Inspection of the three frequency charts for actual level of Graduate performance, (Appendix 6), illustrates the raw ratings for each of the PC items for each of the respondent groups. Where the mode represented 50% or more of the responses (Appendix 6) for that item it can be seen that this accounted for 17 of the 18 items for the Graduate group (all items except PC 16); for four or the 18 items for the Preceptor group (PC 1, 9, 10 and 14); and for two of the items for the CNC group (PC 5 and 14).

By calculating the percentage of responses that represented the mode for each item for each group (Appendix 7, Table 4.4.5) it can be seen that Graduates were more certain of their convictions than either the Preceptors or CNCs regardless of the actual level of performance category nominated.

Appendix 6

Appendix 6 is three frequency charts showing the perceptions of the actual level of Graduate nursing performance near the completion of the first year of professional employment as a registered nurse, for eighteen performance criteria items, by group: Graduates; Preceptors; and CNCs.

Chart 4.4.5-G: Graduate perceptions of the actual level of Graduate nursing performance

Chart 4.4.5-P: Preceptor perceptions of the actual level of Graduate nursing performance

Chart 4.4.5-C: CNC perceptions of the actual level of Graduate nursing performance

Chart 4.4.5-G: Graduate perceptions of the actual level of Graduate nursing performance near the completion of the graduate year

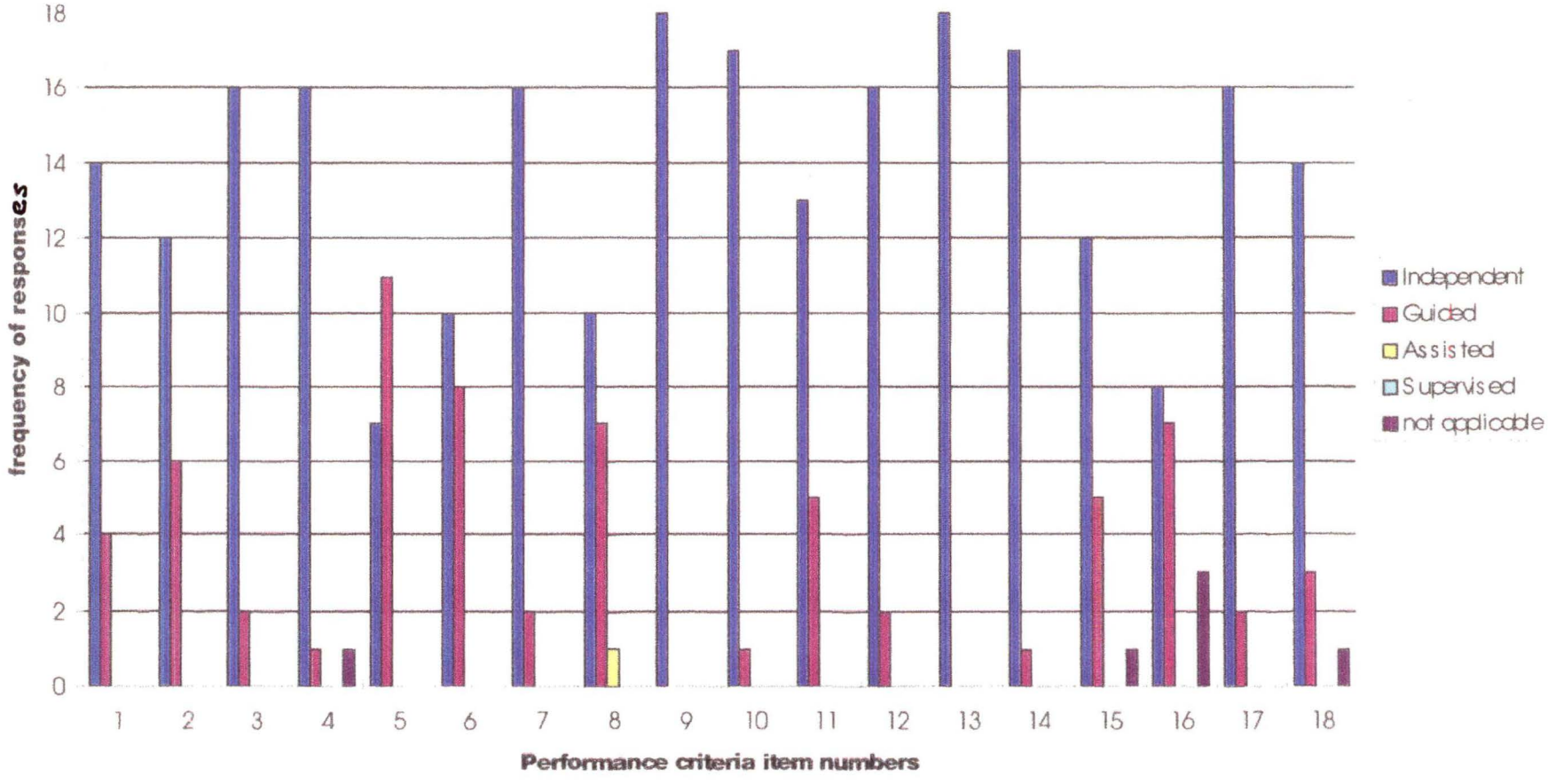


Chart 4.4.5-P: Preceptor perceptions of the actual level of Graduate nursing performance near the completion of the graduate year

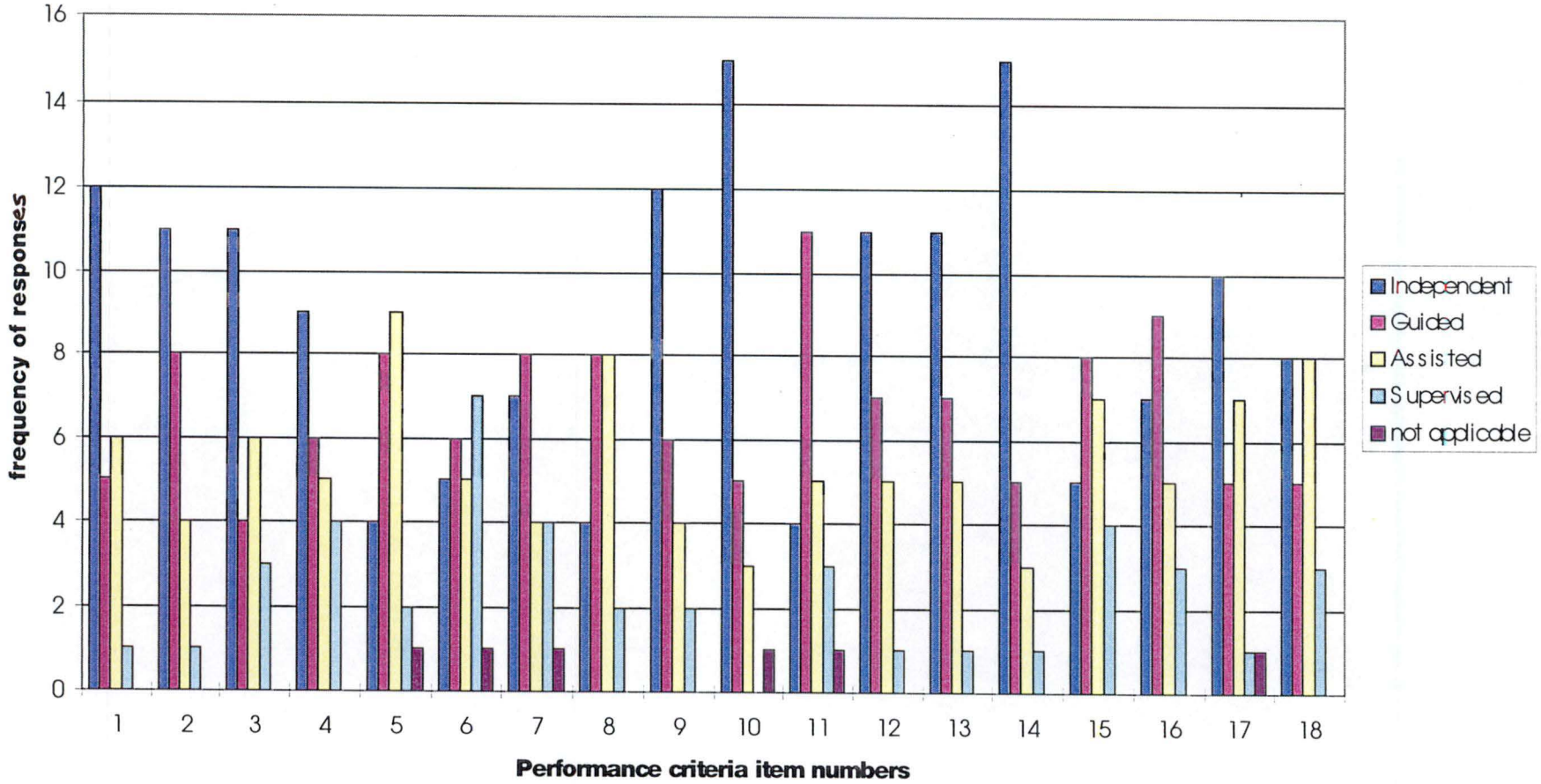
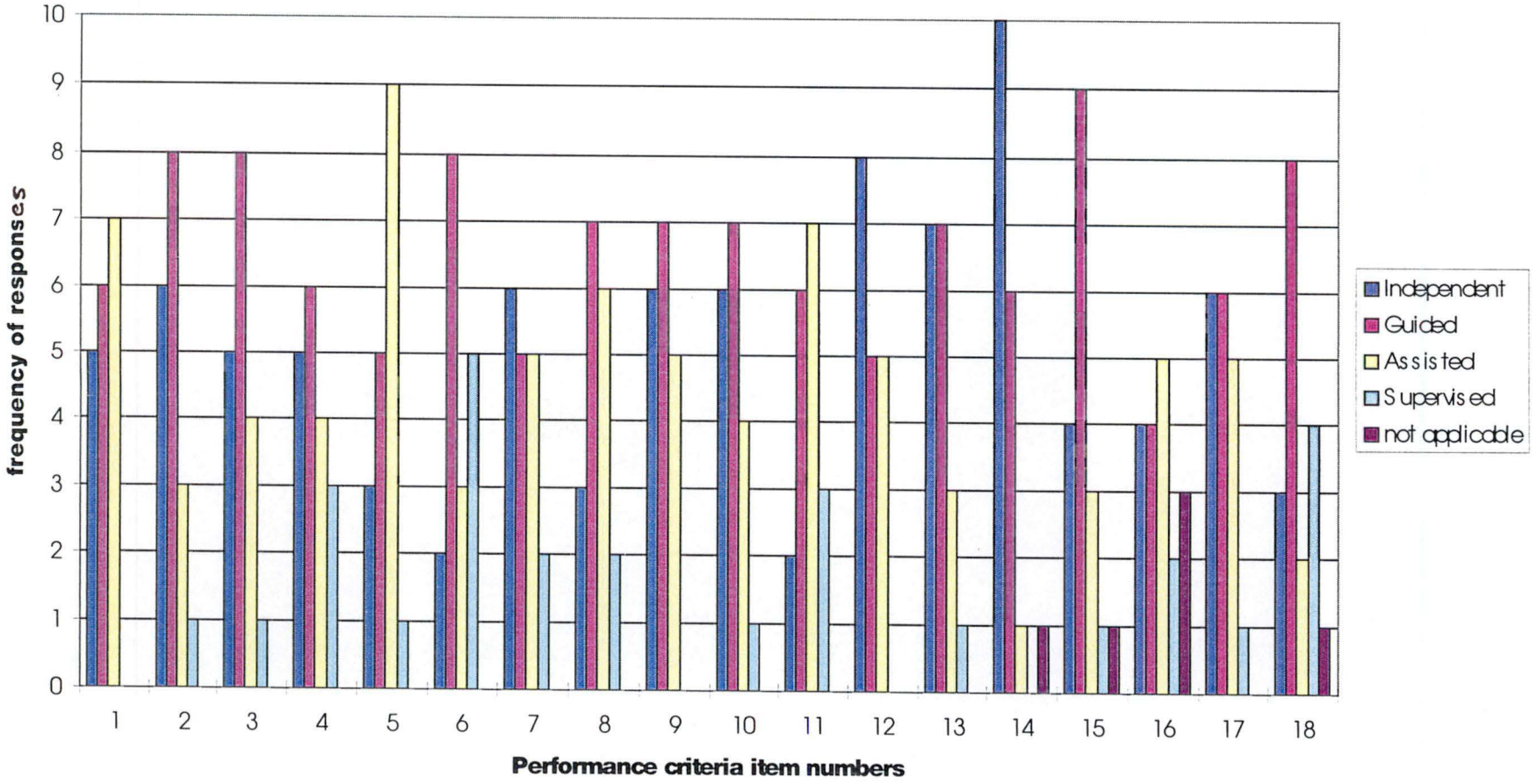


Chart 4.4.5-C: CNC perceptions of the actual level of Graduate nursing performance near the completion of the graduate year



Appendix 7

Table 4.4.5 **Comparison of modal percentages for each PC item for the actual level of Graduate performance by Graduates, Preceptors and CNCs**

	Performance criteria item	Level of performance category	Group	Modal percentage
Actual level of Graduate performance				
All groups agree	12	independent	Graduate	89
			Preceptor	46
			CNC	44
	13*	independent	Graduate	100
			Preceptor	46
			CNC	39
		guided	CNC	39
	14	independent	Graduate	94
			Preceptor	63
			CNC	56
	17*	independent	Graduate	89
			Preceptor	42
			CNC	33
		guided	CNC	33
All groups disagree	6	independent	Graduate	56
		guided	Preceptor	29
		assisted	CNC	44
	11	independent	Graduate	72
		guided	Preceptor	46
		assisted	CNC	39
	16	independent	Graduate	44
		guided	Preceptor	38
		assisted	CNC	28
2 groups agree	1	independent	Graduate	78
			Preceptor	50
		assisted	CNC	39
	2	independent	Graduate	67
			Preceptor	46
		guided	CNC	44
	3	independent	Graduate	89
			Preceptor	46
		guided	CNC	44
	4	independent	Graduate	89
			Preceptor	38
		guided	CNC	33
	5	assisted	Preceptor	38
			CNC	50
		guided	Graduate	61
	7	independent	Graduate	89
			CNC	33
		guided	Preceptor	33
	8*	guided	CNC	39
			Preceptor	33
		assisted	Preceptor	33
		independent	Graduate	56

* indicates where one RN respondent group had more than one mode

Table 4.4.5 cont.

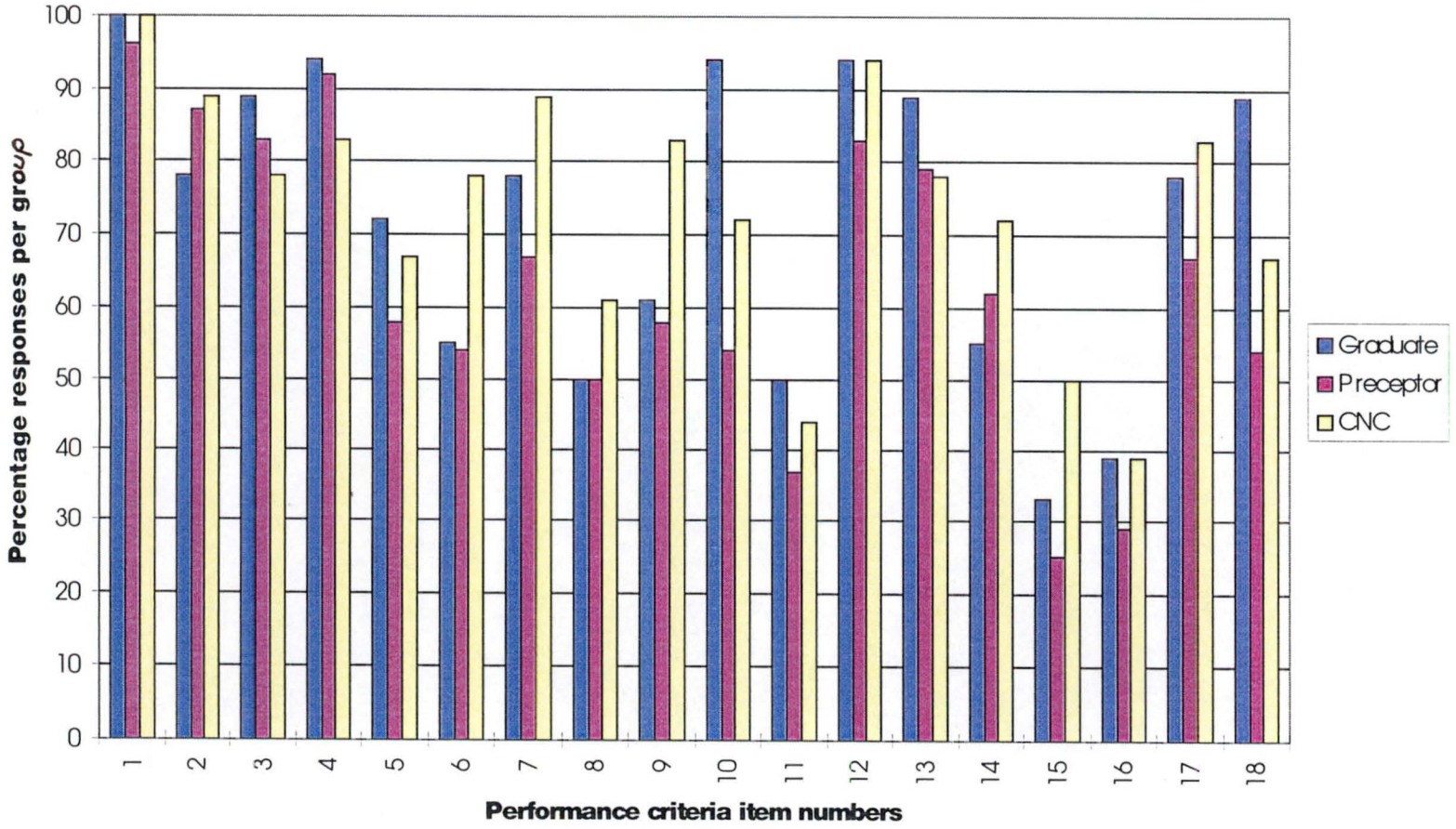
	Performance criteria item	Level of performance category	Group	Modal percentage
2 groups agree (cont.)	9	independent	Graduate	100
			Preceptor	50
		guided	CNC	39
	10	independent	Graduate	94
			Preceptor	63
		guided	CNC	39
	15	guided	Preceptor	33
			CNC	50
		independent	Graduate	67
	18*	independent	Graduate	98
			Preceptor	33
		guided	CNC	44
		assisted	Preceptor	33

* indicates where one RN respondent group had more than one mode

Appendix 8

The following Chart 4.5 shows the percentage of responses for each PC item for each group, Graduate, Preceptor and CNC, as perceptions of the ANCI Competencies major headings (PC items) they consider to be *critical* to a satisfactory level of Graduate nursing performance.

Chart 4.5: *Critical* Competencies for satisfactory Graduate performance by Graduates, Preceptors and CNCs



Appendix 9

The following responses are quoted verbatim, as accurately as the researcher could transcribe the written emphases to the wordprocessor.

4.9.1 Feedback from the Graduates

Four Graduates provided further feedback.

1 Speaking to future Grads in a session was good opportunity for us and them to exchange questions and ideas.

2 The placements I had were not compatible - I walked onto a medical ward expecting to 'know it all', I was given 6 patients and knew nothing about the problems and drugs these patients had, I was a danger - but I was still expected to do the work. Some RNs were quite rude to me, - but they forget they were once supernumerary.

3 I found my training (i.e. Bachelor of Nursing, Uni of Tas) inadequate in preparing me for my graduate year. I believe there is not enough emphasis and time devoted to physiological/pathophysiological processes of the body and related learning such as diagnostic testing. Clinical skills and knowledge are sorely neglected making (for me) the beginning of the year a very intimidating and in some instances a very traumatic experience. I almost decided against nursing as a career.

4 But I would like to say that I think there should be more clinical teaching on the ward during our 3rd year [of] study to help prepare us better for our graduate year.
A question [in this survey] should be directed around this issue.

4.9.2 Feedback from the Preceptors

Four Preceptors provided feedback in this part of the survey.

1 Ask the Graduates their feelings about how they fitted in.

2 Graduate nurses are not often rostered on to work with their Preceptor making it difficult to evaluate their performance. Other staff members often provide information but I sometimes wonder whether or not this is correct/unbiased.

3 One of the major problems in 1996 was that of "attitude" which hindered many opportunities for growth and consolidation within the graduate. By attitude I mean defensive responses (anger, upset, affront) when constructive comments have been made about performance. The **acute defensiveness** of the graduates when feedback is given, especially if it is not glowing. This has greatly affected my view of some graduates as I've found difficulties in guiding them. In disguising the negative feedback with various

mechanisms but to no avail the hints have not been taken so when the real direct feedback comes it's "your always picking on me".
My character is not overbearing, not rude, not angry but the insinuation is I've no right to tell somebody when they are doing something wrong.
Is there any way of correcting this attitude through the university years? Because it is a major problem which subtly influences feelings about the Grads.

Also some understanding of what "professional" means has not been prominent in the Grads performance - uncalled for comments to patients and staff; usage of telephone for personal calls despite action being taken; inability to respect other nursing staff members capabilities; not putting patients first; no work ethic.

One positive comment I have is that pain and suffering and other ethical issues do not "worry" the Grads - that is their response to pain and suffering is very caring and they will do anything to try and fix it - this has occurred frequently on the ward and it's very pleasing to see such controlled responses which have a positive outcome for the patient.

4 I personally feel that you get a registered nurse who has all the responsibilities but really only the basic skill of a student nurse (1st year hospital trained). They seem to have great trouble in prioritising care, especially when they get a patient quota which is greater than what they are used to.

4.9.1 Feedback from the CNCs

Five CNCs also took the opportunity to provide additional feedback.

1 BUT I must add that much more education with the administration of medication would make the graduate year less stressful. I feel that education in this area is sadly lacking.

2 We would like feedback from the Graduate nurses concerning this placement to enable us to address other learning needs.

3 Done this +++ times before.
The Grads presence on the wards do enhance the other staff's performance as causing an 'update' of their knowledge and skills. Difficulty lies in carr[y]ing a busy workload, precepting Grads, new staff and other projects. Often I am unsure of the level a Grad is at, as I cannot work directly with them. Would like Uni support as in specific preceptors to bring Grads up to a safe useable RN from day 1. (I remember Hosp. trained Nurses!)

4 However I will say that as a graduate earlier this year of the Bachelor of Nursing (converted from already done diploma) at TSoN I am surprised that TSoN graduates come out so learned. The Bachelor of Nursing at TSoN I think is appalling and an embarrassment to the University of Tasmania. Congratulations graduates that you come out so well.

5 Regular debriefing between RNs and lecturers/tutors, some graduates come out with a superior attitude to hospital trained nurses. I am Uni educated (not in this state and we have not had this problem in NSW). Graduate nurses can learn a lot from hospital trained nurses. They HAVE to know this.

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