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# Application at the Bedside: Moving from Knowing How to Knowing Why in Nursing

Joyel J. Brule
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2008

ABSTRACT

# Application at the Bedside:

# Moving from Knowing How to Knowing Why in Nursing

by


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M.S.N., Northern Michigan University

B.S.N., Northern Michigan University

A.D.N., BaydeNoc Community College



Dissertation Submitted in Partial Fulfillment

Of the requirements for the Degree of

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ABSTRACT

The nursing field is beginning to emerge as a profession with curricula that emphasis nursing as a discipline distinguished from a medically dominated paradigm. This changing focus places emphasis on professional competence upon graduation and entry into practice to foster fitness for purpose within an environment of continuously changing expectations of the nurse by society. Despite a growing body of research on transition into practice, a gap exists as to when this transition occurs and how this finding may influence educational preparation of nurses. This qualitative, exploratory study examined nurses' perceptions of their transformation from novice to professional practitioner by examining a pivotal moment in their practice that affected their self-reported professional competence, Twenty-five nurses who had worked in a hospital setting between 2 and 5 years were interviewed. The primary research question sought to address whether a common thread became apparent after conducting interviews that may have implications for nurse educators to enhance or change their curriculum. Analysis of the interviews was conducted utilizing a constructivist approach. The data collected were analyzed using ATLAS.ti, Using participants' words that described people, settings, themes and ideas that appeared in the data, coding was done acknowledging that some codes were based on the research questions and the initial review of the data. A common theme emerged from analysis that respondents felt that what they were taught in school was not valid in real life. Nurse educators need to re-envision their social responsibility and interrogate the traditional principles that have guided the curricula to prepare and train nurses' for the holistic welfare of all individuals in society. This is necessary to meet the needs of a changing social structure within the nursing profession and society as a whole.

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# CHAPTER 1:

# INTRODUCTION TO THE STUDY

## Introduction

The nursing profession is experiencing a period of flux. A shortage of nurses now and for the foreseeable future (Borbasi, 1996, Hager & Beckett, 1999) has led to much concern about their training and retention. In December 2006, for example, hospitals reported 160,000 Registered Nurse (RN) vacancies (Bergmann, Chaguturu, & Vallabhaneni, 2006), and the Department of Health and Human Services estimated that by 2020, the United States will need 2.8 million nurses--one million more than the projected supply (Bergmann et al.). This shortage of nurses, as well as changing dynamics in the pool of eligible nurse candidates (Watson, 2004) and evolving expectations about nursing's professional role in a shifting landscape of healthcare policy (Holland, 1999; Stewart & LaCoste, 2004), all contribute to a situation rife with tension. Some see the challenges as indicating a looming crisis (Robert Woods Johnson Foundation, 2002), while others view this situation as a seminal moment for the nursing field and an extraordinary opportunity for professional development (Diefenbeck, Plowfield, & Herrman, 2006). The emerging consensus is that nursing is poised to realize a long-overdue reestimation and improved professional standing in the medical field, but only if it can train and retain talented practitioners who remain on the cutting edge of treatment theory and practical client (patient) services.

The consequences of a large nursing shortage are potentially dramatic. For example, severe workforce shortages threaten hospitals' fundamental promise of operating at full capacity (Castille, Gowland, & Walley, 2002). Some hospitals have been forced to reduce the number of inpatient beds available, postpone or cancel elective surgeries, and instruct ambulances to bypass their overflowing emergency departments because they lack an adequate number and mix of personnel to care for patients (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). The demand for RNs and other healthcare personnel will continue to rise with the growing health care needs of the 78 million baby boomers who will begin to retire in 2010 (Aiken et al.).

Training is key to addressing the current nursing shortage. In many practice settings, there are unrealistic expectations placed on new nursing graduates (Grochow, 2008). Nursing education must discover a way to prepare the new nurse for this experience to facilitate staying power and longevity in the workforce as the profession faces the current nursing shortage (Hodges, Keeley, & Grier, 2005). Nursing appears to be one of the few professions in which there is an expectation that graduates will hit the ground running (Hodges et al.). Unlike nursing, other professions, including law and medicine, support their graduates through internships (Hodges et al.). Thus novice nurses are susceptible to experiencing self-doubt once they begin practicing (Gerrish, 2000), and their work performance often reflects this. Through a combination of training and practice, most novices eventually evolve into effective nurses who feel confident that their learning finally has been married to their day-to-day work. However, at least initially, the lack of confidence that nurses experience when performing unfamiliar tasks

and negotiating new expectations may significantly impact their ability to fulfill their roles effectively (Chang, Mu, & Tsay, 2006).

Previous studies have addressed how novice nurses become experienced nurses and how nurses develop confidence and a sense of competence in their work (Connelly, Yoder, & Miner-Williams, 2003; Kemp, Anderson, Travaglia, & Harris, 2005; Ramritu & Barnard, 2001). Researchers have proposed various learning strategies, which are discussed in chapter 2, for preparing novice nurses to leave the classroom and embark comfortably on their practice. A concern about the theory-practice gap underlies a series of studies examining the nurse novice’s transition to becoming an experienced nurse (Andrews & Jones, 1996; Biley & Smith, 1998; Holland, 1999; Jasper, 1996). For example, Ramritu and Barnard (2001) cited evidence indicating that new nurses often lack the observational skills that experienced nurses exhibit, and that new nurses need these skills to correctly evaluate and treat critically ill patients. This constructivist approach to learning suggested that knowledge (classroom training) supports and reinforces the cognitive discoveries made in practice. When conflict arises, in other words, when practical experience teaches something contrary to what was learned theoretically, there is an opportunity for a higher level of learning. During the process of reconciling what is known with what is discovered through practice, novice nurses ultimately strengthen and reinforce their knowledge (Grochow, 2008). This depends on the nurses’ ability and willingness to make the leaps for themselves, rather than to rely on teachers or mentors to reconcile conflicting beliefs and practices. Confidence in one’s ability to navigate these rocky shoals is the centerpiece of self-directed learning, and the

reason why there has been such a strong emphasis on creating confident nurses in the training research.

Multiple studies have considered reflection as a part of novice nurse training (Chambers, 1999; Glaze, 2002; Munnukka, Pukuri, Linnainmaa, & Kilkku, 2002; Smith, 1998). There is a relative dearth of information on whether practicing and more experienced nurse populations employ reflection as a strategy for continued learning. Cassidy (2005) provided one such analysis and found that for an experienced nurse population, reflection was a cyclical process; respondents employed this process to reassess their automatic behaviors that would not be regarded as best nursing practices. Thus reflection might help experienced nurses question how they go about their work and highlight instances in which negative behaviors had been reinforced through habit, thus presenting opportunities for change. This type of transition suggests a transformative learning experience, one that enables practicing nurses to incorporate new frames of reference (Freshwater & Stickley, 2004; McGoldrick, Menschner, & Pollock, 2001; Yorks & Sharoff, 2001).

Prior research suggested that the transformation is not immediate (Gerrish, 2000; Ramritu & Barnard, 2001), but at some point the click-over happens and novice nurses become more secure in their practice (Eraut et al., 2003). This qualitative, exploratory study examined this process in more depth by identifying the factors that might play a role in developing nurse practitioners' sense of confidence and professional competence. This study sought to identify whether nurses experience a click-over or pivotal moment in which their understanding of their work transitioned from that learned in the classroom

to that learned on the job. This study focused on how nurses perceive what they learn through the process of doing their jobs and how they assign meaning and value to elements of their work experience. As such, this study provides a more thorough understanding of the process of how nurses develop a sense of professional competency. As Daley (2001), Griffith (2004), and Lee (2004) have found, such competency is linked to job satisfaction, which itself is linked to job retention (Thorpe & Loo, 2003). Thus understanding the process by which nurses develop a sense of professional competency may have the practical outcome of reducing the nursing shortage.

## Statement of the Problem

Prior research suggested that nurses experience a transformation in the workplace as they move from book knowledge to professional knowledge. Through this transformation, researchers have suggested that nurses develop both confidence and professional competence (Chinn & Kramer, 2007). Prior research also suggested that such a transformation occurs at some particular point in time during nurses' work experience (Eraut et al., 2003; Gerrish, 2000; Ramritu & Barnard, 2001), though that particular point has not been clearly defined.

The problem this study addressed was nurses' perceptions of their transformation from novice to professional to identify the patterns that emerged as indicators of nurses developing a sense of confidence and professional competence. Determining how novice nurses evolve into experienced practitioners who trust their skills and are confident about their ability to correctly assess and treat patient conditions was intended to assist with

curriculum development to ease graduate nurses into practice. The theoretical question was: How and when does knowing how become knowing why through the practice of working directly with patients?

## Nature of the Study and Research Questions

To explore the transition from novice to confident and competent practical nurse, this qualitative research study was based on interviews with 25 nurses who have worked in a hospital setting between 2 and 5 years, with at least 1 year of experience in a specialized area of healthcare. Chapter 3 provides a detailed description of the research effort.

The primary research question this study sought to address is: Does a common thread become apparent after conducting these interviews that may have implications for nurse educators to enhance or change their nursing curriculum?

The subset questions are:

1. Is there a pivotal moment when the nurses' realized they had made the transition from novice to experienced practitioner?

2. Is there a pattern between continuing education in nursing and self-reported professional competence?

3. Is there a pattern between years of practice and self-reported professional competence?

4. Is there a pattern between nurse's age and self-reported professional competence?

5. Is there a pattern between nurse's gender and self-reported professional competence?

6. Is there a pattern between nurse's race/ethnicity and self-reported professional competence?

7. Is there a pattern between nurse specialization field and self-reported professional competence?

8. Is this the nurses' first position since graduation from nursing school?

9. Did the nurses receive a formal orientation program, and if so, how long did it last?

10. Were the nurses assigned a clinical mentor once they completed their orientation?

## Purpose of the Study

The purpose of this study was to delineate what factors might play a role in developing nurse practitioners' sense of confidence and professional competence. A related objective was to determine whether practicing nurses can identify a pivotal moment in which their understanding of their work transitioned from that learned in the classroom to that learned on the job. It is at this critical juncture that nurses reportedly make the leap from being a novice, that is, one who looks to other professionals to guide treatment decisions and draws primarily on theoretical knowledge to address clinical situations, to a professional who relies first on personal instincts based on observations of

the patient's condition and assessments based on a combination of theory and practical experience.

## Conceptual Framework

A constructivist framework served as the basis for this research effort. As Guba and Lincoln (1981) described it, this approach may encompass factual, interpretative, and evaluative methods, depending upon the particular case study requirements. Case study research is particularly useful when, "a phenomenon is broad and complex, when a holistic, in-depth investigation is needed, and when a phenomenon cannot be studied outside the context in which it occurs" (Dube & Pare, 2003, p. 598). Given the particular questions being examined in this study, a case study method offers the best method for eliciting relevant data from the research population.

Constructivism is a philosophy of learning founded on the premise that, by reflecting on our experiences, we construct our own understanding of the world. Each of us generates our own rules and mental models, which we use to make sense of our experiences. Learning, therefore, is simply the process of adjusting our mental models to accommodate new experiences. Constructivism is designed to analyze populations and conditions in their natural settings. As Appleton and King (2002) noted, it is an increasingly popular theoretical approach in health service research because:

> This mode of inquiry offers researchers an opportunity to examine in detail the labyrinth of human experience as people live and interact within their own social worlds. It aims to understand the variety of constructions that people possess, trying to achieve some consensus of meaning, but always being alert to new explanations with the benefit of experience and increased information. (p. 642)

In addition, this learning theory acknowledges that individuals are active agents and that they engage in their own knowledge construction by integrating new information into their schemas and by associating and representing it in a meaningful way. This approach will be used in the proposed study and will be detailed in chapter 2.

## Definition of Terms

*Competency*: Several slightly different definitions of competency appear throughout the nurse practitioner literature. Kemp et al. (2005) described competency as "the ability required to perform professional tasks to an agreed upon standard. . . . [These] usually comprise combinations of the knowledge (cognitive), skill (psychomotor) and attitude (affective) domains" (p. 255). Ramritu and Barnard (2001) similarly identified the need to consider cognitive, psychomotor, and attitudinal domains in the assessment of competence, calling this holistic definition, rather than a narrow, skills-centered construct. Dunn et al. (2000) elaborated on this holistic definition:

> There are three components to competency. First there is knowledge of cognitive skill involving the mastery of the multitude of facts that form the basis on which nursing practice is founded. Also required are performance skills for the application of factual knowledge to the clinical situation. These include psychomotor skill in the performance of technical bedside responsibilities, attitudes and affective skills and clinical problem solving skills (Alspach, 1984, Dunn, 1992, Hindsen & Fridlund, 1995). Competency is the overlap of knowledge with the performance components of psychomotor skills and clinical problem solving within the realm of affective responses. It is the acquisition of a specialized body of knowledge and its application to clinical rather than exclusively classroom settings which defines competency in nursing care. (p. 340)

Finally, the description provided by Connelly et al. (2003) addressed the present research effort in that they defined nurse competency as, "the expectations that

professionals have for a particular role" (p. 299). Given that the nurse subjects in this study were asked to assess their own experience and to attach meaning to these assessments, it is reasonable to assume that each nurse brought her definition of competence to this self-report during the interview process.

*Novice nurse*: For the purposes of this study, a novice is a recent nursing graduate working within a clinical care environment who relies predominantly on knowledge received in a classroom setting, rather than through clinical experience and practice, to assess patient conditions and to respond accordingly. While researchers differ in their usage of the phrase related to time spent on the job, most have agreed that a minimum of six months in the field is necessary before a practicing nurse can be considered to move past the novice stage (Banning & Cortazzi, 2004; Biley & Smith, 1998; Eraut et al., 2003; Uys, Van Rhyn, Gwele, McInerney, & Tanga, 2004).

*Experienced nurse*: For the purposes of this study, an experienced nurse is one who has been practicing in a clinical environment for a period of at least 2 years and who has worked in a specialized health practice for a portion of that time. Experienced nurses are presumed to exhibit professional competency in keeping with the definitions outlined above, and to draw upon both their time spent in the classroom learning their practice and their time spent practicing in the field.

## Assumptions and Limitations

A primary assumption of this research effort is that the subject population of 25 nurses, by virtue of their having worked in the field for a minimum of 2 years and in

demonstrating professional expertise in a specialized field of medicine, regarded themselves as having effectively transitioned from educational theory to comprehensive practice. It is assumed that none of these subjects considered themselves to be "novices" in the field.

The chief limitations are the small sample size and that the sample is limited to one particular hospital setting. These features limit the generalizability of the research results. The small sample is necessary, however, in order to implement a manageable constructivist methodology and analysis of the research questions.

The fact that the data were collected through an interview process and prioritized the subjects' self-reports of their professional experiences means that there is no independent measure of practice and competence. In essence, the researcher relied on the subjects to provide as objective an analysis as possible of their personal experiences. This limitation does not dramatically affect the study's reliability because the case study emphasized the nurses' identification with their evolution as professionals. The data that the interview process was designed to elicit are necessarily subjective; therefore, the fact that there were no independent measures of competence had no significant impact on the study's limited focus and findings.

## Significance of the Study

This research effort shed light on how experienced nurses view their transition from novices to competent professionals. In addition, this research was designed to identify possible trends in nurse education and years of practice as they may relate to the

development of confidence and a sense of professional competency, as well as such demographic factors as gender, age, and ethnicity. This research makes a valuable contribution to the literature by providing some direction for future research efforts, as well as suggesting mechanisms for professional development, particularly for novice nurses and those experienced nurses transitioning to specialized fields of practice. Finally, this research was designed with an eye to reinforcing the professional objectives of the nursing practice at a time when nurses' place in the medical field was experiencing a reevaluation and a new appreciation.

On a broader scale, this research contributes to social changes in nursing practice. As nursing education strives to educate students, the nursing profession itself is demonstrating an approach that reflects a change from physician dominance, and an emphasis on "illness care," to increased independent and autonomous functioning within a newly developing framework of nursing science that emphasizes "health care." In return for their services, nurses are also negotiating for benefits that they have not received historically. These include the legitimization of their newly acquired autonomous role functions and adequate reimbursement mechanisms and structures. When nurses' new role is fully legitimized, the impact on contemporary society and health care is likely to be enormous.

This set of changes, which is connected to the present research, supports the mandate issued by the National League for Nursing to reconceptualize reform in nursing education (Board of Governors, 2005). According to this mandate, rather than adding, changing, and updating content, nurse educators should expand their evidence-based

pedagogical repertoire and rethink the very nature of contemporary schooling, teaching, and learning. To accomplish this reform, nurse educators, in partnership with nursing service, should enact substantive innovation in schools, document the effects of the innovation being undertaken, and develop the science of nursing education upon which all practicing teachers can draw. The ultimate outcome of these efforts is evidence-based approaches to nursing education through which students learn to provide skillful and compassionate nursing care in fluid and uncertain healthcare environments.

## Conclusion

The transition from theory to practice, from classroom knowledge to bedside practice, is at the very heart of professional nursing goals. It also marks the difference between the inexperienced novice and the confident and competent professional who trusts his or her learning and practical experience to produce the best outcomes for patients.

Chapter 2 provides the background literature that grounds the conceptual framework underlying the study effort outlined in chapter 3. Chapter 4 presents a discussion of the findings, and the final chapter offers the study’s implications, limitations, and conclusions.

# CHAPTER 2:

# LITERATURE REVIEW

## Background and Introduction

The United States is beginning to experience a shortage of qualified nurses. The Robert Wood Johnson Foundation's (RWJF) 2002 report on the problem noted that an aging population of patients, coupled with an aging workforce and fewer young workers to replace those who are leaving, has conspired to create an anticipated real and worrisome shortage of nurses. Women, who traditionally constituted the bulk of the U.S. nurse workforce, have more employment options available to them today than ever before, including a number of better-paying and male-dominated professions. The movement of men and of older or second-career workers into the nursing field also has necessitated adjustments to training and education (Watson, 2004). Changes in the healthcare delivery system, a larger share of the work burden being placed on nurses, and a professional culture that tends not to value the contributions of nurses as highly as it does those of other healthcare professionals, further complicate the problem of drawing young workers into the field of practical nursing.

The RWJF analysis noted that while the number of nurses has dwindled, the quality of nurse education programs and clinical research opportunities has improved. Nurses today have far greater responsibility than the *take the temperature, empty the bedpan* nurse model of yore. Furthermore, the collective bargaining movement has not yielded attendant improvements in salary and employment conditions, and much of the difficulty in drawing talented practitioners to the field can be traced to this discrepancy in

professional valuation. The report issued several calls to action, but one critical focus, and the one that most directly impacts the research questions raised in chapter 1 is “the creation of new training/educational models and new community-based roles that utilize nurses’ unique skills, while fostering satisfaction and competence” (RJWF, 2002, p. 73).

The emerging nursing shortage also can be seen as resulting from changes that have occurred in the nursing profession. Holland (1999) asserted that practicing nurses are wrestling with their mutating professional responsibilities, “in a world which seeks to fragment their role through redistribution of skills and knowledge to others” (p. 229), while they are also required to, ”function optimally and more independently in a complex, dynamic milieu” (Prestholdt & Burnett, 1996, p. 239). One result has been an exodus of experienced nurses who leave to pursue other careers in healthcare or care management (Borbasi, 1996; Hager & Beckett, 1999).

One solution to the problem of retention is to channel and convert the, “idealistic fervor of youth,” that level of enthusiasm and commitment that student trainees and novice nurses bring to their learning experience, into a, “life long commitment” to the practice of nursing (Dingel-Stewart & LaCoste, 2004, p. 59). But how is this achieved? Job satisfaction is a central piece of this puzzle, and numerous studies have established that a strong sense of competency, opportunities for learning and growth, and the ability to effect positive change in the workplace are all key indicators of satisfaction (Daley, 2001; Griffith, 2004; Lee, 2004).

The examination and determination of how to retain novices’ enthusiasm while deepening their knowledge through practical experience, so that beginning nurses mature into capable, confident, and fully engaged, experienced nurses, is the central objective of

much of the literature discussed here. This essential agreement underscores studies and research analyses that may not appear otherwise to have much in common. A variety of philosophies and teaching modalities are presented here. The common themes are the interest in how novices learn and how practical nurses perceive their learning on the job. Further, how can nurse educators provided the necessary tools and guidance to foster novice nurse retention in their place of employment once hired? This pressing issue needs to be explored to answer the questions related to transition into practice for the new nurse.

The first section of this literature review will examine nurse learning theories. This will include an examination of scholarly works beginning with the historical roots and how this beginning helped link theory to practice. Within this section, an exploration of learning theories will be reviewed including: problem-based learning, self-directed learning, reflective learning, and transformation and transformative learning.

The second section of this literature review will focus on "learning while living" as it relates to new graduate nurses. An examination of the current literature related to transition into nursing practice is presented, along with the role of nurse supervisors in the transition from school to the work world.

## Nurse Learning Theories

How knowledge enhances professional practice is a much-discussed aspect of the adult education paradigm. As Daley (2001) observed, employers spend much money on continuing education classes and professional development seminars. But beyond the financial considerations, there is genuine curiosity about how professionals can remain

available to adopting and putting new information and new approaches to work into practice, as well as how they can accommodate changes in organizational structure. For practicing nurses, such challenges may be more difficult than for many other professionals, given the extremely high stakes related to patient care and service. Resistance to change, an embrace of the familiar, is understandable and may provide comfort in a stressful and changing environment, but it is not conducive to realizing best practices in nursing (Fulbrook, 2003). The expectation today is that professional nurses will continue to learn and adapt their practices over the course of their preferably long and happy careers. Begley and Brady (2002) argued for a regular questioning of practice, which might lead to, "an increased tendency towards research interest and utilization" (p. 346). The question in this study then becomes, "how do nurses learn"?

*Historical Roots*

In positing his argument in favor of ontological ethics in the training of nurses, Birkelund (2000) observed that the traditional schools of Aristotelian teaching and Platonic idealism have dominated the way nurses have been trained. The Platonic view relies on theoretical, ethical arguments, while the Aristotelian perspective heavily favors hands-on learning and practice over theory. As Birkelund described it, practitioners of a Platonic approach to nurse training emphasize the application of theory translated into practice. Thus, if we accept the premise that helping others is good, then this theory will lead to good practices and the view that the theory itself is a "precondition for providing care to patients" (p. 474). The limitations of Platonic theory as it applies to nurse training become evident when one considers that understanding what healthcare is and having an

appreciation of its "necessary good" is perhaps not the most useful way to learn how to track a reclusive vein when blood needs to be drawn from a patient. Theory is fine, but practical application is critical to learning.

Birkelund (2000) did not wholly embrace a strict Aristotelian approach to nurse training either; however, he referred to several nurse-training theorists who rejected the idea of approaching nursing as a science, preferring practical experience to theory to an almost exclusive degree. This perspective lends itself to the master-apprentice construct that comes from Aristotle and which has been utilized to great effect in the practical training of nurses (Birkelund). The danger here, as Birkelund observed, is that this approach can result in the institutionalizing of certain accepted norms and practices. Some of these norms will be effective and others will not, perhaps as a function of evolution and the development of practices, and sometimes because they simply were not very useful norms to start but were unquestioningly accepted as part of the teacher-student dynamic (Birkelund). To strike the balance between the two theoretical schools, Birkelund looked to Logstrup (1997), who articulated a vision of ontological ethics, to provide a theoretical framework for nursing training and practice.

Logstrup (1997) focused on the human need for social contact, believing that actions and beliefs are driven by the need to maintain community and that this is what ultimately prompts ethical behavior. But theory and dialogue have their role here, providing a moral and ethical framework for assessing the very necessary practical application of knowledge. Theory to the exclusion of practice, and practice bereft of ethical discussion and analysis, are both insufficient to fulfill the task of genuinely training individuals to pursue a vocation. Basing his argument on Logstrup's view,

Birkelund (2000) concluded that colleges of nursing could effect this balance of the Aristotelian and the Platonic by conducting a, “critical appraisal of the scientific model of education and a movement away from the abstract to the concrete” (p. 479) allowing nurse trainees to discuss their practical experiences in nursing and in life as the basis of an academic dialogue.

Cook and Gordon (2004) explored the use of analogy and metaphor in health education and training. They too referred to the Aristotelian and Platonic models and noted that the Greeks were the first to discuss and employ metaphor. Aristotle and Plato had somewhat different takes on its usage. While Plato was suspicious of metaphors, believing they could confuse and mislead, Aristotle employed metaphors often as a philosophical and rhetorical device, viewing them as a useful way to persuade listeners to recognize the truth of an argument (Cook & Gordon). Cook and Gordon were particularly interested in exploring the uses of metaphors and analogies in the discipline of education and noted that very little research had been conducted regarding their effects on learning.

After clarifying their terms, the authors observed that analogies had proved useful in a nurse-training environment, wherein the research process was described as analogous to the nursing process (Cook & Gordon, 2004). Students expressed an appreciation of this idea, noting it gave them a sense of greater control: They possessed the skills necessary to master research because these same skills were the ones that led them to become nurses. Pursuing this further, the authors implemented a qualitative research process discussion with nurse graduate students, emphasizing the program’s commitment to collaborative, self-directed learning.

The primary analogy that researchers have used for the qualitative research process was gardening, identifying metaphorical aspects of the process, such as choosing your seeds, preparing the ground, and pruning. They observed that some of the social change research has indicated that people learn by drawing on known frameworks and attaching the new information in some fashion to what is already known. The authors reported that the gardening analogy was well received by the nurse graduate students and that, in addition to being entertaining; it was also educationally fruitful (in the spirit of the metaphor). While the authors urged researchers to continue investigating the educational use of metaphor and analogy at the cognitive level, they concluded that it had been successful in their own qualitative research discussions.

*Contemporary Learning Concepts*

Cognitive and metacognitive skills were the centerpiece of Kuiper and Pesut's (2004) analysis of the self-regulated learning theory literature and research. They identified cognition as the learning that happens through "reasoning and self-discipline" and metacognition as the "reflective thinking" (p. 382) the individual does about the cognitive reasoning (p. 382). The authors invoked the Greeks, but also cited Socrates for his efforts to explore reasoning through further questioning, the reflective, metacognitive aspect of learning. A succession of studies in the 1990s significantly correlated academic achievement with critical thinking, using the California Critical Thinking Skills Test (CCTST) and the California Critical Thinking Dispositions Inventory (CCTDI) for assessment. But here is where the literature has been somewhat limited:

> The literature has shown thus far that the cognitive skills of critical thinking may be associated with years of practice but not with the clinical judgment or decision-making that is the focus of clinical reasoning. . . . Einstein [1995 (1927)] noted that it is not possible to solve issues using the same level of consciousness (thinking) that created them. Thus the challenge for nurse educators and those in staff development is how to embrace concurrently discourse about the different aspects of critical and reflective thinking. (Kuiper & Pesut, p. 384)

Reflective thinking similarly has been examined in a series of studies conducted over the last two decades. While researchers have demonstrated that reflective thinking skills build on one another (Chang et al., 2006), the qualitative research has been less clear in establishing how and why this occurs. There is some evidence that guided reflection, with the assistance of a teacher or mentor to encourage and direct reflective thinking, develops these metacognitive skills even further.

The ontological view of nurse training described by Birkelund (2000) is not unlike Wagner's (as cited in Pesut, 2004). Central to Wagner's social theory of learning is the concept that social interaction leads to theoretical or intellectual discovery. Wagner identified engagement, imagination, and alignment as the elements underlying the work of belonging. In terms of nurse training, engagement is the process through which the student and the professional make discoveries and then talk about and act on them. Engagement is realized through reading, clinical practice, policy discussions, and educational programs, all of which have the potential to exponentially increase learning through testing and reinforcement. Imagination enables practitioners to step outside their roles to consider issues from the perspective of an outsider (Warne & Stark, 2003). Alignment brings the information gleaned through the reflective moments of engagement and imagination to bear in the social and professional spheres, most notably to effect

focused and constructive change (Pesut). Taken together, these components of the work of belonging can provide an effective structural foundation for nurse training, Pesut argued.

Eriksson's (2007) theory of caring adopts a similar, holistic approach, positing that patients must be cared for with consideration to their "body, soul and spirit" (Sjostedt, Dahstrand, Severinsson, & Lutzen, 2001, p. 315). When nurses consider suffering from the patient's perspective, they are better able to approach the alleviation of suffering. The identification with the patient is, to some degree, essential to this construct of caring and was, the researchers suggested, the ethical underpinning for a nurse's commitment to caring.

Thompson (1999) explored the manner of nurse decision-making through the prisms of a systematic-positivistic approach (namely information processing theory) and an intuitive-humanistic approach. The information-processing model accounts for pro and con arguments within a factual and experimental experience of the situation. Gathering information from the patient, and weighing it alongside experience and observation, the nurse arrives at a diagnosis of the problem. The model observes a linear and sequential format of A leads to B, which leads to C, which leads to D and so forth. Therein lies the problem because nurses, like most people, often will jump steps or switch the order around as they think through a problem. The intuitive-humanist approach attempts to account for that by emphasizing the importance of experience and, related to that, intuitive knowledge. Here:

> Intuitive judgment distinguishes the expert from the novice, with the expert no longer relying on analytical principles to connect their understanding of the situation to appropriate action. Nursing appears intuitive to the outside observer

> and feels internalized within the practitioner; clinical decisions are the result of an almost unconscious level of cognition. (Hamers et al., as quoted in Thompson, 1999, p. 1224)

This explanation of learning makes narrative sense, but it also provides a genuine challenge in terms of articulating and transmitting information. As Thompson observed, while a trainee or new nurse may begin to absorb "intangible" knowledge, the very intangibility leaves the novice stranded in terms of assessing the validity of what they have absorbed. Thus a critical step in knowledge building is missing: the trainee's ability to self-direct and be reflective about cognitive gains in knowledge.

Thus Thompson (1999) proposed a third model to explain nurse decision making, which he called the cognitive continuum. He identified information processing theory and the intuitive-humanistic approach as the two ends of the decision-making process continuum. They are not absolutes in Thompson's book; rather, they are on the same theoretical plane. He also contended that this view is more in line with conducting quantitative analysis, which, he appeared to argue, would help solidify nursing as a legitimate professional, perhaps scientific, occupation. In her discussion of Thompson's work, Harbison (2001) picked up on this element of the need for professional recognition. There exists a measure of resistance to submitting nurse decision-making to the models employed in other occupational fields, for example, the frequent comparison to the technical/rational framework often applied in the analyses of medical doctor (MD) training. Harbison implied that the typical view of the nursing model as emanating from a humanist/expressive stance has not fared well against the seemingly more scientific

approach of MDs. She argued that, in fact, evidence suggests both occupational groups bring intuition to bear in their decision making about patients.

*Theory and Practice*

SmithBattle and Diekemper (2001) expressed their concern that nursing practice was increasingly under the sway of the theorists, those who advocated “classification schemes, practice guidelines, and critical pathways” (p. 401) as the means to strengthen professional standards and help elevate nursing’s occupational status of nursing. They decried this trend, noting that the failure to emphasize a holistic approach ignores the basic fact that “technical knowledge is eventually assimilated into or eclipsed by clinical know-how and experience” (p. 402). Over the course of 6 years, the researchers tracked 60 nurses, ranging in experience from 3 months to over 30 years (at the time of the study’s inception). They found that while the nurses were well-versed in clinical protocols and taxonomies which, in most cases, their employers had instituted as the nurses’ clinical guidelines, none of the nurses surveyed used the language of the protocols to describe their work.

> Although learning detached reasoning and the discrete, sequential steps of the nursing process may serve novices well because of their lack of experience, it does not accurately portray the holistic, circular, and intuitive responses of experienced nurses. (p. 403)

One of the problems underlying the tension between theory and practice advocates might be traced back to a theoretical tendency to abstract situations that occur in the clinical domain. Landers (2000) cited literature that separated nursing education into grand theories, which give broad direction and underscore the nature of nursing

practice, and the mid-range theories, which are simpler and speak more directly to specific nursing issues in practice.

SmithBattle, Diekemper, and Leander (2004a) noted that the literature gap on knowledge derived from field practice and the acquisition of skills necessary to perform effectively as a public health nurse. They cited a raft of research in support of theoretical competencies, but noted that scholarly analyses of the role of experience in skill acquisition have been limited. To explore the gap, they identified 13 nurses who had been in practice for less than 3 years and designated them the "less experienced" cohort. An additional 15 nurses, who had been in practice for more than 3 years, constituted the "more experienced" group. Finally, 7 nurse supervisors and administrators participated in the study. The researchers followed the 13 less experienced nurses for 18 months, interviewing them at the start of the study and then at 6-month intervals, while the 15 more experienced nurses were interviewed once, to provide the researchers with their baseline for assessing skill acquisition and expertise.

The researchers described how the less experienced nurses were inclined to become emotionally involved with their patients. In some instances, this involvement enabled them to remain open to the patients' concerns, while in others, it appeared to reinforce the novice nurses' framing of their patients' stories, so that they may not have remained open to the possible changes a genuinely reflective assessment might have provided. The more experienced the nurses became, the better able they appeared to be to make a distinction between a positive emotional engagement and a negative one.

> Perceptual and relational skills improved as public health nurses became more engaged, less directive and judgmental, and more respectful of client difference. . . . In giving up sole authority for determining clients' needs, they were more

> likely to "see" clients' strengths that, in turn, promoted client receptivity, trust and disclosure. (p. 9)

This is also why the presence of seasoned colleagues is important to the clinical and practical evolution of the novice nurse. The ability to model relational skills with the patient (and other healthcare providers) by observing expert nurses performing these activities, appeared to have a significant impact on shaping and improving the skills of the less experienced nurses in the study.

SmithBattle et al. (2004b) discussed how, as the less experienced nurses gained practical experience over the 18 months of study, some could release their predetermined agenda of improving patients' wellness behaviors. Instead, they embraced a holistic big picture approach to caring, considering the range of issues that impact patients' health, from personal behaviors to family issues to work environment concerns. This perspective, which takes into account not only the patient's body, but also the soul, is what has led some researchers to label this the moral and ethical approach to nursing care (Jerlock & Falk, 2003; Sjostedt et al., 2001). Some of SmithBattle et al.'s study subjects reported that they experienced a major transition in understanding when they began conducting home visits. The intransigence of certain real-life factors impressed these nurses with the fact that a clinical, technical assessment of a patient's health problem does not necessarily lead to a solution, but rather is part of a much larger, informed response to the problem. Their experiential learning provided a critical contribution to their clinical practice.

> This experiential background is precisely what new public health nurse's lack when they enter the field and why each clinical situation is described as a learning experience (Chesla, 1996). Their practical learning from the "real world" often

> confirmed and "particularized"--as one nurse aptly noted--the PHN theory taught in their formal education. Although the public health nurses had learned about the relationship between the community and its members in theory, it was their practical experience that made sense of the theory. (SmithBattle et al., 2004b, p. 100)

For this reason, Walker and Dewar (2000) noted that they found the process of inquiry that happens in work-based learning even more intriguing than the outcomes of such learning.

This qualitative, exploratory study complements previous studies by identifying what factors might play a role in nurse practitioners' developing a sense of confidence and professional competence and maturity and the role of previously obtained classroom knowledge to this development.

*Constructivist Theory and Learning*

Basically, constructivism holds that knowledge is not about the world, but rather constitutive of the world (Sherman, 1995). Knowledge is not a fixed object; individuals construct it through their own experiences of that object. The constructivist approach to learning emphasizes authentic, challenging projects that include students, teachers, and experts in the learning community. Its goal is to create learning communities that are more closely related to the collaborative practice of the real world (Sherman). Authentic environment, learners assume responsibility for their own learning, and they must develop metacognitive abilities to monitor and direct their learning and performance (Sherman). When people work collaboratively on an authentic activity, they bring their own frameworks and perspectives to that activity (Sherman). They can see a problem

from different perspectives and can negotiate and generate meanings and solutions through shared understandings (Sherman). The constructivist paradigm identifies how learning can be facilitated through certain types of engaging, constructive activities (Sherman). This model of learning emphasizes meaning-making through active participation in socially, culturally, historically, and politically situated contexts. A crucial element of active participation is dialog in shared experiences, through which situated collaborative activities, such as modeling, discourse, and decision making, are necessary to support the negotiation and creation of meaning and understanding.

Constructivists argue that it is impractical for teachers to make all decisions and dump information onto students without involving them in the decision-making process and assessing their abilities to construct knowledge (Griffith, 2004). In other words, constructivists advocate guided instruction that situates students at the center of the learning process and provides guidance and concrete teaching whenever necessary. Constructivist teachers encourage students to constantly assess how an activity is helping them gain understanding (Griffith, 2004). By questioning themselves and their strategies, students in the constructivist classroom ideally become expert learners.

Social constructivism views each learner as a complex and multidimensional individual with unique needs (Gredler, 1997). Social constructivism encourages the learner to arrive at his or her own version of the truth, as influenced by his or her background, culture, or embedded worldview. Each learner, as a member of a particular culture, inherits historical developments and symbol systems, such as language, logic, and mathematical systems. These symbol systems structure how the learner learns and what is learned (Gredler). This approach also stressed the importance of the nature of the

learner's social interaction with knowledgeable members of the society. Without the social interaction with other more knowledgeable people, it is impossible to acquire social meaning of important symbol systems and learn how to utilize them. Young children develop their thinking abilities by interacting with other children, adults, and the physical world.

Furthermore, social constructivism emphasizes the importance of the learner being actively involved in the learning process, unlike previous educational viewpoints, which hold that the responsibility rests with the instructor to teach and where the learner plays a passive, receptive role. Von Glasersfeld (1989) emphasized that learner's construct their own understanding and those they do not simply mirror and reflect what they read. Learners look for meaning and will try to find regularity and order in the events of the world even in the absence of full or complete information. Grounded in a social constructivist framework, this research project adopts a case study approach, which is favored by constructivist researchers, as discussed later in this chapter.

*Problem-Based Learning*

The concept of the theory-practice gap underpins the research on problem-based learning. Biley and Smith (1998) provided a succinct description of the method, highlighting this relationship:

> Instead of being taught didactically, students are encouraged to become skilled at problem-solving by identifying and valuing their own existing knowledge (Margetson 1996) and to correct any knowledge deficits themselves, using formal and informal resources. The outcome is the sorting and synthesis of relevant and contextual information and its assimilation into their existing knowledge base. (p. 1022)

Andrews and Jones (1996) cited the theory-practice gap as the basis for their examination of problem-based learning strategies in the nurse-training classroom. They observed that for some nurse trainees, problem-solving is a somewhat elusive skill. They referred to the Project 2000 plan, implemented in the United Kingdom in September 1989, which abandoned an apprenticeship component in favor of placing nurse trainees as supernumeraries in the nurse workforce.

As Jasper (1996) observed, the Project 2000 transition was a difficult one because it essentially mandated the upending of the traditional nurse education structure and directly impacted the hospitals and clinics where nurses were placed. With a split emphasis on theoretical preparation and practical application--the trainees were in class concurrent with their practical experience in the real world environment--it was assumed that the theory-practice gap for many of these nursing students would shrink. Instead, it seemed to throw the distinction between the two in sharp relief, “drawing attention to the ‘idealism’ of teachers, compared to the realities of coping with constraints on resources and local policies” (Jasper, p. 784). As Andrews and Jones (1996) noted, the first reports indicated that the Project 2000 model made little to no improvement in this learning gap.

Holland (1999) also noted problems with the politically motivated project and argued that the student nurses’ supernumerary status guaranteed that their learning opportunities would take a back seat to patient care by the practicing and experienced nurses. Given that, how could student nurses possibly gain the hands-on experience the project purportedly encouraged and which has been demonstrated to effectively work toward bridging the novices’ theory-practice gap? In the case of Project 2000, the

simultaneous immersion in theoretical education and a practical, clinical environment--not to mention the various difficulties associated with a project plan that was perhaps too hastily envisioned and implemented--likely had a significant impact on the nurse trainees' generally negative experiences. As Landers (2000) stated, "The supernumerary status of students while freeing them from clinical duties may however, accentuate insecurity as they may often lack direction and guidance on the wards" (p. 1551).

The early findings of Project 2000 prompted Andrews and Jones (1996) to consider problem-based learning strategies that did not require trainees to be thrust into situations for which they may not be well prepared. They examined a hypothetico-deductive approach that presented trainees with hypothetical intervention situations. In these situations, the nurse trainees consider options for care delivery as the situations develop and new information is introduced for them to process and address. Over a series of work sessions, the students, working in groups, are required to identify the hypotheses, determine what sort of information is needed to explore the hypotheses, and allocate resources (i.e., people, time) accordingly. Finally, they must present an action plan that identifies solutions to the problem(s). The researchers found that most of the nurse trainees they observed participating in this type of problem-based instruction were unable to make the leap to believing that the hypothetico-deductive scenarios were real. Instead, they were inclined to consider the cases from the perspective of training possibility, rather than from an orientation toward patient care first and foremost.

The trainees also struggled with abstract hypotheticals--such as problems arising from the application of particular nursing philosophies--while they were much more successful at dealing with concrete hypotheticals, such as the administration of the wrong

dosage of medication. This type of learning gap is an issue because both the abstract and concrete hypotheticals had been realized in real-life scenarios “but they required different kinds of thinking to provide a solution” (p. 362). Andrews and Jones (1996) reported that their case study was inconclusive regarding the merits of problem-based learning models, but indicated that in-class hypotheticals may not serve as adequate substitution for practical experience with real patients in a clinical environment.

Holland (1999) used the Project 2000 as the basis for her research into the transition from student to competent novice nurse. She drew on the work of Turner (pp. 229-230), which identified the rites of passage (separation, transition, incorporation) as useful for considering the student-to-nurse progression. Turner and Holland both stressed the centrality of the mentor-mentee relationship. In such relationships, according to Turner, students report the critical function of modeling the experienced nurses with whom they work in a clinical environment.

In their study of nurses who recently had moved into practice after graduating from a problem-based nursing program, Biley and Smith (1998) found that the most compelling feature of their results was the graduates’ sense of responsibility and ownership. When presented with situations that were foreign to them, across the board these nurses were inclined to pursue the information they needed autonomously, rather than turning immediately to a supervisor for a solution. They appeared to have fully integrated the problem solving aspect of their training. The added benefit was that this autonomy and accountability seemed to produce a greater sense of professional competence (Flanagan, Baldwin, & Clarke, 2000).

These young nurses also reported that they had seen themselves as catalysts for change both within their immediate clinical environments and in the nursing profession as a whole (Biley & Smith, 1998, p. 1025). While acknowledging the impressive level of personal investment these novices brought to their professional practice, the researchers noted with caution that the frequent disappointment of not meeting these expectations tended to cause these students to reflect more harshly on themselves: Many felt that somehow they had failed in their practice because they were unable to effect fundamental change. Although the researchers expressed concern that the nurses not come to write this off as youthful idealism as they grew more experienced, they also stated that this finding suggested that the basic goals of problem-based learning had been achieved because the nurses could recognize and accept their inability to change the system.

Williams (2001) also explored problem-based learning strategies in terms of any theoretical links that might exist with self-directed learning in nurses' continuing professional education. Williams reported an unabashed support for continuing professional education and suggested that professionals who pursue further education are inherently self-directed because they are actively engaged in identifying the areas in which they need to learn. With its theoretical basis in cognitive psychology, problem-based learning seems a likely match for self-directed learners who have recognized the skills and knowledge they hope to develop. Conversely, problem-based learning may improve the ability to self-direct as "considerable time and attention is devoted to the development of this ability as an active component of the process" (Barrows, as quoted in Williams, p. 86).

*Self-Directed Learning*

It was Dewey (Kopelman & De Ville, 2005) who first framed the concept of self-directed learning when he contended that everyone has the capacity for unlimited development and that teachers should lead and direct learning, but not interfere with individuals' learning processes. Williams (2001) and Walker and Dewar (2000) noted that adult learning theory, in particular, is guided by the principle of self-direction; learners are responsible for pursuing and engaging in further education. It is this taking responsibility for one's own education that some researchers have argued is behind the evidence that many adults learn better "outside the confines and controls of a formal education setting" (Brookfield, as quoted in Williams, p. 88). They also have identified some measure of autonomy in most self-directed learners, with the degree of autonomy increasing for learners pursuing information in realms they were familiar with and in which they had feelings of competence. The critical factor in successful self-directed learning appears to be in the area of facilitation. Williams found that if learners have opportunities to self-direct in relevant, controlled situations, their ability to develop new skills and register cognitive gains improves.

Kuiper and Pesut (2004) identified self-directed learning as strengthening metacognitive (reflective) skills:

> Self-regulation of learning (SRL) arises from the constructivist framework and integrates educational theories with teaching-learning strategies. The model suggests that cognitive processes, such as stimulus response and memory storage described by behaviourism and information processing, are supported, enhanced, monitored and controlled with the development of metacognitive knowledge and processes. (p. 386)

In effect, self-directed learning and metacognitive skills form a sort-of feedback loop of discovery, application, experience, and growth that sets the stage for the next level of learning, thereby creating a new feedback loop. One can understand Dewey's belief (Kopelman & De Ville, 2005) belief in the unlimited potential for learning growth and development if this premise is accepted.

A significant portion of the nurse learning theory literature has accepted this premise. Jinks (1999) noted that while a teacher-centered approach traditionally dominated concepts of nurse education, what she referred to as student-centered approaches are the most popular theories at work in the modern nursing schools. To explore the various definitions of student-centered education, Jinks interviewed 20 nurse teachers working in England and performed a qualitative analysis of their responses to her questions. She found that while all of the educators identified their approaches to teaching as student-centered, they also exhibited a wide range of impressions and opinions about the educational theories being used in their classes.

Banning and Cortazzi's (2004) study explored the connections nursing students make about their learning and the parallels and lessons they draw from them. Most nurse trainees they surveyed reported that learning happened best when they could apply their theory to practice and stated that much of what helped them retain information was the day-to-day practice of the medical interventions they had learned. By and large, they felt that it was much more difficult to retain theoretical lessons that did not have much practical application. The researchers concluded that the most critical feature of the students' learning is that it happens in a group; many of the students expressed that their

peers' support, as well as the supervision of mentoring, professional nurses, was the most salient aspect of their education. This led them to argue that while self-directed learning can have its place, is can be dangerous to allow nurse trainees to work too independently; such trainees may find themselves disconnected from other nurses and more resistant to developing good practices that may differ from those they were taught and have become habituated to following.

*Reflective Learning*

Often identified as a component of metacognition, critical reflective analysis emerges as a common theme in the current nurse training literature. However, there has been little research on the question of how student nurses perceive the acquisition of reflection skills. To this end, Glaze (2002) interviewed and analyzed the work of 14 nursing students. She identified several stages in what she called their "reflective journey":

1. Initial stage--entry shock
2. Early difficulties--the struggle
3. Acceptance
4. Familiarity--making connections
5. Learning to reflect more deeply
6. Perspective transformation stage
7. Internalization
8. Dissemination. (p. 267)

Noting that these stages were mostly for descriptive use and not hard and fast categories, she observed that most of her subjects experienced much overlap between these stages. Glaze's categories also correspond with Smith's (1998) broader, three-stage grouping of

reflective stages: awareness of feelings (discomfort/satisfaction), critical analysis of those feelings, and the awareness of new frames of reference.

At the Initial, or entry shock, stage, the student nurses expressed a range of responses, from excited anticipation to anxiety and even frustration. The meanings they attached to what the reflective journey in learning meant tended to be shallow and unformed (Grochow, 2008). Their Early Difficulties stage tended to be practical struggles with reflected writing and in learning to think critically about their work. Some struggled with self-reporting what they perceived as failures in their work (Grochow, 2008). The feedback and challenges that the researcher provided during this process were sometimes well-received and other times, depending on the student, resented and challenged (Grochow, 2008). Other researchers noted a similar finding in a study of the practicing nurses in a pediatric intensive care unit participating in a continuing education study (Hewitt-Taylor & Gould, 2002).

In the Acceptance stage of the process, many participants reported coming to terms with the idea of reflection and, consequently, deepening their experience of it to a more authentic expression, which led into the Reflecting More Deeply stage (Hewitt-Taylor & Gould, 2002). The Perspective Transformation stage represented the point at which students began to frame things in different, less traditional ways, bringing their own critical, reflective analysis to bear on a training situation (Hewitt-Taylor & Gould). By the Internalization stage, students found the process of self-reflection easy and automatic, and at the Dissemination stage, they were eager to encourage other nurses to engage in reflection. Among other findings, Glaze (2002) noted that, at various points in the early part of the journey, some of the nurse trainees expressed their belief that they

were fully engaging in critical reflection when, in fact, they were not. Glaze postulated that early learning patterns of obeying authority figures may have been responsible for the novices' hesitation to question traditional approaches. Eventually however, they came to see reflection as a critical element of their nursing practice.

Some researchers have stated that a reflective practicum would give students an opportunity to practice reflection. For example, Chambers (1999) stated that a controlled environment should be established within which student nurses could explore the discovery. In Chambers's view, without such an experience:

> One is left wondering how the student may acquire, assimilate, test and reflect upon such knowledge in a way that allows creativity of behaviour but, at the same time, does not endanger anyone in the event of errors being made. (p. 955)

The reflective practicum could employ a studio, Chambers noted, where the student might practice critical reflection in a sort of virtual world. But of course, this would remove the high-stakes element of working in a real-life capacity and, as the author observed, this would change the fundamental dynamic in which students make decisions and reflect upon them. She concluded that the best solution is to have the novices or trainees practice in a real, clinical environment that is closely supervised by a nurse educator.

O'Connor, Hyde, and Treacy (2003) were interested in nurse educators' perceptions of how reflective learning affects their students' ability to grow as nurse practitioners. By and large, the educators identified reflection primarily in relation to clinical situations, in other words, how students performed in particular situations and how they thought about and assessed their performance. They also found that while some

educators focused on the process of reflection, others focused more on its outcome. The authors observed that a danger might lie in critical reflective guidance that has technical problem-solving as its goal, rather than the transformative experience of creating new frames of thinking about and considering experiences.

Her analysis of the literature led Smith (1998) to observe that most research assumptions proceeded from the notion of the learner's discomfort in the first stages of the reflective process. Smith suggested that reflection might prompt such positive feelings as satisfaction and encouragement. To test her theory, she conducted a 3-year, longitudinal and qualitative analysis of adult nursing students to identify the feelings they reported throughout their reflection processes. She was most interested in distinguishing between reflective thinking that is connected to a thorough understanding of nursing practice, which considers the care provided in a smart and conscientious way, and a deeper, more complex personal assessment of how new knowledge is acquired and processed.

To that end, Smith (1998) posed questions concerned with the student nurses' preoccupations as they emerged in their reflections, how they explained the preoccupations to themselves, if they could identify learning anything from thinking about these explanations, and whether the preoccupations (or the students' analyses of them) changed over time (and as a result of the reflection). Smith found that many students immersed themselves so completely in the reflection process that they often had difficulty separating the personal from the professional: what they learned about themselves as a person in terms of beliefs, hopes and fears, and what they learned as nurses in terms of identity and nursing values. Munnukka et al. (2002) similarly found

that the line between personal and professional identity was blurred for many of the nursing students they studied. Smith framed it as the difference between professional "involvement" as a nurse and "overwhelming personal attachment" as an individual (p. 897).

Cassidy (2005) offered one of the relatively rare discussions of the reflection process as it is perceived by an established professional, rather than by a student trainee or novice nurse. Not surprisingly perhaps, given his years of experience in the mental health field, Cassidy's analysis moved beyond the question of how does reflection happen to how does reflection best happen? He identified the pre-stage anticipation, part of the reflective process as having been generally overlooked in the research despite its being critical to the process. Anticipatory reflection allows nurses to review their approaches to a given situation, based on prior, similar experiences, and to question and assess their interpretations of those earlier events. As he noted, for nurses inclined to rationalize or become defensive when confronted with a challenge or change, this can be a critically important part of the reflection process.

> Without this attention to detail over how meanings are expressed by nurses and clients in caring situations, there is a danger that learning achieved through reflective practice will not necessarily lead the nurse to make behavioral changes. In other words, nursing actions being performed in technically accurate and efficient ways could be undermined by the influence of habit and ritual, leaving a discrepancy between what nurses claim they are doing and how they are actually behaving. (p. 18)

Integrating past and present experiences of learning and reflection places the practicing nurse in a cycle of reflection that can become automatic and self-reinforcing. In this way, Cassidy argued, reflection becomes action, rather than an after-the-fact adjunct of a care

response. Similarly, Munnukka et al. (2002) identified the meeting of theory and practice as the action of reflection on feelings and behaviors, and their subsequent consequences. These researchers adopted a more linear approach that moved from reflection to outcome, as compared Cassidy's notion that reflection is a cyclical activity.

*Transformation and Transformative Learning*

Yorks and Sharoff (2001) examined the applications for transformative learning within a model of holistic nursing education. Over the last few decades, Mezirow has refined his theory of transformative learning, a variant on critical social theory and psychoanalytic theory that places experience at the center of learning, which is strengthened by discussion and reflection (Laurillard, 2002). Mezirow argued that this approach to learning will lead to a "transformation in habits of mind" (as quoted in Yorks & Sharoff, p. 23). For practical nurses, a transformation could lead to additional frames of reference. The authors suggested that as it applies to patient care, this could lead nurses to consider the patients' environment and access to certain types of care delivery, the patients' general well being and emotional state, and the nurses' potential for impacting these considerations. The transformation is that, instead of making a diagnosis and recommending a traditional course of action (e.g., prescription A to cure problem B), the nurse considers a variety of factors as variables in assessing and addressing the patient's condition.

One critique of Mezirow's transformational learning theory is that it "fails to adequately take into account ways of knowing beyond the rational" (Yorks & Sharoff,

2001, p. 24) because it focuses on personal experience, which is open to interpretation and defies empirical analysis. For this reason, Yorks and Sharoff noted that nurse educators working in a transformative learning environment must help trainees and novice professionals to find the undergird of meaning in their experiences, and thereby establish a full and connected understanding of the principles of care at play in any given situation.

MacDonald (2002) discussed transformation in terms of unlearning traditional paths of information to allow for new, evidence-based learning and changing practice guidelines. The process of unlearning is one of the more difficult aspects of adult learning; it can threaten known customs and habits, as well as the accrued sense of competence and knowledge that professionals build up over time and experience. While an array of literature on unlearning has addressed its application to organizational change and education, there has been little theoretical development on this subject. In terms of transformative unlearning for nurses, Macdonald observed that the community in which she worked criticized her efforts to rethink approaches and to allow new information to change her beliefs and adapt her reflections about her work experience.

> This process of change is non-linear, ongoing, circular and evolving and resembles a spiral more than a straight line. [Transformational researchers] believe that constructing learning communities within practice environments will enhance both personal and social transformations. (p. 176)

The significance of transformations can be manifold. Hoover's (2002) transformational research study revealed that the nurses engaged in this kind of practice felt more "spiritually connected" to their work, which provided them great personal satisfaction. This is closely related to Freshwater and Stickley's (2004) conceptualization

of the “emotionally intelligent practitioner.” McGoldrick et al. (2001) referred to a review of magnet hospital research that indicated that nurse autonomy and staff development were the most significant factors in creating job satisfaction and nurse productivity. A transformational learning environment that encouraged nurses to share their changing frames of reference made not only the nurses more effective, but also, by extension, the hospitals themselves.

## Learning While Living a Professional Nursing Career

The question of how newly graduated nurses handle the rigors of professional nursing was explored by Gerrish (2000) in her follow-up to a 1985 study. Gerrish examined the newly qualified nurses employed through Britain’s Project 2000 and noted that while many of them entered the profession with weaker clinical and managerial skills than the nurses that had come before them, their scores leveled out and equaled those of the more experienced nurses within 6 to 9 months after their employment. Further, their self-reported confidence levels improved dramatically during this time as well. In her follow-up, the researcher surveyed 25 nurses who had been on the job as staff nurses for anywhere between 4 and 10 months after completing the Project 2000 curriculum.

In the intervening years between the 1985 study cohort and the 1998 group, it appeared that new professional nurses received much greater support for their transition to the work. Whereas many in the 1985 group essentially were thrown into practice and, in some cases, placed in charge of other young nurses within weeks of their own qualification, the 1998 group had more mentoring and placement counseling provided to them. The suddenness and completeness, in do-or-die situations, of the responsibilities

associated with nursing proved the greatest stressor for both cohorts of nurses. These extended to concerns for the older cohort when placed in managerial positions. Because the nurses in the 1998 group were less likely to serve in a managerial capacity, having a supervisory professional nurse in almost all instances overseeing their work, the stresses associated with managing patients' care were somewhat reduced, even though these newer nurses were expected to serve in an organizational care capacity.

Both the 1985 and the 1998 student nurse groups reported similar levels of uncertainty about clinical decision-making. While the 1985 nurses, who had moved straight from theory classes to clinical practice, were likely to feel that they had the theory for how to address a given situation correct, they did not have the confidence to act on what they had learned in class. The latter group of nurses was more comfortable with acting, but reported great uncertainty about their abilities to make the correct diagnoses based on their observations and then to act from those diagnoses. Gerrish (2000) concluded that while certain variables remained consistent for both groups, particularly in terms of expressions of confidence and reports of stress indicators, the 1998 group was more likely to recognize the personal limitations of knowledge and to seek additional support or assistance, whereas the earlier cohort was likelier to try and fumble through. As Gerrish observed in closing, “It is perhaps inevitable that the transition from student to qualified nurse will never be straightforward” (p. 480), and that training programs and clinical environments would benefit from plans to help novice nurses bridge the gap so that newly qualified nurses can evolve into confident practitioners. While this study addressed the learning process of novice nurses, it did not

specifically identify the point at which nurses crossed-over and became confident in their professional practice.

In her research on the theory versus practice debate, Coetzee (2004) intentionally selected a cohort of young nurses working in pediatric care, noting that caring for children "is described as the most stressful rotation [clinical placement] in a nursing curriculum" (p. 640). The nurses who comprised the sample were themselves quite young, ranging from 19 to 22 years of age. Over the course of her observations, Coetzee found that the young nursing students were inclined to "puzzle out a connection" (p. 642) with their young charges. They seemed to instinctively seek to interact with children across four dimensions, which the researcher identified as anticipation, encounter, connection, and engaging the child/performing the task. In many instances, the nurses reported drawing on their own memories of growing up, or being cared for by an adult, to guide their assessments, and they demonstrated confidence from this vantage point, even in the absence of specific clinical know-how:

> The data in my study often reveal students' attempts to make sense of the relationship that they were forging with children by comparing them with more familiar types of relationships. It is evident that the students learned about the unfamiliar third type of relationship, nursing, by trying to find a "fit" with portions of the more familiar first and second types, mothering and friendship. (p. 646)

Coetzee observed that a research and policy emphasis on standardized measures of achievement (i.e., quantifiable results) is misguided if it does not incorporate the importance of how nurses establish relationships with patients, and how these relationships inform their practice.

Diefenbeck et al. (2006) described a Nurse Residency Model designed to address the current shortage of qualified nurses in the United States. The University Of Delaware School Of Nursing devised a baccalaureate residency program based on the principles of “enhanced socialization, improved transition to practice, and increased student accountability” (p. 72). The new curriculum reflected the recognition that prior improvements to the field, often executed as standardized curriculum plans, had the effect of “stagnating” education and removed the elements of encouragement, support, and imagination in teaching that often can make the difference in cultivating and maintaining an engaged student pool.

The Nurse Residency Model is premised on the belief that nurses gain competence over time and with regular, progressive application of their knowledge. During the first 3 years of the program, students couple their science and nursing courses with a liberal arts curriculum, including a range of philosophy, history, and professional behavior courses that proceed from a nurse-specific focus. As students progress through their schooling, they take more courses on health policies that affect particular needs populations (children, elderly, mental health) so that by their senior year they can move into a clinical immersion that provides them exposure to six clinical areas (maternal-child, psychosocial, community nursing, two medical-surgical nursing clinicals, and a capstone clinical in the area the student finally chooses for real world application) for a duration of 4 weeks each. This design gives nursing students an opportunity to try different nursing environments and also provides them with a holistic basis for understanding their roles in the nursing profession.

Many of these clinicals are provided through controlled laboratory environments and a larger measure of responsibility is placed on students to find and complete the field experience component of their residency year. These portions of their work assignment are conducted outside of class and supervised remotely by school instructors. By requiring this level of accountability from students, the program intends to encourage self-reliance and develop the confidence in practice that leads to professional competence, “We are attempting to inculcate a lifelong passion and pursuit of learning and engagement in mentoring relationships as both mentee and mentor” (Deifenbeck et al., 2006, p. 77).

Experiential Learning: Practicing Nurses in the Literature.

In their study of several groups of professionals in their first year of work, Eraut et al. (2003) identified several problems that appeared to plague first-year nurses in the United Kingdom. They cited the discrepancy between theory and practice as the primary complaint of the new nurses they surveyed. Compounding the difficulties is the unavoidable fact that nursing takes place in a high-stakes, often-relentless environment that allows little room for professional support from higher ups. Many of Eraut et al.’s subjects reported problems with managing time and prioritizing work in a daily schedule that would quickly get out of hand, and they expressed distress about the responsibility of disseminating and administering drugs and changing levels of dosage to a host of patients on different schedules. These young nurses also expressed the desire for much greater peer contact, as well as mentoring support from more experienced nurses on the job.

Hager and Beckett (1999) similarly studied skilled practitioners across six different professions for a comparative analysis of workplace learning and how it impacts judgment. One of the professionals involved in the research was a nurse practitioner who recently had become an ambulance officer. The researchers were most interested in what they referred to, at least initially, as tacit knowledge, the kind of informal education that happens on the job as a product of cumulative experience. In the case of the nurse-turned-ambulance-worker, the researchers identified a range of emotional, cognitive, and ethical assessments in play. Also interesting, the former nurse was particularly articulate about her experience and could quite clearly assess her own performance, as well as her interactions with her fellow ambulance worker, and the family of the baby she attempted to resuscitate in a scenario she discussed with the researchers. Among other things, she noted her sensitivity to the dynamics of her relationship with her ambulance partner, who was senior to her in his years on the job, but less knowledgeable in terms of medical practices, and described negotiating that potentially awkward balance.

This nurse also delineated the differences between her ambulance work and her work in the hospital, citing the fact that families are mostly present when an ambulance worker is providing care, while in the hospital environment, which she termed as less progressive than that of the first responder's situation approach, the families are kept away from the patient while the most critical medical work is being performed. The most salient aspect of her professional development, the former nurse reported, was learning to handle her emotions judiciously, to not cut them off from her experience, but also to not let them dominate or alter her clinical response. She added that this ability to strike a balance between the cognitive and emotional was an ongoing process for her and that

much of what she learned during her nursing years, her self-reflection on her responses to given situations, provided the groundwork (Hager & Beckett, 1999).

The need to remain at least somewhat connected to emotional experience also was identified by Daley (2001) for the cohort of nurses who participated in her comparative analysis of experienced practitioners across a range of professions. In this case, the nurses were involved in a continuing education program and they all observed how they attempted to integrate their new knowledge when responding to patients' needs. As Daley stated, for the nurses to feel they had effectively applied the learning "they had to think about the information, have some feelings about it, and ultimately take some action on the new information" (p. 42). Like Hager and Beckett's (1999) nurse subject, there was a clear link to the role self-reflection plays in enabling practicing nurses to feel more confident and that provides the underpinning for professional competence.

Daley's nurses reported a good deal of satisfaction with continuing education, particularly when they had the opportunity to directly apply the knowledge with patients and see the results. One nurse described a pain management course she had taken and how she had had an opportunity to make a recommendation to a patient's family member based on the information she learned in the session. The actual result was beneficial to all involved and, as Daley concluded, "It was the observable result that contributed to the knowledge becoming meaningful" (2001, p. 43). The nurse was able to assess, respond, observe, and then reflect on the experience, thereby solidifying her competence base.

Gerrish and Clayton (2004) approached their study of professional nurses from an evidence-based practice perspective. They noted that research has established that nurses rarely glean new information from professional journals or Internet-based research

reports; instead, they derive most of their changing practices information from policy manuals they receive on the job. It is not surprising perhaps, that more than half of the 330 practicing nurses who participated in their study reported that they "considered themselves novices in terms of the skills they require to use evidence to change practice" (p. 121). Further, many of the nurses expressed doubt that their work environments could be made receptive to changing practices.

In the absence of evidence that could influence practice, O'Connor et al. (2003) reported that, consistent with research such as that cited above, practicing nurses relied heavily on experiential learning, bringing their own judgment to bear on cases. In the wake of this finding, the researchers argued that efforts should be made to make evidence-based practice information more readily available in the day-to-day environment, so that nurses can access it when they need it, and so that it does not require a theoretical research effort conducted on their own time. Continuing education programs are one means of doing this, and as reported above (Biley & Smith, 2003), such programs can work symbiotically with nurses' apparently natural inclination toward experiential learning to establish competencies (Hodges, Keeley, & Grier, 2005).

Evidence-based research was the approach embraced by Stainton, Harvey, McNeil, Emmanuel, and Johnson (1998) in their 2-year longitudinal study with 33 maternity and neonatal intensive-care nurses, examining the role of transformation in on-the-job learning. Like Gerrish and Clayton (2004), Stainton et al. noted the importance of devising new means for distributing evidence-based research to busy practitioners who otherwise are rarely able or inclined to seek it out on their own time. Their study involved tape recording the nurses during individual interviews and then playing the recordings

back for the group of nurses to respond to and discuss in subsequent meetings. They found the exchange of information, not to mention the individual expressions of doubt and concern over competency as sometimes reflected in these recordings, to be enormously stimulating to the group.

The discussions covered the implications for practice, how change might be initiated in the environment, how to work with patients' families, and how to identify the trends that the nurses otherwise had not noticed. For instance, the tendency of mothers of infants in neonatal intensive care to provide direct care and support, when those very actions might prove dangerous to the infants, and are therefore behavior denied to the mothers, was something all the nurses had experienced individually, but had not shared collectively. The possibility for establishing a new best practice of addressing these mothers' needs, while still protecting the infants, presented itself and, as the researchers stated, "led to thoughts about other dimensions of care" (Stainton et al., 1998, p. 222).

Over the course of the study, all the participating nurses reported experiencing the effects of transformation in their practices as a direct result of the group meeting discussions, as well as the private interview sessions with the researchers. One maternity nurse, who had been practicing for years, reported a fundamental change in her care delivery "after gaining an understanding of where meaning existed for a woman in labour" (Stainton et al., 1998, p. 222). This understanding arose from her listening to the recorded interviews of other delivery nurses and the discussions that followed.

Another nurse in the study poignantly described the difficulty of undergoing transformation in an environment that was resistant to change. She reported that she had learned to "recognize the tensions created between technology and the woman's

knowledge of her own body" (p. 221) through the study group's discussions. However, in a particular instance, when her instincts guided her to an intervention strategy at odds with that recommended by the perinatologist who stepped in to cover the case for the patient's vacationing doctor, her nursing colleagues were mistrustful of her assessment because it contradicted the more traditional approach that the doctor advocated. Interestingly, she had validation down the road when the patient's original doctor returned from vacation and advocated the very course of action she had thought most beneficial. She credited her experience in the study with giving her the confidence to make the assessment and noted she was working on ways to effect transformative change in her work environment in a way that was respectful of different perspectives while enabling her to have a voice.

An examination of self-directed learning in a cohort of British pediatric care nurses was the starting point for Hewitt-Taylor and Gould's (2002) study, though over time the expanded their frame of reference to include a variety of educational approaches. They too noted the centrality of reflection as a practice nurses engage in to advance their learning. But they also reported that several of the nurses they surveyed expressed reservations about self-directed learning possibilities, given that their employers might be less willing to fund and support such possibilities (with study time allowances) than they would learning that centered on a classroom or evidence-based teaching approach. Additionally, one of the nurses was concerned about writing down her reflections (one of the requirements of the study's continuing education courses), citing confidentiality concerns; she resisted leaving any documentation that might compromise a patient's privacy or permanently record her own errors for posterity. Several other nurses also

resisted the reflective writing component as too time-consuming and, for that reason, ultimately unproductive as a reflection tool because their resentment about writing interfered with their ability to remain amenable to reflection.

Sjostedt et al. (2001) conducted an action study of 5 Swedish nurses working in a psychiatric ward of a rural hospital. Specifically, the researchers were interested in the nurses' first encounter with patients: Were they employing a holistic caring approach, grounded in the principles outlined by Eriksson, and if so, was it effective? The nurses expressed some initial discomfort with the theoretical tenets, wondering how they might be directly applied to patient intervention, but all 5 reported that practice made the theory real and then served as a moral guide for them in their future work with a patient. Their findings were in keeping with Landers's (2000) action research study; the nurses indicated a greater sensitivity to their "moral commitment" to the patient and felt better able to identify the barriers, personal, organizational, and patient-centered, that could be encountered during the caring process.

## The Role of Nurse Supervisors

Severinsson (2001) and Spouse (2001) conducted separate case studies exploring the nurse supervisory role and its impact on the theory-practice gap. Severinsson outlined the three aspects of the nurse supervisor's job as the formative, the normative, and the restorative. In the formative process, the necessary clinical skills for performing professional tasks are conveyed and transferred to nurse students. The supervisor's normative function is to manage the process by which this happens and help students organize their learning and practices, correcting behaviors when required, all the while

ensuring that best practices are being met and that patients are receiving the necessary care. The supervisor's restorative role is to provide support and reinforcement to nursing students, which research has indicated is critical for them to develop a sense of confidence in the work environment. This type of support goes a long way toward creating novice nurses' sense of professional competence.

Spouse (2001) observed that while the formative aspect of professional supervision is at the heart of the teaching process, it is in the normative and restorative spheres, to borrow Severinsson's (2001) terms, that the nurse supervisor can have the greatest impact:

> Beginners and newcomers to clinical settings often have difficulty recognizing patterns and relationships within incidents and situations, especially when faced with novel situations, such as when caring for an unfamiliar client group or an unfamiliar health care challenge. (Spouse, p. 513)

Here, the experience of a nurse supervisor, who has established professional competency through practice, is invaluable (Holm, Lantz, & Severinsson, 1998). Severinsson added that creating a reflective practitioner's model should be the supervisor's goal, one that effects transformative change in the work environment simply by its existence, hopefully altering fear-based or resistant behaviors among all members of a healthcare community.

To test the realization of these objectives in an on-the-job mentoring environment, Spouse (2001) followed 8 British nursing students over the course of a year in their clinical practice placements. Those students who had experienced working with an engaged nursing supervisor demonstrated substantially greater confidence and competency at the end of the year than did their more unfortunate peers in the cohort who had worked in environments with little to no supervision. The potential for any self-

directed learning was beyond their reach because without “effective sponsorship, students found it difficult to participate in clinical activities or to learn” (p. 517). Spouse concluded that without real mentorship, the possibility of bridging the theory-practice gap in a clinical work environment becomes a moot point for novices. The necessary opportunities to learn and consolidate academic knowledge with actual experience are not available to them in that situation.

## The Selection of a Case Study Methodology

According to Yin (1984, p. 23) the case study research method is an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, p. 23). The case study as a teaching and research tool has an extensive history in health and the social sciences (see, for example, Goode & Krugman, 2001; Hamel, Dufour, & Fortin, 1993). When used as a research approach, the case study is both the process and end product of research. It provides a delineated boundary for inquiry, as well as a structural process within which any methods appropriate to investigating a research area can be applied. The case study is an ideal methodology when a holistic, in-depth investigation is needed (Feagin, Orum, & Sjoberg, 1991), as in the present, proposed study.

Qualitative researchers adopt an interpretive, naturalistic approach to their subject matter; they study phenomena in their natural settings to make sense of, or interpret, them in terms of the meanings that people bring to them. Qualitative researchers begin by accepting that there is a range of different ways of making sense of the world, and they

are concerned with discovering the meanings of those who are being researched and with understanding their views of the world rather than their own (Feagin et al., 1991).

The issue of generalization has appeared in the literature with regularity. It is a frequent criticism of case study research that the results are not widely applicable in real life. Critics of the case study method believe that the study of a small number of cases can offer no grounds for establishing reliability or generality of findings. According to Stake (1995), however, an intuitive, empirically grounded, natural generalization is possible. Shake expected that the data generated by case studies would resonate experientially with a broad cross section of readers, thereby facilitating a greater understanding of the phenomenon. Therefore, while statistical generalization is not possible with a case study, its findings may have broader ramifications in the real world. For example, in the present study, it is expected that the findings will contribute to the development of nursing curricula.

As in all research, when conducting a case study, consideration must be given to construct validity, internal validity, external validity, and reliability (Yin, 1989). Levy (1988) established construct validity using the single-case exploratory design and internal validity using the single-case explanatory design. Yin (1994) suggested using multiple sources of evidence as the way to ensure construct validity. The current study will use multiple sources of evidence: survey instruments, interviews, and documents. The specification of the unit of analysis also provides the internal validity, as the theories are developed and data collection and analysis test those theories. External validity is more difficult to attain in a single-case study. Yin (1994) asserted that external validity could be achieved from theoretical relationships, and from these generalizations could be made.

It is the development of a formal case study protocol that provides the reliability that is required of all research.

## Conclusion

How nurses learn, how they gain confidence and professional competency, is of interest not just for its theoretical value, but also for its potential insight into the nature of healthcare delivery, how to improve nursing training, and what to expect for the future of the profession. As the literature reviewed here suggested, much attention has been given to how student nurses learn and the nature of various training programs designed to best prepare them for practical nursing work. There is a lack of understanding about the process by which inexperienced nurses cross over and become experienced, expert nurses from the perspectives of the nurses themselves. The present study adopted a qualitative case study approach to understanding this process, by focusing on nurses' perceptions of their experiences.

Chapter 3 will present the research method used to conduct this study. Chapter 4 will discuss in detail the results obtained from the interviews, and Chapter 5 will summarize the findings with recommendations for further research.

# CHAPTER 3:

# RESEARCH METHOD

## Introduction

In an effort to determine how practiced nurses achieve a sense of confidence about their professional competency, this study investigated nurses' beliefs about their pivotal moment, or period of transition, when they made the transformation from novice nurse to experienced practitioner. The investigation employed a focused interview technique that elicited the nurse participants' self-reports of their transition to find out whether they recalled such a pivotal moment and if so, how they would describe it. The study also sought to determine whether the demographic factors of age, gender, and ethnicity appeared to impact the nurses' experience of this transformation. Other factors considered were years in practice, type of educational preparation, and continuing professional education to determine whether such factors played a role in how and when the nurses made the transition from novice to experienced nurse. Because the research question required inherently subjective responses from the nurses, a qualitative research design was employed.

## Study Design

This study employed a constructivist framework for the methodological design, as described in chapter 1. Proceeding from this approach, the research design was contextual in nature, explorative in design, and descriptive in analysis. Interviews were conducted in a nonmedical environment to facilitate honest, free conversation. The explorative design

featured the focused interviews that were conducted by the researcher. The descriptive analysis, also described in chapter 1, involved the three-stage process of describing experience, describing meaning, and focusing of the analysis. It was determined that this paradigm was better suited for this research effort than a postpositive methodology that limits details "in an attempt to predict and control phenomena," or a "critical realism" methodology that looks for the "mechanisms that underpin a phenomena within a constantly changing social structure" (Appleton & King, 2002, p. 642). These approaches would have been too rigid for this effort, as this study was intended to elicit descriptive data from the participants with an eye to identifying possible trends, or themes, in their responses; it did not propose to provide hard data on the phenomena explored.

## Pilot Study

A pilot study was undertaken to determine any potential problems and to discover whether any additional information would be needed in the full study. This pilot study permitted a preliminary testing of the hypotheses. In addition, the pilot study provided the researcher with ideas, approaches, and clues that increased the chances of receiving clearer findings in the main study by permitting a thorough evaluation and analysis of the data gained from the interviews.

## Role of the Researcher

According to Lincoln and Guba (1985), before conducting a qualitative study, a researcher must do three things. First, (s)he must adopt the stance suggested by the

characteristics of the naturalist paradigm. Second, the researcher must develop the level of skill appropriate for a human instrument, or the vehicle through which data will be collected and interpreted. Finally, the researcher must prepare a research design that utilizes accepted strategies for naturalistic inquiry.

Glaser and Strauss (1967) and Strauss and Corbin (1990) referred to what they called the researcher's theoretical sensitivity. This is a useful concept with which to evaluate a researcher's skill and readiness to attempt a qualitative inquiry. "[It] refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't" (Strauss & Corbin, 1990, p. 42). Theoretical sensitivity refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. Strauss and Corbin (1990) argued that theoretical sensitivity comes from a number of sources, including professional literature and professional and personal experiences. The credibility of a qualitative research report depends heavily on the readers' confidence in the researcher's ability to be sensitive to the data and to make appropriate decisions in the field (Eisner, 1991; Patton, 1990).

Lincoln and Guba (1985) identified the characteristics that make humans the, "instrument of choice" (p. 54) for naturalistic inquiry. Humans are responsive to environmental cues and are able to interact with the situation; they have an ability to collect information at multiple levels simultaneously; they are able to perceive situations holistically; they are able to process data as soon as they become available; they can

provide immediate feedback and request verification of data; and they can explore atypical or unexpected responses.

The researcher structured the focused interview, selected the population of nurses to be studied, and obtained all necessary permissions. The researcher asked the questions (see Appendix A) and tape recorded the interviews for data capture, transcription, and verifiability purposes. As Tuckett (2005) observed, in this type of interview construct, the "credibility of research resides in part in the skill and competence of the researcher" (p. 32). This is in keeping with the researcher as instrument concept.

## Context of the Study

The study setting was a non-threatening environment at the convenience of the participant. Nurse participants were drawn specifically from a graduation roster from a community college in the Upper Peninsula of Michigan. The researcher's access to the participants occurred at prearranged times and was approximately one hour in length at a location selected for their convenience.

## Participant Selection and Ethical Protection

Twenty-five nurses were purposively sampled for this research. This nonrandom sampling process was necessary to insure that the population criteria for this study were achieved. Participant nurses worked in a hospital setting for a period of 2 to 5 years, with at least 1 year's experience in a specialized area. To target this population, the researcher focused on nurses working in Medical/Surgical units. Further, the nurse subjects were

drawn from any shift. Since newer nurses have traditionally worked the evening and overnight shifts, the sample included this demographic. The sample size was necessarily small. This reflects both the specific population requirements delineated above and the depth of inquiry the researcher intended to generate through the focused interview and analysis.

The researcher obtained all necessary permissions from the community college dean for access to names and the IRB of Walden University to conduct the research. Consent from the nurse participants was demonstrated by their signing a written form indicating their consent to participate in the interviews. This consent included, "anonymity and confidentiality, the right to privacy, the right to fair treatment, and protection from discomforts and harm" (Burns & Grove, 1993, as cited in Mavundla, 2000, p. 1571). Along with the consent form, participants were given a short demographic survey to provide answers to the questions that were non-qualitative in nature.

## Data Collection

The focused interview addressed the research questions outlined in chapter 1 by asking study participants a set of interview questions (see Appendix). The interview process was designed to be open-ended, even in its articulated focus. Participants were encouraged to contribute additional input, and the researcher was responsive to this feedback, adapting with additional inquiry as the situation presented. Each subject was individually interviewed and taped at a prearranged time.

## Data Analysis and Rigor

Data analysis was conducted upon the conclusion of the entire interview process for all participating nurses, using the three-stage process of describing experience, describing meaning, and discovering the focus of the analysis outlined in chapter 1. Credibility and reliability for this study were established along the lines described by Seale (2001) for the conduct of qualitative research. While the study design did not produce generalizable findings, it is hoped that the findings will be transferable:

> This is achieved not through random sampling and probabilistic reasoning but by providing a detailed, rich description of the setting studied, so that readers are given sufficient information to be able to judge the applicability of findings to other settings which they know. (p. 134)

The constructivist framework in which this qualitative research effort was grounded was conceived to achieve this result.

Research findings should be as trustworthy as possible, and every research study must be evaluated in relation to the procedures used to generate the findings. The qualitative and quantitative research traditions use different concepts for describing trustworthiness. Within the tradition of qualitative analysis, researchers still commonly use concepts related to the quantitative tradition, such as validity, reliability, and generalizability (Downe-Wamboldt, 1992; Olson et al., 1998; Shields & King, 2001). In qualitative research, the concepts of credibility, dependability, and transferability have been used to describe various aspects of trustworthiness (Berg & Welander Hansson, 2000; Lincoln & Guba, 1985; Patton, 1987; Polit & Hungler, 1999). Long and Johnson (2000, p. 31) proposed that validity and reliability have “the same essential meaning”

irrespective of research tradition and that nothing is gained by changing labels.

According to Polit and Hungler (1999):

> [W]e suggest application of concepts linked to the qualitative tradition when reporting findings of studies using qualitative content analysis. Even though we separate the aspects of trustworthiness, they should be viewed as intertwined and interrelated. Credibility deals with the focus of the research and refers to confidence in how well data and processes of analysis address the intended focus. (pp. 237-238)

The first question concerning credibility arises when making a decision about the focus of the study, selection of context, participants and approach to gathering data. Choosing participants with various experiences increases the possibility of shedding light on the research question from a variety of aspects (Adler & Adler, 1988; Patton, 1987). Interviewees' various genders and ages, and observers with various perspectives, contribute to a richer variation of the phenomena under study. Selecting the most appropriate method for data collection and identifying the amount of data are also important in establishing credibility. The amount of data necessary to answer a research question in a credible way varies depending on the complexity of the phenomena under study and the data quality.

Another critical issue for achieving credibility is to select the most suitable meaning unit. Meaning units that are too broad, for example, several paragraphs, will be difficult to manage because they are likely to contain various meanings. Too narrow meaning units, for example, a single word, may result in fragmentation. An exception to this is when one or several words represent a symbol or metaphor. In both cases, there is a risk of losing the meaning of a text during the condensation and abstraction process.

Illustrating how meaning units, condensations, and abstractions are made facilitates judging credibility of the findings

The credibility of research findings also depends on how well the categories and themes cover the data; that is, it is important to be sure that no relevant data have been inadvertently or systematically excluded or irrelevant data included. Credibility is also a question of how to judge the similarities within and the differences between categories. One way to approach this is to show representative quotations from the transcribed text. Another way is to seek agreement among co-researchers, experts, and participants. There are various opinions about the appropriateness of seeking agreement. Sandelowski (1993, 1998) argued that because multiple realities exist that are dependent on subjective interpretations, validation among coresearchers, experts, and participants is questionable. Despite this criticism, the intent in the present study was not merely to verify that data are labeled and sorted in exactly the same way, but to determine whether various researchers and experts would agree with the way those data were relabeled and sorted (Woods & Catanzaro, 1988).

Participants' recognition of the findings also can be an aspect of credibility. However, it is not, a question of verification, but one of confirmability. Another aspect of trustworthiness is dependability. According to Lincoln and Guba (1985), dependability, "seeks means for taking into account both factors of instability and factors of phenomenal or design induced changes," (p. 290) that is, the degree to which data change over time and alterations occur in the researcher's decisions during the analysis process. When the data are extensive and the collection extends over time, there is a risk of inconsistency

during data collection. On one hand, it is important to question the same areas for all the participants. On the other hand, interviewing and observing is an evolving process during which interviewers and observers acquire new insights into the phenomenon of study that subsequently can influence follow-up questions or narrow the focus for observation.

Trustworthiness also includes the question of transferability, which refers to "the extent to which the findings can be transferred to other settings or groups" (Polit & Hungler, 1999, p. 717). The authors can give suggestions about transferability, but readers decide whether the findings are transferable to another context. To facilitate transferability, it is valuable to give a clear and distinct description of the culture and context, selection and characteristics of participants, and the data collection and process of analysis. A rich and vigorous presentation of the findings, together with appropriate quotations, enhances transferability. There is no single correct meaning or universal application of research findings, but only the most probable meaning from a particular perspective. In qualitative research, the trustworthiness of interpretations hinges on establishing arguments for the most probable interpretations. Trustworthiness will increase if the findings are presented in a way that enables readers to look for alternative interpretations.

When discussing meaning and the use of concepts, procedures, and interpretation related to qualitative content analysis, it is valuable to consider whether qualitative content analysis is a separate method or tool used within different forms of qualitative analysis. On one hand, a method that is so inexact that it fits into different research fields, methodological approaches and data can be seen as merely a tool. On the other hand, it

can be assumed that qualitative content analysis has specific characteristics and underlying theoretical assumptions that need to be further illuminated.

One characteristic of qualitative analysis is that the method, to a great extent, focuses on the subject and context and emphasizes differences between and similarities within codes and categories. Another characteristic is that the method deals with both manifest and latent content in a text. According to Polit and Hungler (1999), the manifest content, that is, what the text says, is often presented in categories, while themes are seen as expressions of the latent content, that is, what the text is talking about.

One way to understand the theoretical assumptions underlying qualitative analysis is to relate the method to communication theory, as described by Watzlawick et al. (1967), who identified axioms concerning human communication that could shed light on the issue of interpretation. One axiom is that, "one cannot not communicate" (Watzlawick et al., p. 51). Texts based on interviews and observations are shaped through interactions between the researcher and the participants and can be seen as communication acts.

In every text, there are messages to be interpreted and described. As soon as the analysis procedure begins, ongoing communication between the researcher and the text is present. Another axiom is that "every communication has a content aspect and a relationship aspect such that the latter classifies the former and is therefore a meta-communication" (Watzlawick et al., 1967, p. 54). "Human beings communicate both digitally and analogically" is another axiom of Watzlawick et al. (p. 66). Verbal communication is mainly digital and easily transcribed into a text, while non-verbal

communication is mainly analogical and often put at a disadvantage in the transcription process. However, meaning is partly created by how a message is communicated, that is, the voice or implied feeling that emerges from reading the text (Downe-Wamboldt, 1992). Therefore, when transcribing interviews and observations into text, it is valuable to notice silence, sighs, laughter, posture, gestures etc., as these may influence the underlying meaning. Watzlawick et al. also formulated the axiom that "the nature of a relationship is contingent upon the punctuation of the communicational sequences between the communicants" (p. 59). Dividing the text into meaning units is a way of punctuating the ongoing communication in a text and is important for both manifest and latent content when beginning and ending a meaning unit.

Another aspect of interpretation is that a text always involves multiple meanings and that the researcher's interpretation is influenced by his or her personal history. Since the researcher is often the one who both collects the data and performs the analysis, the question of the researcher's qualifications, training, and experiences is important (Patton, 1990). In qualitative analysis, interpretation involves a balancing act. On one hand, it is impossible and undesirable for the researcher not to add a particular perspective to the phenomena under study. On the other hand, the researcher must let the text talk and not impute meaning that is not there.

Research questions were answered by the data collected from question to question. The data collected were analyzed using ATLAS.ti, which is a software program for the qualitative analysis of large bodies of textual, graphical, audio, and video data. At the heart of the system is the management of text (along with documents of other kinds

such as pictures, sound clips, and videos). Staying with text, the package enables the segmenting of a text into passages to be indexed. A passage may be a page, a paragraph, a sentence, or even part of a sentence. Textual research activities include the breaking down, or segmenting, of the indexed documents into passages (selections to be indexed), the adding of comments to respective passages (note-making/annotating), as well as the filing or indexing of all selected primary document passages, secondary text materials, annotations, and memos to facilitate their retrieval. The act of comparing noteworthy segments leads to what might be seen as the start of actual theory-building; a creative conceptualization phase or moment where ideas begin to materialize.

Beyond mere coding and retrieving, ATLASlti's networking feature allows a visual connection of selected passages, memos, and codes, into diagrams, which graphically outline complex relations. This feature virtually transforms text-based workspace into a graphical field for constructing concepts and theories based on relationships. This process sometimes renders yet other relations even more obvious than before, with the ability to instantly revert back to interview notes or primary text selection. The ATLAS software program is based on the analysis methodology of grounded theory.

Working up from data is often presented as the essence of qualitative research. This can be accomplished in many ways: building new understandings from “thick descriptions,” reflecting on and exploring data records, discovering patterns, and constructing and exploring impressions and summaries. All of these efforts have the potential to generate theoretical results. They produce new ideas and concepts, which

may be linked and presented more formally as new theories. However, most approaches to qualitative research also work down from theory. They incorporate, explore, and build on prior theoretical input, on hunches or ideas, or sometimes from hypotheses. Computers easily offer assistance in the management of complex data. They also, with more difficulty, can be used in the discovery and management of unrecognized ideas and concepts, and the construction and exploration of explanatory links between the data and emergent ideas, to make fabrics of argument and understanding around them.

## Conclusion

The decision to use qualitative methodologies should be considered carefully; by its very nature, qualitative research can be emotionally taxing and extraordinarily time consuming. At the same time, it can yield rich information not obtainable through statistical sampling techniques. Qualitative researchers have a special responsibility to their subjects and their readers.

Since there are no statistical tests for significance in qualitative studies, the researcher bears the burden of discovering and interpreting the importance of what is observed, and of establishing a plausible connection between what is observed and the conclusions drawn in the research report. To do all of this skillfully requires a solid understanding of the research paradigm and, ideally, guided practice in the use of qualitative observation and analysis techniques.

The results section presented in Chapter 4 will provide information on the results of the questions related to the interviewee's characteristics, their reflection about their

education and how they transitioned into practice. Also, the pivotal moment will be discussed, along with perceptions related to their movement from novice to competent nurse in practice. Chapter five will then offer a conclusion and suggestions for further research.

# CHAPTER 4:

# RESULTS

The purpose of this chapter is to present the results obtained from the focused interviews that the researcher conducted. As pointed out in previous chapters, nurses typically receive somewhat limited education, which is often restricted to book learning without incorporating practice. This study surveyed nurses and examined their perceptions of their transformation from novices to professionals. The focused interviews, which investigated the perceptions and self-reported experiences of 25 nurses, examined factors, such as age, gender, and ethnicity, that may help nurse practitioners develop a sense of confidence and professional competence. In addition, such factors as years of practice, specialization in a field of nursing, continued education, formal orientation programs, and mentors were examined to determine whether they played an important role in nurses' transition from novices to experienced professionals. In the same manner, the study considered whether these factors lessened the impact of the perceived barriers to practice that negatively affected respondents' transition from novice nurses to skilled practitioners in the field of nursing. The focused interviews also provided information about how learning occurred on the job and how nurses assigned meaning and value to elements of their work experience. The first part of this chapter presents the findings regarding the educational preparation that the nurses reported receiving and their responses to the focused interview questions. All interviews were conducted between February 24 and March 19, 2008.

## Nurses' Characteristics

The 25 white female nurses who served as participants for this particular study ranged in age from early 20s to late 40s. Of these, 22 had been practicing as nurses for a relatively short period of time, ranging from 1 to 3 years. Only 3 respondents had 5 or more years of practice as nurses. As to their educational preparation, all respondents prepared themselves properly for their profession; some of them had a Bachelor's degree in nursing, while others had only an associate's degree. Still others noted that they were Licensed Professional Nurses.

During the first part of the focused interview, respondents were asked about their experiences during the year following their graduation to help determine their characteristics. New graduates are perceived to have a harder time in their practice, while those who are already practicing are more experienced and are already aware of the nursing processes. The following sections present the summary of the responses made by the 25 nurses.

### *Educational Preparation*

The results obtained from the interviews showed that of the 25 nurse-respondents, only 1 graduated in 2002 (4%); 2 in 2003 (8%); 1 in 2004 (4%); 6 in 2005 (24%); 8 in 2006 (32%), and 7 in 2007 (28%). These figures show that the respondents graduated relatively recently, considering that all of them graduated between 2002 and 2007.

In addition to finding out the year in which the respondents graduated, the interviewer asked about the educational preparation they had received for nursing. The results indicated that 20 out of the 25 respondents (80%) had an associate's degree in nursing (ADN), while 3 respondents (12%) became a Registered Nurse (RN) before joining the workforce. Only 2 respondents (8%) earned a Bachelor's degree (BSN) in nursing.

Considering the educational preparation that respondents received before entering their practice is very important because this may have had a direct impact on the self-reported competence of the novice nurses and their transition to expert professionals. Apparently, those who have finished as LPNs or RNs have a harder time in their practice as compared to those who have completed their Bachelor's degree. Looking into this demographic profile will make it possible to analyze the relationship between self-reported professional competence, years of practice, and the specialization in a nursing field.

### *Areas of Practice*

Another factor considered to be of vital importance to the analysis is the respondents' area of practice. The results revealed that the areas of practice of the respondents varied with regard to the places where they worked. Of the 25 respondents, 6 (24%) practiced in nursing homes or long-term care; 8 (32%) in hospitals, the surgical department, or the operating room; 2 (8%) in a doctor's office; 2 (8%) in geriatrics; 2 (8%) in pediatrics; and finally, 5 (20%) in other areas, such as General Medical, School

Nurse, Community Hospital, Home Health, and Cardiac Stepdown. An analysis of the area of nursing practice will make it possible to determine whether having a particular specialization in nursing helped the novice nurses in their transition and affected their self-reported professional competence.

### *First Jobs*

The interviewer also asked whether the respondents' current jobs were their first positions after graduating from nursing school. The results of the survey showed that the majority of the respondents reported this position as their first since graduation. The focused interview results indicated that 22 respondents (88%) mentioned that this was their first position after their graduation, while only 3 respondents (12%) said that this was not their first position.

### *Formal Orientation Programs*

The interviewer also asked respondents about the formal orientation program that they may have received because this is one of the factors that may greatly affect the transition of a nurse from a novice to a professional practitioner in their chosen field. The survey showed that 21 out of 25 respondents (84%) received a formal orientation program before they were allowed to function as a regular nurse. However, the length of this program varied among respondents. Of the 21 respondents who reported receiving a formal orientation program, 5 (24%) were in the program for 6 weeks, 6 (28%) for 2 months, 2 (10%) for 4 months, 5 (24%) for 6 months, and 3 (14%) for a year.

Some respondents reported that the length of their formal orientation programs had been reduced. Two said that they were supposed to have received a longer formal orientation program, working with an experienced RN. Both only had a shorter period because the hospitals where they worked needed them when they were short-staffed. Another respondent mentioned that she was supposed to have received a longer formal orientation program, but her mentor became ill and was no longer available. Those who had not completed a formal orientation program said that they had not been required to have one because they had previously worked in a particular hospital as aides.

Mentors and formal orientation programs helped the nurses make the transition from novice nurses to expert, skilled nursing professionals. That is why this study placed so much importance on obtaining the respondents' views and perceptions of this part of their learning. In the same manner, as the respondents mentioned, the most important role played by the mentors and these formal orientation programs was that they guided the nurses in incorporating theories into practice.

Although most respondents had undergone a fairly long formal orientation program, few of them were given mentors once they completed the program. Only 4 out of the 25 respondents (16%) said that a mentor had been assigned to them right after they finished the formal orientation program, whilst the majority (21 respondents or 84%) said that mentors had not been provided for them. Some respondents mentioned that they had a hard time in their own transition because no mentor has been assigned to them to help them in their first few weeks as regular nurses. In the same manner, some respondents

mentioned that the presence of mentors greatly influenced their smooth transition to expert, skilled nursing professionals from novice nurses, fresh from nursing schools.

Most respondents (65%) said that because many hospitals are understaffed, they could no longer provide their new nurses with mentors to guide them in their day-to-day work activities. For example, Respondent C stated, “It never fails, you make out your assignment for the day, someone calls in sick . . . [and] we are already understaffed. Tell me, how are we supposed to provide good care when we don’t have enough staff to begin with?” Two respondents mentioned that having no one to turn to, like a mentor, on their first few days on the job had been quite terrifying because they had no experience. As a result, some resorted to giving up as an option. In fact, one respondent who mentioned this cited this particular reason as the factor that strongly influenced her to quit her first job. However, the other respondents noted that despite the absence of a mentor who could guide them upon completing the formal orientation program, they made a point to befriend other nurses and keep communication lines open with their previous preceptors so that they could ask questions when needed.

*Preparation for Nursing*

The next question in the focused interviews asked respondents about whether they were confident that their education had prepared them for their practice upon passing the state boards.

The answers generated by the focused interviews showed that most respondents (17 out of 25, or 70%) were confident about their educational preparation for embarking

on their practice upon passing the state boards, while only 3 respondents (13%) said that they were not confident about their educational preparation. In addition, 4 respondents (17%) answered "Yes and No" to the question.

According to their responses, these participants believed that they were prepared when it came to the theories, but that they did not get the training they needed to function properly as nurses. For instance, they believed that their critical thinking skills had not been enhanced. As a result, they tended to feel, as one respondent put it, "stupid while on the job." In the same manner, these respondents also felt that they could have learned more if their time had not been wasted on irrelevant subjects. For example, one respondent said that she had to take Nursing Management while in school, but she did not feel that it was necessary because she was not interested in becoming a manager. She felt that a more relevant subject should have replaced this course to prepare her for what her job as a nurse would entail.

The lack of confidence that some respondents had about their education resulted from the wide theory-practice gap that they had experienced in school. Respondents recognized that their education lacked the most essential types of learning that would help them prepare for their practice. Of the 25 respondents, 9 (36%) mentioned that their education only focused on theories and other "textbook stuff."

*Continuing Education*

Another subject of the interview was whether the respondents were continuing their studies, either formally or informally. Formal education means that the students

enroll in degree programs that might help them in their practice; these may include the pursuance of a bachelor's degree in nursing for those who are LPNs or RPNs. The informal means of education, in contrast, include every possible way of learning that happens without enrolling a school or other institutions of learning. The informal means of continuing education included the following: subscription to nursing journals, attendance at national conferences or workshops, and questioning one's colleagues and other healthcare professionals. Twenty of the respondents (80%) also considered learning from their everyday experiences an essential part of their learning process.

Of the 25 respondents, 20 (80%) said that they were in the process of advancing their nursing education, while only 5 respondents (5%) said that they were not. However, the manner in which the 20 respondents continued their education differed. According to the results of the focused interviews, only 11 undertook formal education. These respondents were working towards obtaining their Bachelor's degree in nursing, while others had already been certified nurses. However, the 9 other respondents studied on their own, through their subscriptions to nursing journals, attendance at national conferences and other workshops, reading of health magazines, and other such activities. Those who were no longer advancing their nursing education mentioned that the reason for this was their work schedule. They did not have the time to pursue their studies because they were always needed at the hospitals where they are working, and when off-duty they would rather rest or attend to their families' needs.

*Increasing Expertise*

In addition, the interviewer asked respondents whether their expertise had increased after they had started working. The increase in expertise upon working in a clinic for their practice is also of vital importance. Most novice nurses perceived themselves as failures because they were not learning from their experiences and their interactions with their colleagues and other nurses. Examining respondents' perceptions could make it possible to find out the factors that play a significant role in whether respondents' nursing expertise increased.

Twenty-four respondents (96%) said that their nursing expertise had increased since they had started working as a full-time nurse; one respondent (4%) stated that she was not sure whether her expertise had increased; no one replied that her expertise had not been affected at all. The aforementioned results that had been generated by the focused group interviews were basically due to the fact that many of them learned from their experiences and their interactions with doctors, nurses, patients and the other members of the health care facility where they worked. A large majority of respondents (90%) believed that it was through this that they had learned everything about nursing because their formal education in nursing had not used a holistic approach to prepare them for the real world. In the same manner, they also agreed that learning from books was not enough because this only taught them the concept of how and not the concept of why, which is more important in the practice of the profession of nursing. This is also basically the reason why none of the respondents reported that their expertise had not increased despite their long practice at a certain healthcare institution.

When asked how their nursing expertise had increased, the following responses were generated. Fourteen of the respondents stated that they (a) had acquired a much better routine that helped them in their jobs; (b) were better with assessment, which is very important in determining the best treatment for a particular patient; (c) were more confident with what they were doing, as they could make sense out of what they had been taught at school; (d) had developed laboratory values; (e) had better practice skills; (f) were better at time management and thinking critically; (g) were becoming more familiar with nursing practices and processes; and finally (h) were understanding the why behind everything. The respondents also mentioned why their nursing expertise increased when they started working. Apparently, they were able to learn many things by interacting with their patients. In the same manner, asking doctors and nurses questions helped them significantly.

Afterwards, the respondents were also asked who and what they considered as barriers that had affected their transition into practice. The following are their responses:

1. Lack of confidence
2. Experienced nurses who are not used to doing things the way that a respondent learned them in school. As a result, she is having a hard time in keeping her own standard of practice.
3. Knowledge deficits in certain areas. The respondents noted that there are times when their own pride gets in the way as they find it hard to ask for assistance from their fellow nurses.

4. Working is generally the barrier that affected one respondent's transition into practice as she had to start all over again.
5. A respondent considered nursing clinics as barriers as her experience proved that these are not realistic and a waste of time because all they did was to accomplish paperwork and give baths. Simply put, it did not provide them with what she called the "real world experience."
6. Trying to get the experience of the kind of job that she wanted. This respondent wanted to work in the emergency room. However, she was unable to get a job in a hospital. As a result, she is pursuing her BSN and hopes that this will solve her problem.
7. Their own doubts on whether they are really fit to work in a particular department because they are scared to make a mistake.
8. Laziness
9. The area where they live; one respondent felt that the absence of big hospitals kept them from seeing different things.
10. Not enough hands-on experience provided before they started practicing.
11. Not finding someone to turn to in times of need.

Without a doubt, every respondent's level of expertise may be different. Nonetheless, they all agreed that their expertise could be measured through the adoption of new skills and knowledge that are vitally important to their practice, as obtained from their fellow nurses who have been serving for a long time, doctors, and other members of the healthcare facility where they work. Most nurses possessed limited knowledge upon

their entry into practice and resort to their interactions with other professionals to fill in the knowledge that they did not obtain from their schools.

Fourteen respondents believed that there were no barriers that affected their transition into practice because their education and mentors had prepared them for what their jobs as nurses would entail. Many more respondents reported barriers to their transition compared with those who said that there were none. The analysis of the different barriers that affected each respondent's transition makes it possible to identify which factors aided the novice nurses in their transition. In the same manner, the examination of these barriers could lead to the discovery of solutions that might help ensure that novice nurses have a smooth and effective transition to practice.

*Pivotal Moments*

As the respondents claimed that their nursing experience had increased since they had started working, the researcher asked about how the former had expanded their knowledge with regard to understanding the concept of how to do something as compared with why to do something. Those who answered that there was indeed an expansion in their knowledge were asked to identify a pivotal moment when this particular transition occurred.

The results revealed that among the 25 respondents, 16 (64%) felt that they were able to expand their knowledge in understanding the concept of how to do something versus why to do something, while 5 (20%) said that they had not expanded theirs. The

remaining 4 respondents (16%) said that they were not sure about their ability to grasp this particular concept.

This is related to the increase in the respondents' expertise upon starting their formal practice as nurses. Respondents also obtained the concept of knowing why from the nurses who had served longer in the field and from the patients for whom they had provided care. Simply put, the respondents learned a lot from their experiences. These experiences were more relevant than the educational preparation they had received from their schools, which only focused on theories and other concepts that were not that grounded on reality, failing to provide training that could help them embark on their practice.

For most of the respondents, their transition happened when they were acting beyond the traditional roles of nurses, such as taking temperatures, cleaning bedpans, and giving medicine to patients, to include other duties that doctors used to monopolize. These duties also included making decisions about what the patients really needed. In other words, it was all about knowing why they had to do something, and not just knowing how.

As has been mentioned, not all respondents were able to grasp this concept as they found that they were still adjusting to their new lives as nursing practitioners, especially when they were not guided by experienced mentors or other professionals. These are the respondents who claimed that they needed more training and a more holistic approach to understanding nursing before they could understand this particular

concept. Some respondents noted that it is because of this lack of training that some doctors underestimate the capacity of nurses in dealing with patients

The respondents mentioned different reasons why they felt that their knowledge about the concept of how to do something vs. why to do something had expanded. Some mentioned that they could now understand what their patients needed. Respondent F learned the necessity of watching a person closely after his or her surgery. At the same time, she also realized the importance of keeping an eye on someone's urinary output. Respondent I recounted her experience with a patient who had been assigned to her. Right after the patient's admission, she could tell that the patient would be in surgery before her shift was over; she could see it in the patient's eyes, even though the latter was not telling her anything. As a result, she was able to recommend surgery to the doctors. Even though the patient said that she was okay, it eventually turned out that a surgical operation was what this patient really needed. She stated:

> How do you explain that gut feeling that you know? This is what is so hard to understand when you are in school and you hear nurses talk about it. Now I get it. . . . It just doesn't feel right, what you are seeing. I remember one instructor telling us to go with our guts. Well, I did this time.

Respondent C cited her experience with a patient who kept complaining that she could not breathe. Upon hearing her complaint, the respondent listened to her lungs and noticed that patient sounded okay. However, the nurse felt that there was something wrong. Upon noticing the confusion that greatly affected the nurse and the patient, the former called the doctor. However, the doctor concurred with her previous findings that there was nothing wrong with the patient, despite her complaints of not being able to breathe properly. After insisting that there was really something wrong with her patient,

the doctor advised his caller to give the patient Lasix if she continued to feel like she was filling up with fluid. No sooner than she had hung up the phone when an aide came rushing to her to say that she should come immediately to the bedside of her patient, whose lungs, at that time were already filling up with fluid. The nurse-respondent recounted:

> Talk about moving! All I could think of was how scared the woman must be as I ran down the hall. When I entered her room, her eyes were reflecting the terror of not being able to breath. Thank God for a good aide. Had she not told me, the woman would have died. That's what is hard to "get" in school. Things just happen so fast and you have to learn to rely on the good people you work with. You can't be everywhere at once.

Proving the doctors wrong was a milestone for Respondent F, which she considered to be the pivotal moment of her career when the transition from knowing how to knowing why occurred. She described an event that happened a week after she had finished orientation. She was supposed to assist the doctor in stitching up a patient who had just undergone a surgery, but what he wanted was not making sense. So instead of agreeing with what he wanted, the respondent told him that she thought that he was asking for the wrong things. At first, the doctor thought that she was wrong, but after looking down at the patient, he realized that what he needed was not really what he called for. Instead, his nurse's suggestion made more sense.

Eighty percent of respondents considered their ability to understand a patient's needs without any help as the turning point in their careers. This is because they felt that they had become capable of helping their patients without having to consult books or someone who could only teach them how to do something. Rather, being able to follow

their instincts and looking closely at the patients made them understand the concept of *why* to do something.

At the same time, 19 out of 25 (76%) of respondents did not feel that their knowledge had expanded. This was because they still focused more on accomplishing their tasks just the way they were asked to do them, rather than finding their own way of dealing with the problems, as in the experiences mentioned above. This was also true of the respondents who were not sure whether they could grasp that there was a difference between knowing how to do something and knowing why to do something.

*Factors Affecting Professional Competency*

After learning about respondents' nursing experiences and examining their ability to perform the different practices related to nursing, the interviewer then asked about different factors that might have affected the respondents' professional competency. These factors included years of practice, age, ethnicity, and gender. These factors once again are the main focus of the research, as it examines the effects of the former on the professional competence of nurses who have just undergone or are currently going through their period of transition.

Of the 25 respondents, 5 (20%) had been practicing for a year, 8 (32%) for 2 years, 6 (24%) for 3 years, 2 (8%) for 4 years, 1 (4%) for 5 years, and 3 (12%) for more than 5 years. The 3 respondents who worked as a nurse for more than 5 years were nursing aides before they had decided to go into nursing.

The respondents who formerly served as nursing aides were more knowledgeable than those who entered into practice right after they graduated from nursing school. As has been mentioned, respondents learned more from their experiences inside a healthcare facility, as they participated in the processes inside them. It had been their jobs as nursing aides that helped them adjust once they started working as professionals.

In the same manner, the respondents were asked how old they were because age is another factor that is essential for examining professional competency. Older people may have a greater level of competence than the younger ones because they may have a longer experience than the younger generation of nurses. Of the 25 respondents, 8 (32%) were between the ages of 20 and 29, 8 (32%) were between 30 and 39, 8 (32%) between 40 and49, and one (4%) was 50 or older. Gender and ethnicity are two other factors included in this study: All respondents are white females.

It is because all respondents were White females that the researcher failed to establish a positive correlation between ethnicity and professional competence of nurses, as well as gender and professional competence of nurses. Despite the absence of this positive correlation, one cannot conclude that White women are more competent because the levels of competence exhibited by the respondents varied despite the similarity in gender and ethnicity. Thus, future studies should include males and members of other ethnicity groups in order to establish a correlation between these two factors and nurses' professional competence.

Nurses' Reflections on Their Education and Transition into Practice

Having presented the quantitative responses of the 25 nurses who participated in this study, this chapter next examines respondents' perceptions of their education and their transition into practice. The following sections address the various themes that arose in the focused interviews. Upon obtaining the information presented above, respondents were asked to reflect on their transition into practice.

For example, Respondent F was aware of the fact that about 40% of new graduates fail their transition into practice because of a lack of orientation and their bad attitudes on their new job. She witnessed this happen to her classmates and considered herself very lucky. Nonetheless, she recognized the importance of humility and admitting one's mistakes to succeed in the field of nursing. She noted:

> I found out real quick that I didn't know everything that I thought I did. I had worked as an LPN in an ICU for a while and really felt I was on top of my game. Little did I realize that things were much different than I thought. I remember one RN telling me, after I started back to work as an RN that what I did before didn't count now. I was going to have to play by the rules to gain credibility as an RN. Boy, that took me down a peg or two.

Others responded as follows:

> Having a mentor that you can call at any time of the day is very important especially whey new nurses are having a hard time in their job as there are times when they feel like no one cares. As a result, they feel the necessity of taking up further studies in nursing so that other people would listen to them and would not just take their opinions for granted. (Respondent G)

> Self-confidence is very important in one's job as a nurse as it takes more than just knowledge from the books to succeed as a nurse. The schools should then focus more in preparing them for the "real world" as hospital jobs are very different from what is being taught inside the clinics. (Respondent E)

> Nursing has to be in the heart of the practitioner. Otherwise, it will be hard for him or her to cope with the difficulties of the job. (Respondent H)

*Respondents' Perceptions of Their Education*

As shown in the previous discussion of results, all respondents had undergone rigorous educational preparation, through an LPN, RN, or BSN program. The respondents of this study believed that acquiring knowledge upon graduation always happens because novice nurses learn more from their interaction with people from the healthcare facilities rather than from their schools, which only teach them the basic theories and other lessons that are not applicable in real life. It is because of this that they try to grasp more lessons, skills, and knowledge from their fellow nurses, doctors and other members of the healthcare industry upon their entry in a certain institution.

As a result of nursing schools not taking a holistic approach to education by incorporating application and not just theories in their curricula, many respondents resorted to acquiring new knowledge through formal and informal means. These means ranged from journal subscriptions to attending conferences and workshops to enrolling in further studies to increase their level of competence. However, they still believed that they received the best education from more experienced nurses, doctors, and of course their patients. Through this, their eyes were opened to the real world beyond their school, thus inspiring them to fill in the missing pieces of the education they had received. In particular, respondents who had received their Bachelor's degree believed in the

importance of self-study to cope with demands of the modern patient, especially when they were expected to perform more duties than before.

Despite the respondents' rigorous training and educational preparation, they still believed that learning nursing is a continuous process and acquiring knowledge should not end upon graduation. As a result, some respondents believed that although both LPN and RN programs could provide nurses with the knowledge they needed, only through acquiring a Bachelor's degree in nursing could one enhance his or her knowledge about a field of practice. As a result, most respondents continued their studies in nursing, whether formally or informally. Several respondents advanced their studies informally, through subscriptions in nursing journals, attendance at conferences or workshops, interacting with fellow nurses and doctors, etc. The following comments of the participants support this finding:

> I still call the doctors to ask them questions so I understand things better. I also read a lot of nursing journals. (Respondent G)
>
> I get a book and look things up. I also ask other nurses. (Respondent K)
>
> I attended two national conferences and I read nursing journals whenever I can. I also attend hospital in-services. (Respondent M)
>
> I have attended a few workshops and subscribed to a nursing journal. (Respondent B)

Even those who already had a Bachelor's degree in nursing noted how important it was to take up further studies through self-study, using the different ways mentioned in the previous paragraph.

The respondents also believed that there was something missing from the education they received in school. The following words of the participants support this finding:

> I felt like I had the basics and basics are just that. I need to understand how to think! I thought just answering test questions was where it was at. What a joke. That doesn't teach you anything about the real world! (Respondent N)

> There needs to be more emphasis on assessment and more case studies. I think this helps you and makes you more aware of your critical thinking skills. (Respondent E)

> I felt I needed more hands-on experience though I learned enough through classroom teaching to pass my state boards. (Respondent A)

> I think that there is too much time spent on wasted classes. Like Nursing Management. What good did that do me? I never wanted to be a manager, just a staff nurse. They should have taught us how to delegate. . . . Now that would have helped. (Respondent D)

> Sometimes I felt like I understood a lot from what I was seeing in people's homes because something would come back from a clinical experience. Then, I would feel like I have never heard of this problem before. I kept on wondering if I missed something. I never missed classes. I just felt like I was dumb in some areas. (Respondent H)

It was also because of the aforementioned sentiments that the respondents believed that their education did not focus on the skills they needed for their transition. Their education focused so much on what the books teach and not the training that they would need upon embarking on their practice in the real world. The following sentiments also highlight this particular finding:

> I think the last two clinics before graduation should focus on skills and transition into practice. We should be prepared for both the NCLEX and the real world. I don't know how that could be done, but what we do now, I think, is a waste. (Respondent I)

> That the real world is so different from clinic. I think that we need to be prepared better in school for what is really out there. (Respondent H)
>
> I think that I never got a chance to understand the role differences. I don't think we were taught that in school, either. (Respondent D)
>
> Just that I wish I would have had some experience in clinic where I could have gone with a school nurse. I think that I'm going to like it, but I am worried that I will lose a lot of skills that relate to the hospital. I only took this job because it was days. (Respondent A)
>
> I would have really liked more hands-on experience in school. I learn best when I actually do the procedure or give the injection. I know that we were supposed to get more out of writing care plans (critical thinking) but it seemed to me that all we did was copy things out of a chart. I guess I still think more in the task mode. (Respondent J)
>
> There isn't the feel of the amount of responsibility in your clinical rotations in school. It doesn't give you the experience that you need. I wish I would have had more autonomy at some point in my education. I always felt like I was being babysat. (Respondent A)
>
> When I was in nursing clinics, I thought that having just two patients was a joke. I knew we would never have those few in the real world. I guess an instructor can only handle so much. But it just seems that we need a chance to play real. (Respondent F)
>
> When I was in nursing clinics, I thought that this is a snap. I wish there was a way that school could prepare us better for the real world. (Respondent L)
>
> I wish I could have had more experience on the floor working during clinics and somehow we could get a chance to feel the real world of nursing and not that "textbook" stuff. (Respondent M)
>
> If I could change one thing it would be to have more hands on care in clinic. It just seems as if we don't' have enough time to learn what we need to. (Respondent D)

Generally, the respondents were not content with the education they had received from their nursing schools. As a result, they tended to look for other means through which they could gain the learning experience that they needed to function effectively as

nurses in the workforce. In the same manner, because their education was limited and their busy schedules could not accommodate the pursuit of additional higher education, they resorted to journal subscriptions, conferences, and workshops to fill in the spaces.

*The Importance of Formal Orientation Programs and Mentors*

The consequences of a large nursing shortage are potentially dramatic. For example, severe workforce shortages threaten hospitals' fundamental promise of operating at full capacity. Some hospitals have been forced to reduce the number of inpatient beds available, postpone or cancel elective surgeries, and instruct ambulances to bypass their overflowing emergency departments because they lack an adequate number and mix of personnel to care for patients (Aiken et al., 2002). The demand for RNs and other healthcare personnel will continue to rise with the growing health care needs of the 78 million "baby boomers" who will begin to retire in 2010 (Aiken et al.).

There is a shortage in nurses, which prevents hospitals from rendering 100% service to their patients. It is because of this that many hospitals cut the training of new nurses to accommodate their patients' needs (Castille, Gowland, & Walley, 2002). As a result, the novice nurses tended to exhibit a lower sense of competence than other nurses who had undergone a training that is more rigorous and had more extensive formal orientation programs. In the same manner, the hospitals tended to excuse those who had worked as nursing aides from these programs because they believed that they were already well acquainted with the entire process, and it would be easy for them to adjust to new responsibilities and duties. However, this was not the case for many of the

respondents, as they believed that their jobs as nursing aides were very different from their duties and responsibilities as nursing professionals.

This also leads to the importance of mentors, whom all respondents perceived to be very important to guiding their transition. However, as was earlier established, the shortage of nurses keeps hospitals from assigning mentors to each and every new nurse they have in their hospitals. For this reason, many of the respondents noted that no mentor had been assigned to them.

Training is key to addressing the current nursing shortage. In many practice settings, there are unrealistic expectations placed on new nursing graduates. Nursing education must discover a way to prepare the new nurse for this experience to facilitate staying power and longevity in the workforce as we face the current nursing shortage. Nursing appears to be one of the few professions in which there is an expectation that graduates will hit the ground running. Unlike nursing, other professions, including law and medicine, support their graduates through internships. Thus novice nurses are particularly susceptible to experiencing self-doubt once they begin practicing (Gerrish, 2000), and their work performance often reflects this. Through a combination of training and practice, most novices eventually evolve into effective nurses who feel confident that their learning finally has been married to their day-to-day work. However, at least initially, the lack of confidence that nurses experience when performing unfamiliar tasks and negotiating new expectations may significantly impact their ability to fulfill their roles effectively (Chang et al., 2006).

The length of the formal orientation programs that most respondents of this study experienced varied. Although most nursing graduates undergo this particular kind of orientation programs, some do not. This is because most hospitals tend to look into the previous experiences of their new nurses as nursing aides. Hence, they feel that some new nurses are already acquainted with the processes related to nursing. This finding is supported by the respondents' following statements:

> I did not undergo a formal orientation program because I had worked there as an LPN. (Respondent K)
>
> No, because I had worked at this hospital as an LPN, and I guess they thought I could just "jump" in. (Respondent L)
>
> No, I worked there as an aide so I guess they thought I knew what to do. (Respondent D)

Also, the results of the focused interviews revealed that the length of the formal orientation program of some respondents had been reduced because of unforeseen problems, such as short-staffing. Thus, hospitals may hire nurses who have not had enough training because they are short-staffed and they need more nurses to cater to their patients' needs. This finding is supported by the respondents' following statements:

> I was supposed to receive two months working with an experienced RN. It worked out that I only got a month and a half because one night, when I came in, they were short-staffed so I had to function as a regular RN. (Respondent E)
>
> I was supposed to receive 6 months but only got two because of short staffing. (Respondent G)

In the same manner, the respondents recognized the importance of having mentors to guide them as soon as they completed the formal orientation program. Only a few respondents had been provided with mentors upon the completion of their orientation

program. This may be why some respondents had a hard time coping with the challenges brought about by their transition into practice, especially during their first days on the job. Respondent J noted:

> If I could change one thing it would be my attendance in formal orientation programs as I realize how helpful that can be when you undergo your transition from a novice nurse to a professional. Also, maybe a mentor for the first year you work. Someone that can help you through the hard times.

The nurses were well aware of what their jobs entailed. Together with doctors, they would be handling patients, and the safety of the latter is in their hands. As a result, they were afraid to make mistakes that would harm their patients. Thus, all of the respondents in this study recognized the importance of having a mentor who could guide them in their jobs. It is through these mentors that they could have the experience they never learned in their nursing schools.

*Factors Affecting the Increase in Nursing Expertise Since Starting Work*

There are many factors affecting the increase in the expertise of nursing practitioners since they started working; among these were the interactions and experiences they had with fellow members of the healthcare institution and their patients. Respondents noted that because of this they were able to learn new concepts and acquire new skills and knowledge from their everyday experiences. They also valued the support of these people, especially the more experienced nurses whom they looked up to. For the respondents who had mentors, the latter played an important role in guiding them, even though they already had started as professional nurses. In the same manner, they also

turned to the mentors to obtain information that could not be easily accessed through journals and their interaction with nurses, doctors, and patients.

As earlier discussed, almost all respondents said that their nursing expertise increased as soon as they started working in the hospital. These findings are supported by various respondents' statements:

> I now have a routine down much better. (Respondent A)
>
> I'm much better at assessment than I was since I started. I also can recognize what an alteration in assessment means or might mean. (Respondent D)
>
> I'm more confident with what I can do. (Respondent B)
>
> Yes, my expertise increased. It is just what you get from experience. (Respondent C)
>
> I have really become much more familiar with meds and understand the risk of giving the wrong thing to a person. (Respondent J)
>
> Practice of skills. Viewing different procedures has helped me understand them better. I also understand the connection between lab values and what is going on with the patient. (Respondent H)
>
> Seeing things on the job that we talked about in school helps me understand why more than just how. Now the pieces just seem to it better. (Respondent L)

Various factors influenced the increase in nursing expertise, as reported by the 25 respondents, including their daily experiences and interactions with patients, as well as their colleagues in the health industry. One respondent noted that what increased her expertise was learning things from the patients. That is, realizing that what you learn in a textbook is not what is out in the real world. I think seeing the body being cut open during surgery also causes a reality shock. Things look a lot different than in a textbook.

Respondent H agreed with this particular statement: “Yes in every way, every patient is a learning experience and I feel like I ‘store’ that experience in my brain for future reference.”

Aside from learning from their everyday experiences with their patients, the nurses also learned many things from their colleagues in the health industry (doctors and more experienced nurses with whom they interact everyday) because these are the people who helped them deal with the problematic situations they faced as nurses. Respondent G mentioned: “It [nursing expertise] has, and I know that is because I feel I have someone that will help me if I’m in a bind. Also, I am not afraid to ask questions.”

The respondents also believed that nursing journals contributed to increasing their knowledge. The ways in which the new nurses aimed to pursue further studies after graduation was effective because they had significantly contributed to their expansion of knowledge as they moved into practice.

*Expanding Knowledge: Grasping the Concept of Knowing How vs. Knowing Why*

Differentiating the concept of how as compared with the concept of why is very important in the field of nursing as this allows the nurses to go beyond their traditional rules, responsibilities, and duties as members of this particular field, such as cleaning bedpans, handing out medicine, and taking temperatures. Knowing this concept eventually enables the practitioners to answer the patients’ needs in a more efficient way and to give them the treatment needed.

The acquisition of knowledge from everyday experiences, from interactions with patients and colleagues in the healthcare industry, allows nurses to move from just knowing how to knowing why. Basically, it is through the experiences that the new nurses start to learn how to address their patients' needs based on the necessary treatments for their conditions rather than just adhering to what the books say. In the same way, nurses learn why a patient needs something rather than simply doing what the doctors or more experienced nurses tell them. These findings are supported by the respondents' following statements:

> I understand more of why a person needs to be watched so closely after surgery. I also know that if I don't keep an eye on someone's urinary output, they are headed for trouble. And not just little trouble. (Respondent H)
>
> When I was admitting a lady and I just knew that she would be in surgery before the shift was over. It was like I could see in her eyes that she wasn't really telling me everything. As it turned out, she ended up changing her story and from there I knew that she would need to go to the OR. There was just something about her look. (Respondent D)
>
> Where I work I have had to learn to predict the course of action the doctor will take. I have had to anticipate what he might need. So, I started reading charts more before the patient came so I had an idea of what was going on. It has really helped me learn. (Respondent F)
>
> I at least understand more of what the doctors are talking about. (Respondent N)
>
> It happened one night when I had a surgical patient that kept on complaining about pain in her stomach. She had had a knee replaced and I though that it just didn't make any sense. When I listed to her belly, I couldn't hear anything when I had earlier. I just had a feeling she had an obstruction. She did. I don't know how I knew. . . . I just did. (Respondent C)
>
> I know that for every action there is a reaction. I had a patient that I gave Demerol to and they stopped shivering which meant to me that their metabolic rate would go down. Yeah, there is a why and a how. (Respondent A)

## Age, Gender, and Ethnicity: Factors Affecting Professional Competency?

This study also aimed to discover whether age, gender, and ethnicity affected the professional competency of nursing graduates, especially in their transition into practice and as they begin to know "why" instead of merely focusing on tasks. The study's findings indicate no association between these demographic factors and professional competency.

The respondents' age had no association with their professional competency. The ages of the respondents ranged from 25 to 51. In the same manner, their professional competency also varied. This does not mean that those who are older are more competent than the younger ones or vice-versa. This is clearly illustrated by the experiences of two respondents, ages 45 and 44. The 45-year-old respondent, when asked whether there was a point in her career wherein she felt that her knowledge had expanded to understand the concept of how to do something and why to do something, said: "I don't know. I mean, like I said before I think I still do a lot of 'tasks."

In contrast, the 44-year-old respondent replied:

> Yes. One night I was taking care of a lady that just didn't "look" good. I don't know what it was, but I remember one of my nursing instructions saying. . . "Look at the patient." The lady was pale, which wasn't unusual for her, but she just was the right kind of pale. I took vital signs and nothing was off. So, I just stood there for a while and realized that when she was breathing, her nares were flaring. It dawned on me . . . listen to her lungs. When I did, she was just full of fluid. I called the doc right away and got an order for Lasix. I was really proud of myself that night. (Respondent A)

This only shows that even though both of them are in their 40s, each has had a different experience with nursing. Respondent G, age 48, replied: "I feel I am just starting to

develop in this area. I feel that I understand some things and can't figure other things out no matter what. I think I need more time."

The same goes for the ethnicity factor. All respondents in this study were white, yet had their own views with regard to their professional competency. Some felt like they were well-versed in their jobs as nurses, while some were still adjusting and others were thinking twice about whether nursing was really for them.

The respondents of this study were all females, yet each had different experiences in the field of nursing that could be used to determine whether she was professionally competent. As conveyed by the examples mentioned above, although some respondents claim that they are now more competent that they were before, some are not, and others are still adjusting. This means that even though the respondents are the same gender, they still have varied perceptions about their competence and their transition stage.

## Presence of a Pivotal Moment

In this study, pivotal moments are defined as the moments wherein the respondents have finally grasped the concept of knowing why and were able to differentiate it from simply knowing how. This is basically the main focus of this research, looking at whether or not these moments truly exist, based on the perceptions of most respondents. In the same manner, the researcher also gave importance to pivotal movements for this study because it is during these moments when the professional competence of the nurses increased. One must consider that these pivotal moments are not always present for every nurse; they are usually absent in nurses that are still

adjusting and coping with the new challenges they are facing as practitioners in the nursing field.

Based on the discussion presented on understanding the concept of knowing how versus knowing why, the findings indicate that there is a pivotal moment in which the novice nurses become expert practitioners. This is evident in the responses with regard to the expansion of their knowledge, through the better understanding of knowing why rather than just knowing how. However, only 15 out of 25 respondents (60%) said that they indeed had this pivotal moment when they went beyond just performing their tasks and started to know why. Respondent E stated that she was still starting to develop, as she stated, “I feel I am just starting to develop in this area. I feel that I understand some things and can’t figure other things out no matter what. I think I need more time.” In the same manner, 3 respondents (12%) said that they could not think of any particular pivotal point in their lives as nurses when they finally became practitioners in their chosen field. They stated:

> I don’t know for sure. I guess I still just am trying to get things done. I suppose I have gotten much better with meds, but sometimes I just feel I’m trying to get through the day. (Respondent G)
>
> I guess I have to say I must have, but as I think about it I wonder exactly what I have gotten better at. Doing things faster, but I’m not sure that I get the why. I think I just have. (Respondent M)
>
> I know how to get things done faster. I don’t know if I always understand the why behind everything. I have become much more comfortable around doctors. (Respondent K)

Two respondents (8%) could not think of their own pivotal moments when they were questioned about this. These two respondents mentioned:

> I spent a great deal of time thinking about this and I can't think of anything. I guess I'm still just focusing on tasks. (Respondent L)

> I can't identify one, but I just know that I practice nursing better. Maybe it has become me out there and I had to learn to rely on what I knew and where I could look things up. (Respondent F)

Respondent B said that she "somewhat" had this pivotal moment, as she was only beginning to learn the basics about the why behind everything. Lastly, 3 respondents said that they never had a pivotal movement in their transition. These respondents mentioned:

> Only if it is something that I decide I don't know something about. Then I read about why you need to do it. Otherwise, I guess I just do the tasks. I can remember having to attach a feeding tube to a patient and just thinking, well, it is not a big deal. It wasn't until the person aspirated that I realized it was. I guess I tend to just do things. I'm not always into "thinking" beyond what I have to do. (Respondent J)

> No, there really hasn't been any. I feel like I can barely keep my head above water. I honestly just leave each day and hope I didn't make some big mistake. And then, because I have been written up, I'm so afraid of it happening again. Since I have been there, three of the other nurses I started with have quit. They just said they were afraid they would make a big time mistake. I think about that too and wonder if I should go to a nursing home or something. (Respondent L)

> I guess I feel like I sometimes don't even know how to do "anything." I mean, I'm out there and sometimes I'm just winging it. For example: The first time I had to draw blood for a PT [patient], I was scared to death. I had never done that before and there I was trying to act confident. Thank God I didn't mess up, but it made me realize that I'm still just worrying about tasks. I'm not sure when I'll connect all of the dots. (Respondent C)

Nonetheless, all the respondents believed that there was a pivotal moment when they would experience the transition from novice nurse to skilled practitioner in their chosen field of expertise. The presence of pivotal moments shows that learning in the field of nursing is continuous: No matter how inexperienced novices may seem when beginning their first job, the training that they will receive from working with real

patients and colleagues will provide them with the necessary knowledge. In the same manner, it is through these pivotal moments that they finally put what they have learned from school into practice. It is in this particular moment when everything they learned in school finally makes sense.

## Continuing Education and Self-Reported Professional Competence

Based on the discussion regarding the respondents' perceptions of the effectiveness of their education, as presented in the earlier parts of this chapter, the study also examined whether continuing education affects self-reported professional competence. As mentioned earlier, most respondents believed that they did not receive a holistic education because they had been provided with knowledge from only the textbooks and not the knowledge they needed to face the real world. Respondent H noted, "I felt I needed more hands on experience though I learned enough through classroom teaching to pass my state boards." For this reason, they pursued further studies in nursing, whether formally or informally.

It is only through continuing education that respondents' self-reported competence increased, as they began to feel good about themselves and their performance as nurses who are new to the field. Hence, the respondents valued continuing education to increase their professional competence. Respondent F noted that in nursing, "You just can't stop learning."

Nurses are expected to gain additional knowledge from their colleagues and their patients so that they can learn from every experience that might help them in their practice. Respondent E mentioned:

> Experienced nurses that are not used to doing things the way I learned them in school. I have trouble with trying to keep my own standard of practice. I guess that is why I want to go on in school. Maybe people will listen to me then.

The possession of other degrees in the medicine field also helps nurses understand the needs of the patients who are under their care. This is because they do not ask for advice from other healthcare professionals but rather, focus on what they have learned and apply these knowledge and skills in dealing with their patients. Respondent B mentioned that she even used her other degree in nutrition to ensure that she was professionally competent. She stated, “I have another degree in nutrition, so I think I know how to work with people pretty well.”

Respondent N mentioned that her education as an RN was incomplete. As a result, she still focused on tasks given to her by her colleagues instead of looking for the “why” behind the tasks. As a result, she preferred to continue on with her education to fill in the missing parts that she felt were not included in the education she had received. However, she admitted that even though she really wanted to pursue her studies, she was too busy to enroll.

Also, the respondents who mentioned that they were continuing their education, either formally or informally, perceived that they had become more professionally competent than before. This is because their knowledge was continuously expanding as they continued to learn about nursing through their interactions with their patients. In

contrast, those who did not continue their education reported a low level of professional competency because of their tendency to remain focused on tasks. There were exceptions, however. Respondent F mentioned that although she was unable to receive formal training and did not continue her education, she still learned while she was on the job, but she nonetheless admitted that she had been very naïve in the beginning. However, "everyone starts somewhere," she added.

The relationship between continuing education and professional competence in the respondents' answers is not established firmly, as respondents provided various answers in the focused group interviews. Some respondents, even though they continued their studies, doubted their professional competency and their capability as nurses. In the same manner, some respondents did not continue with their studies, yet they believed that they were professionally competent because their interactions with colleagues and patients helped increase their capability as nurses. The discussion presented regarding pivotal moments also provides a reason why the relationship between continued education and self-reported professional competence was not firmly established: Although the pursuit of higher education could help individuals obtain the knowledge and specialization that they need, learning occurs beyond the four walls of the classroom, or any nursing school for this matter. Hence, as has been mentioned, learning happens through interactions with patients and colleagues, and most importantly, through experience.

## Years of Practice and Professional Competence

This study also aimed to discover whether there is a relationship between years of practice and professional competence. This study shows that there was indeed a relationship between respondents' years of practice and their reported professional competence.

The results indicated the difference between the perceived professional competencies of those practicing nursing for only a few years as compared with those who had been in the workforce for at least 4 years. Those who had been practicing nursing longer perceived having more professional competence because they already had learned much from their experiences as a nurse. "I was lucky to be hired in a doctor's office where the doctor likes to teach. I think that is why I have advanced so much," Respondent K explained.

In contrast, those who were relatively new to the practice were still overwhelmed and in their period of adjustment. As a result, they tended to display less competence than those who had been practicing for years. As one respondent noted, "I guess I still just am trying to get things done. I suppose I have gotten much better with meds, but sometimes I just feel I'm trying to get through the day." It is because of their newness in the workforce that the respondents admitted that they still did not know everything. As a result, they had to follow the orders of more experienced nurses and doctors, which then is why they focused more on just accomplishing their tasks instead of knowing why something must be done. Some of the respondents who had been practicing for only 3 years also noted that one of the reasons why they did not report a higher level of

professional competence is because they were still developing in certain areas. Once again, learning from experience was given high importance. Nurses become more professionally competent over time because they are more open to the realities of nursing. The information that they lacked upon their graduation had been supplied by the continuous education they received from their practice.

In addition to the aforementioned results, some respondents who were relatively new to nursing felt that they were professionally competent for their job. Some of them owed this to the formal orientation they received for a longer period of time. This helped them adjust to their new jobs, even though they had a shorter period of practice than the other respondents. They also gave importance to the fact that their mentors made sure they were competent before they were released on their own. At the same time, one respondent who had been practicing nursing for 6 years said that she may feel professionally competent, yet not as confident as she was when she first started working after her graduation.

## Nurse Specialization Field and Self-Reported Professional Competence

To establish the relationship between the nursing specialization field and self-reported professional competence was another objective of this study. Respondents specialized in different fields, including in nursing homes/long-term care, geriatrics, pediatrics, operating rooms (ORs), and doctor's offices. However, the perceived professional competence of each nurse might differ despite similarities in their specialization field. Examples of this are the respondents who are nurses in the OR.

Respondent H reported that she was worried when she first started working in the OR because she thought that it was too much for her, considering her newness in the nursing workforce. As time passed, however, she began to love practicing in this particular area. Nonetheless, she reported sometimes not feeling fit to perform the required tasks because she did not understand everything.

Respondent L, who admitted that she was not really prepared for her role as an operating nurse, said that she was always afraid that she would make a serious mistake because the education she had received focused too much on textbooks and not on their application in the real world. At first, she merely focused on what the doctor was asking her to do, without arguing. Eventually, she began to understand the why behind everything that she was doing.

As seen in these examples, the self-reported professional competencies of both nurses differed, even though they had the same specialization. The only difference was that the second respondent was a certified OR nurse, while the first was not. This suggests that those who specialized in their respective area may perform better than those who did not. This was suggested by Respondent M, who was also a certified operating nurse. She mentioned that she was able to reach the stage wherein she felt that she was already professionally competent as she transformed into an experienced practitioner, aware of the “why” behind everything. However, this respondent expressed that she knew that her knowledge was limited to OR procedures because of this specialization.

The findings stated above are supported by the following statements from two of the respondents:

> I also have gone to a couple of national conferences on wound care because that is what I'm really interested in, as a result, [my knowledge expanded] especially with wound care. I can tell a wound is going to get infected just by the look. Or maybe I just recognize that things look worse than they did the day before. It seems like I just get it better. (Respondent G)

> I became certified in Advanced Cardiac Life Support . . . [which helped me a lot in my practice]. What happened was I had a patient that went into a hypotensive crisis, and I had to decide if I should call the doctor. I was a bit hesitant because the doctor I had to call doesn't particularly like new nurses. Anyway, I just decided that I had to do it and after it was over realized that I had done the right thing and that I had come an awful long way. (Respondent J)

The respondents' answers suggest that there is a relationship between their nurse specialization field and their self-reported competence. This is because having been certified in a particular area increased the knowledge that can be applied. In the same manner, pursuing this area of specialization moved them toward becoming experienced practitioners and not just novice nurses. Another respondent also mentioned that her other degree in nutrition helped because it made her understand her patients properly. Other respondents who had not had formal training in their respective fields of specialization concurred with the findings. Respondent D said, "Just because you worked somewhere as an LPN doesn't mean you know how to function as an RN."

## Graduating from Nursing School: The First Position

The examination of the professional competence of the nurse-respondents also gives importance to analyzing whether their current jobs are the first positions they occupied upon graduating from nursing school. One of the factors by which professional

competence is measured in the study is through the analysis of whether the nurses had already transformed from novice nurses into expert practitioners. Has this, in one way or another, affected their self-reported professional competence? In addition, what are the reasons why some nurses have a low rate of loyalty towards their employers?

Only 12% of this study's respondents reported that this was not their first position upon graduation from nursing school. Respondents cited the following reasons for leaving their first job:

> I even asked about it, but the hospital I was working at said that they didn't have "formal" mentor and I would have to just "wing it." In fact, that is why I left that first job. I just couldn't handle it by myself. The first night I worked I was the only RN for 30 patients. It was crazy. . . . I think I developed a bad attitude when I first started. I think it was because I wanted to be in peds [pediatrics] all along. I guess I am happier working there, but sometimes I wonder if nursing is really for me. (Respondent D)

> I thought about quitting because I was so scared of being out alone without someone more experienced to help me. I soon realized that I would just have to wing it. (Respondent C)

More often than not, those who have just graduated are afraid of what they will face when they start practicing. Sixty-five percent of respondents were not confident that they were ready to face the challenges and duties expected of nurses. This is because they were not properly trained for the real world, as a number of respondents mentioned. Respondent L noted:

> I read somewhere that up to 40% of new grads fail in transitioning into practice because of lack of orientation and bad attitudes on their new job. I know that some of my classmates have had this happen. I was very lucky. But I also think that along with luck you have to be a bit humble and suck up even if you don't agree.

In contrast, a number of respondents reported that they were professionally competent in their jobs even though these were their first positions after graduation. In fact, Respondent G reported that she was in her eleventh year in practice, yet had not left the job that she first acquired after her graduation. Like the other respondents, she believed that she did not receive a holistic education. Nonetheless, she resorted to other means by which she could learn more about her field of practice, through nursing journals and interaction with other nurses, especially her mentor.

## Barriers to Practice

As has been mentioned, the perceived barriers to practice greatly affected the transition of nurses, making it harder for them to adjust into their new lives as nurses. In the same manner, the different barriers negatively affected the nurses' self-confidence, thus also affecting their competence. These barriers also kept them from interacting effectively with their fellow members of the healthcare institution. As a result, they failed to learn from these interactions, which had been established in the earlier parts of this study as greatly influencing the novices' expertise and competence. Having no one to interact with was also potentially dangerous for the nurses who could not find the support they needed in their work environments.

The respondents mentioned several barriers to practice that had slowed their transition from novice nurses to expert practitioners. The following statements of the respondents give evidence to this particular finding:

> Lack of confidence. I was worried when I started in the OR that it would be too much for me. (Respondent H)

Experienced nurses that are not used to doing things the way I learned them in school. I have trouble with trying to keep my own standard of practice. I guess that is why I want to go on in school. Maybe people will listen to me then. (Respondent I)

I think my nursing clinics did. They weren't realistic and seemed to me to be a waste of time. All we did was a bunch of paperwork and gave baths. I just think we need more real-world experience. (Respondent M)

Trying to get the experience to get the kind of job I want. I would like to work in an ER, but I just haven't been able to get a job in a hospital. I'm hoping that getting my BSN will make a difference. Also, I could move, but I really don't want to. (Respondent C)

My own pride. I was so sure that I had it all figured out that I was afraid to ask for help. (Respondent N)

My own insecurity. I still doubt that I should be working in the OR. I really like it, but I'm so afraid that I will make a serious mistake. (Respondent E)

I feel I'm going to struggle at this because I have never worked as an RN and now the nurse I worked with is gone. I think it is my own fear. (Respondent A)

The areas that we live in. I don't think there are enough big hospitals for you to see different things. (Respondent M)

Knowledge deficits in some areas. And also, I don't work with any other RNs. That really makes it tough. (Respondent I)

I was really sick of school when I got out and I also think that I didn't really want to work at my first job. I had always wanted to work in peds so I think I resented that I had to spend time on a regular unit. (Respondent G)

I only think my own lack of time to learn more. I have wanted to go on for my BSN, but just haven't had the time. (Respondent D)

Being alone in home health. It isn't like the hospital where you can find another nurse. (Respondent F)

The people that I work with that aren't willing to help. (Respondent A)

Aside from the factors (age, gender, ethnicity, continued education, years of practice and specialization in a nursing field) examined in the earlier parts of this chapter, these barriers also had an effect on the respondents' self-reported professional competence, especially during their transition into practice. It seems that their lack of confidence about their own capacity as nurses affected the way they worked. This also inhibited them from discovering the why behind their tasks because they tended to rely only upon the decisions of the doctors and the more experienced nurses. Also, their fear of looking stupid added to the pressure that they were already experiencing. For this reason, they did only what they were told and tended not to apply their own knowledge to their practice.

It is because of these barriers that the nurses recognized the importance of the mentors, a formal orientation program, continued education, specialization, and years of practice to survive their jobs as nurses. It is through these that they could eliminate the different barriers to their smooth transition from novice nurses to expert practitioners. The results of this study could have implications for training new nurses and helping novice nurses transition to experienced practitioners in their chosen field. How nurses learn, especially how they gain both confidence and professional competency is very important in determining the nature of healthcare delivery, improving the training of these nurses, and most importantly, enhancing the future of the profession. As seen in the previous chapters, much attention has been given to the learning process of student nurses, as well as the nature of various training programs that are designed to aid the new graduates for future nursing work. However, there has been less emphasis on the

transitional phase of these nurses, that pivotal moment wherein they transform into skilled, experienced professionals in their chosen area of practice, which was the focus of this study. This case study of the 25 respondents, which was analyzed holistically in the earlier parts of the chapter, shows that certain factors influenced the nurses' self-reported professional competence, which then became necessary to their transition. In the same manner, this study also shows that there are barriers to practice that could negatively affect the respondents' self-reported professional competence.

In the next chapter, the findings will be summarized and placed in the context of the existing literature. The practical implications of the findings, as well as suggestions for future research, also will be discussed.

# CHAPTER 5:

# SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The results obtained through the focused interviews shall be summarized based on the previous research presented in chapter 1. This summary of the study's results also focuses on establishing the relationship between the pivotal moments, as perceived by the respondents, and the factors that affected their professional competence, which then led to the novice nurses' transition to expert professionals. It also identifies the implications of this study's findings and offers suggestions for future research

As has been mentioned, the United States is experiencing a shortage of qualified nurses because both the patients and the workforce are aging. There is a lack of youths who are interested in replacing those retiring from nursing, thus creating a shortage of nurses. Traditionally, women have comprised a large majority of the nursing workforce. However, this has changed tremendously because of the availability of jobs in the so-called male-dominated professions (Watson, 2004), which promise better salaries. This, in turn, has caused some adjustments in nurses' training and education. Also affecting these adjustments is the participation of older men and second-career workers in the nursing industry. Aside from this, changes in the healthcare delivery system also have increased the burden of nurses, as they are now given more tasks. Nurses are no longer confined to such tasks as taking patients' temperatures or giving them their medicines. Nonetheless, the perceptions about nurses have not changed. People fail to honor their contributions in the healthcare industry. As a result, the members of the younger generation are less attracted to the profession of nursing (Watson, 2004).

One problem directly associated with the shortage of nurses is retention. As McCloughen, O'Brien, and Jackson (2003) noted, there has been an exodus of experienced nurses who are leaving to pursue careers in healthcare or health management. This is becoming more common because nurses nowadays are required to choose an area of specialization to be considered as professionally competent. As a result, more and more nurses are looking for “greener pastures” in the form of other professions. Also affecting retention in the field of nursing is job satisfaction, which is indicated by such factors as a strong sense of competency, opportunities for learning and growth, and the ability to effect positive change in the workplace, according to studies conducted by Daley (2001), Griffith (2004), and Lee (2004).

### Respondents’ Perceptions of Their Education vs. Nursing Learning Theories

Birkelund (2000) reported that the traditional schools of Aristotelian teaching and Platonic idealism have dominated the way nurses have been trained. Generally, the Platonic view places importance on theoretical, ethical arguments, while the perspective advanced by Aristotle emphasizes hands-on learning and practice rather than theory. According to Birkelund, followers of the Platonic approach believe in the application of theory in their practice. Thus, their practice is generally “good” when it provides care for patients. One limitation of this, however, is that it does not give much importance to practical applications, such as how to draw blood from a patient, as discussed in chapter 2.

The perceptions of the respondents with regard to their education show that they were taught using the Platonic perspective. Most respondents claimed that what they learned in school is not applicable in real life. In short, they were only trained to know how something is done rather than discovering the why behind it. In addition, their schools focused too much on skills and theories, thus leaving the practical experiences behind, making it very hard for them to adjust during their first days at work. As Respondent C said, "In school it may seem that you know everything, but in reality, you do not."

Here, constructivist theory is helpful because it argues that knowledge is not a fixed object that one must adhere to. Constructivists call upon teachers to stop on dumping pieces of information in their students' heads. Instead, they must work hand in hand to gain a better understanding of processes and information. Through this, a guided instruction is put forward that centers on the student in the learning process.

At the same time, some respondents had been trained in the Aristotelian approach to nurse training because they had entered nursing clinics before setting off to practice. Birkelund (2000) expressed the dangers that come with the application of this particular approach. Preferring practical experience to theory to an almost exclusive degree may lead to the master-apprentice construct that Aristotle himself used. One of the negatives of applying this construct results in the institutionalization of certain accepted norms and mores that at one time may be effective, but as time passes by may die a natural death due to modernization and advancements in the practice. This was also very evident in the responses of some of the participants in the focused interviews. They claimed that they

indeed had a fair amount of training inside nursing clinics, but the training they received was no longer applicable to modern times. Respondent B said that inside these nursing clinics, they had only been trained to give baths.

As has been mentioned, the role of the nurses nowadays has gone beyond giving baths and taking temperatures. They are expected to know more about the situation of their patients so as to give them the service that they need. As a result, Logstrup's (1997) view perhaps makes more sense: Logstrup called upon nursing schools to balance effectively the perspectives of both Aristotle and Plato to nursing education. It is only by striking this balance that the needs of the students will be effectively addressed in preparing them for their future practice.

The respondents in this study felt that they had not been given a holistic education, and therefore, they looked for other means that could expand their knowledge as they began their practice. Through these means they supplied what they had missed during their school days. As a result, they continued to learn either through formal means, such as enrolment to pursue further studies, or through informal means such as subscribing to nursing journals, attending conferences and/or workshops, and finally, with their everyday interactions with patients and colleagues in the healthcare industry.

Among the different means cited, interactions with other nurses, doctors, and the patients is seen to be the most effective, which is supported by contemporary learning concepts. According to Kuiper and Pesut (2004), cognitive and metacognitive skills are essential to the self-regulated learning theory. These skills are generally the result of

reasoning, self-discipline, and reflective thinking. For the metacognitive aspect, however, further questioning is very important.

These findings then support the view that nursing is an ongoing process of learning. Acquiring new knowledge does not stop when one graduates from nursing school. Nurses learn through their interactions with their patients and other colleagues. The respondents of this study concurred with these theories by saying that their knowledge about nursing did increase when they started working. Moreover, their knowledge increased even more during their pivotal moments when they began to question the why behind everything and went beyond what they had been told to do.

Nonetheless, no matter what novices do, they still can gain knowledge through different means, whether formally or informally. This is, after all, self-directed learning, first framed by Dewey (Kopelman & De Ville, 2005), who believed that everyone is capable of developing unlimitedly on their own with their teachers leading and directing learning. However, this self-directed learning also could happen without the presence of the teacher, for it is not only from them that one receives knowledge. At the same time, the studies of Williams (2001), and Walker and Dewar (2000) mentioned that adult learning theory is only guided by the principles of self-direction. Consequently, learners are responsible in the pursuit and engagement in further education. Teachers then see that many adults learn better outside the confines and controls of formal education.

This is once again very evident in the results of the focused interviews. Generally, while they were in school, respondents only knew the basic things about nursing, the skills needed to graduate and get into a good practice and at the same the theory

underlying each concept. Nonetheless, they were still able to expand the knowledge they already had not received in the formal setting, but through other informal means, as they began to learn from their experiences and their interactions with the different people they came across in their practice.

The theory of self-directed learning also holds that most learners pursue studies in areas where they feel comfortable and competent. In this study, some of the respondents specialized in the areas in which they felt competent. Other respondents, however, did not feel competent in a particular area, yet wanted to specialize in that field. This was because of their desire to be heard and to prove to themselves that they were indeed suited for the career path they had chosen.

The results of the focused interview also concurred with Wagner's Social Theory of Learning (Pesut, 2004). According to this theory, social interaction is an important factor contributing to theoretical and intellectual discovery. Wagner identified three elements that are said to underlie the work of belonging: engagement, imagination, and alignment. Engagement, from the experiences of this study's respondents, came from reading, clinical practice, policy discussions, and educational programs, with clinical practice being the most effective. The respondents learned from their past experiences with their patients and colleagues.

Imagination, in contrast, enabled the respondents to make decisions that were not expected of them in their roles as nurses. It was through imagination, as recounted by the respondents, that they were able to give their patients what they really needed despite the doctors' orders. Finally, alignment deals with the reflective moments gained through

engagement, and imagination ensures that a focused and constructive change is forwarded.

Reflective learning is also essential to the experience of each novice nurse. As mentioned earlier, learning reflectively involves stages. These are: the initial stage or the entry shock, early difficulties or the struggle, acceptance, familiarity (making connections), learning to reflect more deeply, the perspective transformation stage, internalization, and dissemination. All the stages were evident in the respondents' focused interviews when they recounted their experiences. At first, all of them experienced a state of shock when they were overwhelmed by the responsibilities expected of them. Afterwards, they began to struggle each and every day, but nonetheless, they accepted that they could not know everything. It was afterwards that they established connections with their fellow members of the healthcare industry to help them cope with the challenges that their job might have brought to them. With this, they learned how to reflect more deeply and began to gain more knowledge, learning the why behind everything rather than simply knowing how. As a result, they reached their pivotal moments, their transformation stage, and finally, could internalize the demands required of them as nurses. Lastly, they were disseminated into the world as expert practitioners of nursing who could now share their knowledge with new nurses.

Eriksson (2007) advanced a holistic approach for caring for the patients that took into account the body, soul, and spirit. Most respondents cited this as a pivotal moment in their careers as nurses. For them, being able to connect and grieve with their patients was

a sign that they had finally gone beyond just knowing the how behind something and could give importance to the why behind everything.

Nonetheless, the respondents' learning experiences are best explained by the problem-based method. As Biley and Smith (1998) mentioned, students using this particular method are taught by identifying and valuing their own existing knowledge in order to correct their knowledge deficits through formal and informal means. This is basically seen in the responses of this study's participants. They mentioned that the reason behind their decision to continue on with their studies was because they believed that there was something missing from the education they received from school. Hence, they began to look for other ways by which they could fill in this space either through the formal means, such as enrollment to obtain their bachelor's degree in nursing, or through informal means, such as subscriptions to nursing journals or attendance at conferences and seminars.

The missing piece in the education of the nurses resulting from schools' focus on theories rather than practical application is one of the reasons why the transition of new nurses into practice does not go very smoothly. According to the research conducted by Jasper (1996), the traditional nurse education structure negatively affected the hospitals and clinics where the new graduates were placed. The theory-practice gap, therefore, is affecting not just the nurses who are working on their transition, but the entire nursing profession.

## Pivotal Moments: Going Beyond Knowing How to Knowing Why

Researchers have reported that the findings of their studies reveal that nursing trainees tend to learn best when they have already applied their theory to practice. This is generally what most respondents also claimed to be the pivotal moments in their career--the time wherein they finally became expert practitioners in the field of nursing. In the same manner, the respondents also believed that they had finally "transformed" into skilled nurses when they were finally learning from their everyday experiences.

This shows how effective self-directed learning can be in expanding the knowledge of new nurses. However, researchers have warned that these nurses must not be allowed to work entirely independently from their colleagues, as the support that they receive from peers, as well as the supervision of their mentors and their coworkers, is also necessary to expand their knowledge. The study's respondents recognized this when they were asked about their pivotal moments. Their transitions had been influenced by the people around them, as their interactions brought new experiences that enhanced their learning. The lack of a connection between a novice nurse and her colleagues could be a barrier in the development of good practices.

The respondents of this study recognized that there would be a point in their careers when they will experience a transition from novice nurses to experienced practitioners: the pivotal moment. As mentioned earlier, nursing requires a continuous learning process, composed of different stages. This transition comes to all the nurses, but at different times. The transition may occur smoothly or roughly, depending on the novice nurses' preparation.

Gerrish (2000) noted that students' transition to become qualified nurses is never straightforward because students will need the help of different outside influences, such as training programs and the clinical environment, to complete their evolution. These factors are seen to be very important in bridging the gap so that new nurses can complete their evolution into confident practitioners.

The stages mentioned earlier involve all novice nurses who are in the process of transforming into expert practitioners in their chosen career. These stages include: first, the initial stage or the entry shock. During this particular stage, the student nurses articulated various feelings, such as anticipation, anxiety, and frustration. It is during this particular stage that the student nurses experienced different struggles. They tended to see themselves as failures as nurses. They also continuously received feedback and challenges from their mentors and colleagues in the industry. These feedbacks were usually well received, yet often resented. The respondents recognize the presence of this particular stage. For them, it was during these times that they were afraid to make mistakes and were careful to follow the instructions of their mentors or their supervisors to the letter. The respondents believed that this was one of the hardest phases in their lives because they were in a period of adjustment.

Another negative experience that the novice nurses had during this particular stage was the theory-practice gap. Generally, the respondents said that they initially felt that they knew it all, based on the different lessons they had learned in school. They soon realized, however, that this was not enough because what they learned in school focused on theories and not on the different practical experiences that would be necessary for

their continuous practice. Some respondents even noted that they had a hard time incorporating their own style in their practice because they tended to rely on the instructions given by others.

Following this stage is the acceptance stage wherein novice nurses started to come to terms with the idea of reflection. Their experiences began to deepen into a more authentic expression, which then led to the perspective transformation stage. This is perceived to be the pivotal moment because it is in this stage that the students began to move away from the traditional way of doing things. The respondents mentioned that moving away from the traditional way of doing things meant that they began to learn why rather than just focusing on how. During this stage, the respondents said that they were no longer simply completing the tasks given to them by doctors or more experienced nurses; rather, they discovered why a particular task should be done. The respondents mentioned that it was during this stage that they began to disprove the doctors and the more experienced nurses. They also began to develop their critical and analytical thinking.

Next is the internalization stage, which is very important after the transformation of new nurses into experienced professionals. In this stage, they begin to find the nursing processes easy and natural. The respondents in this study said that their tasks became much easier after their transformation and when they finally began to learn the why behind everything. In the same manner, it is in this stage that they felt that they wanted to stay in nursing and were proud of their work.

The last stage is the dissemination stage, wherein the respondents joined in encouraging other novice nurses to go into the same practice to achieve their effective transitions into experienced practitioners. The respondents called upon the novice nurses to follow their advice in order to achieve a smooth transformation.

The theory-practice gap that many novice nurses experience is one reason for their rough transition into practice. The respondents mentioned that they had resorted to other means to fill in the knowledge gaps. However, researchers, such as Andrew and Jones (1996), stated that the problem-based method of filling in the knowledge deficits may pose problems because trainees are thrust into situations for which they may not be well prepared. Nonetheless, problem-based learning helped the respondents in their transition, as they developed very important values, such as autonomy and accountability, which guided them in their pursuit of information and knowledge.

Project 2000 (Cockayne & Kenyon, 2007) identified the rites of passage that are considered to be necessary for nurses as they evolve from students to full-time workers. Regarding this transition, researchers such as Holland (1999) recognized the importance of the relationship that may develop between mentors and student nurses. Almost all the respondents of this study acknowledged this relationship as being important. A number of the respondents reported that they were not given mentors when they finished their formal orientation programs, and, as a result, they had a hard time adjusting to the demands of their new jobs. The minority of the respondents who mentioned that they had mentors to guide them after their orientation said that their transition into practice was very smooth.

Research has indicated that young nurses often see themselves as catalysts of change, both within their clinical environments and of course in their entire profession (Holland, 1999). As a result, they tend to invest in their professional practice to make sure that they indeed transform smoothly into expert practitioners. Consequently, most novice nurses feel disappointed when they are unable to meet their expectations, causing them to perceive themselves as failures. This was true for some of the respondents, who reported that they had not experienced their pivotal moments yet and that they were still unable to grasp the concept of knowing why versus knowing how, even though they had been practicing for quite some time. As a result of their less-than-satisfactory experiences, these nurses tended to have doubts about the profession they chose. More often than not, they still wondered whether they were meant to be nurses. Many felt stupid, thinking that they were failures in their chosen career.

Another factor affecting the self-reported competence of the respondents, which is essential in their transition to experienced professionals in the nursing field, was their pursuit of further education. The relationship between the specialization in a nursing field and self-reported professional competence shall be discussed later in this chapter. One reason why this becomes very important is that the respondents believed that their fellow, experienced nurses, as well as the patients and their other colleagues, only give value to the opinions of those who are highly specialized in nursing.

## Perceptions of the Importance of Formal Orientation Programs and Mentors

The analysis of the respondents' perceptions with regard to the importance of formal orientation programs and mentors also will be made using the different learning theories presented in the literature review. In novice nurses' transition to experienced professionals, reflective thinking is very important. Some researchers believe that these skills build on one another and at the same time become more effective in the presence of a guide--usually a teacher or a mentor whose sole task is to encourage and direct reflective thinking, which is then very important in the further development of metacognitive skills (Holland, 1999).

The respondents who reported a low level of professional competence blamed the absence of a formal mentor for their inability to transform smoothly into expert professionals. They expected their mentors to guide them in their practice, fulfilling a restorative role. According to research, one of the roles of these mentors is to provide support and reinforcement to nursing students, which is essential to ensure that these students develop confidence in the work environment (Holland, 1999). This is the reason why researchers such as Holland (1999) have mentioned that the relationship that develops between the mentors and the students affects the smooth transition into practice from novice nurses. In the same manner, it affects the novice nurses' sense of professional competence.

Mentors play two additional roles: They fulfill the formative and normative functions that are necessary in teaching students to perform certain professional tasks properly and, at the same time, help the students organize their learning, practices. In

these roles, mentors correct behaviors and ensure that best practices are met together with the provision of the care that their patients need. Nonetheless, both researchers (e.g., Severinsson, 2001; Spouse, 2001) and respondents highlighted the importance of their mentors' restorative role.

Guiding the novice nurses during their first few weeks of practice is also essential no matter how long they have participated in formal orientation programs. SmithBattle et al. (2004b) found that less experienced nurses gain only practical experience over the 18 months of the study. This particular finding was disproved in this study because some respondents claimed that they were still unable to grasp the practical side of nursing even though they had been practicing for years. Some respondents had been practicing for more than 4 years yet stated that they remained focused on accomplishing tasks rather than discovering the why behind the tasks.

Still other respondents never had mentors when they first finished their the formal orientation programs. However, they still reported a high level of professional competence because of other factors that had a direct link with their professional competence. Nevertheless, as reported in the focused interviews, the nurses who did not have mentors had a rougher transition than those who had one. This is because of the need to stand alone without having anyone to guide and help them incorporate the theories they had learned with their practice.

Formal orientation programs are other means by which new nurses could be guided. Such programs provide them with a learning experience that is necessary in their transition. This is another important aspect of a problem-based learning experience. Biley

and Smith (1998) noted that one of the benefits of this particular program was the development of the graduates' sense of responsibility and ownership. The respondents were usually persistent in pursuing solutions to the problems that they had experienced. In their training, as seen in the respondents' answers, problem solving becomes a very important part of their training. Also, their autonomy and accountability, which results from this training, influenced their perceptions of their professional competence, thus affecting their smooth transition from novice nurses to expert practitioners. In the same manner, the respondents recognized the importance of these formal orientation programs in helping them prepare for their real practice. They are slowly being incorporated into their clinics, handling patients and participating in the nursing processes.

## Nurse Specialization Field, Continuing Education, and Self-Reported Professional Competence

As repeatedly discussed because of its importance, the theory-practice gap also is a major factor in establishing the link between one's specialization field and self-reported professional competence. Williams (2001) discussed that the strategies that concern problem-based learning are directly linked with the use of self-directed learning in nurses' continuing professional education. According to Williams's research, the respondents tended to continue professional education in the areas where they felt they were not knowledgeable.

The respondents, especially those who were LPNs and RNs, believed that it is only through obtaining their Bachelor's degree in nursing that they could obtain the

respect that they deserved in their field of practice. In the same manner, they knew that by possessing this kind of degree people would listen to them and not treat them as inexperienced, novice nurses who know nothing about what they are doing. Respondents continued with their studies to develop the skills and knowledge that they need for their effective and smooth transition from novice nurses to experienced practitioners.

## Years of Practice and Self-Reported Professional Competence

As earlier mentioned, the respondents' self-reported competence was very low during their first few years of practice, but it increased as they continued with learning from their everyday experiences and interactions with colleagues, doctors, and of course, patients. In his research, Glaze (2002) mentioned that one of the reasons why nursing novices' self-reported competence is low is because of their learning patterns of obeying authority figures, which then leads nurses to be hesitant about questioning traditional approaches.

In the same manner, the respondents also reported that they felt stupid because of the never-ending reprimands they received from their mentors, especially their supervisors, as well as doctors, who are often not fond of having new nurses around. This will eventually change upon the coming of their pivotal moments when they finally master the nursing processes. This is also related to the concept of self-directed learning, which was discussed earlier in this chapter. According to this theory, one learns through experience and continuous practice. As a result, the longer individuals practice nursing, the more professionally competent they feel.

## Age, Ethnicity, Gender, and Professional Competence

The responses of this study's participants and previous researchers all have the same view: that age, ethnicity and gender do not affect one's self- reported professional competence. The respondents show that no matter how old or how young novice nurses are, their transition to expert professionals may not be smooth if factors such as education, years of practice, and specialization are not present.

It is in relation with this that gender and ethnicity do not affect one's professional competence as well. No research has been conducted that indicates that either women or men are better nurses. This was seen in the responses generated in the focused interviews conducted with the 25 participants. Even though they are all women, they still had different experiences--some transformed smoothly, while others said that they had a rough transition. Also, all of them had varied responses when asked about their professional competence, based on their own perceptions. Finally, transitions and professional competence are not related to ethnicity, as shown by the responses of this study's participants. No previous research has addressed this topic.

The nursing field is undergoing a period of adjustment because of the many problems it faces, including nursing shortages and structural changes, together with the evolution of demographic changes. As a result, it is very important to train and educate nurses to ensure that they become competent enough to practice. This research examined the various factors that affected nurses' self-reported professional competence, which then influenced their pivotal moments.

The pivotal moments are important because this is when the nurses finally incorporate their own style into practice without having to rely so much on the people around them for instructions. At this time, they begin to understand the applicability of the nursing theories they learned in school and finally can apply them in real life. When nursing graduates enter into them first practice, it is natural for them to feel a bit stupid as they continue to explore new processes. They also feel somewhat hesitant to question the traditional approaches of the doctors and their other colleagues because of their relative newness on the job. They experience several stages as they begin to transform into experienced professionals. An essential part of this transformation is their pivotal moments wherein they continue to learn, mature, and develop their understanding of knowing why rather than just knowing how. After these pivotal moments, the respondents felt that they were no longer struggling with their new jobs; as a result they became more experienced with nursing and could perform their tasks more easily.

Certainly, not everyone experiences a smooth transition from novice nurse to experienced professional. Nonetheless, an effective and smooth transition is brought about by different factors, such as years of practice, continued education, a specialization in the nursing field, a good mentor-mentee relationship, and finally, formal orientation programs. It is through these means that both previous researchers and respondents reported that nurses' knowledge increased and, at the same time, nurses became more opened up to their practice. Also, by possessing these aforementioned factors, nurses experienced an advantage over the other nursing practitioners.

## Implications

The nursing field faces many problems, and therefore, it is experiencing a period of adjustment. The problems that the nursing field faces include the following: a nursing shortage, ongoing structural changes to the healthcare delivery system, together with the evolution of the demographic trends in both the populations of new nurses as well as the patient/client groups who are looking for more competent nurses to work for them. Traditionally, nursing has been taught to students by emphasizing moral and ethical responsibility. However, the recent demands of the society are calling for an education that goes beyond the traditional way of teaching nursing. Today's education is being called upon to train qualified and competent nurses that will remain loyal to their jobs. How this can be achieved is still a mystery.

Nursing education should provide learning experiences that are designed to achieve sequence, continuity, synthesis of knowledge, values, and skills, as stated in the educational objectives. In the same manner, nurses' education must be geared towards social change. Without a doubt, the nursing profession should be altered and improved to meet the shortage of nurses. To achieve this, the focus must be on training and retaining nurses so as to ensure the success of this particular field of practice.

The shortage of qualified and competent nurses could damage the objectives of hospitals to provide good and quality health care when at full capacity. Some hospitals are even reducing the number of patients they are admitting due to this problem. Also, hospitals have been forced to postpone and even cancel elective surgeries. These effects

are all brought about by a decrease in the number of personnel that would help in caring for patients.

The shortage of nurses also has affected the training of novice nurses. As the respondents mentioned in the focused interviews, the length of their orientation programs had been reduced because there was no one there to orient them. In addition, they were expected to perform and function as regular RN because hospitals and clinics could no longer find anyone to work the shifts and to attend to their patients.

The shortage of nurses is also the reason why some respondents reported that they were not given a mentor to guide them in their first months of practice after completing their orientation programs. With hospitals and clinics needing each and every nurse they have to attend to their patients, they cab no longer afford to lose someone that would help train its new graduates.

Researchers have mentioned that training is the key to solving the nursing shortage problem (Sauls, 2007). However, as discussed, the nursing shortage is also the reason why novice nurses do not get the proper training they need. Nonetheless, researchers have recommended new ways by which nursing education can help the graduates prepare for their experience and at the same time, facilitate staying power and longevity in the workforce.

Training is also very important to the success of the nursing profession because it is only in this field that the graduates are expected to work after graduation. Other professions, like medicine and law, require their graduates to undergo extensive training just like internships to prepare them for their practice. Because of the absence of such

practices in the nursing field, graduates often feel stupid and less confident when they begin their practice.

The theory-practice gap is one reason why nurses are not prepared for their practice. Apparently, their schools focused too much on theories and left the lessons that are useful in the real world behind. Consequently, several researchers have noted that new nurses often lack the observational skills that are required of experienced nurses and the skills to correctly evaluate and treat patients who are critically ill (Henneman, Cunningham, Roche, & Curnin, 2007).

Some respondents mentioned that their training incorporated practical application of theories. However, their practical experiences are no longer applicable to the advancements made in the nursing field. They often are expected to give baths to the patients, take their temperatures, etc. However, researchers say that modern times call for the roles of nurses to go beyond these simple tasks (Henneman et al., 2007). The nursing theories presented in the Chapter 2 are vitally important in helping to analyze the results obtained from the focused interviews. These nursing theories were all geared towards suggesting effective ways by which nursing could be taught. This research has contributed to the existing literature by emphasizing that pivotal moments do exist in nurses' transition and practice.

Nurses experience several stages in their practice, which have been discussed earlier in this chapter and in chapter 1. Based on that discussion, and as confirmed by the responses of this study's participants, all nurses enter practice with difficulty. During their first stage, they merely focus on accomplishing the tasks of the doctors because their

knowledge about nursing and its practices have not expanded. However, all the respondents realized that this was natural, and that they would eventually experience pivotal moments wherein their transition would occur.

This research explored the factors that contribute to the effective and smooth transition of novice nurses into expert professionals in their field of practice. The transition of these nurses happened upon reaching their so-called pivotal moments wherein they began to understand the why behind something and not merely focusing on just accomplishing their tasks. Pivotal moments are also the period wherein the nurses begin to think critically and contribute in caring for the patient in a more effective way. In this phase, they also become able to enter into arguments and dialogues with doctors based on what they think is right for their patients.

The following respondents described their pivotal moments in this manner:

> It was when I realized that I could work a shift and actually get my work done. Also, I started to understand why the lab values were so important to my patient. It wasn't just a number but a number with a meaning behind it. (Respondent M)

> I at least understand more of what the doctors are talking about. But I don't think that there has been a specific moment. I do know that I don't feel that I am as disorganized. I realized that when I was able to get everything done in one day and not carry it over to the start of the next. (Respondent B)

> I also think that my attitude about nursing is more realistic and I realize I can't know everything. I think in the beginning I was very naive, but now I realize that everyone starts somewhere. (Respondent C)

The respondents recognized that the pivotal moments would happen when they were already thinking on their own feet to achieve their tasks. This would mean that they were already thinking critically, having learned from their experiences they shared with their colleagues and their patients. However, one's transition from a novice nurse into an

expert practitioner is not always smooth. They usually faced barriers that hindered them from achieving this.

## Summary

This qualitative study explored the transition from novice to confident and competent practical nurses. It was based upon interviews with 25 nurses who had experienced working in a hospital setting in a specialized area of health care. The primary research question that this study aimed to answer is: Does a common thread become apparent after conducting these interviews that may have implications for nurse educators to enhance or change their nursing curriculum?

The common thread among the responses was the theory-practice gap that most respondents experienced, which has implications for improving the nursing curriculum. According to the study's results, this theory-practice gap is one of the most important reasons behind the novice nurses' inability to have a smooth and effective transition to becoming experts and skilled practitioners. Apparently, the education they received from school mainly focused upon theories and did not give them enough practice and training. As a result, the respondents turned to the hospitals to provide them with this training through their formal orientation programs and the provision of mentors.

The hospitals were unable to provide this particular experience because of nursing shortages. They lacked an adequate number of personnel to attend to their patients and with this, they could no longer spare nurses to guide the novice nurses in their first few months of practice. There also were times when they needed these new nurses to function

as regular nurses to help quell the problems brought about by the shortage. The study's finding suggest that educators need to provide the training and practical experience that the novice nurses need. The educators must be aware that the nursing shortage experienced by the hospitals cannot be solved if they continue on to rely on the hospital staff to train their students.

The research also aimed to answer the 10 sub-questions presented in chapter 1, the first one being: Is there a pivotal moment when the nurses realized they had made the transition from novice to experienced practitioner? The results of the focused interviews showed that there is indeed a pivotal moment when the nurses realized that they had already transformed because they had begun to think critically. During this stage, they also began to discover the why behind everything rather than just focusing on tasks alone.

The second question was: Is there a relationship between continuing education in nursing and self-reported professional competence? The respondents reported that there was indeed such a relationship. They believed that more people began to trust them and listen to them only when they had pursued further education in nursing. The respondents also believed that it was only through their pursuit of further education that they could expand their knowledge.

The third question focused on the relationship between years of practice and self-reported competence. The answers generated from the interviews identified such a relationship. Novice nurses who had greater years of practice were more confident of their professional competence than those who had just entered practice.

However, the researcher was not able to establish the relationship that the fourth question addressed: age and professional competence. This because the focused interviewed showed that regardless of age, professional competence is still affected by other factors such as the two that were previously mentioned. Similarly, it was not possible to establish a relationship between gender and self-reported professional competence. This is basically because all respondents were female reported various answers regarding the perceptions of their own professional competence. This was also the same with regard to race or ethnicity (the sixth question) because all respondents were white.

The seventh question explored the relationship between nurse specialization field and self-reported professional competence. There was a clear relationship between these two factors, which was why novice nurses needed to pursue further studies. The respondents also believed that it was only through this that one could develop a better understanding of his or her job.

The research also aimed to examine whether the respondents' current positions were the first positions they had obtained upon graduation. It was necessary to look into this to discover the retention rate of today's nurses. Based on the survey results, only a few novice nurses reported that this was not their first position. The reason behind this was one and the same for those respondents: that they were not prepared for the challenges due to their lack of training. As a result, they first looked for other ways to expand their knowledge before starting another job.

Attending formal orientation programs also was seen to be vitally important. As mentioned, nursing schools tend to rely heavily on hospitals to give their students the knowledge that they were not able to get in school because of the latter's focus on theories instead of practice. Most respondents said that they had attended this kind of program, which had helped them a lot. However, because of nursing shortage, there were some whose orientation has been reduced, since they were needed to function as regular RNs.

Finally, the last factor that this study linked with professional competence is the guidance of a mentor after finishing their orientation programs. All respondents were aware of the importance of having a mentor to guide them during their first few months of practice. However, most of them never had the chance to be guided by mentors because of the shortage of nurses.

This study's findings indicate that the following factors influence a nurse's self-reported professional competence: continuing education, years of practice, nurse specialization field, formal orientation programs and mentors, but not age, gender, or ethnicity. However, in spite of the established relationship between the aforementioned factors and self-reported professional competence, these influences need not be present all together to ensure one's smooth transition from novice nurse to expert professional.

## Social Change

Nurses must respond to social change. As time moves forward, nurses need to adopt relationships with their patients that reflect current social norms. As a

predominantly female profession, relationships within nursing often mirror women's socially prescribed roles. Nursing has evolved in response to changing social needs. As the structure of society alters, new demands for healthcare arise; new habits and customs alter disease patterns, while changes in the size and composition of the population create fresh problems for sanitation and community living.

These changes are continuous and tend to accelerate as knowledge accumulates, but they are not only perpetual; they are also erratic. During some periods, development seems so slow that variations in the structure of society are almost imperceptible, while at other times, circumstances combine to produce change so quickly that the whole social basis of society alters in one generation. With these rapid changes come new ideas about rights and responsibilities, and indeed, a whole social purpose. Although opinions differ as to what is fundamental to social change, there is no doubt that the pattern of society changes, and as it does, so it produces new health needs in the community. Whether society attempts to meet these new health needs, and whether it meets them with any degree of success, depends on a variety of factors that include religious attitudes and beliefs, cultural patterns, and economic resources, together with population change, the state of knowledge, and the way in which healthcare is organized and delivered.

Faced with the challenges of our current healthcare situation, nurses often feel unable to intervene on patients' behalf. In fact, they commonly exhibit little awareness of befitting strategies to amend the ills that affect our healthcare system, and often lack sufficient assertiveness to denounce objectionable situations that could compromise patient welfare. Indeed, positioned in an oppressive environment and educated in an

authoritarian system, nurses often exhibit submissive behaviors towards physicians and hospital administrators and fail to assert themselves as patient advocates. Likewise, nurses often appear oblivious to the social and political issues that curtail holistic patient care, and to the avenues for overcoming the constraints that hinder the enactment of their social responsibility. In fact, nurses continue to experience despotic behaviors and pressure from hospital administrators and physicians, which greatly encroach on their ability to deliver quality healthcare.

Nurses need to reflect on their position within the healthcare system, embody their role as patient advocates, and fulfill their unique social responsibility as stewards for the holistic welfare of individuals. They need to convene and empower themselves to secure healthcare as a human right, and embody caring as a social responsibility. This re-envisioning of caring calls for the enactment of behaviors beyond expressions of empathy and compassion; it calls for active involvement as committed patient advocates in the delivery of care, and for the enactment of social policies to secure quality healthcare for everyone. Indeed, nurses need to acknowledge that their responsibility for patients' healthcare extends beyond individuals' particular needs and into society in general.

Contemporary women can vote and hold public office, and they have greater access to political power to affect social reforms, secure the holistic welfare of society, and preserve democratic values and privileges for all individuals. In addition, today's nurses are educated in academic settings and are better positioned to assert themselves as legitimate professionals and to serve as human advocates by enacting their social responsibility.

However, nurse educators need to come to grips with the fact that education is political and value-laden (Apple, 1990). They also need to interrogate traditional myths of healthcare delivery and disrupt the patriarchal structure of the system. Furthermore, nursing education needs to question the intersections between social issues and illness and further explore nurses' social responsibility in a democratic society. Indeed, healthcare and social policies affecting all individuals should become a central interest for nurses as service-oriented professionals and as stewards of society's holistic welfare. Nurse educators need to re-envision the goal of nursing curricula and commit themselves to preparing nurses to accomplish their social responsibility. Further, they need to interrogate the traditional principles that have guided the curricula and query their effectiveness in developing nurses' social responsibility for the holistic welfare of all individuals in society.

## Recommendations for Future Research

This study had limitations that could be overcome in future research. First, future researchers should include nurses belonging to a variety of races/ethnicities to determine whether race/ethnicity affects nurses' perceptions of their professional competence. Although no studies have addressed the possible relationship between ethnicity and self-reported professional competence, the fact that the researcher only focused on interviewing white nurses hindered the possible discovery of the link between ethnicity and self reported professional competence. It is also highly recommended that future

researchers include male nurses in their studies; this study was unable to discover that link because all of its participants were females.

In terms of practical applications to nursing, this study recommends that nurse educators and other members of the nursing field consider revising the nursing curriculum to address the needs of today's nurses to increase the likelihood that they will experience a smooth transition into practice. In the same manner, nursing schools must provide their students with the practical experiences they need and stop relying on hospitals to do this for them due to the pressing problem of nursing shortage that almost all members of the nursing industry are facing.

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## Appendix: Interview Questions

1. When did you graduate?

2. What is your educational preparation for nursing?

3. What is your area(s) of nursing practice?

4. Did you feel confident about your educational preparation for embarking on your practice upon passage of your state boards?

4(a). If no, why?

5. Do you continue to advance your nursing education either formally or informally?

5(a). If yes, what do you do?

6. Has your nursing expertise increased since starting work?

6(a). If yes, in what ways?

6(b) Who or what barriers affected your transition into practice?

7. At this point in your career, do you feel you have expanded your knowledge to understand the concept of *ho*w to do something and *why* to do something?

7(a). If yes, can you identify a pivotal moment when this transition occurred?

8. How many years have you practiced nursing?

9. What is your age?

10. What is your ethnicity?

11. What is your gender?

12. Reflecting back on your transition, is there anything else you would like to add?

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**Profile**

Nurse Educator in a two year community college. Area of expertise, Adult Health. Nursing provides me with the greatest gift: to make a difference in a life. Few of us will be remembered after we are gone; but if we touch one life by our actions, then we have accomplished much.

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Northern Michigan University

**Publications**

**Master's Thesis**
Joyel Brule Utilization of Pet Therapy in Long term Care 1997

**Experience**

**Nurse Educator, Bay de Noc Community College** 1994 – Present

- Responsible for education of nursing students in Medical/Surgical nursing at the vocational and registered nursing level
- Executed clinical placements of students with direct supervision of all participants
- Structured and taught lecture component of Medical/Surgical nursing
- Responsible for development and instruction of Effective Stress Management and Nutrition for nurses in Dickinson County area.
- Developing Computer's for Nurses for Fall semester 2000
- Researched and organized relevant information to reflect current nursing practice
- Responsible for development and management of Continuing Education Programs for Nurses through the College
- Responsible for ongoing management of Continuing Education Program, including quality and relevance of presented lectures
- Member of Community Outreach Quality Improvement Committee

**Case Manager, Superior Rehabilitation Services. Office of Workmen's Compensation program, United States Government. Nation's Care Link, Disability Management** 1993 –1998

- Directed the necessary care and appropriate utilization of resources for patient's individual needs as an independent practitioner and contractual worker for third party payers. (Insurance)
- Focused on quality of care, with application of the nursing process to improve patient satisfaction and containment of cost
- Effected communication between claimant, third party payers and legal parties as necessary
- Examined and assessed past health care services, facilitated appropriate contact with necessary medical professionals including physicians, physical therapists, social workers, pharmacists, nurses, and other ancillary personnel