Title: Identifying student knowledge and perception of what is valuable to professional practice: A mixed method study

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Author(s): Anderson, J.K.; Croxon, L.A.; McGarry, D.E.

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Abstract: Background: Bachelor of Nursing programmes are designed to prepare Registered Nurses for professional practice. The Bachelor of Nursing curriculum under discussion was shaped by the conceptual framework of primary health care philosophy, including themes of social justice, Indigenous health, caring philosophy, and the advancement of the discipline through research, scholarship and application of nursing knowledge and evidence-based practice. Objectives: This study was designed to identify what s ...
IDENTIFYING STUDENT KNOWLEDGE AND PERCEPTION OF CONCEPTUAL FRAMEWORKS WITHIN A NURSING CURRICULUM: A MIXED METHOD STUDY

Abstract

Background
In Australian Universities, Bachelor of Nursing programs are designed to prepare Registered Nurses for professional practice by successfully meeting the Nursing and Midwifery Board of Australia’s National Competency Standards for the Registered Nurse. The Bachelor of Nursing curriculum under discussion was shaped by the conceptual framework of primary health care philosophy, including themes of social justice, Indigenous health, caring philosophy, and the advancement of the discipline through research, scholarship and application of nursing knowledge and evidence-based practice. These themes were integrated throughout the program and required students to engage in learning and assessment activities that exposed them to increasingly more complex situations that demand integration and synthesis of previously acquired knowledge.

Objectives
This study was designed to identify what students and graduates found valuable in a Bachelor of Nursing curriculum conceptual framework and what value (if any) they placed on a conceptual framework and underpinning themes.

Design
A small study was designed to identify the strengths and weaknesses of the conceptual framework of the current curriculum and other themes which may be valuable to the new curriculum of the Bachelor of Nursing. A mixed methodology was selected as being appropriate to measure the value that previous and completing students placed on each of these items and to explore their perceptions.

Settings
The setting for this small study was a regional university in NSW, Australia.

Participants
Previous and completing (final year) students were invited to complete the online survey and any who were willing to be interviewed were asked to provide their contact details.

Methods
The research was conducted via a questionnaire through Survey Monkey, using a Likert scale and open responses and follow up interviews were conducted with willing participants.

Results
A total of 128 responses to the survey were received and ten were interviewed. Overall responses were positive. Students were aware of and valued all aspects of the current and proposed conceptual framework. There were some themes; however which were better understood than others.

Conclusions
The majority of graduated students indicated that they were well prepared for the workforce. All aspects of the conceptual framework of the curriculum were valued by the majority of students.
INTRODUCTION

When reviewing a curriculum a great deal of discussion takes place about what to include and what can be removed. Many stakeholders have different opinions about the value of some aspects over others and decisions cannot possibly reflect everyone’s opinion equally. However, there is a great deal of value in obtaining those opinions. Graduates are unique in their understanding of current courses and how well it has prepared them for practice. For that reason this study sought their opinions on conceptual frameworks and their value in structuring a nursing curriculum. Final year students were also involved due to their insight into how well prepared they felt for practice.

BACKGROUND/LITERATURE

The review of the current Bachelor of Nursing included an appraisal of the underlying conceptual framework which subsequently led to queries about student involvement and interest in a conceptual framework. Literature related to nursing education demonstrates an ongoing interest in and discussion about which conceptual frameworks are most useful to student learning (Benner, Sutphen, Leonard, & Day, 2010; D’Antonio, Brennan, & Curley, 2013; Martyn, Terwijn, Kek, & Huijser, In press).

In these discussions the ‘voices’ of several groups are heard clearly, including policy makers and lecturers. Student voices, however, are not always so clear. Salyers, et al. (2010), describe an evaluation of a pedagogical framework which was used to structure a nursing curriculum and found that both students and academic staff benefit from a framework which reflects the general thinking and learning processes of the discipline. McIntosh, Fraser, Stephen and Avis (2013, p. 1183) suggest “involving students more deeply in curriculum design, thereby giving them a stake in defining the essential components” of the course. Kumm and Fletcher (2012) in discussing the design of a new bachelor of nursing curriculum do not mention students as stakeholders in the process of designing a new curriculum and although D’Antonio et al. (2013) discuss the value of internal stakeholders (including students) in curriculum design they do not describe students being involved in the undergraduate curriculum renewal process.

Naturally most universities survey student satisfaction and perceptions about their courses (Adams & Shearer, 2012). Student feedback has been used to evaluate learning and satisfaction in the clinical environment (Henderson, Cooke, Creedy, & Walker, 2012; Loewenson & Hunt, 2011; O’Mara, McDonald, Gillespie, Brown, & Miles, 2014; Papastavrou, Lambrinou, Tsangari, Saarikoski, & Leino-Kilpi, 2010; Papathanasiou, Tsaras, & Sarafis, 2014; Roxburgh, 2014; Skaalvik, Normann, & Henriksen, 2011; Sundler et al., 2014) and some literature which relates to preparation for practice examining undergraduate and graduate satisfaction with models of clinical learning and preparation for practice (Hickey, 2010; Milton-Wildey, Kenny, Parmenter, & Hall, 2014). Other literature relates to evaluation of programs for nursing students undertaking international experiences (Kulbok, Mitchell, Glick, & Greiner, 2012), but this does not give them a voice in the conceptual structure of course design.

There is also literature around student perception of problem based learning (Cooper & Carver, 2012; Rowan, McCourt, & Beake, 2009) learning statistics (Hagen, Awosoga, Kellett, & Damgaard, 2013) and an increasing focus on simulation (Kelly & Fry, 2013; Reid-Searl, Eaton, Vieth, & Happell, 2011) and blended and online learning (Gaudet, Singh, Epstein, Santa Mina, & Gula, 2014; Hodges &
This literature around nursing education and clinical learning experiences was found across global sources.

**METHODS**

A mixed methodology study was implemented to measure the value that previous and completing students placed on different aspects of the current and proposed conceptual framework and to allow the researchers to explore these results in greater depth. Ethics approval was granted through the School of Nursing, Midwifery and Indigenous Health Human Research Ethics Committee (approval number: 409/2013/04). Links to a survey were emailed to all students who had graduated from the course in the previous three years and to current students from a regional university in NSW, Australia. The survey used a Likert scale and open responses. Participants who were willing to be interviewed were asked to provide their contact details. A purposive sample of those students who indicated a willingness to be interviewed was then contacted. This sample was representative of age, gender and metropolitan/­rural areas. Ten interviews were conducted of approximately one hour each, digitally recorded and transcribed verbatim. These were then thematically analysed by a different team member to the interviewer and the themes that emerged were checked by the researcher who conducted the interview. In order to maintain their confidentiality, participants were given pseudonyms and although X males were interviewed, they were also given female pseudonyms.

**RESULTS**

A total of 128 responses were received, 111 (86.7%) from previous graduates and 17 (13.3%) from current final year students. Most of the respondents were female (91.4%) which is consistent with gender percentages within the course. Respondents represented fairly evenly those between 19-25 years of age (25.6%), 26-35 years of age (27.1%) and 46-55 years of age (32%). The overwhelming majority of graduate participants were working in the health industry and 95.5% in nursing (the survey included double degree graduates, who may have sought work in other areas). On completion of their degree, 61.2% felt that they were prepared and a further 12.6% felt they were very prepared for practice. Graduate and student participants were asked about the relevance of current and proposed central themes of the curriculum to their current or future practice. Most graduates were positive, indicating current and proposed themes of the curriculum framework were applicable to their practice. These responses are all supportive of the proposed curriculum framework. Students and graduates were asked to indicate their recognition of the presence of the five themes of the conceptual framework of the current curriculum: Evidence-based practice, person-centred care, primary health care, social justice, and Indigenous health. They were then asked whether the proposed additional themes – cultural competence, strengths based nursing, clinical reasoning and ethical comportment - would be valuable additions to the new curriculum. The responses of ‘agree’ or ‘strongly agree’ are summarised in the following chart, showing responses from graduates and students. As can be seen in the chart, all themes were reasonably equally valued.
It was gratifying that these participants did recognise the existence of the conceptual framework in the curriculum and its application for practice. The focus of the interviews with the participants was around the major themes of the conceptual framework of the current Bachelor of Nursing and the proposed themes of the revised Bachelor of Nursing course. An understanding of the themes that were present in the current curriculum was highlighted in the results. An understanding of three of the proposed themes, strengths based nursing, cultural competence and ethical comportment, were less evident. The themes that were discussed were the value of the conceptual framework; evidence based practice, primary health care, clinical reasoning, person centred care; social justice, Indigenous health, strengths based nursing, cultural competence and ethical comportment.

**Value of conceptual framework**

All participants in interviews identified the conceptual framework as being very important. It was seen to offer cohesiveness to the curriculum and to instil overall values within it. Participants confirmed the need to have identified frameworks for curricula and were pleased to have been asked for their opinion about them. Participants stated it was:

*I think it’s absolutely critical, absolutely critical that there is an overarching framework that everyone is working from (Toni)*

Whilst recognising its value, participants also suggested how a conceptual framework acts:

*It helps to guide us, I think, without one in our course, there are some people who would not actually follow the standards that are set and I think that the nursing board having
seen this has also helped to guide our subject and objective delivery and to see that we learn what we need to (Michelle)

Many participants were insightful about the role of a conceptual framework and felt privileged to be asked for their opinion about something they regarded as being so important. The insight gained through asking new practitioners about the conceptual framework which had impacted so much on their preparation for practice was also highlighted. Participants felt that several aspects of the framework were important and these are dealt with according to the level of importance assigned to them by participants.

Evidence based practice

Evidence based practice (EBP) was seen to be integral to the curriculum and nursing practice. This was the aspect of the conceptual framework most valued by participants. EBP is defined as interdisciplinary approach to health care practice that bases clinical decisions on research studies that meet rigorous criteria when available (Hoffman, Bennett, & Del Mar, 2013). It was evident in the current curriculum especially from second year onward, is related to practice and is evident when on clinical practice.

All participants clearly understood the concept of evidence based practice. Participants, particularly those who were now in the workforce regarded evidence based practice as essential to their practice as described by Angie:

Evidence based practice, I think is used everywhere, all policy is designed around it, so definitely, people need an understanding of, well nursing IS evidence based practice
(Angie)

Evidence based practice was valued by all participants, even current students. However, as Michelle pointed out, this was something that she needed to learn about and did not understand upon entry into the course.

It is well covered, it is important. I don’t think that I have not had an assignment or a presentation that has not required evidence based practice. At first it was challenging, I thought that what I was presenting was evidence based practice and then I learned about peer review articles and receiving information from .org or .au websites and learning that research is completed and then implemented into hospitals and that then becomes the culture of research based practice ... definitely should not be introduced later, it could be brought in earlier, it might have been, but I might not have paid enough attention (Michelle)

Evidence based practice was perceived by participants to be central to their course, assessments and their practice. It was the theme most valued by participants. This reinforces the connection between theory and practice which the majority of nursing courses are aiming for.

Primary health care

Primary health care (PHC) is defined as universally available health care that is based on evidence and provided in a culturally competent manner in collaboration with the communities serviced (McMurray & Clendon, 2011). It is viewed as the most important trend or direction in health care in the literature and by participants. It has been the overarching concept for the current and the
proposed curriculum and participants agreed that it was regarded as very relevant to nursing
practice. Participants described primary health care as involving:

I think that primary health care is something that we as nurses can actually do a lot of, it
is not necessarily medical officer based, necessarily, you know the simple things that we
can do that advocate for that … you know that nursing is not just hospital based, so
there are other options out there for people, not just ordinary things (Angie)

Participants also recognised the changing role of nursing in primary health care. Some acknowledged
that as students perhaps they were not aware of it as much as they were now, but they also
described an increased role for nurses in this area, which they described as:

It is more prevalent now than when I graduated … only the last few years that I really
noticed … from memory the focus of primary health care was on allied health, maybe
community and mental health services, child and family health … but I think that is
changing now to more nurse specific roles, popping up out there. You had the district
nurses, but now you have a bigger proportion of people out there (Sarah)

Overall, participants agreed that primary health care was an important aspect of their curriculum
and relevant to health care in general. They felt that its inclusion was essential for the progression of
nursing into future roles and addressing health care needs as they continue to evolve.

Clinical reasoning

Clinical reasoning is defined as a process of collating cues, understanding problems, planning
interventions, evaluating outcomes and reflection and learning from the process (Levett-Jones &
Lapkin, 2013). The development of clinical reasoning is seen as area of strength in the current
curriculum, but was not previously articulated as a theme of the conceptual framework. It is highly
valued and linked to evidence based practice. It is theme that is proposed to carry into curriculum
renewal. Angie described it as:

For me would be using evidence based practice and our knowledge to put it into our
practice and to work out what we are actually going to achieve, what would we do in
that situation, how we can best help our patient … definitely a useful theme (Angie)

Jane confirmed the usefulness of this theme and role that she believes clinical reasoning plays in
nursing:

being able to use your judgement and justify why you have performed a procedure or
why you’re going to do something or why you need to do something for a patient using
your clinical judgement as reasoning to why you’re going to do something (Jane)

Both Angie, now a registered nurse and Jane in her final year of the program felt that clinical
reasoning was important to their careers. They agreed with the findings of the survey that this
theme was an important part of the conceptual framework and should be strengthened in the new
curriculum.

Person-centred care

Person-centred care, arising from aged care paradigms, refers to a way of caring that treats each as a
unique individual whose behaviour is meaningful. The concept emphasises appreciating the other’s
point-of-view and how they may be feeling (White, Newton-Curtis, & Lyons, 2008). This is viewed as a top priority to guide practice by Sarah:

> It’s what I was taught that everything is person-centred care, it didn’t get lost along my career … it’s a top priority … actively re-introduced, not that its ever gone, but actively re-introduced … it’s always been important, but now it’s starting to make its way into our [health service] structure and business (Sarah)

This focus on person-centred care was reinforced by Angie, who felt that it was a useful component of the curriculum.

> I think it is relevant because no two individuals are ever the same and the way we deal with people, we don’t even realise that we are doing it. You have to treat them as an individual, it’s not about what the doctors’ want, it’s what they want, and it enhances the curriculum (Angie)

All participants valued this highly and graduates indicated that it was a significant part of their continuing practice. This theme was very strong and very much valued by all participants as being significant in curriculum development and in nursing overall.

**Social justice**

Social justice is defined as valuing human rights and recognising the dignity of every individual and based on principles of equality (Donnelly, 2013). Participants demonstrated a sound understanding of the importance of equity and access in terms of health care and the roles of nurses in this area.

> I think nurses could be at the very front line of that and probably are in some respects, especially in rural and regional areas. It’s not that there’s many nurses out there either but I think that nurses are more sympathetic maybe to that and trying to bridge gaps between service access. Accessing services for us in public hospitals is a central theme, and part of our business plan as surrounding access to services. I think there’s a great opening for nurses in the community to be gap fillers, if you like for want of a better word (Sarah)

This concern for equity and access was not limited to graduated students, but also reflected in the comments of current students. As Toni, a mature age student, pointed out, one of the reasons this theme was so important was that not all students came into the degree with the same background and understanding, so it was necessary to ensure that everyone understood the concept.

> I think it’s really important because I mean how many 17 or 18 year olds are coming in whose entire understanding of the world is what they’ve seen over the back fence or what their parents have told them over dinner? I think that I’m across to a small degree over these issues, but I think it’s absolutely important, I think that, yeah, it’s absolutely fundamentally critical (Toni)

Participants in the focus groups reinforced the results of the survey, indicating that social justice was an important concept within the Bachelor of Nursing. Not only did they recognise the concept of social justice within the curriculum, but they also identified their roles and how they were implementing this concept in the everyday practice.

**Indigenous health**
All participants viewed Indigenous health as an important theme in the conceptual framework. The general term Indigenous health was used to refer to the health needs of Aboriginal and Torres Strait Islander peoples. Participant discussion often mentioned the clinical placement for this subject, which they did not always find relevant to Indigenous Health. Most participants felt this theme was threaded throughout the subjects in the Bachelor of Nursing curriculum and made relevant to rural nursing practice.

Indigenous Health was described by participants as being very important to their studies:

> It was a very valued part of our education (Michelle)
> They [Indigenous Health concepts] were threaded throughout the curriculum ... especially relevant to practice out here, certainly in our practice out here (Angie)

As Angie pointed out Indigenous health concepts were not only considered to be an important part of the curriculum, but were also directly relevant to her current practice now that she had graduated. This relevance was not lost on other participants, who also pointed it out:

> It is very important; we all know the sad statistics on the health of Aboriginal people in this country and working for the X health service. It is, it would be in the top 3 priorities, if not the top priority for our business plan is to close the gap, Indigenous Health. We’ve got, we have employed a lot of Aboriginal Identified positions within our hospital, educational officers, and liaisons, bridges hopefully to the Aboriginal community. Our new CE is really passionate about the health of our Indigenous people (Sarah)

The university that these participants were recruited from is a regional university with a large rural and remote catchment area. This could have influenced the relevance of Indigenous health to their practice when they graduated, as these students frequently stay in the catchment area after they have completed their courses.

**Other themes**

Interview participants did not have clear understandings of strengths based nursing, cultural competence or ethical comportment as individual themes. As these were not existing themes within the curriculum, this was not surprising. They recognised their value, but identified their similarities with other themes within the existing curriculum.

Strengths based nursing was linked by some participants with PHC and they could see aspects of the theme currently in place in their subjects of chronic care, mental health and care of the older person. As Angie pointed out:

> The strengths of the individual and using them to their advantage ... it’s a bit of primary health care, empowering them to take control of their own health care ... that’s one of the biggest challenges to deal with a lot of different personalities (Angie)

Cultural competence was also not seen to require an individual theme by participants, who felt that it was covered by the theme of Indigenous health.

> I think to be honest I remember them talking about it because I didn’t have the exposure I think back then. I thought, oh this is really relevant and da, da, da but that was all recapped again in our training our mandatory type training and obviously the Area Health has to tick boxes as far as their staffing, their commitment to indigenous health.
So I think it all came back to me when I was talking to them in terms of how they perceive things you say, your actions as does other cultures as well so they spoke about other cultures as well but particularly Indigenous Health was a big one (Frances)

Most participants related the ethical comportment to ethics. However several students saw a relationship to professionalism and professional role. As Sarah commented:

... professional conduct brings its own challenges, we have all these mandatory components we have to deal with.... if you want to be identified as a professional you have to behave like a professional ... they are all so focussed on tasks and getting things done(Sarah)

Overall, participants valued a conceptual framework, other themes emerged that did not directly relate to the conceptual framework but rather the course in general. They are beyond the scope of this paper. Overall the graduates felt that they were as prepared as they could be to enter practice after completing the Bachelor of Nursing course.

DISCUSSION

Participants were able to recognise the major themes of the existing Bachelor of Nursing curriculum and had a greater understanding of their application to nursing than was anticipated by the researchers. The valued the idea of a conceptual framework as an organising structure to ensure that linkages occurred throughout.

Overall the majority of participants were aware that Primary Health Care was the basis of the existing curriculum. There was a sound understanding of the philosophy and of the relevance to nursing practice. This focus was based on the acknowledgement of a need to provide a skilled workforce which strengthens and improves how primary health care is provided in order to address current and emerging factors in the health care system (Australian Government Department of Health and Ageing, 2009a, 2009b; World Health Organization, 2008). This framework supports the trends that are emerging in the health sector toward strengthening and expansion of primary health care services as health care is moved from hospitals to the community. Not only did participants value this overarching framework, but they identified the trends in healthcare both theoretically and in their current practice (for graduated participants). In applying this framework the focus for student learning was on families, communities and individuals and on health rather than illness. A strengths based approach is based on the underlying assumption that a community or individual can address its or their own problems, the community or individual knows best and uses an asset model (Lind & Smith, 2008). This supports the overall philosophy of Primary Health Care and was a theme that both graduates and students saw as being very relevant to practice and was in their opinion sufficiently linked to primary health care for this theme to be subsumed rather than to gain its place as a stand-alone theme.

Several themes were valued by participants to continue to be included in future curricula. Evidence Based Practice was appreciated as the underlying basis for nursing practice. It was recognised as having a strong presence in the curriculum and teaching strategies. Similarly clinical reasoning, person centred care and social justice were recognised as having the same presence and sense of importance in the existing curriculum and participants supported their continued inclusion in the curriculum.
Indigenous Health was seen to be integrated throughout the subjects in the existing curriculum. It was seen to be very relevant to practice in the rural footprint of the university. Due to the regional demographics, a focus on Indigenous Health was seen to be an important part of the curriculum. A subject dedicated to Indigenous Health was seen to be a strength of curriculum design in 2008 and was still seen in that light by the participants of this study. Discussion of cultural competence was seen to be part of learning around Indigenous Health and was not seen by the participants as being worthy of becoming a stand-alone theme.

Some of the changes recommended by the participants have been identified by the BN curriculum development team and implemented in the curriculum revision process. One of the most significant features of the interviews was the recognition by graduated students that they had not been aware of the significance of many aspects of the course and underlying conceptual framework until they had been in practice for some time.

**CONCLUSION**

This project confirmed that graduate and students’ knowledge of the conceptual framework was at a high level and exceeded initial expectations. Further it affirmed value for the conceptual framework as a significant part of curriculum development. The results confirmed the participants’ knowledge of and value of existing and proposed themes and the conceptual framework.

All aspects of the conceptual framework of the curriculum were valued by the majority of students. The majority of graduated students indicated that they were well prepared for the workforce. From the survey data evidence based practice, primary health care and clinical reasoning were perceived to be the most important. It is gratifying that evidence based practice and primary health care were the most highly valued themes to emerge from the survey data. Themes which were ranked at lower levels were often described by interview participants as being incorporated into other themes and already well covered, rather than requiring individual focus.

Although previous literature calls for student consultation very little demonstrates this in the practice of curriculum development. This study demonstrates the capacity, willingness and interest of students in contributing to this process. The students were attuned with the curriculum. Involving students in future curriculum development may ensure their needs are considered.
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