An Examination of the Clinical Learning Experience of Second Career Nursing Students in a Dedicated Education Unit: A Qualitative Study

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Abstract. Controversy exists between academic leaders and nurse executives in the health care system regarding whether or not new graduates especially second-career nurses are fully prepared to provide safe and effective patient care. Nurse educators are exploring innovative methods explored to improve clinical learning outcome and to foster successful career development of these students. The purpose of the paper is to examine the experience and self-regulated learning capacities of second-career nursing students who have received clinical teaching in a Veterans Affair Hospital's dedicated education unit in the United States. The study setting is a 20-bed cardiac telemetry unit where staff nurses are purposely assigned to clinical teaching. Kuiper's self-regulated learning model (Kuiper, 2005), a middle-range theory derived from constructivist theory, is used as the theoretical framework of the study. 13 students were recruited from the hospital's partnership with a second-career program. The participants were asked to answer 10 open-ended questions during two focus group sessions of 6 and 7 people respectively. The conversations were audio-taped and transcribed. The scripts were input into a qualitative research software NVivo10 for data analysis. The study provides a glimpse into the lived experience of the second-career students. It compares the findings with those of prior published studies. It concludes that the dedicated education unit has a positive impact on second-career students' self-regulated learning experience.

Key Words: Second-career Nursing Students, Dedicated Education Unit, Self-regulated Learning, Clinical Teaching.

INTRODUCTION

Second-career nursing is an increasing phenomenon in a world of entry level nurses. By completing a condensed and intensive 12 to 18-month nursing curriculum, a student graduates with a Bachelor of Science in nursing (BSN) degree and hopefully gains rapid entry into the workforce or continues onto graduate study.

New graduate nurses now comprise more than 10% of hospital nursing staff (Nursing Executive Center, 2007) although no specific number can be found as to how many of these new graduates actually come from a second-career background. Controversy exists between academic leaders and nurse executives in the health care system regarding whether or not new graduate nurses are fully prepared to provide safe and effective patient care. According to a Nursing Executive Center survey (Berkow et al., 2008), 90% of academic leaders believed
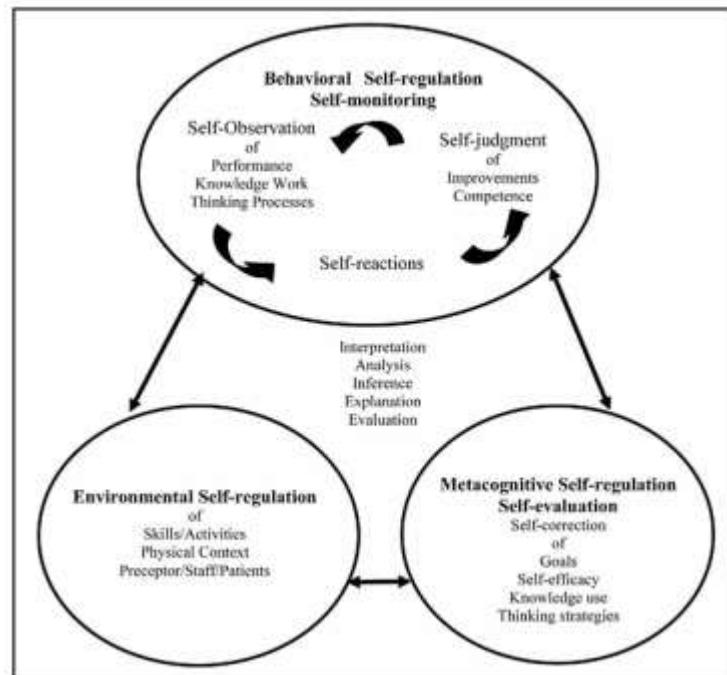
Figure 1: Reflective self-regulated learning in nursing (Kuiper, 1999, 2005)

that new graduates were adequately prepared to practice nursing versus only 10% of hospital-based leaders that had the same opinion. However, all seemed to agree that new graduates always would have much more to learn in a complex care environment regardless of how well they are prepared for real practice.

The concept of Dedicated Education Unit (DEU) in clinical nursing education was pioneered by the Flinders University of the South Australian, School of Nursing (Edgecombe *et al.,* 1999). The University of Portland, School of Nursing and its clinical partner hospitals have jointly developed strategies to implement the DEU model in the United States (Moscato *et al.*, 2007). The DEU utilizes adult learning principles where the clinical faculty relinquishes the traditional instructor role. Qualified staff nurses coach and mentor students throughout the clinical rotation. The clinical faculty supports, facilitates and assures the achievement of expected learning outcomes.

Theoretical Foundation

A central tenet of the accelerated nursing programs is a belief that these are adult learners who are capable of self-motivated and self-regulated learning. While there are various theories pertaining to adult learning principles, Kuiper's self-regulated learning (SRL) model, a middle-range theory derived from constructivist theory, is perhaps the best model that can be applied to the

development of nursing clinical reasoning skills. The SRL model was originally created in Kuiper's doctoral dissertation in 1999 and later published in a journal article in 2005.

Kuiper and Pesut (2004) argued that standardized tests could not be used solely to measure critical thinking outcomes. SRL model stipulates that behavioral self-regulation or monitoring consists of the sub-processes of self-observation, self-reaction and self-judgement. When linked to goal attainment, the processes are reinforced. Environmental self-regulation includes the physical context and social interaction. Behavioral and environmental self-regulation are building blocks leading to a higher level of thinking and metacognitive self-regulation, which is critical in the development of reflective critical thinking skills and nursing judgement. The SRL model is chosen because it is student-centered and congruent with adult learning principles. It is used as a theoretical framework throughout this research project. Therefore, the purpose of this paper is to examine the experience of second career students who have received clinical teaching in a Veterans Affair (VA) Hospital's dedicated education unit (DEU) in the United States.

Table 1: Summary of prior studies

Authors	Study Design	Participants	Findings
Cangelosi (2007)	Qualitative study: What was helpful to accelerate students' learning?	19 second-career nursing graduates from 6 nursing programs	Faculty needed to relinquish rigid adherence to sacred cows in their teaching pedagogies by listening to the voices of students. Second-career students' prior knowledge and experience should be incorporated into the teaching and learning process.
Kohn & Truglio-Londrigan (2007)	Hermeneutic phenomenological method: the motives of career change; the emotions and experience associated with the transition; the barriers encountered	6 students, interviewed 5 times over 3 semesters	Nursing faculty should look beyond the didactic experience to facilitate students' successful transitioning
Lyon, Younger, Goodloe, & Ryland (2010)	Qualitative study: How second-career students' prior educational foci, career, and work experience affected their transition into an accelerated nursing program	135 accelerated nursing students, use of a 35-item survey	Students with health science and basic science majors reported an easier transition than those with degrees in other disciplines. Prior background both positively and negatively impacted the acculturation.
Mullen (2007)	Descriptive, exploratory study	A convenience sample of 76 second-career nursing students, use of the Motivated Strategies for Learning Questionnaire	The more advanced the students were in the coursework, the more self-regulatory learning strategies they would use.
Oermann et al. (2010)	A collaborative research project comparing graduates of accelerated nursing programs with other graduates to explore readiness to practice in a hospital	2 focus groups of nurse managers	Lack of confidence in their own knowledge and ability appeared to be a common issue; Accelerated BSNs were "clearly smart" academically; Accelerated programs lacked time to gain essential clinical skills.

Literature Review

There is a paucity of longitudinal research studies on how second-career nursing students fare in the workplace. Few studies have examined the clinical learning needs of accelerated, second-degree students. A computerized literature search was conducted in CINAHL, Pubmed, and Google Scholar databases from 1990 to 2012 using the following keywords: accelerated nursing programs/students, non-traditional nursing programs/students, and second degree/career nursing. The search yielded 21 articles and one dissertation. A few examples are summarized in Table 1 below.

Research Questions

The study seeks to answer the following research questions:
What is the impact of the DEU on second-career nursing students' self-regulated learning experience?

How does the ability of self-regulated learning affect the development of a student's clinical competency on the

DEU?

METHODOLOGY

Research Design

A qualitative design was used because the development of clinical competency is a dynamic and complex phenomenon, a holistic experience (Benner, 1984) that cannot be fully addressed by either a count or a narrative report alone. It is highly unlikely, therefore in Benner's view that a quantitative method of examination will provide a comprehensive answer to a research question that seeks to understand personal experience.

Measures

An important concept the study explored is the self-reported development of clinical competency of the nursing students. Various conceptual definitions of nursing competency exist in the literature. In this study, nursing competency was defined as the integration and interaction of nursing knowledge, psychomotor skills, problem-solving and critical thinking ability, and motivation of continuous learning.

Participants were asked to describe their experience in the DEU and whether the unit provided a supportive environment for clinical learning versus other units they might had experience on. They were then asked to compare and contrast the preceptorship style of clinical learning as opposed to the instructor-led teaching method. Focus group questions also addressed the student's background and to assess the way of learning in an attempt to gain understanding of the adult learner as a unique individual. In addition, questions explored whether or not the student had experience any challenges, barriers to learning, as well as possible reality shock that was not expected before entry into nursing. Participants were invited to make suggestions to improve the clinical learning environment at the end of the focus group discussion.

The focus group questions were developed based on the SRL theoretical framework. The SRL theory consists of three subscales: motivation related to individual attributions and goal orientation, cognitive processing related to how information is processed and tactic execution, and executive processing related to deliberate learning and continuous evaluation (Lindner & Harris, 2002). Three of the focus group questions involved environmental self-regulated learning, which is part of the motivation subscale. There are four questions of behavioral self-regulated learning pertaining to the cognitive processing subscale. The other three questions explored megacognitive self-regulated learning, which falls under the executive processing subscale.

Research Participants

Research participants were recruited from the VA Nursing Academy, which is a partnership with a second-career program of a university in southeastern Michigan. From summer semester of 2009 to spring semester of 2012, 68 students have had at least one clinical rotation in the DEU of the VA hospital.

Methods used to recruit participants included verbal announcement at the end of the rotation and e-mail invitation. Informed consents were obtained from those who chose to participate. Approval to conduct this study was granted by the institutional review board (IRB) of the VA hospital.

Research Setting

The setting was a 20-bed cardiac telemetry in-patient unit. The patient population served was veterans and active military duty personnel. While cardiovascular diseases were the chief medical diagnoses, patients with other medical conditions or co-morbidities were also admitted to the unit. The DEU had 8 certified nurse preceptors who had a baccalaureate degree in nursing and a minimum of two years full-time experience working as a registered nurse. Preceptors were certified by attending workshops and training offered by the education department of the hospital. Students were assigned to work with more than one preceptor during the clinical rotation.

Procedure of Data Collection and Analysis

Participants were given a brief set of demographic questions. The students were then asked to answer 10 open-ended questions during the focus group. The focus group discussions were also audiotaped and the data was transcribed. The transcripts were proof read to ensure accuracy.

Following data collection, demographic data were described. NVivo10, a qualitative software program, was used to analyze focus group transcripts. During data analysis, patterns, themes, and categories were established, clustered, and then reported. Common and recurring themes were identified and interpreted to illuminate the phenomena. Direct quotes from students were used and visual representation was noted where applicable. Integration and critique of the findings were then completed.

RESULT

Almost 30 students responded to the invitation. Due to conflicts with work, school and other scheduling problems,

only 13 students were able to participate. There were two focus group sessions held. The first focus group mainly consisted of current students, and the second group was mainly composed of new graduates. The number of participants in the two groups was six and seven respectively.

Themes Emerging from Focus Group Dialogues
The DEU is conducive to learning.

SRL theory recognizes that the environment, namely the clinical setting is an important factor in the learning process. The focus group discussions consistently identified the relatively small size and cohesiveness of the DEU as beneficial to second-career nursing students. Focus group participants described the DEU as a small unit. "It's like a corner unit, five or six rooms on either side," "I could get to the supply room, the linen room, and the med room easily", whereas on some bigger units, the logistics interfered with routine activities. On the DEU, "you were never far away from anything," and "I knew all the nurses. You saw each other all the time."

Besides the physical setting, the preceptor is also a critical component of the environmental context. A common feeling of the participants was that the nursing staff on the DEU was welcoming and ready to teach students. The results indicated that second-career students depended heavily on the presence of their preceptors. Students appreciated the fact that "a clinical instructor was always on the floor" because they expected "guidance and structure" from the instructor. Students felt that the instructor could help to lessen their anxiety by having an organized system, which helped to prepare the students and to conceptualize their experience for the clinical day.

Real learning takes place in the clinical setting.

Many students reported that the first time when they had to perform a new skill, it was "scary" and "intimidating". Some even felt as if they were "freaking out". As novice learners, most students admitted having difficulty planning for the day or anticipating the work flow.

A dominant theme in the focus group dialogues is that second-career nursing students regarded themselves as "mature adult learners" who had clear goals and were committed to being successful. As adult learners, they were motivated and took initiative in their learning needs. "Knowing your resources and feeling comfortable to use them" was an important step in the learning process. They verbalized that it would be fine to "have dumb questions", be comfortable "asking these questions" to ensure patient safety, and not to worry about "being looked down upon". "I know how much I don't know. I can be comfortable with that."

The adult learner referred back to real life situation to learn new skill sets even though he or she might not have any healthcare background. The adult learner also expected flexibility from the preceptor so learning would take place at a more individualized pace. The adult learner also desired a certain level of trust and autonomy. Despite the fact that some students noticed a discrepancy between expectations and reality, most agreed that their prior education or career preparation had a positive impact on how they learned in this program. There were comments such as: "It wasn't what I expected." "It was hard across the board." And "It was a difficult transition."

Barriers

The biggest barrier students faced was "so much to learn, but so little time", "we need more clinical hours". What was interwoven with the "time constraint" was the importance of "preceptor-student relationship" to the student's learning.

A few participants enumerated incidents where staff nurses made it very clear that they did not want a student. However, coming from a different floor, the experience on the DEU was "a step up". They felt that nurses here were "good role models". In addition to "more clinical time", most students would appreciate the "consistency" of a clinical site and preceptorship, which would help to minimize the transition time and maximize the learning opportunities.

Students would also benefit from a "one-minute conversation" when they had a new preceptor to assess the student's clinical ability. This brief assessment would help to align the expectation and reality and to avoid a mis-match, which could have a negative impact on the clinical day.

DISCUSSION

The focus groups provided a glimpse into the lived experience of the second-career students on a DEU of the VA hospital. The results of this study were similar to earlier studies in several areas:

As indicated by Cangelosi (2007), Kohn and Truglio-Londrigan (2007), and Mullen (2007), second-career students were motivated adult learners who were able to use self-regulated learning. This study also agreed with findings of Oermann *et al.* (2010) in that at the clinical learning stage, second-career students generally lacked of confidence in their competence and ability. It might be true that certain competencies could only be development after graduation. Also, as suggested by numerous prior studies, more clinical time or immersion with an effective preceptorship was among the findings of this study.

However, the result of this study differed from a finding

by Lyon *et al.* (2010) in that basic science majors did not seem to report an easier transition to second-career nursing. Transitional difficulty appeared to be an individualized issue. This is probably due to the fact that the DEU was a highly controlled environment, in which a system was in place to promote transition into nursing.

Although the constructs of SRL theory were not specifically mentioned in the dialogues of the focus groups, findings clearly confirmed that students exercised significantly self-regulated learning during their clinical experience. During the clinical practicum, students were proactively explaining and interpreting the learning thinking process. They used self-judgement in an effort to improve clinical competence. They were goal-directed in building a knowledge base. In the process of metacognitive self-evaluation, they exercised a certain degree of inferential learning (Michalski, 1991).

One dominant theme that emerged from the focus group dialogues was that the DEU was a conducive environment for second-career students' clinical learning. This environment was composed of a student friendly physical context, highly skilled preceptors, and an onsite instructor to provide structure and organization to the program. Participants also had strong feelings about how real learning took place in clinical settings. This theme threaded through the student's journey as a novice nurse as well as an adult learner with previous life experience, which had a profound influence in starting a new career in nursing. Lastly, participants identified barriers they needed to overcome including the time constraint, the sometimes difficult preceptor-student relationship, and what they felt they desired to see on the road ahead – "moving forward".

CONCLUSION

From the analysis of the focus group discussions, conclusions may be reached to answer the research questions:

The DEU has a positive impact on the student's learning.

Self-regulated learning plays a critical part in student's development of nursing competency.

Although the benefits of the DEU were quite tangible and substantial, a placement in the DEU was far from sufficient for students' SRL experience. Some negative impacts also surfaced during the focus group discussions. Students exhibited a certain degree of anxiety when placed in an unfamiliar environment, which included a new physical location, preceptorship, and patient population. A quick and abrupt turn-around in clinical settings undoubtedly exacerbated this kind of stress and anxiety. Students also lost a certain amount of time trying to adjust to the new environment during the transition. When taking into consideration the intensity

and shortage of clinical time of the second-career nursing program, these students would benefit from more clinical hours in a stable and consistent environment.

While students might encounter nurse preceptors who were willing to teach and share knowledge, they might also be in situations where the preceptors felt students were an extra burden slowing the nurse down. In other words, a successful DEU takes a collective and collaborative effort. A DEU needs to be "a village" growing around the students, with everyone from physicians to nurses' aides taking part in "raising" them (Robert Wood Johnson Foundation, 2011). Cultural change can be a long and sometimes painful process. This was also evident in the DEU of the VA hospital.

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APPENDIX: FOCUS GROUP QUESTIONS

1.   How do you feel about your learning experience in the DEU in general? Please describe how the DEU environment helps or hinders your clinical learning. (Environmental SR)

2.   Do you see any difference in how you learn when you are precepted by a nurse as compared with when you are taught by an instructor? Please explain. (Behavioral SR)

3.   When you learn a new skill, do you try to relate it to your previous experience or think of examples from your own life? Please elaborate. (Behavioral SR)

4.   How do you apply what you learn in class/lab to the clinical setting? Please describe using an example or examples. (Please do not mention individual's names.) (Behavioral SR)

5.   When you encounter a difficult clinical situation that requires you to make a decision, how do you handle it? (Megacognitive SR)

6.   Do you think that your prior background has any influence in your learning during the second-career nursing program? (Environmental SR)

7.   What areas do you perceive as challenges in your clinical learning? How did you overcome these barriers? (Behavioral SR)

8.   Do you feel that your preceptors are good role models? Why or why not? Based on your clinical experience in the DEU, do you think that this is what you have expected for your nursing career? Please explain. (Environmental SR)

9.   When faced with a challenging learning related task, do you construct a plan to guide you to achieve your goal? Please explain. How do you evaluate your progress? (Megacognitive SR)

10.   What changes would you like to see in the clinical learning setting? (Megacognitive SR)