Does baccalaureate education make a difference in nursing practice?

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1. Background
   - 1860: formal nursing education by Florence Nightingale (150 years)
   - Baccalaureate preparation for nurses in the U.S.
   - 1990: in the U.K.
   - 2000: in Hong Kong (H.K.)
   - 2010: resume hospital-based training, EN/RN programs

2. Outline of discussion
   1. How did the value and beliefs in nursing inherited from Florence Nightingale shadow current practice?
   2. Are there any significant moves in nursing education to bridge the knowledge-practice gap?
   3. Do the new models in nursing education bring positive healthcare outcomes compared to the Catholic model?

3. Agenda
   1. How did the value and beliefs in nursing inherited from Florence Nightingale shadow current practice?
   2. Are there any significant moves in nursing education to bridge the knowledge-practice gap?
   3. Do the new models in nursing education bring positive healthcare outcomes compared to the Catholic model?

4. The one question question
   - After educational reforms for nurses,
Value and Beliefs of Nursing

• Nursing is a profession
• Entering nursing is like responding to a call thus a solemn decision to make
• Life-long commitment

Implications to nursing education and practice

• Nursing is a profession
  – Abstain from misbehavior
  – Maintain and increase the standard
  – Preserve confidentiality
  – Protect from malpractice
  – Preserve comradery

Quality assurance as a first step to professionalization

She addressed different domains of quality assurance:

- Structure
- Process
- Outcomes

Value and Beliefs of Nursing

Education and practice

Loyal to the welfare of the patient
- Loyalty to the physician
- Practice faithfully
- Solemn decision to make
- Die long commitment
- Practice faithfully
- Solemn decision to make
- Entering nursing is like responding to a call

Nursing is a profession

A solemn pledge

Pledge

I alone am bound
My profession shall
Take the charge of my profession and
In the daily practice of my profession.
I will do all in my power to maintain
As I solemnly pledged before God
Quality assurance as a first step to professionalization

She established standards of care in practice.

Unknown in the 19th century, Nightingale had to create not only a structure, but also a culture to support that structure. This has never happened in the past.

The importance of nursing education

Nightingale maintained and upheld nursing standards through:
- recruiting quality students
- imparting good educational input
- providing significant training with a sound knowledge base.

Nursing etiquette

Having the mission to serve,

Process domain

She sought ways to improve:
- Staff training & development - e.g. formal training for nurses; improve their working conditions
- Infrastructure - e.g. formal training for nurses; improve their working conditions
- Monitoring system - e.g. introducing nurse supervisors to follow all the rules and procedures set forth by the Medical Department
- Work system - e.g. introducing nurse supervisors to follow all the rules and procedures set forth by the Medical Department

Outcome domain

She developed consistent measurable patient outcomes.

Structure domain

She established standards of care in practice.

She sought ways to improve:
- Infrastructure - e.g. formal training for nurses; improve their working conditions
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Were Nightingale’s vision and mission actualized?

Nightingale’s vision on Nursing

- She referred sickness, health, and healing to a scientific ground.
- Required a character for the job.
- Respond to nursing as a calling.

Nightingale’s mission on health care

- She was the mother of public health.
- She practiced evidence-based nursing.
- She was vigilant of preserving the basic principles of communicable diseases.

Nursing education in the last century

Pedagogical rationales
- Learning objectives

Patient outcomes
-夜ingale's actualized?

Selection of a nursing student

Called for highly qualified candidates at the beginning.
- 16 out of 2000 [0.8%] applicants for first round recruitment at St. Thomas Hospital, UK, in 1860.
- Was stringent.

Pedagogical rationales of healthcare

TO:
Holistic model:
Person-oriented; aims at provision of safe and quality healthcare to meet physical, psycho-social and spiritual needs

FROM:
Medical model:
Disease-oriented; aims at identifying the ‘right’ treatment

1; 2, pp. 5

Regard spiritual care as important healing source
Infrequently address such aspect
Spiritual

Be ready to listen
Leave it to family
Psycho-social

Increase index of suspicion and assess
Refer to psychiatrist or social worker
Mental

Enhance patients’ sense of wellbeing
Relieve symptoms and reduce disability; foster physical rehabilitation
Physical

Holistic model
Medical model
Aspects

Comparing the codes of practice

By receiving health care, patients will
- Obtain formal support from hospital or other NGO volunteers
- Do it by self

Spiritual
- Receive informal or formal support from different sources
- Take it as personal or family issue
Psycho-social
- Increase awareness and seek help
- Hide up such needs or be referred to psychiatrist if serious symptoms occur
Mental
- Learn to live with the disease
- Be disease free or reduce disability
Physical

Roles of nurses in transition

Nightingale’s time
– A carer
– A technician
– Collect hospital statistics (limit to senior staff)
– An administrator

Now
– A case manager
– An educator
– An researcher
– An advocate


In health care, nurses will

Professional code
Nightingale’s Pledge

Uphold the image of nurses
Comply with laws of Hong Kong

Be faithful to the profession
Devotion; Commitment to patient care
Attitude

Accountable and professional decision-maker in care provision
Do no harm
Decision-making

Provide safe and competent nursing
Maintain the agreed standard of practice
Practice
Professional code
Nightingale’s Pledge

Healthcare

FROM:

FROM:

needs social and spiritual health
sensory health, physical, psychological, cognitive, emotional
Person-oriented: aims at identifying the disease-oriented: aims at
Medical model: 10
Holistic model:

12, pp. 5

12, pp. 5
Agenda

2. Are there any significant moves in nursing education to bridge the knowledge-practice gap?

Significant moves in nursing education

In future: Speciality nursing. Academy of

...before 2000: Apprenticeship in hospital.

...2000 onwards: Tertiary education, self-funded.

...In future: Specialty nursing; Academy of nursing.

Problems in such hierarchy

- Difficulty in retaining highly-calibre personnel…
- Job satisfaction, high wastage, burnout, lower levels individual and professional growth.
- Discrete work roles, inadequate communication between sectors.
- Pratice gap.
- Inflexible to meet new healthcare challenges.
- Difficult to exercise EBP.

Hierarchy of nursing career

Researchers

Teachers

Clinicians

Students

Implications of such hierarchy

- Only a small number of practising nurses are serving the roles of researchers and teachers.
- Limit individual and professional growth.
- High wastage, burnout, difficulty in retaining highly-calibre personnel.
- Discrete work roles, inadequate communication between sectors.
- Practice gap.
- Inflexible to meet new healthcare challenges.
- Difficult to exercise EBP.
Theory-practice gaps

1. Baccalaureate graduates of the last decade is a minority group in clinical practice.
2. Majority nurses are senior practitioners who are either beginners or readers of clinical research.
3. Competing clinical demands deter the application of EBP.
4. The concept of life-long learning is new and role conflict exists between work, family, and study.

Role of nurses in transition

- A Researcher (R) - Inquirer and builder of nursing knowledge to guide EBP and evidence-based learning, PBL
- A Teacher (T) - Knowledgeable in both clinical and academic arena to bridge TPG
- A Clinician (C) - Independent and accountable decision-maker and exercise EBP
- A Student (S) - Critical learners via PBL mode, knowing its triple roles in future

Desirable ASK

<table>
<thead>
<tr>
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New brand of nurses required

- Fast epidemiological transitions in health and healthcare issues need updated and robust research evidence to guide our practice.
- Evidence-based learning, PBL
- Problem-based learning, PBL
- Emerging diseases and conditions
- Current nurses

Roles of nurses in transition

N.S = Nursing Students

- NS = Nursing Students
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The new learners in the Millennium

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The Epidemiological Transition

- Increasing chronic illness in younger age groups
- Global emergence of disability due to social inequalities and high prevalence in mental health
- Pandemic of communicable diseases and drug-resistant viral strains

Epidemiological Transition

- Changes in sociodemographic pyramid by age
- Gender imbalance
- Rising dependency ratio
- Low fertility rate
- Aging in place

Emerging Healthcare Concerns

- Cultural variation in the experience of health and illness
- Gender and health
- Accounting for disease and distress

Epidemiological Transition

- Global emergence of disability due to social inequalities and high prevalence in mental health
- Pandemic of communicable diseases and drug-resistant viral strains

Healthcare Issues in Emerging Ethical Concerns

- Assisted reproductive technologies: Helping couples vs. killing lives
- Advanced directives: We know vs. God knows: meaning in suffering vs. getting rid of suffering by all means
- Stem cell research: Technology for life vs. life for the living

Epidemiological Transition

- The dilemma of assisted reproductive technologies: Helping couples vs. killing lives
- Assisted reproductive technologies: Helping couples vs. killing lives
Nurses get caught up in healthcare dilemma

• Healthcare issues:
  – Diverse, ever-growing, rapidly changing, involve ethical legal controversy

• Nurses make a claim for an independent, professional and accountable decision in healthcare
  – Where's the evidence?
  – Which perspective to take?

• Theory-practice gap!

Theory-Practice Gap (TPG)

• Theory development takes time
• Dissemination of new knowledge
• Critical appraisal of papers
• Time
• Culture

Significance of discussion

• The perennial debate concerning the so-called 'theory-practice gap' pervades health professional education. (Newton et al., 2009)
• A concern among pre- and post-registration undergraduate nursing students and nurses. (Finn et al., 2010)
• Forms the barriers to implementing evidence-based practice. (Peck et al., 2009)

The concern over production of graduates who are fit to practice and purpose

Theory-Practice Gap (TPG)

• Four participants reflecting on their perioperative experiences during placement
• Five themes:
  – discovery of self-learning
  – skill acquirement in clinical placement
  – assimilation of knowledge (minding the theory-practice gap)
  – clinical scaffolding (the importance of clinical support)
  – professional emotional emancipation (reflecting the phenomena of learning in the practice setting and skill development)

Theories get caught up in healthcare dilemma

• Which perspective is to take?
• Where is the evidence?

Healthcare issues:

– Diverse, ever-growing, rapidly changing
– Involves ethical legal controversy
– Nurses make a claim for independence
– Professional and accountable decision in healthcare
### Theory-Practice Gap

Significant differences between actual observations and ideal perceptions of midwifery practice were found in two of the four clinical settings (birth centers and homebirth) and one type of education program (BA to BSN to CNM). No difference was found between traditional versus distance learning programs. (Lange and Kennedy, 2006)

### Types of TPG

#### Laboratory Learning to Clinical Setting

Type 1: Laboratory learning to clinical setting

- Research findings - clinical practice
- Clinical learning to laboratory setting
- Transfer knowledge and skill from laboratory setting

**Examples:**

- Use a fresh approach that contextualises and re-contextualises in the clinical setting.
- The use of simulation, within midwifery education (Davis et al., 2009); introducing a preceptorship clinical placement model at one healthcare organization (Newton et al., 2009).

**Aim of the study:**

How nursing students' knowledge and skills gained within university clinical laboratories transfer into the reality of the clinical environment.

**Method:**

- Interviews + focus group
- Second and third year undergraduate nursing students (n = 28)
- Data were transcribed and imported into NVivo 8 for thematic analysis.

(Lange and Kennedy, 2006)

- FIGURE 1.1: Types of TPG

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**Findings:** Four key themes

- Students’ perceptions of their learning preferences
- Perceived lack of authenticity of clinical laboratories
- Learning opportunities available in the clinical setting
- Influence of individual teachers on student performance

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Applied research findings to clinical practice

- Study results show that nurses were generally interested in using research findings.
- Hindrances to doing so include:
  - Lack of time,
  - Lack of peer and manager support,
  - Limited knowledge and skills of the research process (Anthony et al., 2008).

METHOD:

- A systematic review of papers identifying the ECMO-extracorporeal membrane oxygenation pathway.
- The lag time of journal findings to textbook was undertaken.
- Publications can be found in journals and textbooks, but sometimes take years to be found.

Findings:

- 3 papers likely to be accessed by clinicians.
- 2 textbooks addressed these issues.
- Papers likely to be accessed by clinicians.

ECMO-extracorporeal membrane oxygenation

TPG may be apparent

Factors affecting TPG

1. Personal (Evans, 2009)
   - The notion that knowledge gained in university does not translate well into the workplace is unavoidable. It is a universal problem.

2. Organizational
   - Limited knowledge and skills of the research process.
   - Lack of peer and manager support.

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Personal factors - Academia

1. Clinical updating for academic staff may help TPG (Tickle et al., 2010)
2. Lecturer-practitioner is expected to bridge the gap between education and practice (Barrett, 2007)
3. Educators are expected to help students reduce the difference between what is considered ideal and what is real (Scherer and Scherer, 2007)

Personal factors - Mentor/preceptor

1. The divergent requirements and expectations between the university and the registered nurses (mentors) providing supervision (Red-Searl, 2009)
2. Situation is worse when both play a role in student assessment

Personal factors - Students

1. Students learning preferences and others (Newton et al., 2009)
2. Students are aware of it (Putten 2008)

Organizational factors - Mentor/preceptor

1. Attitude of clinical staff – Improve the relationship practic preceptor (Happell, 2006)
2. Preceptor behaviors influence student confidence self-efficacy (Jordan and Farley, 2008)

Organizational factors - Students

1. Nursing curriculum – Educational tool for analylcical clinical
2. Cognitive continuum theory synthesizes rival and complementary approaches to decision theory in an accessible format, and various nursing scholars have advocated its use to enhance the effectiveness of nurses' clinical judgement and decision-making (Standing, 2008)
3. Suggest nine modes of practice in a revised cognitive continuum to clinical judgement and decision-making from intuitive/experiential not available.
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The four stages of the curriculum development process were identified:

• Exploration
• Design
• Implementation
• Evaluation

(Finn et al., 2010)

Innovations to bridge TPG

Gapping the teaching of clinical practice and promoting and improving their effectiveness of education and practice led to curriculum development initiatives with a focus on good communication from the viewpoint of students who had difficulty in transferring the skills.

(Finn et al., 2010)

Innovations to bridge TPG

Aim of study

• Students were able to acknowledge their limitations in nurse-patient interactions which were task-centred and bureaucratically organized.
• Students regarded such teaching approach positive and improve their effectiveness of bringing the realities of clinical practice into the classroom.

• Results

Innovations to bridge TPG

Methods

• 2-Phase study
  – Phase 1: saw 14 student nurse-patient interactions audio recorded and transcribed for analysis.
  – Phase 2: saw tapes and transcripts of similar interactions used as a teaching resource with the same cohort of students (n = 48).

• Results

• Students reported difficulty in transferring the principles of 'good' communication from the classroom into their own interactions with patients.
• Students' reflection of written and spoken evaluations in the practice of IPS teaching is recommended as a means of closing the theory-practice gap.
Any new way out?

How do we position ourselves in 21st Century?

Other Suggestions to Bridge TPG

Innovations to Bridge TPG

In view of national and international debate on standards in care is increasing:

Preliminary result of a qualitative evaluation conducted with participants (n=14) in Victoria, Australia.

The development and introduction of expert standards could be a helpful support to overcome the theory-practice gap.

The doctoral student (under supervision) supervised teaching practicums at the hospital.

The findings suggest that this initiative can significantly enhance relationships with teaching practicums, and the ultimate goal of applying for Magnet status.

Evidence-based practice.

The hospital appreciated research expertise and mentoring for the staff members.

This program has been successful in meeting the needs of both parties.

The doctoral students benefited from the expert clinical experts and mentoring for the staff.

Any new way out?

In 21st Century?

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How do we position ourselves?
How about the Catholic Nurses?

Any healthcare model to follow?

How about the Catholic Nurses?

Our role model in healthcare

Symbolic tools used by Jesus in healing

Quality of a healer demonstrated by Jesus

To heal
- Respect the patients: proposing an invitation
- Toward those in pain and suffering

He went around all of Galilee, teaching in their synagogues…
Mt, 4, 23

Teaching about anger / love / prayer / heaven / judging others:
Mt, 5-7

JESUS

CARE

GIVER

A HEALER

He cures of every disease and illnesses
Mt, 4, 23

Jesus is

A Master

A Teacher

A Care giver

A Healer

A Healer

A HEALER

Heart

HAND

LUKE 4: 40

VOICE

MASTER

SPIRIT

TEACHER

CARE

GIVER

Healing

The best model of holistic care

Any healthcare model to follow?

How about the Catholic Nurses?

Portait nursing education
Quality of a healer demonstrated by Jesus

- Be available
- Be accepting - patients' preference of time, place and ways
- Be enthusiastic
- Be prompt/timely to offer help

Luke 5:• Be ready

To soften suffering

- To evoke patients' preference of time, place and ways

In summary

The success of Florence Nightingale fell into:

1. He/She mission of nursing was clear in that she...

2. She was instrumental and systematic in healing the sick and diseases in the community

Above all,

The best healing tool is

- Jesus Himself OR ourselves as a nurse

A natural, dynamic, responsive therapeutic agent

- Prayer

We need to reachege ourselves via prayers

and continuing educations

Ways HIS WILL to heal

- Faith
- Love

Jesus Himself as a nurse

The best healing tool is

- Touch
- Eye contact
- Other senses

We are born survivors, healers to ourselves and others

Tools used by Jesus in healing

- Good uses of human senses
- To solution suffering

- Be ready
- Be emphatic
- Be enthusiastic
- Be available

Towards a nurse demonstrated by Jesus in healing

In summary

Tools used by Jesus in healing

- Good uses of human senses
- To solution suffering

- Be ready
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In conclusion

Baccalaureate nursing education will improve patient outcomes provided the holistic model in pedagogy is provided and comprehensive roles of nurses are accelerated. The mission of nursing and the goal of nursing education are achieved if a nurse is recognized as a learner, teacher, clinician and researcher. By seeing these roles as complementary, nurses' input can appreciably improve the combined and inherent roles of being a lifelong learner, teacher, and researcher in nursing education to achieve effective patient outcomes. Hopefully not just the nurse, but patients, families, society as a whole.

The next question who is the ultimate beneficiary of such a difference? The next question who is the ultimate beneficiary of such a difference?
In conclusion

1. Value and beliefs in nursing inherited from Florence Nightingale.
2. Significant moves in nursing education to bridge the knowledge-practice gap.
3. JESUS is one of our best role models in disease and health who demonstrates holistic care and how to use ourselves as a healing tool for patients, families, and populations to bring positive enduring outcomes.

References


References


