Nursing Education and Nursing Service: Working Together to Maintain the Healthcare of Society

Nancy Berger, MSN, RN, BC, CNE
Program Coordinator
Middlesex County College Nursing Program
nberger@middlesexcc.edu

Objectives
1. Discuss recent changes in nursing education and the impact on entry level practice
2. Describe recent changes in nursing service and the impact on healthcare
3. Compare expectations of entry level practice between nursing education and nursing service
4. Explain methods that can be used to maintain positive relationships between education and service

Then:
New Graduates = provisional license (GN) + work with seasoned nurses many months → RN

Now:
New Graduates = licensing exam within weeks of graduation + position as RN → assuming responsibilities beyond their capability
Carnegie Survey

• Many students feel unwelcome and are not treated well by many nurses
• Students feel intimidated approaching the nurse
• Do we “eat our young?”
• Remember what it was like to be a student


Be aware:

• Students are learning
• Patience is needed
• Students’ (lack of) experience level
• Teaching/learning are the NORM
• Faculty cannot be in 10 places at once

Changes in Nursing Education

• Entry levels into practice
• Availability of clinical affiliates
• Staff nurse expectations of student performance
• Simulation
• Learners/learning needs
Learners/Learning Needs

- Multigenerational
- Men
- Culturally diverse
- Educationally diverse
- One size does not fit all
- Self-learning
- Active learning

Students Need to Learn:

- Nursing science and knowledge
- Practical application and ethics
- Communication and social skills
- Critical thinking skills
- Problem solving skills
- Concepts related to safety, delegation and professional values

Faculty Challenges

National Survey:
- Lack of quality clinical sites
- Lack of qualified faculty
- Size of clinical groups
- Restrictions on number of students or limitations to students’ experiences imposed by clinical agencies
- Time consuming nature of students’ learning multiple agency systems

Ironside & McNellis, 2010
Recent Challenges
1. Providing appropriate guidance and supervision to each student
2. Teaching students to think on their feet and make clinical judgments
3. Providing meaningful feedback to each student
4. Supervising skill performance
5. Managing clinical teaching responsibilities along with other role expectations

2007 Carnegie survey:
- 2/3 of faculty said workload exceeded their expectations when they accepted the position
- Decreased work satisfaction

Requests to Include:
- Genetics
- Caring for elderly and vulnerable
- Community health
- Perioperative experience
- Pharmacology
- Bioterrorism and mass casualty response
- Health economics
- Cultural competence
- Health policies and politics
- Palliative and end-of-life care
- Health assessment
- Evidence-based practice
- Critical thinking
- Computer competencies

Must include fewer but more in-depth concepts so information can be transferred to other learning situations - students need to learn how to make appropriate patient care decisions based on assessment, planning, evidence, critical thinking, clinical reasoning.

Candela, Kalley, Benzel-Lindley, 2006
Expectations for Nurse Educators

- Integrate technology
- Teach diverse students in diverse settings
- Research
- Publish
- Committee work
- Further own education
- Clinical and educational expertise

Issues/Challenges in American Health Care System

- Aging and diverse population
- Educated consumers
- Explosion of new medical knowledge and technology
- Economically strained, competitive environment
- Regulation and legislation
- Environment and globalization

2007 Survey of 25% of New Jersey Nurses:

- Average nurse 50 years old woman working more than 10 hours/day
- Patient workload prevents nurse from taking a 30 minute meal break (42.4%)
- Workload is so high that nurse feels she could miss an important change in patient’s condition (36.4%)
- Patient teaching left undone (31%)
- Necessary skin care left undone (14.5%)

Flynn, 2007
• In 1983, 50% of nurses working were between ages 20-34; only 17% over age of 50
• 2009 - number of nurses over 50 was 35%; between 35-49 years = 39%; only 26% were under 34 years

Less than 20% of nursing practice time devoted specifically to patient care activities. Most time spent on documentation, medication administration, communication

Wanted:
• Diverse settings – hospitals, home care, long-term facilities, schools, community
• Maintain patient safety while managing multiple intrusive technologies
• Margin of error extremely narrow
• Increasingly complex, hazardous work environments
• Need to practice safely, compassionately, accurately
• Learn and work under less than optimal work environments
• New nurses must be ready to go

Safe Medication Practice
• "Unsafe, unrealistic, impractical, and virtually impossible to follow"
• 44% medical/surgical; 56% critical care or telemetry nurses
• 70% said their institution enforces the 30 minute rule, but only 5% were able to comply 100%; 95% infrequently comply
• Nurses do not have time to assess patient and prioritize workload because they have to stay within the rule

Advance for Nurses, 2010
Issues/Challenges in American Health Care System

• Computerization
• “30 minute rule”
• New RN Orientation

2007 New Graduate Nurse Performance Survey by The Nursing Executive Center: 89% of deans/directors of pre-licensure professional nursing programs agreed that “Overall, graduate nurses are fully prepared to provide safe and effective care in the hospital environment.”

Berkow, Virkis, Steward, & Conway, 2008

• Only 10% of hospital nurse executives reported being comfortable with new graduates’ ability to provide safe and effective care
• Only 25% of nurse leaders were fully satisfied with new graduate performance
• New graduates met performance expectations of 50% of nurse leaders in only two competencies (utilization of information technologies and rapport with patients/families)
2009 – Survey showed only 10% of hospital and health systems nurse executives believed their new graduates were fully prepared to provide safe care.

Berkow, Virkstis, Steward, & Conway, 2009

Transforming Care at the Bedside
• Initiative of RWJF to improve partnership between service and education
• Quality, comprehensive clinical experiences for students
• Excellent, compassionate care for patients
• Teamwork and communication
• Environment of collaboration and openness
• Respect

RN versus Student Perceptions
• Priorities
• Tasks
• Delegation
Transition from Student to RN

1. Separation
2. Transition
3. Incorporation

Dedicated Education Units
Preceptors
Nurse Residency Programs

Nurse Residency Programs

• Save money
• Increase retention
• Decrease stress
• Improve morale
• Increase efficiency
• Promote safety
• Increase autonomy, clinical decision-making

Cooperation between Health Care Institutions and Nursing Programs

Positive:
• Know the facility and how it runs so decreased need for orientation
• Part of the in-servicing process
• Staff and instructor familiar with each other

Negative:
• Staff expectations
“We believe that the enormous pressures on today’s nursing profession: the chaotic US health care system & the economic forces that drive it, shortage in the ranks of nurses, shortage of nursing educators, multiple pathways to the profession that discourage rather than encourage practicing nurses to complete post-licensure degrees, threaten to compromise nurses’ ability to practice state of-the-art nursing and enact the profession’s core values of care and responsibility” (Benner, Sutphen, Leonard, Day, 2010, p. 9).

- Remember that nursing is an art and a gift.
- It is a gift for us to give and to realize that we have.
- Not everyone has the gift to be able to be a nurse (Veitenthal, 2010).

References
References


