Graduate entry to practice in nursing: exploring demographic characteristics of commencing students

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KEY WORDS

accelerated program, graduate entry, masters, nursing, pre-registration, second-degree

ABSTRACT

Objective

Graduate entry to nursing programs are new to Australia. This paper reports on an analysis of students enrolled in an accelerated, pre-registration, masters-level nursing course in Melbourne, Australia.

Design

Quantitative surveys were used to gather data on a range of demographic characteristics and factors relating to students' choice to undertake nursing.

Setting

The study was conducted at one campus of an Australian university.

Subjects

Seventy-nine students from the first two cohorts of the Master of Nursing Practice participated in the study.

Main outcome measure(s)

Descriptive statistics were used to examine age and gender distributions, previous education and employment history, along with reasons surrounding students' application for entry to the course.

Results

Findings revealed higher male participation than traditional undergraduate nursing programs and students originated from a wide range of cultural and disciplinary backgrounds. Students' previous education ranged from bachelor degree to doctoral levels. A wide range of reasons were given for moving to a nursing career. Predominant reasons were career stability, being part of a caring profession and previous personal or family experience with the health care setting.

Conclusion

Accelerated programs such as this have the potential to add to the nursing workforce in a way other programs do not, build diverse expertise and professional knowledge. Understanding the characteristics of people attracted to these courses will assist with appropriate tailoring of programs, as well as assisting with marketing the nursing profession.

INTRODUCTION

Graduate entry to nursing programs, aimed at providing accelerated pathways to nursing practice for graduates from other disciplines, are relatively new to Australia. In the United States of America (USA) such programs have been offered for over thirty years, primarily initiated as a move to address nursing workforce shortages (Aktan et al 2009). It is argued that such courses provide attractive options for adults seeking second careers as they are completed in a shorter time, and graduates bring broader perspective than graduates from traditional pathways (Johnson and Johnson 2008).

The presence of an aging nursing workforce, and subsequent demands on health care systems, is also significant in the Australian context. One response to these issues was the development of the Master of Nursing Practice (MNP) which commenced at the authors' University in semester two, 2009. The course is an intensive, accelerated pre-registration program offered in four semesters over 18 months, utilising one summer semester to facilitate acceleration. In addition, the course currently has two intakes per year. In order to enter the program, applicants are required to hold a bachelor degree in a discipline other than nursing and demonstrate previous tertiary level study in human biology. This paper provides an overview of the demographic characteristics of students enrolled in the first two intakes of the program.

LITERATURE REVIEW

Graduate entry nursing programs have been offered in the USA since the 1970s. Such courses have rapidly proliferated as a means for managing nursing shortages (Cangelosi and Whitt 2005) and have increased in popularity (Cangelosi 2007a). These programs are delivered in an accelerated mode and are designed to meet pre-registration requirements. Programs described in the literature range in length from twelve to eighteen months and have been predominantly offered at bachelor degree level. However, recently similar programs at masters level have been offered (Cangelosi and Whitt 2005). Currently, there are 230 bachelor degree level programs and 65 masters level programs offered in the USA with others under development (American Association of Colleges of Nursing 2010). It has been argued that masters level courses are particularly popular as they facilitate accelerated entry into nursing at the same time as obtaining a higher degree (Johnson and Johnson 2008).

Some previous work has explored the demographics of people entering graduate entry courses in the USA. This work suggests these courses attract groups that are underrepresented in traditional programs. Seldomridge and DiBartolo (2007) compared changing demographics in one program from 1997 to 2006. During this period their findings included a progression towards students from older age groups, increasing numbers of multiple degree holders, higher numbers of males and students from international backgrounds. Simultaneously, they reported decreases in students with degrees in education and increases in those with business degrees. The authors suggest that nursing is seen to offer competitive remuneration, employment stability as well as flexibility, in a context where economic downturns have impacted on employment in some fields. In their review of two student cohorts from one university, Rouse and Rooda (2010) reported 35% being men and 35% being non-Caucasian, along with retention of 58%. The reasons students did not complete the program was attributed to a wide list of factors ranging from ill health to academic dismissal.

The students that accelerated courses attract possess maturity, real world experience and perspectives on "the potential impact they can have on the outcome of patient care" (Cangelosi 2007a, pp.95). Yet, they have been found to have similar attitudes towards nursing as traditional students (Toth et al 1998). Despite this, accelerated programs provide many unique challenges for learners. Balancing competing demands in tightened timelines can be particularly difficult (Cangelosi 2007a). Walker et al (2007) examined preferences

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for teaching methods of second-level and traditional baccalaureate nursing students. Second-degree students were found to be more self-directed and motivated to learn, expected more classroom structure and academic guidance, while being more focused on grades they received. The majority preferred case study learning, web-supported learning, and relied on faculty to explain what they needed to know. With the need to learn at a rapid pace, clinical educators have been found to play an important role for these students. Cangelosi (2007b) found graduates from these programs valued clinical educators who took time to integrate classroom learning with what they were encountering in practice and transform clinical experiences into learning events. However, possessing greater independence and confidence, these students may find close supervision and monitoring in practice uncomfortable (Seldomridge and DiBartolo 2007).

Teaching second-degree students presents different challenges for academics and clinical teaching staff that may require altering normal educational approaches. Although learning in a new discipline, these learners bring skills in self-directed learning and broad life experiences to integrate into their new learning (Cangelosi 2007a). In her study, Cangelosi (2007a) found that students valued being challenged and facilitated to make connections between their previous learning and nursing. However, teaching these students can be uncomfortable for some academics as students are more likely to challenge them and ask questions (Lindsey 2009; Seldomridge and DiBartolo 2007). Nevertheless, students require support from academics to manage the pace of course delivery, as well as their lives outside of the course (Sweeney Rico et al 2010). In another study, Cangelosi and Moss (2010) examined the experiences of academics teaching students in accelerated programs. Participants described being challenged and exhausted by teaching these students. They reported a need for "direct, constructive and respectful feedback" (Cangelosi and Moss 2010 pp.141) as well as assisting them to socialise into nursing as particularly important with this group.

METHOD

This quantitative study sought to examine characteristics of individuals in the first two cohorts undertaking the MNP at the authors' university, including demographic details, previous education, and rationale for pursuing change of career, in order to better understand their learning needs. Surveys were developed through examining available literature and questions arising from within the course management team. Ethics approval was sought and provided by the university human ethics committee prior to commencement of data collection. Soon after commencement in the course, students were informed of the study during allocated lecture time and informed that participation was voluntary and responses anonymous. An academic staff member not directly involved in managing units or the course distributed, collected and analysed the surveys to minimise the potential for coercion or bias. Data were entered into SPSS (Statistical Package for the Social Sciences v.18) and analysed using descriptive statistics.

FINDINGS

From the surveys of students in the first two cohorts, response rates of 93% (n=26) and 100% (n=53) respectively were achieved.

Demographic data

Ages of participants across combined cohort data were widely distributed (Table 1). Unexpectedly, the largest group represented was 21-25 years (24.1%, n=19) indicating that many students had not completed their previous degrees a long time before commencing this course.

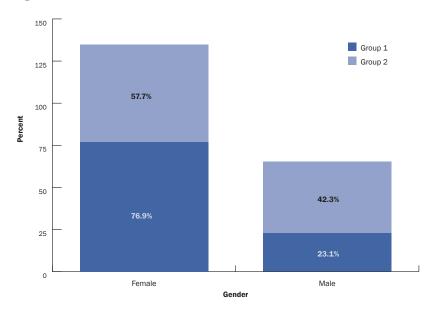
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Table 1: Age distribution

Age ranges (yrs)	Frequency (n=79)	%
21-25	19	24.1
26-30	15	19.0
31-35	13	16.4
36-40	10	12.7
41-45	13	16.4
46-50	6	7.6
51-55	2	2.5
Not stated	1	1.3

Gender distributions revealed higher male participation than traditionally seen in nursing education. Overall, across the two groups 29.1% (n=23) were male and 69.6% (n=55) female. However, as highlighted in Figure 1, 42.3% of participants in the first cohort were male.

Figure 1: Gender distribution



Across the group, 45.6% (n=36) identified themselves as coming from non-English speaking backgrounds, reflecting a culturally diverse group.

Previous Education

Participants were asked to identify their highest level of education to which the majority (74.7%, n=59) identified bachelor degree. The remainder reported higher qualifications: graduate diploma (6.3%, n=5), masters degree (13.9%, n=11) and doctoral level (5.1%, n=4).

Participants were also asked to identify the discipline of their initial bachelor degree (Table 2). Findings highlight the diversity of backgrounds existing in the group. Science (39.2%, n=31) was the most frequently reported discipline, with business (13.9%, n=11) the next most frequent. Thirty-seven participants (46.8%) reported undertaking their bachelor degree outside Australia.

Table 2: Discipline of bachelor degree

Discipline	Frequency (n=79)	%
Business	11	13.9
Education	4	5.1
Engineering	1	1.3
Information technology	2	2.5
Law	4	5.1
Medicine	4	5.1
Pharmacy	2	2.5
Psychology	4	5.1
Science	31	39.2
Other	16	20.3

Employment History

Diversity was also evident in length of time participants had spent in the workforce. As shown in Table 3, the majority (68.3%, n=54) had spent ten years or less in the workforce. In order to ascertain whether participants were likely to remain in the nursing workforce, they were asked how many career moves they had experienced. The majority (65.8%, n=52) reported one or no moves indicating that they were not normally mobile and likely to move again.

Table 3: Years in the workforce

Year range	Frequency (n=79)	%
0 - 5	26	32.9
6 - 10	28	35.4
11 - 15	11	13.9
16 - 20	5	6.3
> 21	9	11.4

Move to nursing

Participants were asked how long they had been considering a career in nursing. Responses again were widely distributed. Nineteen participants (24.1%) reported less than six months, seventeen (21.5%) six to twelve months, while thirty one (39.2%) reported considering nursing for longer than two years. Participants were also asked their main reason for undertaking a nursing course. Table 4 indicates that participants considered career stability, diversity of practice and the caring nature of nursing highly. A number also indicated being influenced by personal experience with the health care system as an influencing factor for pursuing a nursing career.

Table 4: Reason for nursing course

Year range	Frequency (n=79)	%
Career stability	52	65.8
Difficulty getting employment in current field	22	27.8
Following personal or family experience in health care system	33	41.8
Diverse practice experiences	47	59.5
Seeking a caring profession	51	64.6
Other reason	16	20.3

A question was asked as to why participants chose to enrol in the course at this time (Table 5). Availability of family support (32.9%, n=26) and eagerness to become qualified (78.5%, n=62) being the most common influences. Finally, participants were asked why they chose this course over other available nursing courses. In this question, participants were permitted to select more than one response. Fifty one (64.6%) reported choosing it because it was offered at postgraduate level, the length of the course was identified by 74.9% (n=59), the accelerated nature of the course (72.2%, n=57), location of offering (35.4%, n=28), because of the university offering it (30.4%, n=24) and other reason (7.6%, n=6).

Table 5: Why enrol in this course now?

Reason	Frequency	%
Current unemployment	13	16.5
Current job dissatisfaction	16	20.3
Family support available now	26	32.9
Keen to qualify and start practising	62	78.5
Other	8	10.1

DISCUSSION

In the National Review of Nursing Education (Heath 2002) the need for multiple entry points in Australian nursing education was recommended. However, graduate entry nursing programs are still relatively new, few in number and not well understood in the Australian context. While this study was focused on examining characteristics of students to inform teaching and learning delivery and development, the data gathered adds to a very limited body of knowledge and suggests that there may be particular benefits for the Australian nursing profession from graduate entry pre-registration programs. Findings reinforce those from studies conducted in the USA that highlight that students in these programs bring significant knowledge and professional expertise (Seldomridge and DiBartolo 2007) and real world experience. A number of participants in this study reported having higher qualifications than bachelor level. This, in itself, may be challenging for academic staff who themselves are working on higher degrees and warrants some exploration, given that some staff can feel challenged by teaching these students (Lindsey 2009; Seldomridge and DiBartolo 2007).

Similar to the work of Seldomridge and DiBartolo (2007) and Rouse and Rooda (2010), this study revealed higher numbers of minority group representation than in traditional courses, that is, more males and more students from non-English speaking backgrounds. This suggests that graduate entry courses may over time have a positive influence on correcting gender and cultural balances within the nursing workforce. Ongoing monitoring will evaluate such aspects.

While some graduate entry nursing programs are offered at bachelor level, the findings of this study suggest that accelerated programs offered at postgraduate level could be particularly enticing for prospective students. This reinforces Johnson and Johnson's (2008) suggestion that offering opportunities for both obtaining a nursing qualification simultaneously with a higher degree is particularly popular. The current study found that participants were eager to qualify and commence practising as nurses, hence their decisions to undertake an accelerated program rather than enter a traditional course with credit for prior learning. This suggests that individuals seeking access to accelerated courses may originate from a different potential pool of future nurses that has not yet been optimised, yet has the potential to significantly add to the nursing workforce. Given existing workforce shortages, this warrants further exploration.

Anecdotally, there is a perception that students undertaking graduate entry courses are mature aged and are unlikely to spend significant time in the nursing workforce. This notion is reinforced by Seldomridge and DiBartolo (2007) who reported participants to being progressively older. The nature of the cohort in this study negates such perceptions with the majority being between 21 and 24 years of age. Many reported not being

long out of their undergraduate degrees. The high percentage of science graduates may reflect difficulty finding relevant work in the field, while the numbers of business graduates may reflect changes in the global financial context. Further work is needed to fully understand this phenomenon.

LIMITATIONS

There are clearly limitations to this study, which limit generalisations to other populations. The study was conducted in only one program at one Australian university and captured students early in their courses. Therefore, data about students' experiences of learning in an accelerated program and the challenges that this poses and this certainly remains a gap in the literature. A larger, longitudinal study across different programs is recommended to provide more substantive data about graduate entry courses and the students undertaking them.

A lack of research around graduate entry courses in Australia warrants further attention. In particular, research is needed to explore the experiences of students in intensive, accelerated programs, including retention and clinical placement issues. This includes examining how prior learning influences learning in nursing. In addition, it is important to understand the challenges faced by academics and clinical teaching staff involved with these students. Furthermore, research is needed to explore the longer-term impact of graduates from these programs on the nursing workforce. Clearly, it would be beneficial to understand how previous disciplines of study are utilised in practice and enhance the work of these graduates and nursing more broadly.

CONCLUSION

Graduate entry nursing education is relatively new to the Australian context, despite being available for decades in the USA. Such courses have the potential to add to the nursing workforce, building new expertise and professional knowledge. The accelerated nature of these programs may attract individuals who would not otherwise enter nursing, as well as contribute to addressing gender and cultural imbalances in the workforce. Overall, there is a need for enhanced understanding of the potential impact of graduate entry courses on the nursing workforce in Australia.

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