Nursing education: reducing reality shock for graduate Indigenous nurses – it's all about time

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ABSTRACT

Objective
Since the decision to transfer nurse education to tertiary institutions in 1984, there have been many follow up inquiries to assess if the issues around training, including the inadequate preparation for the stresses of work, had in fact been addressed. This paper aims to highlight a range of specific strategies explored and implemented during the delivery of a Bachelor of Nursing program in an attempt to improve the retention of Indigenous nursing students and to generate a more enhanced educational preparation for future nursing students.

Setting
Batchelor Institute of Indigenous Tertiary Education in Australia's Northern Territory and drawing on previous research about aspects of reality shock (identified by neophyte graduate nurses), that is; too much theory, not enough opportunity to practice clinical skills and insufficient mentoring.

Subjects
Indigenous Australian nursing students studying at Batchelor Institute of Indigenous Tertiary Education campus, in Australia's Northern Territory between 2006 and 2008.

Primary Argument
Ten years after the transition from hospital based to tertiary sector training, the 1994 National Review of Nurse Education in the Higher Education Sector, (presented by Reid et al), acknowledged that the undergraduate curriculum was constrained by the time demands required to cover clinical education and nursing subjects. The committee suggested that the (then) changing health care environment, and in particular the health care of Indigenous Australians, would necessitate an *increase* in time allocation in some schools of nursing lack of time should never be an excuse for failing to address student needs, such as the broadest possible exposure to, and repeated practice of, key clinical skills.

Conclusion
A nursing curriculum focused on incorporating maximum clinical practice hours both on and off campus; limiting the time between translating theory into practice; implementing intensive theory delivery and developing a hospital based mentoring program provides solutions to reducing much of the reality shock experienced by new graduate nurses.

INTRODUCTION

How to prepare neophyte nurses for the reality of working in hospitals has been an issue in Australia for over forty years. For example, the 1978 Inquiry into Nurse Education and Training to the Tertiary Education Commission that looked specifically at hospital based training, identified that classroom teaching and clinical teaching were frequently divorced, and there was inadequate preparation for 'the stresses of work' (Sax 1978). In 2002 the Australian Universities Teaching Committee (AUTC) nursing project by Clare et al, examined some of the *limiting* factors on the quality of clinical placement, one of which; the length of placement for students was considered too short to establish meaningful relationships between staff and students. The committee commented that ' these requirements for quality suggest that *more* long-term in-depth placements were required' including 'consideration for a breadth of exposure' (p. 128).

Additionally, in 2003 the AUTC identified several main areas of concern, one of which was the 'theory/ practice gap- issues of relevance of some subjects and assessments and out of date or out of touch academic staff'. In terms of 'theory/practice gap issues': it was agreed this remains a high priority area including acknowledgment of the contribution of clinical. Best practice guidelines for clinical practice included dedicated learning environments and the use of preceptors and mentors (Clare et al 2003).

Mannix et al (2009) argued that all stakeholders (not just education institutions) have a role to play in contributing to 'optimising all the clinical learning experiences for students in Bachelor of Nursing programs'. This implies a wider group that would include the public, health professionals and particularly the education institutions and r egistration boards that have the responsibility of providing input during the development of nursing programs. Employers need a nurse graduate who can 'hit the floor running' and this can only be achieved through all stakeholders acknowledging recommendations that have been available for a decade.

There have also been various studies to highlight the issues surrounding nursing education and graduate preparation by independent researchers (Kramer 1974; Schalenberg and Kramer 1979; Kanitsaki 2002; Hinton 2003). This paper examines what has been learnt over a three year period after attempts were made to implement the findings of one such piece of research into an undergraduate Bachelor of Nursing course for Indigenous students at Batchelor Institute of Indigenous Tertiary Education (Batchelor Institute) in Australia's Northern Territory. This degree first gained accreditation in December 2005.

DISCUSSION

The nursing program at Batchelor Institute of Indigenous Tertiary Education (Batchelor Institute)

The main campus of Batchelor Institute is a small campus situated 97 kilometres south of Darwin in the small township of Batchelor. While the institution has other campuses, this is where the students in the program received their nursing education. Currently, Batchelor Institute will only admit and enrol Indigenous Australians into undergraduate programs. The students that elected to study nursing between 2006 and 2008, the period described in this study, were not that dissimilar from main stream university students and represented New South Wales, Queensland, Tasmania, Western Australia, South Australia, Northern Territory and surrounding Islands (Batchelor Institute 2006; 2009).

Some students were mature aged, many could have chosen to study their nursing at any university close to their homes and families, and while a minority already held other degrees or Vocational Education Training (VET) Certificates, some had completed year twelve while others had not completed secondary schooling. Ages ranged from 18 to 60, with both gender groups being represented, although the number of female students consistently outnumbered the males. A minority had long term relationships and small or adult children but most had comparable money, family, or social concerns as with those of main stream university students (Batchelor Institute 2009; 2006).

Throughout their years of study students were provided with accommodation, three meals a day and a discounted child care facility on campus. Students also travelled (free of charge) from every state, territory and island via aeroplanes, buses or boats, while those who chose to drive were reimbursed for fuel on the presentation of receipts. On clinical placement nursing students stayed in paid motel type accommodation and received on average $300-$400 per week travel allowance. Many students had applied for (independently) and were granted, scholarships and all received ABSTUDY[1] (or top up money if working part time). All students additionally received an additional up front $400 book allowance.

Many of the students had come from communities and families where they had been exposed to many of the social ills – substance abuse, violence, socially dysfunctional people, and personal tragedy. Although some had worked full time prior to commencing studies, the course had a 100% mandatory attendance requirement for on-campus delivery. Due to the recency of this course online/external units were not offered. Some students had partially completed nursing studies at other universities and required recognition for prior learning (RPL) assistance and many needed assistance with scholarship applications. Many students faced challenges such as child care worries, and some had sick and/or dying family members back in their communities which impacted on the ability of some to concentrate, absorb information, and at times participate. Additionally, many students were mature women who were juggling their responsibilities regarding home, family, part-time work and study.

The strong sense of traditional family obligations shared by all Batchelor Institute nursing students, made design and delivery of the course more challenging. However, the luxury of small numbers (5-15) in each workshop meant more time could be spent providing each individual personal attention, and therefore optimal learning experiences for students whether during clinical skills practice, clinical placement or during lectures.

The need for greater numbers of Indigenous Australian nurses

Indigenous Australian health and education has been discussed and researched for as long as politics itself has been in existence (Indigenous Nurse Education Working Group 2002; Royal College *of* Nursing *Australia* 2004; Steering Committee for the Review of Government Service Provision 2005). It has also been widely documented that Aboriginal Australians continue to experience much poorer health than the general Australian population (Davis and George 1993; AIHW 2000) and it is acknowledged that improving Aboriginal health poses the greatest single challenge to the Northern Territory and its health care system (Northern Territory Government 2005).

This need to increase the number of Indigenous Australian nurses has therefore always been critical. In turn, this places pressure to provide both education and training that not only meets the challenges of recruitment and retention of nurses in general, but also to develop a program that meets the different and specific needs of Indigenous Australians as students. It also has to be a program that will not only enable them to work effectively within the diverse cultural needs of Indigenous Australians, but within our multicultural society as a whole.

The report of the Indigenous Nursing Education Working Group (2002) strategic framework identified four major objectives. Two of these worth mentioning here were to: 'increase the recruitment, retention and graduation of Indigenous students of nursing' and 'to promote the integration of Indigenous health issues into core nursing curricula in Australian universities within five years' (p 3). Batchelor Institute has an underlying philosophy of 'both-ways' that acknowledges this diversity and seeks to ensure Indigenous knowledge has a place in all programs delivered and the programs strengthen the identity of the students involved (Ober and Bat 2008). This was therefore an important aspect of delivery of the program.

[1] ABSTUDY (Aboriginal Study Assistance Scheme) is an Australian Government allowance administered by Centrelink available to Indigenous secondary or tertiary students or full-time Australian Apprentices, which may assist students/apprentices to stay at school or in further study.

Previous research and how this influenced course delivery

Previous research completed by Hinton (2003) on mainstream new graduates from several state and territory universities within Australia, including the Northern Territory, indicated these new graduates of nursing felt unprepared to hit the wards running due to poorly developed clinical skills and time management (to name a few). Many indicated that lectures were lengthy and in topics quite useless to them once they were working. Many retrospectively commented some lecturers were out of touch with contemporary nursing and were not clinically current. The main theme noted throughout this research however was; 'too little clinical practice time' and 'too little clinical placement time within the hospitals'.

Worth noting is that while regulatory bodies such as the Nursing and Midwifery Board recommend as part of the requirements to gain registration, the *minimum* number of clinical hours required to be completed by students, institutions have the ability to set their own *maximum* clinical hours both on and off campus (Clare et al 2002). The Nursing and Midwifery Board of the Northern Territory recommend in the Standards for the Accreditation of Nursing and Midwifery Courses (p.24) 'a minimum 40-45% of total course time to be allocated to clinical experience in practice settings', and it should be noted that 'this experience does not include laboratory preparation'.

Another factor that must be taken into account when analysing the quality of the experience in practice settings is that nurses within the Industry were saying 'they were over worked, understaffed and felt they were being set up to fail as they had no time or device for monitoring/checking the students' ability to practice competently' (Hinton 2003). Ultimately, this contributes to graduate's decreased preparedness and increases what will be referred to in this paper as 'reality shock'

Putting research findings into practice

The need for flexibility, the ability to set the clinical hours according to student needs, the students' strong sense of traditional family obligations and need to mitigate the factors contributing to 'realty shock' were all taken into account during the design of the Batchelor Institute nursing timetable. A course timetable that had the least impact on traditional family commitments and one that essentially sought to reduce the impact of the factors that had been identified in the research as the cause of the – 'reality shock' for mainstream students. This meant; in terms of the latter - trying to achieve a minimal amount of time away from home and a maximum time spent practicing clinical skills both on and off campus while consolidating useful theory.

It also included a strong mentoring program, implemented through Batchelor Institute clinical facilitators. This consisted of two experienced and 'culturally aware' nurses working at the 'coal face' with students within their clinical settings and a third working in the nursing laboratory on campus. They were able to debrief the students on a regular basis and identify small uncertainties that could become large issues, discuss strategies for their resolve, and act as mediators when required. In the nursing laboratory, essential mentoring one-on-one was implemented; for demonstrating and practicing of clinical skills, developing time management and learning how to confidently communicate when sensitive patient issues arose.

The time table provided a week of intensive lectures covering a specific unit of theory, including contemporary nursing knowledge, Australian Indigenous knowledge, health history and nursing history. Students then returned home for one, two or three weeks, returning back to the Institute for another week of intensive clinical skills practice in the nursing laboratory immediately followed by one, two, three or four weeks of hospital placement (depending on the year level) to consolidate clinical skills and theory or as worded by Sax (1978) 'classroom teaching and clinical teaching'.

No student went on clinical placement without having first attended 100% of the week long skills practice in the nursing laboratory which concluded with students being signed off in their clinical placement manuals as competent or not yet competent. This manual not only formed part of the evidence of assessment for

the Institute, but was vital for busy industry staff when identifying at a glance the students' level of ability to practice safely. This week long practice immediately prior to clinical placement and with the use of a clinical placement manual as a constant guide, enhanced the development of the students' clinical skills including time management and confidence and as a consequence helped to close the theory/practice gap.

Current practicing registered nurses, job shared the clinical facilitator position for mentoring students and this meant students had immediate support in all clinical settings and for all shifts (including night duty). Facilitators could also follow up with students who had been identified as having limitations documented in their clinical placement manuals. In addition; the facilitators could continue to work part time in nursing a win-win situation for all, including those institutions struggling to meet demands on existing resources. All facilitators contributed greatly not only toward relieving the understaffed ward areas, but toward preparing nursing students for the 'real world'. The three current practicing nurses also guaranteed students were receiving contemporary nursing knowledge.

The teaching also included an approach on and off campus that sought to be as realistic as possible about what to expect in hospital settings, clinically, emotionally and socially. For example, the issue of racism was dealt with quite openly. Students were advised that they might encounter racism from colleagues and patients. This was dealt with 'we can all experience racism' and 'so what', and as for other social and emotional issues, all were given coping mechanisms. Life skills introduced were 'real' and useful to them, and were identified by students as tools that could be stored in their 'tool box' in order to deal with situations that may contribute to the 'reality shock' of life outside the safe confines of the institution. Throughout the three years of study it was emphasised that Australia is a multicultural society and all cultures needed to be mindful and respectful of each other as they delivered care.

Lessons learnt

Batchelor Institute students responded to effective and efficient use of time provided by the timetable design. They had time to ask questions and opportunities to learn and demonstrate their knowledge and skills, whether during lectures, laboratory practice or clinical placement. While both their confidence and skills developed, they were made aware that this was just the very beginning and that nursing knowledge is obtained over a life-long journey, generally full of difficulties and diversions. The first most important lesson learnt was while time in a nursing program is limited, it does not have to be restrictive; it can be used creatively within a timetable so that students have time to ask, try and reflect.

Many larger institutions have time constraints driven by cost cutting and providing nursing training within budgets, however if this is disadvantaging nursing students to the extent that it is limiting time spent in clinical settings and without mentors, then this may be directly related to reality shock and contribute to student drop out. Although the Australian Government has the primary responsibility for funding and policy in the higher education sector, universities can distribute the funded load in response to demand or other priorities and are encouraged to respond to the needs of the nursing labour market as well as student demand (DEST and DoHA 2002). It would seem logical that the priorities of the institutions are in line with those that meet student and sector needs, but it is unfortunate that both do not realise what the needs are until they have graduated from the educational institution. It is therefore up to nursing course coordinators to be the protagonists for the students, and to follow up graduates responses to reality.

Follow up is also important given the continual changing nature of health care delivery and the range of challenges that new graduates will have to deal with. The education provided must have the ability to adapt to change and prepare newer graduates entering all the time with the ability to cope. If there is a continued erosion of the hours allocated for

clinical practice and clinical placement, this offers little opportunity to incorporate new directions and skills in one of the most 'hands on professions'.

Batchelor Institute was not only fortunate to be small but to also be able to provide financial and social support in key areas. While these assets may have made it easier for the students to attend nursing and succeed, they could be seen as levelling factors that made the majority of students equal to those in mainstream. While course content varied only slightly to meet the philosophical aims of the institution, the intensive teaching delivery, use of maximum clinical placement and nursing laboratory time and the unique time tabled workshops encouraged and provided the opportunity for the students to reach their full potential and become valuable members of the nursing profession. The mentoring program was also a crucial factor that contributed to the overall achievements of the students (both on and off campus), and to the program as a whole 'in collaboration far more is achieved than by working independently' (Brown et al 2005 p. 179).

CONCLUSION AND RECOMMENDATIONS

The reasons that students remained in the course and succeeded at Batchelor Institute can be summarised as the unique time tabled workshops, relevant course content and delivery mode, intensive teaching delivery, and maximum clinical placement along with maximum nursing laboratory time. Effective use of time has been identified as the most crucial issue in all of these, for they enable the development of a most important attribute – confidence.

Further, this confidence was enhanced by having nursing facilitators mentoring students on campus and within the industry settings. For they not only provided wise, practical guidance in regard to the local nursing framework, but were continually creating learning opportunities where students engaged in the 'reality of nursing practice'. The mentors also enhanced relationships between Industry and Batchelor Institute and gave the nursing students' immediate support alleviating the doubts that can erode confidence.

Stakeholders, patients and staff within the Northern Territory Department of Health and Families and the private sector who supported student clinical placements and therefore provided a learning environment and experience that was as unique as the students themselves, are also recognised as making an important contribution.

The first nursing graduates in 2009 identified that they experienced no reality shock of nursing and that they felt clinically confident and competent in the nursing industry as a novice practitioner and therefore in order to produce Indigenous Australian nursing graduates who can 'hit the wards running' with reduced reality shock, it is therefore recommended that those providing the training consider identifying extra time for intensive blocks of work, particularly those that can provide clinical skills. It is also recommended that the maximum possible time is allocated for clinical placement, and time is found to include mentoring and discussion sessions with culturally sensitive nurses currently working in the industry who are willing to debrief and share their own experiences.

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