The Evaluation of the Aged Care Graduate Nurse Program

Fernanda Laís Fengler

Student number: ▮▮▮▮▮▮▮

A thesis submitted in fulfilment of the requirements for NUR4404,

Clinical Honours Thesis 4: Analysing and Reporting Research.

Monash University

Faculty of Medicine, Nursing and Health Science

School of Nursing and Midwifery

2014

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Notice 1

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Abstract

Introduction: Universally the aging population is increasing in numbers as people live longer. In Australia, for example, the percentage of people aged 65 years and over exceeds 11.7% with an annual percentage increase of more than 3.1% (Australian Government, 2012). For that reason since 1985 Australia has been developing a new Aged Care Reform Strategy to assist in the management of this increasing aged population (Australian Government, 2012). Monash University, in collaboration with a leading Aged Care industry body, developed and delivered the first Aged Care Graduate Nurse Program (ACGNP) in 2012. The purpose of this program was to prepare newly graduated Registered Nurses (RNs) to work with older adults.

Aim: This honours thesis provided part of the overall evaluation of the ACGNP. Using the overarching Clarificative Evaluation framework the aim of this honours project was to investigate and analyse the qualitative data from the graduate participants who undertook the 2013 program which then informed the overall program evaluation.

Methods: Firstly, a broad summative literature review was undertaken to identify relevant literature on the key areas of the overall evaluation. Secondly, qualitative data collected from the 2013 were used to investigate the graduates' understanding and experience of their participation in the Graduate Nursing Program. Thematic analysis was the method used to analyse the qualitative data

Results: In total, there were 27 participants (5 males and 22 females) spread across three focus groups (Focus Group 07, 08 and 09) at the end of the program, 2013. Five core themes emerged: 1. Entry into the program; 2. Learning; 3. Workplace Supervision; 4. Updating workplace clinical practices; 5. Positive course outcomes. The first two themes relate to the educational program at the University, and the last three themes relate to the workplace. **Discussion:** It was considered an easy process to enter into the program. The course was considered to have had a good structure and some issues of participants' interest were included. However, some of the participants identified that resources were sometimes inadequate. As the graduates progressed

through the program they wanted to be seen as competent professionals within their workplace, and it was identified that the workplace was not always conducive to developing this competence. However, overall the graduates felt the program achieved it's overall purpose and there was a significant increase in knowledge, skills and confidence.

Conclusion: According to the research aim this thesis using the overarching Clarificative Evaluation framework contributed significantly to the overall evaluation of the Aged Care Graduate Nursing Program.

Acknowledgements

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

This first chapter identifies the research questions, research aim, significance, context, background and intent of the overall thesis. An outline of the following chapters is also summarised in this first chapter.

Research Questions

The research questions posed in this thesis were: "What is the graduate nurses' experience of the aged care graduate nurse program?" and "Do graduate nurses gain confidence undertaking a specialist graduate nurse program in aged care?"

Research aim

The purpose of this study is twofold:

1. To work within a Clarificative Evaluation framework specifically focussing on the data from the 2013 participant group.

2. To develop research skills in collation, analysis and reporting of a subset of the qualitative data already collected from the overall program evaluation.

Significance

The significance of these research questions is to inform the development of the specialist aged care nursing workforce. This program specifically focuses on the graduates place in the aged care workforce. Working within an overall robust evaluation framework contributes to the richer interpretation of the data. This has particular significance for the future directions not only for this specific program, but also to inform workforce development in aged care within Victoria and, more broadly, Australia. The Aged Care Graduate Nurse Program in this study is the only such program known to the research team that is delivered for newly graduate nurses whilst also attracting credit into a Master of Nursing program. Robust evaluation will enable improvements to the program and future decision-making about ongoing funding and support

for the program. The reporting of the qualitative data will contribute to the overall evaluation of the ACGNP.

The aged care context

Universally, the aging population is increasing in numbers as people live longer. In Australia, for example, the percentage of people aged 65 years and over exceeds 11.7% with an annual percentage increase of more than 3.1% (Australian Government, 2012). In Brazil the current population over 60 years is 20.5 million (10.8% of the population) and is predicted to reach 30.9 million (14%) in the year 2020 (Brazilian Institute of Geography and Statistics [IBGE], 2011). This growing area of worldwide and local health care need is an area of key importance for both undergraduate and post graduate nursing researchers.

Since 1985 Australia has been developing a new Aged Care Reform Strategy to assist in the management of this increasing aged population (Australian Government, 2012). In 2012 the Australian Government created a package of resources to construct a better aged care system, called *Living Longer Living Better* (Australian Government, 2012). The package is aimed at facilitating access of the older person to the aged care system (Gibson, 1998).

Aged care facilities in Australia have well-established processes and policies. However, staffing of these facilities with appropriate nursing professionals has continued to be an ongoing challenge. Currently, working within the aged care environment is not considered positively by many health professionals (Xiao et al., 2009). This has resulted in a lack of professionals pursuing this area for future career opportunities (Xiao et al., 2009). Furthermore, Baldwin, Bentley, Langtree, and Mills (2014), showed that one in five student nurses leave the profession without graduating, and one in three nurses leave the profession in the first five years (Baldwin et al., 2014). With this scenario the Australian Government has been encouraging nurses to work with older people to increase the aged care workforce (Baldwin et al., 2014).

Australian needs-based framework planning aims to ensure that both high-level and low-level residential and community care places are in line with the growth of the older population (*Aged Care Act 1997* (Cth)). In 2011 the target ratio was achieved: 48 high care and 65 low care residential places for every 1,000 people aged 70 years and over (*Aged Care Act 1997).* This process identifies the needs of the community *(Aged Care Act 1997*).

There are two levels of regulated nurses in Australia, both represented in the aged care nursing workforce: Registered Nurses (RN) and Enrolled Nurses (EN) (Health Workforce Australia, 2013). Registered Nurses work independently, are responsible for their own actions, delegate work to ENs and provide higher and more complex patient care, than EN (Health Workforce Australia, 2013). In 2011, the total of registered and enrolled nurses was 328,817, 82% Registered Nurses and 18% Enrolled Nurses (Health Workforce Australia, 2013).

Taking care of the complex needs of the older person is a challenge for nurses; it is necessary to provide coordinated and structured care, such as various complex interventions, and new care models and programmes (Bleijenberg et al., 2013). Furthermore, skills in expertise, leadership, and managing resources are required for the efficient care of older people (Goldberg, Cooper, & Russell, 2014).

The Intent of this Thesis

It is uncommon for newly registered, graduate nurses to work with older persons in aged care organisations due to the relatively senior and solo positions RNs undertake in this speciality area of nursing. However, in 2012 a leading Aged Care industry body (hereafter referred to as "the industry body") and Monash University partnered to develop and run an Aged Care Graduate Nurse Program (ACGNP) that would meet the needs of the graduate, the clients and the key industry stakeholders. There was a focus on understanding what is important for graduate

nurses in working with older persons, and an understanding of the nurses' feelings in relation to older persons' care, which were important aspects in the creation of an effective education program for graduate nurses entering the Aged Care workforce. This thesis is centred on the specific topic of the overall evaluation of the Graduate Nurse Program in Aged Care.

Chapter Two outlines the literature review that was undertaken. Specific literature was searched for three aspects of the evaluation. Firstly, current literature on graduate programs was searched, focussing on program content. Secondly, the literature review searched current literature on self-efficacy as a measure of graduate confidence and resilience. Graduate self-efficacy was measured. Pre and post the program in order to determine their progress through the program. Lastly, literature on Clarificative Evaluation was sourced. This was the overarching evaluation framework used for the program evaluation.

Chapter Three outlines the research proposal for this honours project and outlines explicitly the details of the research question, research aim and the significance of this research. The design and methodology are then explained and limitations described. Finally ethical considerations and anticipated outcomes of the research and the projected timeline complete the chapter.

Chapter Four describes the results of the qualitative interviews of the graduate nurse participants of the ACGNP. These interviews were part of the overall evaluation process of the program. This section of the project offered the student researcher an opportunity to develop qualitative research skills through the analysis of the interviews and the development of skills in qualitative thematic inquiry.

Chapter Five discusses the findings of the thematic interview analysis and the relationship of these findings to the overarching Clarificative Evaluation framework. Chapter Six is the

summation and implications of this research project, identifying the significance of the ACGNP

to the future development and maintenance of the aged care workforce in Australia.

Chapter 2: Literature Review

Monash University, in collaboration with the industry body, developed and delivered the first Aged Care Graduate Nurse Program (ACGNP) in 2012. The purpose of this program was to prepare newly graduated Registered Nurses (RNs) to work with older adults. In the program the Registered Nurse receives specific educational preparation necessary to lead and manage their responsibilities in the Aged Care workforce. Evaluation of the overall program began in 2013 with the collection of qualitative and quantitative data, however, this thesis investigated only a part of the overall evaluation. This chapter specifically outlines the literature reviewed relevant to the focus of this thesis.

Aim

The aim of this literature review was threefold; Firstly, to examine relevant and current literature on aged care graduate nurse programs and graduate nurse programs. Secondly, to examine the literature on self-efficacy which was utilised in the data collection for the evaluation. Lastly, this literature review examined the literature around Clarificative Evaluation and more specifically the relevant literature on program logic/ program theory.

Methods

The literature search was undertaken using the following CINAHL and PubMed key terms: graduate nurse; graduate nurse program; aged care; gerontology; gerontology care; gerontology nursing; self-efficacy; program logic ; program theory; Clarificative Evaluation.

Articles were included if they were original studies and published after 2004, and literature that was considered seminal works were also included. All appropriate articles were critically appraised using the Critical Appraisal Skills Program (CASP) to ensure quality (see Appendix 1).

Results

Graduate Nurse Programs

The literature on Graduate Nurse Programs is vast, therefore, the focus on this review targeted mainly literature relating to curriculum within graduate nurse programs. There is also some reference to the literature on graduate attributes. Graduate Nurse Programs are commonly undertaken in the Australian context within acute hospitals. These programs assist in the transition from undergraduate to graduate nurse. The transition from the student nurse to the graduate nurse is identified as a daunting and stressful experience: "New nurses typically experienced high levels of stress in their new roles, attributing that stress to feeling unprepared for the professional role and the overwhelming levels of responsibility" (Ferguson & Day, 2004, p. 490). Even with the increasing demand to develop the aged care sector, Aged Care Graduate Programs are unusual. As a result the literature on aged care graduate programs was limited and therefore the majority of the literature reviewed related to programs undertaken within the acute health system.

The literature frequently focuses on the importance of graduate programs, the elements for a successful program and experiences of graduates and preceptors/educators involved in graduate programs (Sherwood & Barnsteiner, 2012). Some of the key components within the literature are summarised in the following paragraphs. Chang and Daly (2012) state that to assist in alleviating the fears of the graduate, it is important that a period of transitional support for newly graduated nurses is provided by the employing organisation. Experiences of reality shock as originally identified by Kramer, Brewer, and Maguire (2013) can be alleviated when nurses undertake graduate programs that facilitate positive experiences within the nursing environment (Astin, Newton, McKenna, & Moore-Coulson, 2005). Assisting with problem solving in a positive way with more experienced nurses is an area the graduate nurse wants to improve in their first year (Astin et al., 2005).

The Curriculum requirements

A graduate program is identified as an important step in the professional pathway into the workforce. As shown in Xiao et al. (2009) orientation (learning to assimilate into an organisation's system), consolidation (transfer of existing knowledge and skills into quality clinical care outcome) and deficit models (introduction of new knowledge and skills in a specialty area) combined are important ingredients in a good curriculum model. Furthermore, didactic study and clinical experience with preceptor support during a year is included in a typical curriculum.

The literature, particularly from Australasia, identifies a changing focus in the curricula and practices of current graduate programs, influenced mainly by the changing face of the healthcare workforce. More and more graduate programs are focusing on early specialisation of graduates. Therefore, there is a need to identify the important clinical aspects in each specialty in order to create a competent nurse for that specialty. A study developed in Australia and New Zealand identified the need for specialised knowledge, skills and attributes of new graduates working in a paediatric intensive care unit (Long, Young, Rickard, & Mitchell, 2013). This study also discussed the challenges and the requirements for specialized supervision. In conclusion, the study identified and prioritized a specific body of knowledge that graduate nurses needed to work within the paediatrics specialty (Long et al., 2013). Glynn & Silva (2013) found similar themes in their qualitative review of the needs of new graduates in the Emergency Department; major themes identified were acquisition of specialty knowledge and skills, attaining proficiency, and support for role transition.   Nadler-Moodle and Loucks (2011), in response to what is the historical practice of encouraging new nursing graduates to focus on acute clinical nursing in their graduate year, developed a purpose designed graduate training program for mental health nursing. The primary aim was to recruit and retain new nurses into the specialty with a program design that incorporated specific education, mentoring and

supported direct entry into the area of mental health nursing (Nadler-Moodle and Loucks, 2011). The importance of leadership skills for new graduates is addressed in a program developed to support transition and develop leadership skills for graduate nurses (Dyess and Sherman, 2011). A key focus of the program, aside from supporting the transition from student to registered nurse, was the development of a 'leadership mindset' (Dyess and Sherman, 2011, p.315) as integral to a professional practice environment. A further program for graduates in paediatrics identified not only increased recruitment and retention, but also economic benefits in reducing the costs of casual/agency nurses (Schmidt, Quinn, Macyk & Delaney, 2013).

In addition, other studies also developed in Australia showed what is expected and what is important in the transition from student to registered nurse in rural areas (Ostini & Bonner, 2012). This study was specific to the specialised needs of rural nurses and the differing requirements of the graduate program in the conditions of rural employment (Ostini & Bonner, 2012).

There are some key elements identified in the literature that are essential to progress the role of the graduate nurse, that could possibly be translated to aged care. Kurlowicz, Puentes, Evans, Spool, and Ratcliffe (2007) identified that contemporary healthcare workers require good knowledge on chronicity and mental illness health care areas that currently impact significantly on the aged care patients. Therefore the development of practice programs that focus on the areas of psychosocial, psychiatric, neurobiological, as well as medical knowledge is currently topical (Kurlowicz et al., 2007).

The Attributes

Baldwin et al. (2014) identifies three important skills: knowledge, compassion and professional confidence, as characteristics to be developed for the graduate nurse. Baldwin et al. (2014) and Bittencourt, Nóbrega, Medeiros, and Furtado (2013) identify the significance of concept

mapping in the development of critical thinking skills and Comrie (2012) identifies the importance of early education post- registration to ensure ethical and moral sensitivity is developed. Aduddell and Dorman (2010) identify that the inclusion of leadership training in a graduate program curriculum is essential in the development of the future nurse. These were all attributes included in the curriculum of the ACGNP.

The literature identifies that the development of graduates through programs that identify leadership as a core component: these future "nurse leaders will be better able to build work environments that support quality and safety improvements in their organisations" (Miltner, Patrician, Dawson, & Jukkala, 2012, p. 481).

The Resources

The literature around required resources for graduate programs focussed mainly around the human resources required. Often issues in the insufficient provision of nurse educators were discussed (Schoening, 2013). The recommendations to assist in addressing this problem were to put into the curriculum in the graduate programs some pedagogical education, thus, right from the commencement of their professional working life the graduate is developing skills that will later assist in creating potential nurses in education (Schoening, 2013).

The literature also identifies the fundamental role the preceptor plays in supporting the professional growth of the graduate nurse during their graduate year (Duchscher, 2009). The quality of the graduate is often seen as in the preceptor's hands. A good preceptor is very important so graduate nurses feel safe in performing the tasks within the workplace (Duchscher, 2009). It is undisputed that a good preceptor helps graduate nurses to better develop their skills and also helps in reducing the number of errors (Duchscher, 2009).

International Context

These experiences and the increasing demand for early specialisation is not necessarily a universal requirement of a graduate nurse program. In the US a well-defined graduate program for medical-surgical nurses resulted in retention rates of 95-97% respectively in the first two years of the program (Strauss, 2009). In Brazil the reality is different (Strauss, 2009). A Brazilian graduate is still required to master a more generalised perspective in nursing practice; their graduate placements are varied, and they are required to have a sense of all areas of knowledge, including education (Linch, Ribeiro, & Guido, 2013). In Brazil, the nursing undergraduate program is a five year program. The focus is to train nurses to be generalists, ready to work within the Brazilian public health system (SUS) and the fifth year is similar to the Australian graduate program. The minority of Brazilian graduates can choose an internship to specialise but this is not an industry expectation or demand (National Council of Education [MEC], 2001).

Aged Care Graduate Programs

The literature around Aged Care specialist graduate nurse programs is limited, but the literature available identifies that there is a need for these programs in aged care (Towner, 2006). Knowledge of the specific needs of older persons requires specialized nursing education as preparation for delivery of care (Towner, 2006), and therefore the development of a focused Aged Care Graduate Nurse Program also requires specialized education that supports not only the novice registered nurse, but also provides a specialised body of knowledge for the aged care environment.

There is some literature on nursing students and their experiences in aged care. This is often not a positive experience, contributing to the negative perception of the aged care environment. Fussell, McInerney, and Patterson (2009) report that the nursing students felt a lack of support to provide care as well. In addition, there was a lack of education and professional development opportunities within aged care environments identified by the students as necessary to develop

as registered nurses. Finally, not much is understood about the role of the registered nurse in aged care which those working in these areas found further reinforced the devalued position of the nurse in aged care (Xiao et al., 2009).

Self-efficacy

Self-efficacy was a tool used to evaluate the graduate nurses' experiences at the beginning and then again at the end of the ACGNP, as part of the broader evaluation of the program. The use of self-efficacy tools are well validated in research (Baldwin et al., 2014; Bandura, 1989; Bourgeois, Drayton, & Brown, 2011; Lopez & Guarino, 2013; Shellman, 2006). As stated by Baldwin et al. (2014), professional confidence requires courage where nurses must believe in themselves to provide an efficient service to their clients. The term "confidence" is discussed in this study as a synonym of "self-efficacy".

Self-efficacy, according to the seminal work of Bandura (1989), is a reflection of how people act in pre-determined situations. In addition, people with high self-efficacy tend to choose positive solutions and consequently have better outcomes (Shellman, 2006). The literature identifies that improving people's self-efficacy, especially nurses and caregivers, helps them to improve their patient-centeredness and reduce patient risk through the positive impact on the caregiver, reducing the caregiver burden and their potential development of depressive symptoms (Lopez & Guarino, 2013). In addition, positive self-efficacy positively influences nursing practice in the care of elders from differing cultures and backgrounds. People with solid self-efficacy will approach difficulties as challenges to be overcome, rather than insurmountable problems (Shellman, 2007).

Education and training is fundamental to improve nurses' confidence. According to Delaney and Barrere (2012), graduate nurse programs must have a combination of didactic information and clinical experiences.

An example of the successful use of the self-efficacy tool and the improvement of nursing confidence is seen in the research undertaken by Phillips, Salamonson, and Davidson (2011). A study developed in nine Australian aged care facilities with 405 aged care professionals showed that nurses who did a short palliative care course had higher scores in self-efficacy, perceived capabilities to answer a patient's end-of-life care concerns and perceived capabilities to respond to the patient's end-of-life symptoms than those who did not participate in any short course. This study is relevant because in addition to validating the "palliative care self-efficacy scale", it also showed once again how important education was in this important aspect of aged care.

Evaluation of the Program used Clarificative Evaluation and Program Logic

The ACGNP utilised a Clarificative Evaluation framework. Owen (2006) identified the term Clarificative Evaluation and only one other project was found using this form of evaluation (Barlow & Lennan, 2005). Clarificative Evaluation involves explicitly describing the programs logic or theory to clarify the process and outcomes of the program. The literature review therefore concentrated mainly on the program logic/program theory: "Based on program theory, logic models are visual representations of the components and sequence of events needed to obtain meaningful program results, linking short- and long-term outcomes with programmatic activities, inputs, processes, outcomes, and theoretical assumptions and principles" (Das, Petruzzello, & Ryan, 2014).

Wholey (1977) developed the logic model and that has been used extensively since in evaluating programs. The objective of this model is to see if the program can be evaluated, based on the objectives of the program, program activities, indicators and resources. It is used to clarify how the program is structured, the theory used, and the outcomes expected. Dwyer (1996) recommended articulating a program's logic through gathering multiple forms of data including focus group of participants and stakeholders, identifying the resources used within the program

and the identified program outcomes. A focus group is necessary to delineate the stakeholders as well as the resources that are being used (Stalmeijer, Mcnaughton & Van Mook, 2014). The outcomes and outcome objectives are specified because the implementation of the program can be observed more effectively and changes made before the results are certain (Gill, Stewart, Treasure, & Chadwick, 2008). An evaluation process is needed to see if the program is effective (Bracht, Heffer, & O'Brien, 2005). Bracht et al. (2005) use a four step approach: background, theory, intervention and outcomes. Dillon, Barga, & Goodin (2012) used a program logic model for the development and evaluation of a nurse preceptorship recognition program, enabling them to identify outcomes and recommendations.

The program logic model provided a context for planning and evaluation, helping the program run more effectively and efficiently, and creating a common language between program staff and the evaluators (Page, Parker, & Renger, 2009). Describing the evaluation of a nurse-led PAP smear program in general practice, Hallinan (2010) gives an example of how program logic was used to explicate the complexities that influence practice nurse activity, which can subsequently influence participation and program success rates.

Kramer (2005) focuses on the specific structure of revision and evaluation of an ideal curriculum. He discusses seven components, including: commitment, change, collaboration, collegiality, consensus, communication, closure, and celebration. In the development of the program evaluation these seven components are helpful in identifying the program theory and logic throughout the evaluation process. Commitment is the fundamental principle of a successful program. In this part is the program philosophy, the graduate outcomes, objectives and goals. The second term is the acceptance of possible change. Collaboration is the third component of curriculum revision. In this stage is a meeting where two or more individuals get together to solve problems, to learn with which other, to identify goals, purposes and outcomes. The fourth

component is collegiality –the relationships of colleagues and equal sharing of authority. Consensus is the fifth component, whereby, at the end of the semester, the whole faculty group is informed by the focus group work and asked for suggestions and additional ideas. Communication is an important component where the individuals must share all the information, in an open discourse: this is the sixth component. The seventh component is closure. In this shutdown the individuals do a feedback session and see what must be carried out. Finally, the last component is celebration, where the accomplishment and the success are presented with "treats, and sharing the accomplishments with our constituents through college-reporting mechanisms".

Discussion

Graduate Nurse Programs

There are a number of relevant themes that arose from the graduate nurse program literature. Firstly, there is a shift in Australia towards clinical specialization in graduate programs (Baldwin et al., 2014). Secondly, there is a need to develop graduate programs that can articulate easily into further postgraduate study (Baldwin et al., 2014). The development of the ACGNP progresses the industry demand for graduate programs specializing in clinical areas, whilst also recognizing the importance of articulation of these programs into postgraduate programs. Baldwin, Bentley, Langtree and Mills (2014) findings validate the ACGNP curriculum of learning and teaching through holistic experiences both within the classroom and the work environment, with the use of assessments to develop these recognised important skills.

The third prominent theme in relation to both graduate programs and the aged care environment is the perceived unattractiveness of this workplace to newly graduated nurses. Registered nurses say that there is a lack of specialised knowledge in aged care on initial graduation (Mellor, Greenhill, & Chew, 2007). The need to develop nurse leaders particularly in

the aged care environment is also seen as imperative, and was a key feature of the curriculum in the ACGNP. A combination of clinical experiences, health care theory, policy and research are fundamental components to assume a leadership that is required in future health care systems. A good curriculum in a graduate program must provide graduate nurses with the opportunity to develop leadership, because it is an essential attribute for nurses in general (Aduddell & Dorman, 2010).

The literature supports the need to promote the aged care environment both in undergraduate programs and then again on graduation. The introduction of a specific aged care graduate program is an initial step towards addressing this. Baldwin et al (2014) identified that one of the principal values that a graduate nurse requires, is courage and this can be a real challenge for graduate nurse programs.

Lastly, the theme around the curriculum and resource components of a graduate program is clearly outlined within the literature clearly summarised in the structure identified by N. A. Kramer (2005) which included support infrastructures such as preceptorship and appropriate levels of educators needed to support graduate programs. These were also recognised as key elements to the success of the ACGNP.

Self-Efficacy

The literature identified that self-efficacy is an important skill to nurses in general and that education is essential to improve it (Ammentorpa, Sabroed, Kofoedb, & Mainza, 2007; Marks & Allegrante, 2005; Pike & O'Donnellb, 2010). The use of the self-efficacy tool in the evaluation of the ACGNP is well grounded in the literature (Bandura, 1989; Phillips et al., 2011; Ryan, 2011) and while not a focus of this thesis, adds further evidence to outcomes. The findings of this aspect of the evaluation are published (Lau, Willetts, Hood, & Cross, 2014). In summary, there was an improvement in self-efficacy of the graduates from the start of their program through to

the completion (Lau et al., 2014). This was viewed as a positive trajectory in the development of well trained and prepared graduate nurses and also reflects positively on the success of the ACGNP.

Clarificative Evaluation

The literature strongly supports the use of a program logic model in evaluation of programs. Although there is limited literature on the clarificative approach to evaluation, overall the principle of this form of evaluation is clarifying the program and its program logic was identified as an appropriate framework in the evaluation of the ACGNP.

In Australia there has been ongoing emphasis on the development of clarificative processes of evaluation and the need for Evaluability Assessment (EA) (Hurworth, 2008). "Pre-evaluation analysis used to determine whether program performance is likely to produce desired results and to increase the usefulness of subsequent evaluations" (Scherzer, 2008, p. 3735).

Future Research

There is much literature on graduate nurse programs, self-efficacy and program logic models of evaluation. What is clearly lacking in the literature is evidence of graduate programs within the aged care environment. This is the result of a lack of programs specifically targeting graduate nurses within the aged care environment. It is recommended that future research be focused on the aged care sector and improving its workplace culture, making it a viable option for newly graduate registered nurses.

Conclusion

This summative review demonstrates that the graduate nursing program is fundamentally important to create competent nurse professionals, who are readily retained within the work environments where they have undertaken their graduate programs. However, not much is

known about the graduate programs in aged care. This is the result of the scarcity of such programs being offered in aged care. The opportunities for supported entry of graduate nurses into the aged care workforce must be a matter of priority if this area is to progress and meet society's growing requirements for aged care nursing.

Chapter 3: Research Methods

Undergraduate preparation currently does not equip nurses well for the care of the older person (Melby & Ryan, 2005). Comprehensive training, education about older people's needs and respectful attitudes to older people are aspects that nurses must provide to ensure high quality care for all patients (Melby & Ryan, 2005). It is uncommon for newly graduated registered nurses to work in the specialised environment of aged care due to the relatively senior and solo positions that RNs undertake in this speciality area of nursing. Understanding what is important for graduate nurses working with older persons, along with an understanding the nurses' feelings in relation with older persons' care is important to create an effective education program for graduate nurses entering the Aged Care workforce. This thesis is centred on the evaluation of a Graduate Nurse Program in Aged Care. It is hoped that effective education will better equip nurses to provide quality care for older people and their families. Preparing nurses with adequate knowledge is fundamental to generate specialist nurses in aged care to then provide effective care for older people (Holloway & McConigley, 2009).

Background

Monash University, in collaboration with the industry body, developed and delivered the first Aged Care Graduate Nurse Program (ACGNP) in 2012. The purpose of this program was to prepare newly graduated Registered Nurses (RNs) to work with older adults. In the program the Registered Nurses receive specific educational preparation necessary to lead and manage their responsibilities in the Aged Care workforce.

The ACGNP was developed in order to create qualified professionals to work in the Aged Care Industry. The Aged Care Graduate Nursing Program was created in collaboration and consultation with stakeholders to improve recruitment, retention and appropriate training for

the projected demands of the aged care environment. The Aged Care Graduate Nursing Program provided theoretical preparation, orientation and clinical support. Staff ensured support for participants during the transition to practice. The duration of the program was 12 months. There are 35 contact day in 7 week-long study blocks during the year. Graduate nurses are encouraged to self-learn (self-directed learning, including guided reading and workplace-based assessments) and the completion of all assessments is compulsory. The program curriculum is clustered into seven modules. The modules are identified in Table 1.

Table 1: Aged Care Nursing Program Curriculum

Module	Name
One	Health Assessment of the Older Person
Two	Person-centered Philosophy, Assessment and Care
Three	Professional Practices and Leadership
Four	Care for Person with Chronic Health Conditions and Comorbidities
Five	Pathways of Care and Evidence-Based Practices
Six	Better Aged Care practice
Seven	Aged Care Management

Assessments were required during the ACGNP. These included written and verbal reflections, clinical assessments, nursing care plan development, project planning and critical analysis of the literature. Successful completion of the required assessment attracts credit point equivalence into the Master of Nursing program at Monash University.

Graduate Nurse Employment is coordinated by the industry body who recruited Aged Care facilities into the program to, host graduates. Key requirements of host employers included the ability to provide supervision of the graduate nurse by a senior Registered Nurse at all times; provision of a safe and supportive learning environment, and provision of an RN preceptor for the 12 month duration of the program.

The identification of individual learning needs were the responsibility of the graduate nurse; however, the preceptor role supported the graduate by the facilitation of opportunities for professional growth during the year.

Design and Methodology

This study utilised a qualitative design to investigate the graduates' understanding and experience of their participation in the Graduate Nursing Program. Qualitative research is used in nursing when there are conflicting opinions and unresolved issues concerning meaning and use of concepts, procedures and interpretation (Jong, Schout, & Abma, 2014). Furthermore, it is expected in this part of the data analysis to extract the largest possible number of ideas and concepts from the statements of the participants. For the purpose of this honours thesis only one set of data was analysed and therefore is only part of the overall Clarificative Evaluation framework.

The method of data collection used was focus groups. These focus groups were conducted with graduate nurses who had participated in the first graduate program in 2012. All graduates were invited to participate in the focus groups that resulted in a purposive sample. The aim was to investigate how the Aged Care Graduate Nursing Program affected the self-efficacy of Graduate Nurses and if the program was viewed by them as effective. The focus group method was chosen to compare ideas of a similar group of participants and see if the graduate had similar ways of thinking (Carlson, Rämgård, Bolmsjö, & Bengtsson, 2014). The results of the focus groups were one data set used for the overall program evaluation.

A semi structured focus group guide was used (Gill et al., 2008). This kind of data collection is relatively quick and easy to administer (Gill et al., 2008). It is semi-structured because extra questions can be asked for further clarification (Gill et al., 2008). Furthermore, this interview

format is flexible and allows the investigation of information participants may not have previously thought of (Gill et al., 2008).

The focus groups were undertaken in 2013 at the end of the second graduate year program. There were three focus groups. The duration of each focus group was approximately 48 minutes. There were 9 graduate nurses in the first group (FG 07) with 2 males and the duration was 52 minutes. In the second group (FG 08) were 12 participants, 2 males, and the duration was 49 minutes. In the third group (FG 09) were 6 participants, one male, and 42 minutes of duration. The interviews were audio-recorded and then transcribed to a file. There was one external interviewer who undertook all focus groups and the transcriptions were done by an external company. Therefore, overall there were 27 participants (n=27): 5 males and 22 females.

The thematic analysis of the data included six phases: organise and prepare the data for analysis; read through all the data; generate initial codes; search and review themes; define and name themes; produce the report (Braun & Clarke, 2006). Generating initial codes is when the researcher is familiarized with the data (the data are organised and understood), having already generated an initial list of ideas about what is important from the data. This phase is the first step to produce the codes from the data. The data were then coded by the writing of notes on the transcriptions, using highlighters and coloured pens to indicate important ideas identified and then arranged systematically (Braun & Clarke, 2006). Each was given a nominal code name and then copied into a Table in a computer Word file together with relevant quotations. Similar codes were grouped together as codes and sub codes (Braun & Clarke, 2006). The third step was searching and reviewing themes, where the codes were then transformed into themes (Braun & Clarke, 2006). In this phase the same Table was used, but there was a new column inserted to write the name of each code and its description (Braun & Clarke, 2006). The themes were reviewed and then refined (Braun & Clarke, 2006). As a fourth step in the completion of this part

of the analysis, the main themes were identified and the key quotations of each theme were documented in detail, how they aggregate together and what they actually denoted (Braun & Clarke, 2006).

The fifth part of the thematic analysis was defining and naming themes, where all the themes were mapped on a large sheet of paper to be able to visually identify the themes; these were then recorded in a computer file (Braun & Clarke, 2006). At this stage a content map of the data was made and all the researchers agreed upon the themes. That will be discussed in the analysis. The content map is presented in Figure One in the Results chapter.

It is important to decide on the most important themes and why (Braun & Clarke, 2006). By the end of stage five the themes had been explained, giving the reader a sense of the meaning of the theme (Braun & Clarke, 2006). Finally, the last step was to produce the report (Braun & Clarke, 2006). This final stage resulted in the instigation of the analysis report (Braun & Clarke, 2006). The analysis report aims to convince the reader of the merit and the validity of the analysis, discussing the examples, extracting the essence of the point, answering the research question from the analytic narrative (Braun & Clarke, 2006). The quotes representing each sub-theme were extracted based on what the participants conveyed about each section and was couched in individual understanding from the author's interpretation (Carlson, Rämgård, Bolmsjö, & Bengtsson, 2014).

Limitations

The principal limitation of this qualitative study was that the findings could be open to alternative interpretations (Maxwell, 2013). To validate the accuracy of the findings two researchers discussed and compared the findings (analyser-checking) (Maxwell, 2013). One of the researchers, the author of this thesis, and an independent research fellow used the analyser-checking method and compared and refined the findings until agreement was reached.

To determine trustworthiness in the analysis and ensure credibility, the participant group was selected purposely, to be representative of the program participants, with three focus groups ensuring a mix of gender, age and professional experience. Dependability was ensured through the use of open-ended questions in all groups. Qualitative research designs can be transferable in the construct of methods. For example, the interview protocol used in the focus groups could be used in other similar situations. This type of questioning is useful in debriefing simulation scenarios to support the students to be aware and reflective to learning (Tosterud, Hall-Lord, Petzäll, & Hedelin, 2014).

The knowledge produced in this report was identified as specific to the context of this graduate nurse program and would not be transferable, particularly internationally (Hall, McLelland, Gilmour, & Cant, 2014). However, the process of the focus group analysis could certainly be transferable as a method used in the analysis of other similarly structured focus groups.

Ethical considerations

This was low risk research as the research did not affect the participants' health in any way (Shamoo, 2007). Furthermore, the project was not dangerous to the participants; the risks of harm were not greater or more likely than those encountered in everyday life (Shamoo, 2007): "The expression 'low risk research' describes research where the only foreseeable risk to participants is not more than one of discomfort" (Monash University, 2003).

Consent from the Monash University Human Research Ethics Committee (MUHREC) was obtained. Informed consent was obtained, including consent for comments from participants' audio-recording and participants signed a consent form before the start of each session.

Anticipated outcome of research

The expected outcome of this project was to present the overarching evaluation framework and its relationship specifically to the graduate interview data. The analysis of the graduate interview data identified the effectiveness of the program and the graduates' satisfaction with the program from their perspective. Another anticipated outcome was to see if the graduates increased their self-confidence during the program.

Proposed timeline

Table 2: Nursing Honours Degree Gantt chart for 2014:

Activities	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Literature review	▮	▮	▮						
Methodology	▮	▮	▮						
Analysis				▮	▮	▮	▮	▮	
Results and analysis				▮	▮	▮	▮	▮	
Discussion						▮	▮	▮	
Introduction	▮	▮	▮						
First draft			▮	▮					
Review					▮	▮	▮	▮	
Submission									▮
Conclusion							▮	▮	

Summary

With the growing increase in the number of older people in the world, health professionals must be better prepared to give support to these individuals. The Aged Care Graduate Nurse Program was created to contribute to this aim. The fundamental aim of this program is to prepare nurses for the Aged Care nursing, to be well prepared to lead and manage quality person-centred care for the older person.

The Aged Care Graduate Nursing Program has a strong curriculum that supports nurses to prepare themselves to work in the Aged Care workforce, become leaders in the industry and prepared to deliver nursing care to older Australians.

This chapter identified the research methods used in the analysis of one set of data collected for the overall evaluation of this specific aged care graduate program

Chapter 4: Results

This chapter presents the results from the focus group interviews. In total, there were 27 participants (5 males and 22 females) spread across three focus groups (Focus Group 07, 08 and 09) at the end of the program, 2013. As indicated in the previous chapter, the duration of each group was 52 minutes, 49 minutes and 42 minutes, respectively.

Five core themes emerged: 1. Entry into the program; 2. Learning; 3. Workplace Supervision; 4. Updating workplace clinical practices; 5. Positive course outcomes. The first two themes relate to the educational program at the University, and the last three themes relate to the workplace. Each of these is represented in Figure 1. The results in relation to these themes are presented in this chapter.

Second Phase → Workplace (Experience)

3. Workplace Supervision

3.1 Variables opinions about the industry body support to graduate nurses

3.2 Some preceptors were excellent

4. Updating workplace Clinical Practices

4.1 Graduate nurses want to be seen as competent professionals by the others professionals in the workplace

5. Positive course outcomes

5.1 Gain of confidence, knowledge and skills
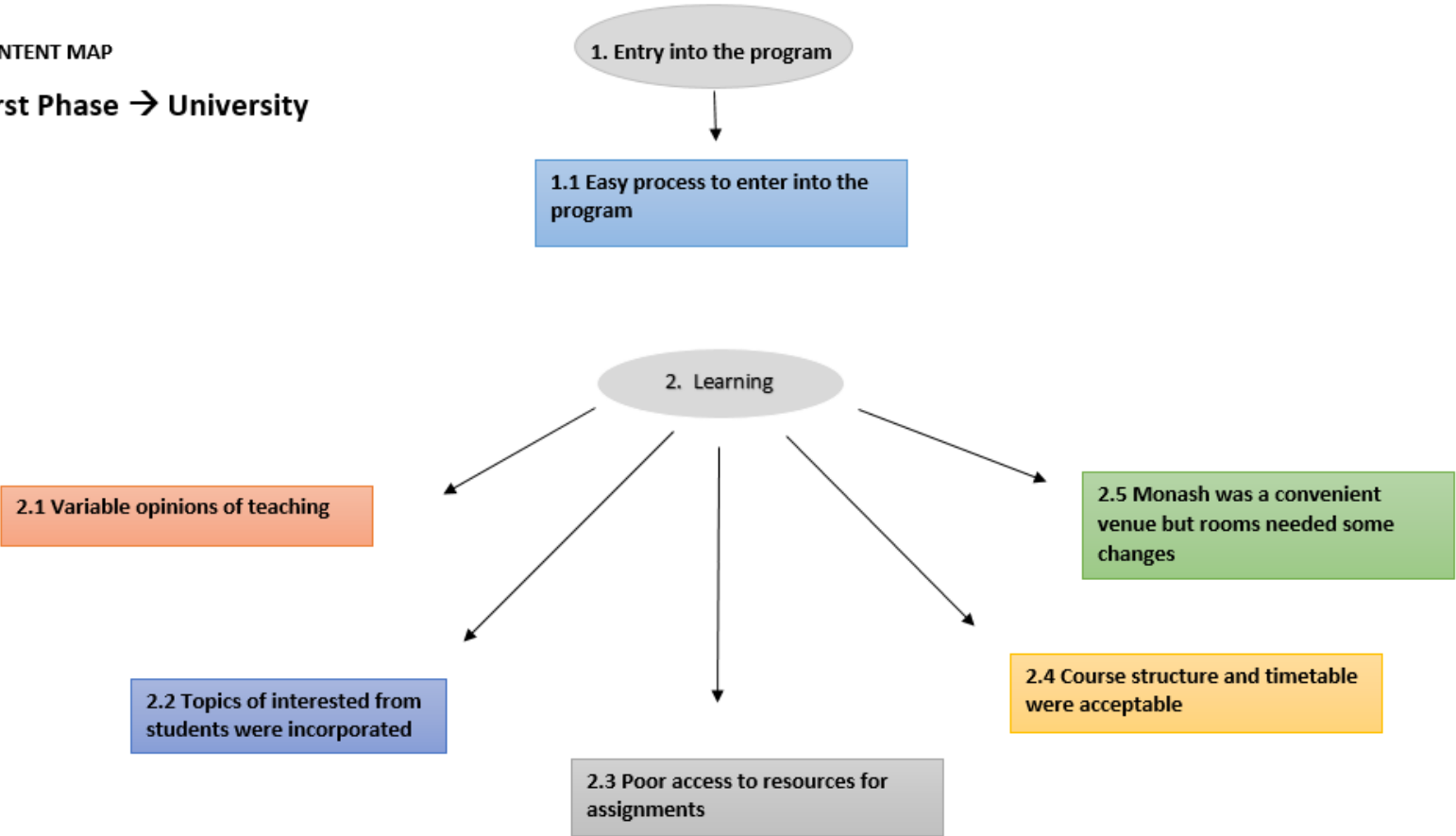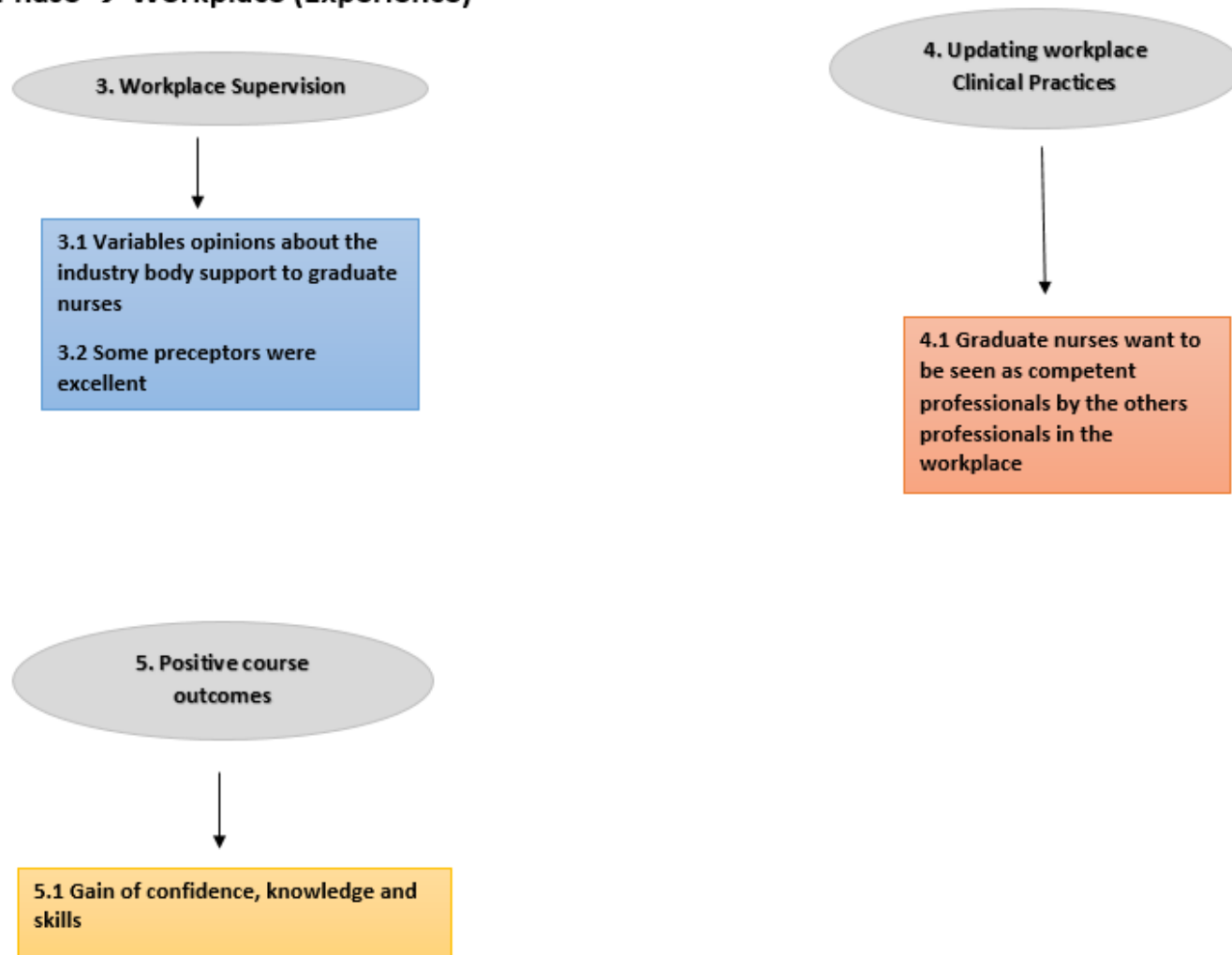
Entry into the program

Entry into the program was by written application; this process was the responsibility of the industry body.

Easy process to enter into the program

The industry body organised the selection of graduates and the administrative process of entry into the program:

> "Through [the industry body], they organised it all, so really all I did was had a phone call with [the industry body]… and then I got an email saying you're in." (FG 7, line 19)

> "There was no contact ourselves with Monash – that came secondary to [the industry body]" (FG 8, line 30)

Most of the participants described the process as very quick and easy.

> "It was an easy process" (FG 8, line 30)

> "Yeah, easy." (FG 7, line 16)

> "Very straight forward." (FG 7, line 17)

> "It was really quick… It was quite quick." (FG 7, line 25)

Many undertook a selection interview. The interview for some of the participants, however, was quite difficult:

> "With four other graduate nurses. It was quite stressful" (FG 9)

According to the participants the process to enter into the program was not the same for everybody. Some of the participants had to do two interviews; others just applied with no interview and others were chosen by educators.

> "Yeah, me and the other girl from [place name] were chosen by our educators and asked if we'd like to do the program, so we didn't have any interviews or anything like that" (FG 9)

> "The initial process was, for some of us, interviews in the city. You go through an interview process and then from the interview process if you are accepted and you accepted your facility, you then went out to the facility. I had to go out to my facility and then you have a second interview… and then from there you had your confirmation." (FG 7, lines 21, 22 and 23)

> "I think I was one of the late ones because they offered a few positions to regional hospitals first and so I got offered it and I accepted it in January this year. So it was sort of just want to do it and I said yeah." (FG 7, 24)

Some of the participants knew about the program through informal contacts:

> "Because my friend told me, he was in this program also" (FG 8, line 17)

Learning

There are five subthemes in this topic: Variable opinions of teaching; Topics of interest from graduate nurses were incorporated; Poor access to resources for assignments; Course structure and timetable were acceptable; Monash as a venue for but rooms needed some changes.

Variable opinions of teaching

Participants said that the variety of teaching methods used at university during the study weeks was valuable. They reported that there was a good mix of methods in the teaching:

> "I think most of them were lectures…but then they mixed in a bit of group activity and a bit of group discussion and - which was good." (FG 9)

> "Well it's good to mix it up" (FG 9)

The graduate nurses identified it would have been more beneficial if more practical sessions were included:

> Female 1: "They should be more group activities, I think."

> Female 2: "Yeah, case studies, different little things like that."

> Female 3: "Case studies."

> Female 4: "Or visiting lecturers."

> Male 1: "More practice as well." (FG 9)

> "It's nice to break it up. It's a good balance between doing groups and lectures, instead of just having someone talk at us the whole time." (FG 7, line 69)

According to the participants most of the teachers were good but some teachers did not motivate graduate nurses:

> "Some of – most of our teachers or lecture delivery people were great, but there was the odd one that I found quite – just really drawn out and wasn't engaging enough to keep us motivated…" (FG 9)

Guest speakers were invited to present specialized topics:

> "I thought the guest speakers were really good. I think that's one thing I really enjoyed."
> (FG 9)

> "It's high quality and you can understand, you can interact with the lecturer, it's good."
> (FG 7, line 73)

Some of the participants believed that all the workshops/tutorials/lab sessions were based on the undergraduate level. Many of them said that the content needed to be raised to the Masters level.

> "Oh [that is] quite pointless [labs]. For me personally it's quite based on undergraduate level of teaching. So then in turn, it's stuff that we've already gone over and have been deemed at being proficient…" (FG 8, line 55)

In addition, some thought the content needed to be made more relevant for aged care:

> "Yeah, and maybe a little bit more relevant for aged care in itself, so maybe some more going over, sort of, simulated critical situations that could happen in an aged care environment… Even if it's how to call an ambulance, what are the levels of care that are required by the resident when you're calling an ambulance; those type of things for people that have never been in that situation would have slightly more relevance…" (FG 8, line 59)

Topics of interest from graduate nurses were incorporated

Graduate nurses appreciated being asked what more they want to learn at the beginning of the course:

"It was good because if we said at the start there was something in particular we wanted to get out of it, then they made sure they found a lecturer that could come and speak to us about that subject before the course finished…" (FG 9)

Participants reported they had different learning needs such as Mental Health, Palliative Care and Management of BPSD (Behavioural and Psychological Symptoms of Dementia):

"My main interest was the mental health side of aged care…" (FG 7, line 89)

"My interest was in palliative care, wound management…" (FG 7, line 90)

"For me it would be the management of BPSD and palliative care because those are the two that I deal a lot where I work…" (FG 7, line 91)

"The accreditation course was probably my favourite thing to do which helped out a lot because we had two spot checks [in the workplace] throughout the year…" (FG 7, line 97)

Poor access to resources for assignments

According to participants the assignments were not hard, but the information about them needed to be clearer:

Participant 1: "No, they weren't hard but they need to specify what they want at the start clearly"

Participant 2: "There was confusion with the first assignment where 50 per cent did something different to the other half". (FG 9)

Participants are not classified formally as Monash students and because of this they had no access to the Monash library resources. They said that because of this lack of access to resources

they did not have a lot of references in their assignments. Some participants asked for a friend's help to have material to do their assignments:

> "I got my friend's university log in and used her databases to do my assignments. " (FG 7, line 41)

Because of the difficulties obtaining university database access, Monash arranged for an external database provided by a publishing company. One graduate nurse considered it useless and said that it expired before the end of the program.

> "We were given, I think, [Database name] but I found that useless" (FG 8, line 42)

> "I tried to do an assignment and even with that the access to it expired middle way in August, for some of us access to it expired and it took about two or three weeks to get the access back again…" (FG 7, lines 34, 37 and 40)

Graduate nurses wanted to receive the class notes before the class, but in some cases they were not provided in time:

> "… it would be really handy to have our… PowerPoints before the lecture so we can print them out and bring them with us" (FG 9)

Participants said that receiving the notes would assist note-taking:

> "So we can write notes next to – instead of having different pages of work and then weeks later being able to print out the lectures. Because the lectures weren't always available to us for the week of the block till partway through the block" (FG 9)

Course structure and timetable were acceptable

The course structure was based on a curriculum with seven modules. Participants agreed that all the topics were covered in the course:

> "… They covered everything we wanted" (FG 9)

> "Yeah, the content is good." (FG 7, line 83)

Some participants thought that the time of break between modules was good:

> "The hours are good and the breaks are long, so it's good" (FG 9)

Some participants thought the schedule for the day should be refined. They thought that it should be a little bit shorter because of the traffic time:

> "… I think as far as the structure of an individual day here, I think that can be improved with not having long breaks in between things…" (FG 8, line 74)

> "… [Break time] is not very conducive with everybody that's working" (FG 8, line 75)

Also there were issues around the amount of content delivered in the study days

> "Facilitator: What about the time allocated to it?"

> "Some of the days we had to cut short because you get so much information that you just can't concentrate anymore, so we cut a couple of days short." (FG 7, line 118)

Monash was a convenient venue but rooms needed some changes

Most of the participants agreed that Monash University was a convenient place to come.

> Female 1: "It is convenient for me, yeah"

Female 2: "It is pretty convenient"

Male 1: "Yeah, it is convenient for me as well" (FG 9)

Participants said that some of the rooms had bad smells and were dark. In addition, they said that they had to move a lot between buildings and sometimes it was hard to find the rooms.

"… There was one [room] upstairs that got really hot …" (FG 9)

"Some [rooms] have been hard to find …" (FG 9)

"… The rooms could be bit better, a bit more conducive for learning, and there wasn't much air flow, that dark" (FG 8, line 9)

"… We had one particular week where one of the rooms had a horrible odour which couldn't be dealt… that wasn't pleasant…" (FG 7, line 10)

In the second phase, Workplace Experience, three main themes emerged: (1.3) Workplace Supervision, (1.4) Updating workplace clinical practices and (1.5) Positive course outcomes.

Workplace Supervision

In the first theme of the second phase (workplace supervision) there are two sub-themes: Variable opinions about the industry body support to graduate nurses, and some preceptors were excellent. Each sub-theme will be explained below.

Variable opinions about the industry body support to graduate nurses

There was no consensus from participants about workplace support issues. Some graduate nurses said that their industry body liaison nurse was very helpful:

"My [industry body] person was really good, really easy to talk to when she came to visit, and really approachable." (FG 7, line 186)

Even with no personal contact, they could find support from them by email or telephone:

"…I found her really helpful and she always was contactable by phone or email… I didn't get to see her as often as I would have liked to, but then again she was always contactable by email, or anything." (FG 7, line 188)

"I let her [industry body] person know what was happening, but she just encouraged me to do it on my own, which was really good… She was really good. She sent templates and stuff and resources and I was always able to call her if I needed anything… And always really encouraging." (FG 7, line 192)

However, some of the participants wanted more support from the industry body. Some graduates described frequent visits, and some felt there was an inadequate amount of contact:

"… The support from [the industry body] was minimal, very, very, very minimal… It's a new program, it's just sort of teething things, but I think there could be a lot of improvement" (FG 8, line 133)

"… I really get the pressure from them [the industry body], instead of much support I think" (FG 8, line 144)

"… I think from [the industry body], it's a bit minimal [support]. We just rely on the phones and the emails, but yeah, nothing really significant…" (FG 8, line 148)

"I think [the industry body] can do much more to help us…" (FG 8, line 192)

Participants perceived there was not always adequate contact between the industry body and the workplace supervisor. Because of this, sometimes graduate nurses had problems with misunderstandings, such us the workplace being unaware that that they were participants in an Aged Care Program:

"... She [Preceptor] didn't really get any guidance from the organisation as to what they wanted me to do as a grad..." (FG 9)

"... [There] didn't seem to be any kind of communication between [the industry body] and the facilities as to what sort of applicant would best suit that facility. It was kind of just like" 'here are the applicants, we've got 20 spots, where do you live, that's where you go'". (FG 9)

"Nobody from there had any idea what this is... when I approached her and said 'I'm not a first year grad, has Education and - anybody contacted you from the program to say why I'm here?' She said 'what program?' I said '... I'm doing an aged care grad program'..." (FG 9)

"I had to hand in - I got the course program and had to hand it to the unit manager because I said, 'Do you even know what I'm learning'? She said, 'No, I have no idea'. So I printed them off and I said, 'This is what I know. Use me. Don't just chuck me on the floor'." (FG 7, line 250)

In addition, in some cases participants were unhappy with workplace arrangements, with reported differences between the support for graduate nurses, such as payment, accommodation, wages and buddy shifts:

"... It's written on the contract that I should have 38 hours per week, which is full time. But you know I still don't have full time work, and I have discussed this with [the industry

body] person and she couldn't do anything, and she talked with the manager… She is already trying her hard to give us shifts, but they're still of course giving the shifts first to an experience nurse. I mean they have already had the contracts, so this is a problem" (FG 8, line 131)

"…there were a lot of discrepancies, as well, in placements as to how many days you got and what you're paid for…" (FG 9)

"… Some people had their accommodation paid for when they came here. We had to pay for our own accommodation. So there are a lot of differences. It should be one standard" (FG 9)

Some preceptors were excellent

According to participants, good preceptors on site are nursing professionals who came to visit the graduate nurses in person and/or gave support by telephone and email.

"… In my workplace I had three workplace preceptors and they were all senior nurses, like 20-plus years and they were fantastic…" (FG 9)

"Our preceptor she's actually really good. She's –- if we do have a particular issue, we can ring her up and say "hey …", and she'll be there for us…" (FG 8, line 160)

"Mine was brilliant… she is great, really good." (FG 7, line 206)

Participants said that poor preceptors were those who did not visit, did not keep in touch with graduate nurses and did not observe the graduate's clinical skills. According to them some preceptors were poor quality and were not regarded as being qualified to work as a preceptor:

"... I've got the same girl who was my preceptor in the last place who was a grad with me, who's not qualified really, and not experienced enough to be a preceptor and she actually hasn't done the training either" (FG 9)

There were also graduate nurses who did not have a preceptor or had one who did not often come to visit:

Female 1: "[Preceptor is] Useless."

Female 2: "I don't really have one"

Female 3: "I didn't even work with mine for the first four months. I never had a shift with her." (FG 7, lines 198, 201 and 202)

Updating workplace clinical practices

This theme was related to the difficulty faced by graduate nurses when they proposed a change or an update to a clinical practice in the workplace.

Graduate nurses want to be seen as competent professionals by the other professionals in the workplace

Graduate nurses in the Aged Care Nursing Program were acquiring knowledge that enabled them to see that some workplace clinical practices could be improved. For instance, they saw it as necessary to apply new knowledge to improve the quality of care. To achieve this, some found it necessary to be persuasive to convince the manager, and to work towards gaining respect from the workforce.

"... In my last workplace when I was in the residential aged care... I said everyone here will be happy to see me leave... but then when it was my last week of work the director of nursing asked me if I'd like to come back there and work permanently because a lot

of the staff had put in good reports about me and asked if she could find me a job because they didn't want me to leave. They liked the input that I had, the fresh eyes and that I helped everybody…" (FG 9)

However, some participants said that they could not implement the knowledge because they were not recognized as being a qualified and experienced professional:

"… They're [workforce] already set up in their own sort of ways, they don't want to accept the change coming from you [graduate nurse] because you're - they say you're the fresh graduates…" (FG 8, line 125)

"I find my age, because I am so young - people that have been there for so many years and are older, and things like that. They just look at me like 'oh you're fresh out of uni, you're too young'. Yeah right! sort of thing; they just don't listen." (FG 7, line 172)

Positive course outcomes

Finally, the last theme (course outcomes) included the last sub-theme (Gain of confidence, knowledge and skills):

Gain of confidence, knowledge and skills

During the course, graduate nurses were faced with various learning situations and that helped them to gain confidence, knowledge, and also increased their skills to work into the workplace:

Female 1: "The support has been really good and the knowledge that we've gained from the Monash- and just being able to put it into practice."

Female 2: "…basically I think everything that we've learnt here I can take away probably for the rest of my career. Just the things that we've learnt here you probably won't learn anywhere else because it's so specified in aged care."

Female 3: "The best part about this course was just getting confidence… I really am grateful for the Monash course and the credit points from that."

Female 4: "… building your confidence and your leadership skills and management skills really helps and learning to be more assertive when you speak to others…"

Male 1: "… I think this program is a very good foundation for new nurses who want to work in aged care. The knowledge and the experience that you gain you can really take it to work and use it in the future in your work"

Male 2: "This has given me, like, a solid base…" (FG 7, lines 216 to 223)

In conclusion, according to the graduate nurses the course outcomes were very positive for them:

"I think with the Monash seven weeks give you really good feel about the aged care itself and from zero experience to actually have a lot of duty as a Div 1 nurse, I think it prepares me a lot" (FG 8, line 171)

"This course has helped me to understand the role of RN in aged care much better and the knowledge that was given to us and the support provided by the people from Monash University as well as [the industry body] , they are wonderful." (FG 7, line 216)

From the focus group results emerged the key themes: Entry into the program; Learning; Workplace Supervision; Updating workplace clinical practices; Positive course outcomes. These demonstrated that all the issues were covered in the focus groups. In addition, in each group it was possible to know what is needed to be improved and what is already good. The discussion chapter will investigate these themes in more detail and outline the thematic framework that emerged from the focus groups.

Chapter 5: Discussion

In this chapter the outcomes from the interview data will be discussed in detail. The overall evaluation framework is also integrated into this chapter as it had a significant influence in the analysis of all the evaluation data.

The Program – Graduates' Perspective

The views of participants about the Aged Care Nursing Program were sought in order to gain the graduate perspective and experience of the program. It was important to determine the pros and cons of the program from the graduates' perspective to determine its acceptability, effectiveness and practice relevance.

The process and logistics of entry into the program was the responsibility of the employer organisation that was the industry representative body. For most of the graduates, entry into the program was an easy and quick process. However, according to the participants entry into the program was not the same process for everybody. When asked about how participants knew about the program, some of them said that they knew the program through a friend who was already in the program. From the information acquired it is possible to say that the process of entry into the program must be well/clearly developed by the overarching governing body to ensure each graduate has the same entry process. It should also be better publicised within the professional community by the stakeholders, this will ensure the program is well advertised and the appropriate people are aware of the program.

The teaching process is the most important issue for the program because it is from that perspective that graduate nurses learn and acquire enough knowledge to work with aged care. Participants considered the variation in teaching methods beneficial. It was identified that there

was a good mix of methods in the teaching provided for participants, as was found important by Steginga et al. (2005). In addition, graduate nurses considered that more practical sessions such as case studies and visiting lecturers were beneficial for their learning. These two components were certainly frequently use in the ACGNP. Most of the teachers were regarded as of a good standard; they had a high quality of knowledge and they could interact with the graduate nurses. However, a number of participants commented that there was a teacher who was not good at motivating graduate nurses. A concern voiced by graduates for the teaching program was to ensure all the sessions (workshops, tutorials and lab sessions) were based on Masters level and not only at undergraduate level. Furthermore, sometimes the teaching needed to be made more relevant and specific for aged care, for instance, involving simulation of critical situations that could happen in an aged care environment (Skrable & Fitzsimons, 2014). The Aged Care Nursing Program at Monash had simulation classes to help participants to face situations they could face in the aged care workplace.

Each graduate nurse had their own preference in relation to learning needs. Some topics of interest were included in the curriculum to address all the graduate nurses' preferences, for example: mental health care, palliative care and management of BPSD (behavioural and psychological symptoms of dementia). Graduate nurses appreciated being asked at the beginning of the program the specific topics about which they wanted to learn. The graduates identified the varied teaching strategies provided an effective curriculum meeting the needs of all the graduate nurses' learning preferences.

The timeliness of teachers' notes for class were also a problem for graduate nurses as some felt that access to the notes beforehand would help them in note-taking. Taking notes and reviewing those notes (in class or after it) has a positive influence on student learning (Boye, 2012).

The course was divided into seven modules: Health assessment of older people; person-centred philosophy, assessment and care; professional practices and leadership; care of the person with chronic health conditions and comorbidities; pathways of care and evidence- based practices; better aged care practices and aged care management. Participants agreed that all the topics were covered in the course. In relation to the timing of the teaching program and the breaks, there were two distinct breaks to which the participants referred. Firstly, the breaks within each of the study days i.e. the lunch break and secondly the breaks between the study weeks blocks. There was a divergence of opinions between participants – some saying it was good and some not. In fact, it is difficult to have a balance of what is the best time of break and study for everybody. All the graduate nurses have different places of residence and different times they can come to the university as well. Arguably, it may have been better to have shorter breaks between modules, because the graduate nurses' felt that they forgot what had been learned in the past module (Globerson, Levin, & Shtub, 2010). In addition, having shorter classes is much better for improving the quality of the graduate nurses' absorption of knowledge. It is known that students do not have a long concentration span during class (Stuart & Rutherford, 1978). This extensive analysis suggested that the optimum length of a lecture should be 30 minutes.

Monash University as the venue of the program was very convenient according to participants. The University is located in Clayton, a suburb of Melbourne. It was easy to access and the campus facilities fulfilled all the graduate nurses' needs. Despite information about the program scheduling on the university's learning management system (LMS), and emails to participants prior to each week of study that detailed the schedule, venue and parking details, some participants felt that communication about the timetable and venue access could have been more efficient. Future communication strategies should encourage the participants to make good use of the LMS as the primary source of program information.

As indicated previously, graduate nurses had to undertake fulltime clinical practice during the graduate year in a facility with the supervision of a senior Registered Nurse. In the program most of the preceptors were reported to be excellent, however, there were also some who reported infrequent communication. In a first graduate year, good supervision by the preceptor is necessary to facilitate transition into the workplace. Supervision in nursing practice has been gaining greater importance within the nursing scenario (Kristofferzona, Mårtenssona, Mamhidira, & Löfmarka, 2013). Good preceptors were regarded by participants as those who came to visit in person and/or gave support by telephone and email and preceptors who kept in touch and gave direct feedback with their graduate nurses. Poor preceptors were those who were perceived and not coming to see them or did not keep in touch, as well as not being well prepared to assist graduate nurses because of a lack of experience and knowledge (Kristofferzona et al., 2013). However, around the world learning experiences through nursing clinical practice is becoming less frequent and more difficult to source (Bourgeois et al., 2011). To have efficient improvement of nursing skills in practice it is necessary to have high quality preceptors.

At times there seemed to be a mismatch between the graduates' expectations of support and the reality of the workplace, for example, there were equity issues with salaries, accommodation and employment conditions. Ideally, it is important that all the graduate nurses had the same benefits and support. To find an ideal place to have the best possible experiences it is not only important for graduate nurses but also for the workplace to encourage more and more specialized people to work in these areas of practice (Bourgeois et al., 2011). There were two layers of supervision: the industry body and worksite staff. Worksite supervision could be at a preceptor level rather than at the graduate level. Registered nurses were not always available onsite or on staff to supervise. Problems were described by graduates with some graduates experiencing a lack of preceptor supervision and some graduates experiencing little supervision

or feedback and little variation in tasks. There was a need for more frequent liaison between the industry body supervisors and the graduate, particularly in country places. There was a need for the industry body RNs to liaise with workplace managers re conditions of employment of a graduate and to facilitate a flow of information down to floor staff regarding the role of a graduate (by conducting an in-service session if necessary). When senior site staff changed, this should be begun again to ensure a manager was informed.

A final issue emerging from the focus groups was that of the different generation of students coming from the university to work in the workplace. Sometimes it is very difficult for nursing graduates to implement new ideas within the context of the established workforce (Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010). The graduate nurses in the Aged Care Graduate Nursing Program also experienced this difficulty. Certain qualities that these new professionals/graduate nurses have, could help the look of aged care which could implicitly benefit in the development of a more positive workplace identity – such as being persuasive and confident. It is also necessary for the nurses to understand the differences between the generations of professionals to make the workplace a harmonious environment (Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010).

The most important indicator to see if the program had been an efficient tool for the graduate nurses was the course outcomes. The graduate nurses were unanimous in saying that they gained confidence, knowledge and they also increased their practice skills. Nurses' job satisfaction is very important to improve the quality of service care (Atefi, Abdullah, Wong, & Mazlom, 2014). Communication strategies between the industry body and professional group and the teaching arm (the University academics) were fundamental to the program's success. This was well supported both organisationally and at the service end. Through the monthly industry reference group meetings the industry body coordinated frequent ongoing

consultation with the service providers and the university. There was also frequent consultation with the graduates and preceptors through the educators that were employed by the industry body. This allowed for good communication channels in the main, facilitated changes when required and these were implemented across all program levels.

Program Evaluation

The process of evaluation is a process of knowledge production, which rests on the use of experimental enquiry (Owen, 2006). The Clarificative Evaluation framework assisted in the overall program evaluation (Owen, 2006).   A representation of the Clarificative Evaluation Framework (CEF) is represented below in Figure 2.

Program

Evaluation

Framework

Qualitative data

Entry into the

program

Positive course

Learning

Workplace

Supervision

Updating workplace

clinical practices
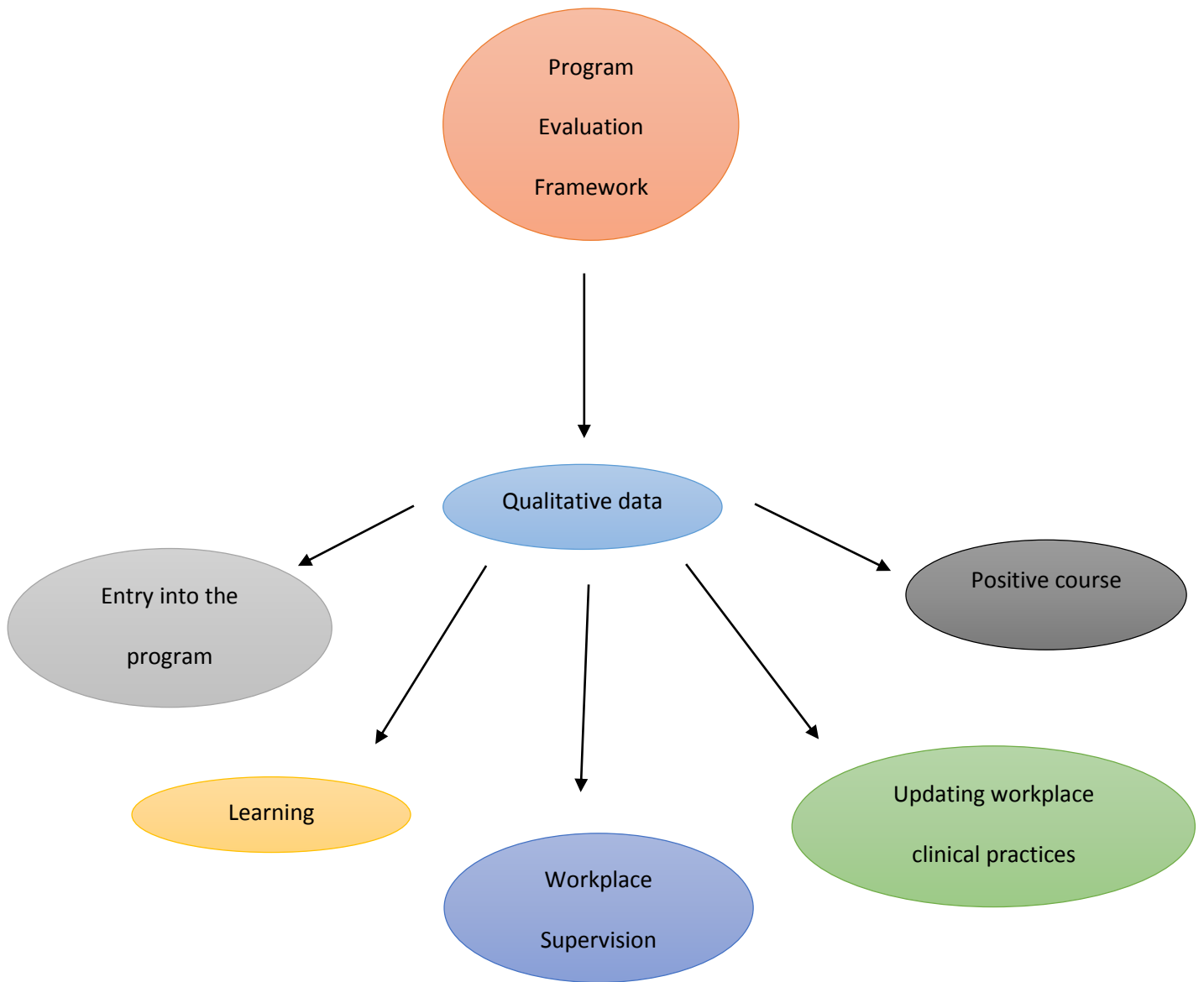
The use of a program logic model ensured that the results from the data collected could be evaluated and clarified in the evaluation process. The qualitative data findings from this part of the evaluation are discussed below.

Entry

The first stage of the program was identified in the themes as the process of "entry into the program". This aspect part did not present many issues; while there were inconsistencies, this was not seen as harmful for the participants. A consistent recruitment and workforce approach may have enhanced this aspect.

Learning

The process of teaching methods in the Aged Care Nursing Program had good development and was well-regarded by the participants. It is clear that the majority of the participants agreed that the learning process assisted their learning. However, an important gap into this part is the lack of resources to do the assignments. It is important that graduate nurses could be viewed as Monash participants to use the library resources into the University. Another solution for this gap is the explanation through teachers to the participants in order to clarify that is possible to use another free platforms to search materials, like *Google Scholar*. They seemed poorly prepared to utilize other sources of nursing literature which was a source of distress for them. So, from that point it is important to have a better communication between graduates and teachers of what kind of information graduates could use during the graduate year.

Workplace Supervision

Workplace supervision was a divergent issue between participants. Participants reported that there was not always clear agreement between the industry body and the workplace. There was a range of responses In relation to the support provided by the preceptors, some of the preceptors were regarded as more helpful than others. To have ideal and efficient learning in clinical practice good preceptors are needed. There was sometimes difficulties in having enough preceptors for every graduate position Preceptor staff did change as people moved between employed positions and this created barriers to direct supervision as new staff might be unaware of the graduate program or its requirements. Therefore, the intensity of the supervision

relationship between employer and graduate appeared to vary markedly with some graduates receiving more on-site supervision and feedback than others.

Updating workplace clinical practices

A problem faced by the graduates was the difficulty of implementing the knowledge into the workplace. It is a common problem faced by new graduates in the most places around the world (Kramer, Brewer, & Maguire, 2013). Graduate nurses must have some qualities to facilitate this process into the workplace, such as to be persuasive to convince others.

Graduates students from the Aged Care Nurse Program referred to gain of confidence, knowledge and skills during the program. These gains are essential to a new professional working into the workplace. Because professionals who are confident, have knowledge and skills, commonly are respected into the workplace and then it is easy to update/make changes in the workplace. Thereby reducing the difficulties to implement new things, leading with older professionals and gaining space within the workplace.

Conclusion

This chapter has discussed the findings specifically from the analysis of the qualitative interviews of the graduate participants. It has then brought these together under the overarching evaluation framework, clarifying the main themes from the results and aligning these to the program logic.

Chapter 6: Conclusion and Implications

This thesis formed part of the overall evaluation of the ACGNP. The process provided the Honours student with a twofold opportunity to develop skills and insights into research process and techniques. Firstly, undertaking a summative literature review enabled the student to develop skills in searching for evidence within current literature using a number of broad key terms relevant to the overall evaluation of the ACGNP. Secondly development of skills in qualitative analysis and the reporting of these using a thematic framework that then informed the overarching Clarificative Evaluation framework ensured the development of a more comprehensive insight into qualitative research processes.

The Aged Care Nurse Program achieved the general purpose for which it was created:

"To develop skills and knowledge in graduate nurses that will enable them to fulfil, and value, the roles and responsibilities of a competent Resident Nurse in the provision of the care and support that older people and their family carers may require along the continuum of care" (Monash University, 2013).

The development of skills and knowledge into the Aged Care Graduate Nursing Program will enable graduate nurses and future professionals the opportunity to develop confidence to work in the aged care workforce. The knowledge of what is important and what is expected from the aged care professional in the development and practice of their work is very important. Bearing the results of this research in mind, with better prepared professionals this work environment becomes a more attractive option for the newly graduated nurse with the offer of both support and education. This in turn ultimately will assist in addressing some of the recruitment and retention issues of this workforce. As the aging population increases, this will assist in addressing a priority human resource need for this growth area of health service delivery.

The research question has been answered: The participants gained confidence and improved self-efficacy as a result of participation in the Aged Care Graduate Nursing Program. In addition,

participants reported that the experiences during the program helped them to increase their skills and acquired enough knowledge, becoming easier to work in the aged care environment. According to the research aim this thesis constructed a Clarificative Evaluation framework enabling the evaluation of the Aged Care Graduate Nursing Program through the qualitative data already discussed during this thesis. Analysis of this data provided exploration and explication of the themes of program entry, learning, workplace supervision and updating clinical practice. The discussion around these core themes provides further evidence of the importance of graduate nurse support, in particular in areas not traditionally seen as entry points for graduate nurse practice. The findings provide a firm foundation from which to present the case for continued investment to ensure a sustained program with sustainable workforce outcomes.

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Appendices

Appendix 1   Literature Review table

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Aduddell, K.A., & Dorman, G.E. (2010) USA	To explain the development of a value-added leadership focus to a graduate nursing program	Literature review and focus groups	Not specified	Different kind of advanced practice nurse → graduate program that prepares nurse leaders → competent in clinical settings and leadership roles of health care organisations	Not clear explanation about data analysis and sample	Excellent issue and discussion of leaders, nurses' competence and the importance of the graduate nursing program curriculum to develop this
Ammentorpa, J., Sabroed, S., Kofoedb, P., & Mainza, J. (2007) DENMARK	To investigate: the effect of communication skills training on doctors' and nurses' self-efficacy; How training courses influence the retrospective perception of the initial assessment of self-efficacy; The determinants of health professionals' self-efficacy.	Randomized controlled trial in which the intervention group received a 5 day communication course and the control group received no intervention.	19 doctors and 11 nurses	Clinicians who participated in the communication course improved their self-efficacy for specific communication tasks with up to 37%. The improvements remained constant for the following 6 months. The training course did not influence the initial experience of self-efficacy.	Small number of clinicians	Randomized design

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Astin, F., Newton, J., McKenna, L., & Moore-Coulson, L. (2005) AUSTRALIA	To explore registered nurses' expectations and experiences of first year undergraduate students' level of knowledge and clinical skills	Focus groups	16 registered nurses	Clinical nursing skills and knowledge requirements → only be learned through experience. Reality shock → degree of empathy	Small sample size Focus group limited, participants tend to conform to the opinions of the majority	Study well organised Excellent discussion and findings
Baldwin, A., Bentley, K., Langtree, T., & Mills, J. (2014) AUSTRALIA	To stimulate discussion about graduate attributes for Nurses, a transferable set of specific attributes that make nursing graduates work ready.	Qualitative – Unclear methodology	Not specified	Nursing students attributes → clinical skills and clinical practice	Unclear methodology, sample and data collection Small study Limited conclusion	Excellent discussion and references
Bandura, A. (1989) USA	To examine the nature and function of human agency within the conceptual model of triadic reciprocal causation.	Qualitative discussion – unclear methodology	Not specified	In analysing the operation of human agency in this interactional causal structure, social cognitive theory accords a central role to cognitive, vicarious, self-reflective, and self-regulatory processes. The issues addressed concern the psychological mechanisms through which personal agency is exercised, the hierarchal	Unclear methodology and results	Original article

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
				structure of self-regulatory systems, eschewal of the dichotomous construal of self as agent and self as object, and the properties of a nondualistic but nonreductional conception of human agency.		
Barlow, K. A., & Lennan, M. (2005) NEW ZEALAND	To provide information that would be useful during the introduction and implementation of the New Zealand College of Midwives' Midwifery Standards Review process for employed midwives in a large metropolitan District Health Board.	Face-to-face interviews.	Five district health borders employed Lead maternity Carer team midwives and two core midwives; Four managers; Two group managers for Maôri and Pacific Island culture support teams; the New Zealand College of Midwives Midwifery Advisor; Local midwifery standards review committee	A Clarificative Evaluation considered the introduction of Midwifery Standard Review Process (MSR) for a group of midwives in a major city district health border during 2003, in order to provide information that would be useful during the wider implementation of MSR.	Small number of participants	Good discussion and relevant issue.

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
			coordinator and committee members.			
Bittencourt, G.K.G.D, Nóbrega, M.M.L., Medeiros, A.C.T., & Furtado, L.G. (2013) BRAZIL	To elaborate concept maps for students to understand research projects	Experience report	5 Masters and 5 Doctorate students	Maps were seen consistently between concepts, significant relationships, clarity of ideas and logical relationship between the stages of a research project. Stresses that the concept map can be a strategy for evaluating the teaching-learning process and can be used in teaching, research and reflections on practice in nursing.	Small study	Article well organised Excellent discussion and conclusion Good subject
Bourgeois, S., Drayton, N., & Brown, A. (2011) AUSTRALIA	The aim of this paper is to describe an innovative model of supportive clinical teaching and learning for undergraduate nursing students as implemented in a large teaching hospital in New South Wales, Australia.	Qualitative descriptive method	Six wards and for each ward was necessary two to three clinical teachers available on the staff development roster for student teaching.	Results from written evaluation statements inform the discussion component of the paper for a model that has proved to be successful in this large healthcare facility.	Various models of placement in use with new and variations of models continually being developed	Good discussion
Bracht, M., Heffer, M., & O'Brien, K.	To implement and deliver a respiratory syncytial virus	An RSVP program logic model was	193 infants were enrolled in the RSVP	159 infants (98%) had successfully completed their full course of RSVP. Using the RSVP	Parent language barriers and/or	Large sample

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
(2005) CANADA	prophylaxis (RSVP) program in response to the Canadian Paediatric Society recommendations	created and used by a multidisciplinary team to evaluate the in-house program and identify areas of program activity requiring improvement	program and 162 infants had received RSVP in the newborn intensive care unit NICU	program logic model, 5 areas for program improvement were identified including infant recruitment, patient transfer/discharge processes, product procurement, preparation/distribution/administration of doses, and healthcare team communication.	educational limitations	Excellent methodology, discussion and conclusion
Chang, E.; & Daly, J. (2012) AUSTRALIA	This book offers progressive discussion and insight into the issues relevant to students preparing for clinical practice.	-	-	Themes covered in the text include learning to work in teams, understanding organisational structure, stress management, communication with patients and families, and professional development strategies. This highly respected text continues to bring together a team of academics and clinical practitioners of the highest calibre and includes two new chapters on Clinical Leadership and Continuing competence for practice to reflect current issues of significance, recent changes in clinical practice, policies,	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
				procedures and National registration requirements. The text has been restructured into three sections and all chapters have been fully revised and updated with consistent pedagogical features to increase readability and engagement.		
Comrie, R.W. (2012) USA	To describe the level of moral sensitivity among nursing students enrolled in a traditional baccalaureate nursing program and a master's nursing program.	Qualitative data/ mixed method	251 nursing students in junior and senior baccalaureate or master's nursing courses were recruited from a Midwestern university (106 were juniors, 71 were seniors and 73 participants were graduate students)	Moral category analysis showed students ranked the category structuring moral meaning highest and interpersonal orientation second. The moral issue ranking highest was honesty, respect for the patient second, and third was responsibility to know the patient's situation. Seniors agreed more often about the need to focus on patient safety. As students' progress through the baccalaureate program and into the graduate program, their perspectives increasingly recognize the conceptuality of moral issues.	Not possible to draw conclusions based on the tool → further develop a tool to measure moral sensitivity, using student understanding and perceptions of moral issues	Large sample Article well organised Excellent discussion and explanation of the methods
Das, B. M., Petruzzello, S.	The objective of this article is to discuss the development of a	-	-	We identified 4 short-term outcome categories, which provided a chain of responses	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
J., & Ryan, K. E. (2014) USA	logic model for a physical activity–based mass-transit employee wellness program by describing the target population, program theory, the components of the logic model, and the process of its development.			based on the program activities that should lead to the desired end results. This logic model may have significant public health impact, because it can serve as a framework for other US mass transit districts and worksite populations that face similar barriers to wellness, including truck drivers, railroad employees, and pilots.		
Delaney, C, & Barrere, C. (2012) USA	To examine the knowledge, attitudes, and self-efficacy of advanced practice nursing students toward depression in older adults	Cross-sectional, descriptive design was used to study a convenience sample of advanced practice nursing students from 2 universities in Connecticut	119 students.	Findings suggest that advanced practice nursing students are interested in caring for the whole person and desired more information on the physical and emotional-spiritual needs of older patients with depression	Small sample size Just to Universities in Connecticut → should be Exercised when generalizing its findings to other universities Instrument self-administered electronic questionnaire	Article well organised Excellent discussion and methodology

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Dillon, K. A., Barga, K. N., & Goodin, H. J. (2012) USA	To discuss how a preceptor recognition program was developed using the Logic Model.	Qualitative – not well specified	Not described	Nurses face many challenges when delivering care. The added responsibility that these nurses assume of fostering clinical competence in nursing students deserves to be honoured and recognized by the university providing education to these students. The future of nursing is only as good as those providing the classroom and clinical education; therefore, it is crucial that universities invest the time, effort, and resources into recognizing nurse preceptors for the invaluable education they provide students.	Methodology and sample not well described Poor discussion	Excellent issue to this research question? Good explanation about the logic model
Duchscher, J. E. B. (2009) CANADA	The aim of this paper is to provide a theoretical framework of the initial role transition for newly graduated nurses to assist managers, educators and seasoned practitioners to support and facilitate this professional	This paper offers cumulative knowledge gained from a programme of research spanning the last 10 years and four qualitative studies on new	-	Transition shock reinforces the need for preparatory theory about role transition for senior nursing students and the critical importance of bridging undergraduate educational curricula with escalating workplace expectations. The goal of such knowledge is the successful integration of new nursing professionals into the	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
	adjustment appropriately.	graduate transition.		stressful and highly dynamic context of professional practice.		
Dwyer, J. (1996) CANADA	Discuss the Dwyer's logic model.	-	-	It was effective in planning, implementing, and evaluating the CE program and is highly recommended for use in program planning. Advantages to using a logic model were (a) provision of a visual explanation of the components necessary to implement the program, (b) assistance with organising priorities and planning activities, and (c) ease of evaluation planning	-	Seminal work.
Ferguson,L. & Day, R. (2004) USA	This article discusses the challenges of the transition into nursing, with recommendations for research	-	-	Application of the evidence-based practice to the design of the programs for specific nursing units must be done with consideration of individual unit characteristics and practice model, management judgment, and available resources.	Article with a range of gaps	Goods discussion
Fussell, B, McInerney, F, & Patterson, E.	To explore graduate RN's experiences of worked in aged care setting in Victoria, Australia to assist in	Qualitative – not specified	11 female graduate Resident Nurses from six different aged	Recruitment of graduate RNs with an initial interest in aged care into the sector → clear definition of the new graduate RN's role in aged care and a	Small sample Only female	Rich ideas → to improve the recruitment and retention of graduate RNs into this sector

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
(2009). AUSTRALIA	informing recruitment and retention strategies in aged care		care facilities from both metropolitan and regional Victoria	standardised graduate program may assist an increasing retention of such nurses in the future	Phone interviews → depth of data	Excellent background, methodology and discussion
Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008) UNITED KINGDOM	This paper explores the most common methods of data collection used in qualitative research: interviews and focus groups.	The paper examines each method in detail, focusing on how they work in practice, when their use is appropriate and what they can offer dentistry.	-	Examples of empirical studies that have used interviews or focus groups are also provided.	-	-
Hallinan, CM. (2010) AUSTRALIA	Program logic used to 'map out' the planning, development and evaluation of the General practice Pap nurse programing the Australian general practice arena.	Descriptive study design and the incorporation of program logic	Not specified	The application and analysis of program logic to the Pap PN incentive program enables a greater understanding of complex general practice activity triggers, and also allows this greater understanding to be incorporated into policy to facilitate Pap PN activity, increase general practice cervical smear	Sample not specified	Excellent issue, discussion and conclusion

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
				participation and ultimately reduce the burden of disease.		
Hurworth, R. (2008) AUSTRALIA	This book examines program clarification for evaluation purposes.			It traces the development of this approach over the past three decades, during which the terms Evaluability assessment, program theory and program logic have been applied in turn. This is followed by an extensive list of resources that either discuss one of the terms generally or describe applications to a range of program areas.		Good discussion with a range of references
Kramer, N.A. (2005) USA	Do healthy work environments (HWEs) facilitate new graduate transition into professional practice in hospitals? Are such environments related to a decrease in Environmental Reality Shock?	Experienced nurses in 17 Magnet hospitals completed the Essentials of Magnetism II© (EOMII©) instrument that measures health of unit work environments.	New graduates (N = 468) were then tracked with modified versions of the EOMII© from immediate post hire to 4, 8, and 12 months post hire to ascertain degree of Environmental Reality Shock.	New graduate nurses have extremely high anticipations of unit work environments that would enable delivery of quality patient care. HWE is the most-significant variable in Environmental Reality Shock, number of related Issues and Concerns, and perceptions of quality of patient care.	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Kramer, N.A. (2005) USA	Discusses an approach to successful curriculum revision that provides faculty with a renewed sense of individual and collective ownership of curriculum change	Qualitative – unclear methodology	Faculty were divided up into 4 focus groups. Each group of 5 to 6 faculty included representation at various levels of the curriculum, both experienced and new faculty, and faculty with expertise in specific areas under investigation.	The process of curriculum revision is always challenging and requires a transformation in the personal and collective philosophical foundation of the faculty. The faculty believe that because of this curriculum transformation the graduates will better fulfil the college philosophy and society's mandate to educate graduates prepared to provide comprehensive care to a diversity of clients in a variety of settings.	Methodology unclear	Excellent steps of curriculum described
Kurlowicz, L.H., Puentes, W.J., Evans, L.K., Spool, M.M., & Ratcliffe, S.J. (2007) USA	To discuss the implications for nursing education and practice	Qualitative/Quantitative – not well described	Two hundred and six schools of nursing with masters programs listed in the *Official Guide to Undergraduate & Graduate*	All 339 graduate nursing programs in the US were surveyed regarding the extent and nature of geropsychiatric nursing (GPN) content in their curricula. Of 206 schools responding, 15 reported having a GPN subspecialty. Regarding the 60 schools with a psychiatric/mental health nursing	Not priori person answered the survey Similar sample understanding Survey not well prepared to	Large sample Excellent discussion and conclusion

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
			Nursing Schools	(PMHN) graduate program, only one third (n 23) included some GPN content, while more than half (n 116) of all schools reported integration of GPN content in a non-psychiatric nurse practitioner program. Thus, currently, the greatest numbers of APNs receiving education on mental health needs of older adults are prepared in non-psychiatric nurse practitioner programs.	answer the actual types or amount of geropsychiatric content taught in graduate nursing programs, their enrolments or the quality of existing programs.	
Lau, R., Willetts, G., Hood, K., & Cross, W. (2014) AUSTRALIA	To evaluate an aged care program in developing self-efficacy of newly graduated registered nurses.	An evaluation of the program was conducted using a mixed methods approach. Twenty-four nurses completed the pre- and post-survey of aged care nursing self-efficacy and attended one of three focus groups	-	The improved confidence resulting from increased self-efficacy and new knowledge gained from the aged care program enabled nurses to critically appraise the practices in their workplace, demonstrating the program's effectiveness. Aged care service providers should support continuing education for aged care nurses to ensure sustainability of a competent workforce to manage the increasing aged care population.	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
		held to gain in-depth understanding of their insight into the program.				
Linch, G.F.C., Ribeiro, A.C., & Guido, L.A.

(2013)

BRAZIL | To relate the history and trajectory of the Post-Graduate in Nursing (PPGENF) of the Federal University of Santa Maria, according to the national scene. | Quantitative, descriptive, exploratory study based on documentary | Not specified | This program is contributing to the expansion and strengthening of Nursing in the state of Rio Grande do Sul, in that its graduates are placed in institutions of higher education in doctoral or even in public and private health institutions. | Sample not well described | Excellent discussion and conclusion |
| Long, D.A., Young, J., Rickard, C.M., & Mitchell, M.L.

(2013)

AUSTRALIA | To determine the key knowledge, skills and attributes of competent level PICU nurses. | Cross-sectional survey design | A practice analysis survey of 15 nurse educators was conducted in all eight Australian and New Zealand PICUs during 2008. | Cardiac and respiratory problems accounted for over 50% of patients cared for by competent level nurses. Cardiac and respiratory activities were therefore also ranked as the most important activities. Respondents identified that competency domains of teamwork and professional practice are performed with minimal supervision, whereas clinical problem solving requires supervision and assistance. | Singular and small sample | Article well organised

Excellent discussion and conclusion |

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Lopez, R. P., & Guarino, A. J. (2013) USA	This study assessed the psychometric properties of the Surrogate Decision Making Self-Efficacy Scale (SDM-SES).	Qualitative - rational-empirical approach to instrument development and testing	155 SDMs for nursing home residents with dementia	Cronbach's alpha coefficient suggested high internal consistency, and results of the confirmatory factor analysis supported the construct validity of the instrument. The SDM-SES may be useful as an assessment instrument, as well as an outcome measure for interventions aimed at increasing the capacity of SDMs.	First to test a surrogate decision making self-efficacy scale	Clear methodology Excellent discussion and conclusion
Marks, R., & Allegrante, J. P. (2005) CANADA	This companion article identifies and synthesizes the key research evidence for educational interventions designed to enhance individual self-efficacy perceptions and presents implications for improving practices in patient education for chronic diseases.			To ensure optimal self-efficacy for chronic diseases self-care, more attention should be given to the assessment of the three dimensions of self-efficacy in people with chronic diseases: magnitude, strength and generality.		Valuable discussion and conclusion
Mellor, P., Greenhill, J., & Chew, D.	The purpose of this study was to explore the attitudes of nurses working in a	A descriptive, non-experimental quantitative	A sample group of thirty one staff members from a single	This study is the first of its kind to investigate attitudes and knowledge of nurses working in	Small sample	

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
(2007) AUSTRALIA	multipurpose health service (MPHS) toward elderly people and their understanding of gerontic care.	research design using a self-report questionnaire was used for this study.	MPHS were the participants of this study. Main Outcome Measure: Multiple outcome measures were used. Nurses' attitudes were assessed using Kogan's Old People's Scale (KOPS). Nurses' knowledge was measured using Palmore's Facts of Ageing Quiz (PFAQ) and a second instrument, the Nurses' Knowledge of Elderly Patients Quiz (NKEPQ), which was developed by the authors of this study.	an MPHS towards the elderly residents in their care.		

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Miltner, R.S., Patrician, P.A., Dawson, M., & Jukkala, A. (2012) USA	Provides a roadmap to curriculum development in a nursing administration graduate program focused on quality and safety.	Qualitative – unclear methodology	Not specified	Transformational thinking about quality and patient safety in healthcare organisations is driven by leadership. There are many opportunities for improvement in contemporary healthcare organisations. In order to fully maximize these opportunities, nurse leaders must demonstrate high-level business skills such as human resource management, project management, and financial skills, but also have the KSAs as outlined in the QSEN graduate competencies. Nurse leaders with these demonstrated competencies will be better able to build the work environments that support quality and safety improvements in their organisations as well as provide the resources necessary to develop the currently employed staff members who have not been exposed to the QSEN.	Methodology, sample and data collection not well described	Excellent discussion and conclusion
Ostini, F., & Bonner, A. (2012)	To report the experiences of newly graduate nurses working in a rural	Qualitative	Five nurses who had completed the new graduate	The study examined, from the perspective of the new nurse, the orientation and support which can help to facilitate the	Small and singular sample	Article well organised Excellent discussion and conclusion

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
AUSTRALIA	acute care facility in New South Wales.		program at a regional base hospital in Central New South Wales between August 2008 and December 2009 participate in the study.	transition from student to registered nurse. Four themes emerged which were being supported, being challenged, reflections on being a new graduate, and reflections on a rural new graduate program. These findings contribute to what is known about the transition of new graduates in a rural facility and have implications for program improvements, specifically within the rural acute care environment. The findings are also relevant to students considering rural employment on graduation and for the recruitment and retention of New Graduate Registered Nurses in rural areas.		
Owen, J. M. (2006) AUSTRALIA	This book discusses different forms of program evaluation	-	-	Making the leap from the logic of evaluation to evaluative enquiry greatly enlarges both the conceptual knowledge based required of a student of evaluation, and the ways in which the evaluator might work,	-	Excellent book/useful material

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Page, M., Parker, S. H., & Renger, R. (2009) USA	Describes how using one such logic model (the ATM approach) was used to improve areas of program planning and implementation.	Qualitative – unclear methodology	Four staff members conducted 20 stakeholder interviews	The logic modelling process was helpful in making programmatic improvements; there were also several unintended benefits of engaging in the process including: providing a framework for planning and evaluation, helping the program operate more effectively and efficiently, and providing a common language among program staff and the evaluators.	Unclear methodology, sample and data collection techniques	Excellent discussion and conclusion
Phillips, J., Salamonson, Y., & Davidson, MP. (2011) AUSTRALIA	Investigated the psychometric properties of the 'Palliative care self-efficacy scale', an instrument designed to assess clinicians' degree of confidence in engaging in patient and family interactions at the end-of-life.	Quantitative – unclear methodology	The instrument was administered to 405 aged care professionals employed in nine aged care facilities.	Two-factor solution of the 'Palliative care self-efficacy scale' was extracted with factor loadings above the 0.4 cut off. Cronbach's alpha of the scale and subscales ranged from 0.87 to 0.92. The 'Palliative care self-efficacy scale' demonstrates good validity and reliability. The 'Palliative care self-efficacy scale' can be a useful tool in assessing and monitoring clinicians' perceived capacity to provide a palliative approach. Further evaluation in other samples and settings is required.	Validity and reliability of participant responses → non-equivalent Sample Methodology not clear	Article well organised Excellent discussion and conclusion

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Pike, T., & O'Donnellb, V. (2010) AUSTRALIA	The impact of clinical simulation on learner self-efficacy in pre-registration nursing education	Qualitative focus group analysis	9 participants	Thematic content analysis of the interview highlighted two principal findings. Firstly, students described low levels of self-efficacy with regards to communication skills, an area identified as a priority within pre-registration nursing education. Second, students highlighted the need for learning experiences within clinical simulation to be more authentic, to improve the theory to practice gap.	Small sample	Good discussion and good structure of the article
Ryan, M. (2011) USA	To present the results of a formative evaluation process, using student and faculty focus groups, conducted at a midsized university's graduate nursing education program to determine the effectiveness of portfolio use.	Focus group research design	All six faculty participants, seven females and one male, were full-time faculty teaching in the master's program and responsible for advising students who were compiling their portfolios.	Content analysis of the focus group data yielded three student themes and two faculty themes with associated theme clusters that revealed similarities and unique perceptions of students and faculty regarding the portfolio process. The information gleaned will provide direction to faculty as they make decisions about the use of this evaluation method in the graduate program.	Small sample	Excellent discussion and methodology
Scherzer, M.	An evaluability assessment (EA)	Interviewing program		The EA process resulted in an evaluable program design, one of		

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
(2008) USA	based on guidelines and standards of Wholey (1979; 1994; 2004) were used to assess a public preschool program for children on the autistic spectrum. This EA was a response to an educator who created a programmatic initiative for young students on the Autistic spectrum. The EA process is a pre-evaluation analysis used to determine whether program performance is likely to produce desired results and to increase the usefulness of subsequent evaluations.	stakeholders involved in the program design (i.e. staff, supervisors, and higher level administrators) in both individual and group formats; naturalistic observations; reviewing program documents; and a context assessment conducted prior to design and implementatio n. The EA process itself is presented as a part of the overall result in that it was useful in allowing staff time to meet,		three end EA products. However, while the program design contained clearly defined goals and objectives, disagreements between staff and building administrators during implementation resulted in discrepancies in program reality. Staff turnover resulted in further discrepancies. The two other EA products were proposed questions and format for future full scale evaluations and options for program improvement that addressed the noted discrepancies in reality.		

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
	process, and address the challenges the new program faced.					
Schoening, A.M. (2013) USA	To generate a theoretical model that describes the social process that occurs during the role transition from nurse to nurse educator.	Qualitative study	20 nurses educators teaching in baccalaureate nursing programs in the Midwest.	The Nurse Educator Transition (NET) model was created from these data. This model identifies four phases in the role transition from nurse to nurse educator: a) the anticipatory/expectation phase; b) the disorientation phase; c) the information-seeking phase and d) the identify formation phase.	Small study	Excellent and clear methodology, discussion and conclusion Article well organised
Shellman, J. (2006) USA	To describe the development and psychometric evaluation of the Eldercare Cultural Self-Efficacy Scale (ECSES).	Qualitative – not clear	267 surveys were collected from five of the seven schools of nursing contacted. A final total of 248 surveys were entered for analysis. Two schools did not return surveys and 19	The PFA revealed a four factor structure (Assessing for Lifestyle and Social Patterns, Determining Cultural Health Practices, Determining Cultural Beliefs, and Dealing with Grief and the Losses Associated with Aging) that accounted for 61% of explained variance. The subscales alpha coefficients ranged from 0.82 to 0.95. Findings demonstrate the 28 item scale to be a reliable and valid instrument for use in nursing education to	Methodology not well described	Excellent explanation of sample, data collection, data analysis, discussion and conclusion.

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
			surveys were discarded based on those that were filled out incorrectly or lacking adequate demographic information.	examine students' confidence in caring for ethnically diverse elders.		
Shellmann, J. (2007) USA	The purpose of this pilot study was to test the effects of a reminiscence education program on BSN students' cultural self-efficacy in caring for elders.	An interrupted time series design with a nonequivalent, no-treatment control group was used with 64 nursing students recruited from a northeast university in the United States. The intervention consisted of a two-hour reminiscence education program and a	64 nursing students	Results indicated that students receiving the reminiscence education program demonstrated significantly higher levels of eldercare cultural self-efficacy F(1, 62) = 5.34, p = 0.024 than those not receiving the intervention. Reminiscence education programs implemented as part of clinical practicums may assist to increase nursing students' perceptions of confidence in caring for elders.		

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
		13 week period in which the experimental group implemented integrative reminiscence with elders during their community health practicum. The eldercare cultural self-efficacy scale was the outcome measure.				
Sherwood, G., & Barnsteiner, J. (2012) UNITED KINGDOM	It is the first comprehensive text of its kind devoted to the nursing community's role in improving quality of care and patient safety. Edited by key members of the Quality and Safety Education for Nursing			Quality and Safety in Nursing is divided into three sections. The first section links the national initiative for quality and safety to its origins in the IOM report. Section Two defines each of the six QSEN competencies in turn, provides instruction on acquiring the skills needed to achieve each competency, and constructs a framework for implementation.		

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
	(QSEN) steering team, the book brings together information from various loci and expertly situates it within the continuum of nursing education and practice.			Section Three further defines implementation strategies in formal education as well as transition into practice.		
Stalmeijer, R. E., Mcnaughton, N., & Van Mook, W. N. K. A. (2014) UNITED KINGDOM	This Guide has been designed to provide people who are interested in using focus groups with the information and tools to organize, conduct, analyze and publish sound focus group research within a broader understanding of the background and theoretical grounding of the focus group method.	-	-	The Guide is organized as follows: Firstly, to describe the evolution of the focus group in the social sciences research domain. Secondly, to describe the paradigmatic fit of focus groups within qualitative research approaches in the field of medical education. After defining, the nature of focus groups and when, and when not, to use them, the Guide takes on a more practical approach, taking the reader through the various steps that need to be taken in conducting effective focus group research. Finally, the Guide finishes with practical hints towards writing up a focus group study for publication.	-	-

Author, Year and Local	Aim	Methods	Participants	Results	Limitations	Strengths
Strauss, M.B. (2009) USA	To explore the components of a successful new graduate program.	Qualitative – unclear methodology	New graduate	The true measure of success with this or any other new graduate nursing program is the retention rate of new graduates. The average 1-year retention rate for this program is 97% and the average 2-year retention rate for the program is 95%.	Methodology, sample and data collection not well described	Good discussion
Wholey, J. S. (1977) USA	Discuss Evaluability Assessment (EA)	-	-	-	-	Seminal work
Xiao, L.D., Cox, J., Foster, L., Siebert, C., Smith, K.J., Fraser, H., Paterson, J. (2009) AUSTRALIA	To initiate, develop and evaluate a pilot Graduate Transition Program tailored to the Residential Aged Care.	Qualitative	Four new graduates	This paper reports key findings from program development: • identifying learning areas in high demand • implementing education sessions through a cross-sector approach • structuring support in the workplace	Small study	Excellent discussion and conclusion