Re-entry to nursing: Student focus in the competence assessment service program

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Abstract

A positive student learning experience is 'by any other name' effective human resource development. It can be defined further as contextualised adult education. This paper reports on an educational program that is returning previously registered and enrolled nurses back to the health care workforce by successfully utilising key human resource development strategies that focus on communication, appropriate physical resources, leadership, shared responsibility, conflict management and pre-emptive problem solving. Students are the focus of the initiative that, owing to high industry demand for professional staff, aims to reduce the time and cost associated with the return-to-work experience of the individual. At the same time, it provides a valid and reliable return-to-work pathway. The program is based on the achievement of beginning-level competencies in relation to the Australian Nursing Council National Competency Standards for Registered Nurses of 2000. The project appears to provide students with an emancipatory experience by recognising and valuing their prior learning and experience as the basis for the development of a deep level of insight into the contemporary professional role and responsibilities. The new learning experience empowers students to re-enter practice with confidence and to embrace ongoing change.

Introduction

The Competence Assessment Service (CAS) is the name given to an innovative educational program provided by a consortium consisting of the Queensland Nursing Council (QNC), Central Queensland University (CQU) and Central Queensland Institute of TAFE (CQIT). The program is designed to streamline the educational pathway for previously registered and enrolled nurses who are seeking to re-enter the health care workforce following an extended absence from practice (Young, 1999). The program is provided on a contract basis to the QNC.

It provides single-award courses that meet the students' individual needs as determined by self-assessment or by 'front-end' challenge testing. Tests identify gaps in the students' knowledge and/or clinical skills at a beginning practitioner level. Because the student group is relatively homogeneous, it is easier to identify common issues that potentially affect individual learning outcomes.

First, this paper will provide a demographic overview of the student group undertaking the program. Second, an outline of particular aspects of the program will be presented. These aspects include:(i) communication strategies; (ii) physical resources; (iii) leadership strategies; (iv) shared responsibilities; (v) pre-emptive problem solving strategies; and (vi) conflict resolution strategies. These strategies are employed strategically to meet program outcomes and specifically to assist individuals to attain their learning goal of re-entry into the health care profession.

The student group

The students are female, adult learners with a minimum age of 26 years. They have little or no formal tertiary education preparation and limited information literacy. They all have previous experience in health care in varying roles from unregulated personal carers to care management positions. On the positive side, they are highly motivated to succeed and have high expectations of the program and themselves. They also have a significant fear of failure that relates closely to their self-identity. It is this sometimes fragile 'human' side of the students that responds best to human resource development strategies that recognise each individual's strengths and weaknesses and that build confidence and competence.

The re-entry nursing sample group (n = 99) used for discussion purposes in this paper is exclusively female. The average age is 43.7 years with a range of 26–65 years. The average length of time away from the workforce is 10–14 years, with a maximum absence of 32 years. Pre-registration qualifications vary, with the majority (84%) having trained under the hospital 'apprenticeship' model. A small number (7.6%) hold tertiary qualifications at diploma level or higher, but not necessarily in nursing. There is a third group whose qualifications are unknown (8.4%). Based on the eligibility criteria determined by the QNC for admission to the program and the length of time that the individual has been absent from the workforce, it is likely that most of this group are also hospital trained.

A significant number of applicants (39.5%) have formal post-registration qualifications in specialities such a midwifery (24.2%), intensive and/or coronary care (5.6%) and mental health (2.8%), and in generalist nursing (6.9%). This suggests that many of these students are likely to be quite experienced and may have practised in senior clinician and/or middle management roles.

From a personal perspective, most of these women 'juggle' family and work responsibilities with study commitments and it is common for nurses to enter and exit the profession throughout their working lives in response to demands in these other areas. Students interviewed in a study by Bradshaw and Anastasi (2002) reported having had successful and satisfying nursing careers prior to the period of absence. The students need high levels of support, both academically and in relation to private concerns.

Theoretical framework

The CAS program is based upon a theoretical framework that utilises concepts from the fields of human resource development and adult education. Specifically, it engages with notions of motivation and personal growth together with those of andragogy, transformation and emancipation in relation to adults as learners. In this section, the contributions of these concepts to the program's theoretical framework will be examined.

Professional re-entry is perhaps a career development issue that requires a different teaching focus from that of initial professional preparation. Sofo (2000) argues that learning occurs continually in response to external and internal variables that motivate the learner to achieve a goal. Some learning goals are personal, and some are based on the needs of the organisation, while others address regional and national issues. Successful re-entry to the nursing profession stands astride all of these areas. It encompasses both traditional and non-traditional learning experiences with an emphasis on action learning, in a dynamic environment that must address the needs of students and be responsive to rapid changes in the needs of the industry.

Sofo (2000) defines the purpose of human resource development as contributing to the individual's capacity for personal, spiritual and social growth, by understanding and respecting her/his unique identity and enhancing the contribution that s/he may make to an organisation, or the community, through education and support. Sofo (p.72) states that "growth includes a focus on personal growth in confidence, a sense of freedom, wholeness, identity, belonging and self esteem…professional growth of individuals—career development and a focus on company or enterprise growth through performance improvement and consequent productivity increases".

If the re-entry nurse is a viable human resource for the health care industry, these principles should prevail. Human resource development encourages individuals continually to assess their performance and identify learning opportunities, and to take charge of their learning by concentrating on what is relevant at any particular time. Learning is therefore contextualised and meaningful and the learner must be the focus.

Key human resource development strategies that are supportive of the re-entry nurse throughout the formal education program are: effective communication; allocation of appropriate physical resources; role modelling and leadership; a shared responsibility in the learning experience among the student, the educator and industry; and pre-emptive problem solving that anticipates barriers to student progress. Students also need to be able readily to access conflict management processes should any of these strategies fail.

The human resource development approach aligns itself with the assumption that the student should be the focus of attention, as described in various educational theories. Knowles'(1990) androgogical assumptions as they apply to adult learners are: the need to know; the learning process must support the learners' self-concept; experience influences new learning; readiness to learn; learning must be meaningful and relate to the student's 'reality'; and the student must be motivated from within rather than by external forces. Mezirow's (1990) transformational theory develops these concepts by arguing that the learner's understanding of new material is dependent on previous learning experience, content and process, and that the learner must assimilate old with new learning in order to progress. He defines learning as a "meaning making activity" that can be understood as "the

process of using a prior interpretation to construe a new or a revised interpretation of the meaning of one's experience in order to guide future action" (Mezirow, 1996, p. 162).

For re-entry nurses this is crucial, as the unlearning of old knowledge and the paradigm shift from the biomedical model of nursing to the sociological, holistic approach to care delivery is as important as the acquisition of new knowledge, methods and skills. Additionally, the learning process for the majority of re-entry nurses has changed from the instrumental learning of hospital-based training to the communicative and emancipatory style of the tertiary education system. According to Knights (1995; cited in Delahaye, 2000), communicative learning is particularly suited to women, who prefer to develop justification for their own beliefs, a process that is empowering. Emancipatory learning aims to change the frame of reference of the learner to encourage growth and development by unsettling the paradigm within which the learner operates. Changing the frame of reference within which the re-entry nurse will practise is necessary to avoid frustration and discontent with the economic rationalist circumstances that prevail in the current health care system.

Nursing is an intimate profession in the way it deals with its clients. In order to deliver effective care, the nurse must develop a close and therapeutic relationship with the patient. This relationship is based on trust and mutuality. Peplau's Interpersonal Relations Model of Nursing (Leddy & Pepper, 1998) describes the presentation of an unambiguous professional self as integral to the maintenance of the relationship to facilitate positive outcomes. A study of re-entry nurses in South Australia by Hall and Andre (1999) concluded that self-identity and professional confidence are inextricably linked. Professional confidence engenders patient trust. The female adult learner experiences an additional dimension in identity associated with the dual role of mother and employee/student. In a recent study, Bradshaw and Anastasi (2002) found that re-entry nurses' self-identity relates to both roles equally and in some cases the roles almost become an extension of each other. The implications of this for the adult learner are significant, as any emancipatory change may affect home life and family relationships as well as nursing competence. Challenges at this level can engender intrapersonal and interpersonal conflict that must be appropriately managed. According to a study conducted by Boughn and Lentini (1999), the empowerment of self and others attracts students to the nursing profession in the first place, more so than any other motivating factor.

Adding value: student focus

It's all about people. Students are the resource to be developed in order to meet their personal goals, to address industry needs and to enhance the nursing profession as a whole. Students in the CAS program must demonstrate the required skills and competencies to meet current and future industry demands. The students must meet the minimum standards of competence for nursing as defined by the ANC in 2000 in four key domains: professional and ethical practice; critical thinking and analysis; management of care; and enablement. These broad categories provide a framework for assessment that focuses on the decision-making and organisational abilities of the nurse who will be responsible for the effective care management of the patient/client in a variety of settings. The competency standards incorporate the clinical skills that relate to nurses' current areas of practice.

Considering that the re-entry nurse has varying degrees of prior nursing experience and has been socialised into the culture of the profession, the education program can be viewed as a unique exercise in retraining or upskilling, rather than as a preliminary professional preparation program. The program consists of four courses from the final year of the undergraduate nursing degree. The program has flexible entry with rolling starts that enable students to enrol in one or more courses, according to their lifestyle and other commitments. Courses are conducted in the distance mode and students are encouraged to progress at their own pace. The program includes a clinical practice placement in a health care facility for a minimum of 160 hours. On average, students complete the course in eight months. Comprehensive diagnostic testing is available prior to enrolment in courses and if students are able to demonstrate a high level of knowledge and skill in a particular subject area they may be granted an exemption for the corresponding course. The testing process is in two parts: it examines fundamental nursing knowledge and decision-making abilities through high order, multiple choice questions; and it tests core nursing ability and skills using one-on-one, practical assessment in a real or simulated nursing setting.

Human resource development strategies

Communication strategies – Communication is defined by Goldhaber (1993; cited in Sofo, 2000) as "the creation and exchange of messages within a network of interdependent relationships to cope with environmental uncertainty". For the re-entry nurse, the uncertainty of returning to the workforce is a major obstacle. There is public recognition that the health care industry is ailing and the worldwide nursing shortage is no secret. Many re-entry nurses are motivated to return to the workforce by a social responsibility and find it difficult to understand that the profession requires them to undertake formal tertiary education before being eligible to provide service. This is unexpected and many feel devalued. The re-entry nurse will have already had to negotiate eligibility approval from the QNC and possibly had to gather supporting evidence from other sources, including government departments. By the time the student makes first contact with the CAS program, many feel disempowered, some are angered and others are offended by the administrative processes that they have been forced to endure. It is crucial to provide a single point of communication and quickly to establish rapport and a supportive relationship over the telephone, or face-to-face where possible.

The use of a short videotape that introduces the lecturers and CAS staff to students has worked well in the first instance. Regular teleconferencing and the development of local networks with both past and present students are useful strategies. There is also an electronic discussion board facility but, as less than one third of the students have email access on commencing the education program, it is under-utilised. Face-to-face contact whenever possible is the best support. 'Coffee shop' contact is made with all available students around the state as frequently as possible, ideally every twelve weeks or so.

Telephone contact remains the communication method of choice for the majority of students. Contact is initiated by CAS staff at least fortnightly if the student has not been spoken to in the meantime. This contact increases to weekly while the student is on clinical placement as a debriefing and support mechanism throughout this critical learning phase.

Physical resources – In general, distance education students need little in respect of physical resources. Library access is crucial and is delivered to CAS students on

a fee-for-service basis by the CQU Library. Students have significant information literacy deficits and can be very time consuming when requesting assistance. In direct response to the identification of information retrieval deficits, the library staff have developed a step-by-step guide, entitled "Compass-Bridge", to assist students to negotiate the numerous databanks and library services that are available electronically.

The re-entry students are predominantly paper-based learners. Course materials are distance education packages that are offered in other nursing award programs. There are no online courses made available to this group. The students have little or no experience with tertiary level study or writing and rely heavily on written guidelines and additional print-based support materials. When assessment items are due, the uncertainty factor often paralyses students, many of whom do not submit first assignments for fear of failure, despite extensive encouragement. In response to this problem, the program has adopted a very lenient re-submission policy underpinned by a 'no failure — only learning' philosophy. Because the students are intrinsically highly motivated, they learn quickly from critical review with extensive feedback. There are three designated full-time staff – two academics and an administration coordinator – and a part-time marker available to assist students.

Leadership – Each of the four project team members assumes a leadership role, whether their functional role is academic or administrative. Effective leadership in this setting is almost entirely at an interpersonal level. The leadership role is dependent on the trust that is developed early in the relationship and trust is earned through integrity and transparency in dealings with individuals. As adult learners, the expectations of integrity are high and any level of contrived enthusiasm or concern for students is quickly recognised and rejected.

Students are reliant on team members to direct and support them towards the achievement of their goals. Kouzes and Posner (1993; cited in Sofo, 2000) explored the meaning of leadership and determined that it was about "challenging the process, inspiring a shared vision, enabling others to act, modelling the way and encouraging the heart". The re-entry students respond well to this leadership approach but the ground rules and boundaries need to be established early in the relationship so that students do in fact develop self-confidence and self-directed learning abilities.

The leadership role is enhanced by understanding each individual's personal situation that includes an appreciation of the external influences impacting on her during the learning experience. A card system is in place that records each contact with the student and notes significant issues that are happening in the student's life. The system also records any problems that the student may be experiencing from an academic point of view and ensures consistency of advice is given by different team members. The leader needs to build on the student's strengths and to develop areas of weakness. The leader must also acknowledge the student's level of prior learning and encourage growth from that point as to do otherwise is quickly to discourage the student away from the shared vision.

Shared responsibility – Shared responsibility is fundamental to achieving the goal in the adult learning setting. Freedom to choose assessment processes is the basis of the CAS program. Following Knowles' (1990) andragogical model closely, students self-assess at the 'front end' of the program. Students can choose to undertake the entire educational program or can opt for a challenge testing process that identifies gaps in their knowledge and skills and that directs them to courses that meet their specific needs. The distance education adult learner must become

self-directed and self-motivating in order to maintain minimum industry standards of professional competency and safe practice.

The CAS program is able to accommodate a number of variations, particularly in relation to the clinical placement component. The placement is matched as closely as possible to the student's preferred area of future employment. The student, the educator and the industry partner become the team that will achieve a common goal. This ensures that the student's learning is relevant and reduces the high cost of the resources provided by the facility, which will recover its investment quickly by recruiting students immediately on completion of their program.

Pre-emptive problem solving – The closeness of the relationship developed between staff and students assists in anticipating problems that students are likely to experience in both their academic and their clinical placement work. A comprehensive student profile clearly articulates students' goals, their life experiences and their previous working experiences, along with the length of time that they have been absent from the workplace. This ensures that some issues are appropriately addressed before they materialise into problems for the student.

Students have, in most cases, a preconception of the nursing role based on past experience. It is important that there is an unlearning process that allows the old learning to make way for the new. This occurs primarily on the clinical placement and is a very difficult time for students as they realise that they are 'out of touch' and frequently question their ability to recreate themselves in this new environment. Careful placement of the student in a supportive environment and frequent calls to both the student and the facility staff minimise this culture shock. Putting the student in touch with a past re-entry student who lives locally or who shares a similar lifestyle assists the students through this re-orientation phase. This is where the emancipatory learning occurs for the student.

Conflict management – The re-entry process is not achieved without its difficulties for students. Conflict can occur at a number of levels and it is important that it is managed promptly and effectively. Role conflict occurs for the student who cannot 'juggle' routine lifestyle commitments with the added workload of study and clinical placement. Some partners add to the problem by progressively withdrawing their support, as the weeks ensue. Nurses are generally good time managers and, if students can remain focused on the end goal, these issues will generally resolve.

Conflict may occur when students have unrealistic expectations in relation to the contemporary nursing role. Negative feelings can build up and start to undermine the students' progress. Empathy, effective listening and honest feedback from staff may assist students. Professional student counselling services are available. There will be instances when students cannot make the paradigmatic shift, and eventually some of these students will leave the program. However, they will still have benefited from the educational experience, even if the only thing that the learning experience has done is to teach them to think critically and to make the best decision for themselves at the time.

Conclusion

If successful, the students exit the program with a knowledge base and nursing skill level that they could not have anticipated at the beginning of the program. They have embarked on a journey to a destination for which they have a passion –

nursing. Despite the uncertainties associated with the fear of the unknown and fear of failure, which may even threaten their self-concept, they persist, take charge and are ultimately successful. The CAS re-entry nursing program at CQU prides itself on 'a people approach' by incorporating the best from the worlds of both sound educational theory and contemporary human resource development practice. This is possible because the program is small, self-contained and very personal in nature. The outcomes of the project discussed in this paper include the return of 99 nurses to the health care workforce in Queensland. This has been achieved by developing the valuable human resource of the returning nurse into a self-reliant and self-motivated professional with the confidence to maintain her professional and lifelong learning responsibilities.

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