NURSING FACULTY PERSPECTIVES REGARDING THE EFFECTIVENESS

OF PRELICENSURE NURSING EDUCATION

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DOCTOR OF PHILOSOPHY

by
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NURSING FACULTY PERSPECTIVES REGARDING THE EFFECTIVENESS

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ABSTRACT

New graduate registered nurse unreadiness for professional practice is a growing, critical global issue that threatens public safety. While research has associated this academic under-preparation to preventable medical errors, poor quality care outcomes, and high new graduate registered nurse attrition, little is known about prelicensure nursing education preparedness from the nursing faculty perspective. The purpose of this qualitative descriptive study was to describe the effectiveness of prelicensure nursing education from the perspective of eight nursing faculty teaching in a Midwestern state baccalaureate of science nursing program. This study explored facilitators and hindrances of effective prelicensure nursing education, preparation to practice challenges, participant responses to the national assertion that prelicensure nursing education inadequately prepares graduates, and suggested improvement strategies. Benner's (1984/2001) novice to expert theory guided the study. Qualitative data were acquired through individual, face-to-face, semi-structured interviews. A modified version of Colaizzi's (1978) data analysis method was utilized to analyze and interpret the data.

Seven themes emerged: a) uncertainty about professional practice expectations; (b) segregating practice preparation into didactic, academic nursing skill proficiency, and clinical practice experience; (c) academic nursing ideals differ from professional practice realities; (d) adapting to educating today's nursing student; (e) unrealistic expectations from stakeholders; (f) teaching in an era of information explosion and health care reform; and (g) high quality student clinical experiences. Key findings ranged from faculty responsibility for student readiness without a clear understanding of preparation for practice expectations, students with less preparation academically, an explosion of data and health care reformation, and the necessity for high-quality clinical education. These findings highlight the multifaceted, cumulative issues influencing prelicensure nursing education effectiveness, offer insight into the factors contributing to the under-preparation of some new graduate registered nurses, and suggest the urgent need for curricular reformation.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Nursing and Health and

Health Studies, have examined a dissertation titled "Nursing Faculty Perspectives Regarding

the Effectiveness of Prelicensure Nursing Education," presented by Judith Ann Patterson,

candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy

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CHAPTER 1

INTRODUCTION

As the aging population of registered nurses (RN) retires, it is projected that the current nursing shortage will intensify through the next decade (Buerhaus et al., 2017; U.S. Bureau of Labor Statistics, 2020). Exacerbating the issue is a significant gap that exists between the educational preparation of nurses and the expectations for clinical practice (Benner et al., 2010; Berkow et al., 2008; Kavanagh & Szweda, 2017; Kramer, 1974). In its landmark report (2010), *The Future of Nursing: Focus on Education,* the Institute of Medicine (IOM) concluded that prelicensure nursing education fails to adequately prepare graduates for the demands of today's dynamic and complex healthcare environment. Additionally, prominent national organizations within and outside of nursing issued an urgent imperative to fundamentally redesign prelicensure nursing education to better prepare graduates to meet the nation's changing health care needs (American Association of Colleges of Nursing [AACN], 2019; Benner et al., 2010; IOM, 2010; National Council of State Boards of Nursing [NCSBN], 2016; National League for Nursing [NLN], 2019; Robert Wood Johnson Foundation [RWJF], 2017). However, relicensure nursing education has responded slowly to initiating the educational changes needed to improve graduate nurse competency (NLN, 2011).

Moreover, during the past two decades, competency expectations for nurses substantially grew as a result of expeditious medical treatment advances and an unprecedented shift in health care from predominately acute care hospitals into the community (Benner et al., 2010). Without direct physician oversight, nurses manage intricate medical regimens in outpatient centers, extended care facilities, schools, and patient

homes (Benner et al., 2010). Therefore, today's registered nurse is expected to provide a

much higher level of care to an increasingly diverse and aging population experiencing

complicated medical, social, and financial problems within various health care settings

(Spector et al., 2015). Yet as emergent expectancies mount, future nurses often receive an

education rooted deep in tradition that neglects to prepare them for the realisms of

contemporary nursing practice (IOM, 2010).

      Kavanagh and Szweda (2017) described the current state of prelicensure nursing

education as a "crisis in competency" (p. 57), as nursing's ongoing preparation-to-practice

gap widens. Disturbingly, only 23% of over 5,000 U.S. new graduate registered nurses

(NGRNs) demonstrated entry-level safe nursing competencies in a recent five year-study

(Kavanagh & Szweda, 2017). Consequently, NGRNs often not only ineffectively, but

harmfully attempt to problem-solve patient care situations (Herron, 2018; Hickerson et al.,

2016; Kavanagh & Szweda, 2017; NCSBN, 2020).

      Despite nearly 90 years of published reports (Armstrong, 1974; Hickerson et al.,

2016; Townsend, 1931), the unsolved, pervasive, and perilous problem continues to threaten

global public health (World Health Organization [WHO], 2011, 2017). In affirmation, the

NCSBN (2020) reported NGRNs disclosed higher incidences of unsafe practices and errors

in comparison to experienced nurses. Moreover, 55% of baccalaureate prepared NGRNs

from one U.S. southeastern university acknowledged committing a medication error (Treiber

& Jones, 2018). Besides medication errors, research has established that NGRNs often failed

to recognize and seek timely assistance for deteriorating patient conditions (Della Ratta,

2016; Saintsing et al., 2011). Given that preventable health care errors are a prevalent cause

of U.S. deaths (Makary & Daniel, 2016), coupled with expectations that NGRNs manage

care for high acuity patients in increasingly complex, fast-paced work environments (Spector et al., 2015), compels prelicensure nursing education faculty to evaluate curricula and teaching practices (Huston et al., 2018).

No study has been found to date that has presented the perplexing phenomenon from the faculty perspective, posing a critical issue in successfully implementing the essential prelicensure educational changes needed to improve NGRN competency. There was a need to better describe the beliefs and attitudes of faculty towards this preparation-to-practice gap, including their perspectives on its origins, extent, and efforts to resolve it. A qualitative approach was taken to explore this inadequately understood problem from those directly experiencing it without preemptive data reduction (Merriam & Tisdell, 2016; Richards & Morse, 2013). By illuminating the unknown faculty stance, this study served as a foundation for future research to mitigate a gap in the literature, as well as supported the NLN 2020–2023 research priority of developing nursing faculty to respond to the needs of nursing education and health care (NLN, 2020b).

Background of the Study

While the IOM (2010) report generated considerable critical attention to prelicensure nursing education's ineffective preparation of future nurses, the widely-known preparation-to-practice problem (Della Ratta, 2016; Sparacino, 2016) has been reported in the literature for nearly a century (Armstrong, 1974; Huston et al., 2018; Townsend, 1931). The problem, nursing's preparation-to-practice gap, refers to the fundamental knowledge and skill deficiencies shown by NGRNs in health care settings (Hickerson et al., 2016). It has been portrayed from the perspective of nurse managers, practicing nurses, academic leaders (Berkow et al., 2008), NGRNs (Herron, 2018; Thomas et al., 2012) and nursing students

(Mennenga et al., 2015). Moreover, various catchphrases, such as such as *bridging the gap* (Nielsen et al., 2016; Townsend, 1931) and *reality shock* (Kim et al., 2018; Kramer, 1974) have served to characterize the academic phenomenon.

Townsend (1931) initially portrayed the disparity between nursing's theoretical presentation and its clinical practice from the faculty perspective, when physicians instead of nurses taught classes. Armstrong (1974) illuminated the problem from a nurse manager's perspective and described the inability of NGRNs to meet practice expectations as exacerbating and distressing for both the NGRN and employer. Kramer (1974) studied NGRNs and postulated that the values learned during prelicensure nursing education often conflicted with those in the practice setting, resulting in NGRNs experiencing disillusionment or reality shock.

During the following decade, Benner's (1984/2001) novice to expert theory provided ground-breaking information regarding NGRN competency. Benner investigated the development of nurse competency by applying the Dreyfuss (1980, cited in Benner, 1984/2001) model attributed to skill acquisition. Her transitional theory postulated that nurses progress through five competency levels, each defined by specific performance characteristics. Notably, Benner concluded that nurses became competent through clinical practice experience. Without substantial clinical exposure, most NGRNs performed at a minimal competency level. It took two to three years to advance to the next competency level, by which time more thought and organization was shown in the delivery of care. For a nurse to become an expert at managing complex patient situations required up to ten years of clinical practice. Similar findings were reported over 25 years later by Burger et al. (2010) in a mixed method study with a sample of 23 nurses employed at five different Midwestern

hospitals. Moreover, NGRNs themselves reported being inadequately prepared for the demands of clinical practice due to limited clinical experience within their prelicensure nursing education program (Herron, 2018; Thomas et al., 2012). While it is unrealistic to expect NGRNs to function as expert nurses, it is imperative for them to deliver safe nursing care (Hickey, 2009).

A stark contrast exists between academic and practice views on NGRNs readiness to safely practice nursing (Berkow et al., 2008; Numminen et al., 2014). A mere 10% of over 5,700 U.S. practice leaders viewed NGRNs completely ready to safely practice; whereas, 90% of more than 400 academic leaders viewed their graduates as practice ready (Berkow et al., 2008). Comparably, in a recent Finland study, nursing faculty rated the competence of NGRNs significantly higher (p < 0.001) than nurse managers (Numminen et al., 2014). Aside from providing important insight into NGRNs' deficiencies, the two studies' findings suggested a dichotomy exists between education and practice regarding NGRN competency expectations (Berkow et al., 2008; Numminen et al., 2014). These divergent perspectives significantly contributed to the phenomenon's longevity, as well as generated interpersonal conflict within NGRNs upon the realization of being insufficiently prepared to practice (Huston et al., 2018). It also raised the question of where ownership rests for resolving nursing's preparation-to-practice gap: with education, practice, or both (Huston et al., 2018; Sportsman et al., 2012).

Prelicensure nursing education aims to transform students into competent nurses with solid critical thinking and clinical reasoning skills (Parker & Myrick, 2010); however, study findings showed otherwise. Merely 23% of more than 5,000 U.S. NGRNs at a large Midwestern hospital exhibited the critical thinking skills necessary for safe entry level

practice on the Performance Based Development System Assessment (Kavanagh & Szweda, 2017), a reduction from 35% over the past decade (del Bueno, 2005). Estimates of reliability in assessing performance on the clinical vignettes was 94% (del Bueno, 1990, as cited in Kavanagh & Szweda, 2017).

Comparatively, NGRNs failed to critically analyze pertinent patient information, resulting in them making unsafe, hasty clinical decisions in a study using Lasater's (2007) Clinical Judgment Rubric (cited in Fenske et al., 2013). Reliability of the nurses' answers to the rubric's three subscales were alpha = 0.749, alpha = 0.620, and alpha = 0.703 (Fenske et al., 2013). Reliability for the corresponding investigators' ratings for the three subscales were alpha = 0.97, alpha = 0.934, and alpha = 0.965, thus suggesting strong interrater validity of the measure (Fenske et al., 2013). The summation of this evidence becomes alarming as nursing errors rise and outcomes worsen when underprepared NGRNs manage patient care (Hickerson et al., 2016).

Equally disturbing was the remarkable similarity in descriptions of NGRN deficiencies over the years. As a brief illustration, NGRNs experienced difficulty with: (a) obtaining and interpreting patient assessment findings; (b) recognizing deteriorating patient conditions (Berkow et al., 2008; del Bueno, 2005; Della Ratta, 2016; Huston et al., 2018; Kantar & Alexander, 2012; Missen et al., 2014; Purling & King, 2012); (c) safely administering medications (Berkow et al., 2008; del Bueno, 2005; Hickey, 2009; Saintsing et al., 2011); (d) maintaining sterile technique (Berkow et al., 2008; Hickey, 2009); (e) prioritizing and managing care (Berkow et al., 2008; Burger et al., 2010; Hickey, 2009; Huston, 2018; Kantar & Alexander, 2012); (f) delegating (Berkow et al., 2008; Hickey, 2009); and (g) communicating effectively (Berkow et al., 2008; Burger et al., 2010; Hickey,

2009; Huston et al., 2018; Kantar & Alexander, 2012; Missen et al., 2014). However, there was a lack of research examining the same perspectives from the faculty members themselves.

Future nurses must be prepared with the skill set to advance safety and quality care within an immensely complicated health care environment (Giddens et al., 2015). The WHO (2009) declared that well educated nurses safeguard lives. Nurses mitigate preventable medical errors, detect clinical deterioration, and advocate for vulnerable patients within interprofessional health care teams (Agency for Healthcare Research and Quality [AHRQ], 2019). Furthermore, nurses understand care delivery processes and recognize inadequacies within health care systems (AHRQ, 2019). As the largest sector of the U.S. health care workforce, nursing has considerable influence on creating safer, improved health care systems (AACN, 2008; IOM, 2010).

However, underprepared NGRNs defy health care systems capacity to provide safe, high quality care (Hickerson et al., 2016; Kavanagh & Szweda, 2017; Murray et al., 2019). The NCSBN (2020) affirmed that the inability of NGRNs to successfully transition into practice increases the risk for serious, adverse patient outcomes. Unanticipated and overwhelming responsibilities associated with managing complicated patient problems, high competency expectations, and a considerable learning curve contribute to NGRNs experiencing tremendous stress levels (Theisen & Sandau, 2013). Moreover, stress has been identified as a significant risk factor associated with NGRN errors and unsafe practices (NCSBN, 2020).

Accentuating this public safety concern, a U.S. study showed that more than 400,000 deaths and a higher rate of life-threatening complications occur yearly as a direct result of

preventable health care errors (James, 2013). Since nurses are a patient's final protection against these types of errors (Flynn et al., 2012), they must be equipped with the critical thinking skills to recognize unsafe practices. The public safety implications of inadequately prepared NGRNs is so concerning that the NCSBN (2020) developed a transition to practice program to mitigate the communication and critical reasoning deficiencies in NGRNs.

It is evident in the literature that present educational modalities do not adequately prepare graduates for the realities of nursing practice (Benner et al., 2010; IOM, 2010; Kavanagh & Szweda, 2017). Benner et al. (2010) reported about the inconsistent and substandard teaching observed during nursing classes, skill laboratories, and simulation centers in a study involving nine U.S. nursing programs. Moreover, the rapid proliferation of new nursing knowledge has resulted in curricula saturated with content, overwhelming both faculty and students, as faculty often resist eliminating long-established, irrelevant nursing practices (Giddens & Brady, 2007; Kavanagh & Szweda, 2017; Valiga, 2012).

New curriculum models and innovative teaching practices that foster deep, meaningful, and experiential learning are needed to better prepare graduates for the increasingly complicated challenges inherent within nursing practice (Benner et al., 2010; IOM, 2010; Ironside, 2015). Under these contemporary frameworks, the educator assists students with integrative thinking and application of knowledge, in lieu of having students memorize countless facts that are poorly retained (Valiga, 2012). Studies illustrate that nursing students perceive more meaningful learning by applying content and resolving patient problems, thereby learning to think like a nurse (Falk et al., 2016; Glynn, 2012; Hossein et al., 2010; Robert et al., 2011). To narrow nursing's preparation-to-practice gap,

pedagogical approaches must provide opportunities for practicing clinical decision making whereby students assimilate essential information (Benner et al., 2010; Tanner, 2010).

Nevertheless, conventional teaching methods, such as lecturing, persist in prelicensure nursing programs (Valiga, 2012), making it difficult for students to transfer learning to the clinical setting (Tanner, 2010). Attributed primarily to faculty and student comfort, lecture affords faculty to teach within the tradition as they were taught and fosters passive learning, as students perceive that they are receiving vital information (Lauver et al., 2009). With student preference for and faculty reluctance to forsake lecture, the successful incorporation of innovative learning strategies in prelicensure nursing education may depend on supplementing lecture with active learning approaches (Missildine et al., 2013). One such innovative approach, the flipped classroom, presents lecture on-line prior to class (Missildine et al., 2013) wherein class time focuses on students actively applying content and problem-solving (Ronchetti, 2010). Thus, faculty facilitate the development of pivotal critical-thinking and clinical-decision making skills required of a nurse (Missildine et al., 2013).

However, attaining competent NGRNs is contingent upon having enough qualified faculty (Benner et al., 2010). The NLN (2020a) recognizes a nurse educator's role as advanced and specialized. Faculty must hold: (a) knowledge of educational principles to implement evidence-based teaching pedagogy and evaluate learning (Benner et al., 2010); (b) clinical expertise; and (c) a deep understanding of the implications of a rapidly changing health care environment (Kavanagh & Szweda, 2017). With the movement of health care primarily into the community setting, the preparation of future nurses to meet this need becomes essential (IOM, 2010). Equally worrisome is the potential for substantial growth in

new programs, amidst an ongoing faculty shortage (Altman et al., 2016; Buerhaus et al., 2014) and with projected retirements of experienced faculty (AACN, 2020b).

Other issues influencing the transformation of prelicensure nursing education include complying with regulatory and accreditor requirements (Ruchala, 2015). As a brief illustration, boards of nursing often impose restrictions on the number didactic and clinical hours, ratios of faculty to students, and substituting simulation for clinical hours (Ruchala, 2015). In addition, regulators and accreditors examine nursing program attrition rates (AACN, 2018a).

The urgent need to improve prelicensure nursing education becomes a more formidable challenge with the ongoing, dynamic changes occurring in both health care and higher education settings over the past two decades (Giddens et al., 2015). These changes are associated with the need to expand access to care and the development of cost-efficient care delivery models (Giddens et al., 2015). Further exacerbating the issue is the reality that life-span projections have increased as a result of technological and medical treatment advancements. Although individuals are living longer, they often have complex, co-morbid medical conditions, in addition to personal and social issues to contend with (Spector et al., 2015). As health care continues to shift more into the community, nurse educators must prepare future nurses to manage a vast number of patient needs within a multitude of health care settings (Kavanagh & Szweda, 2017), particularly within the context of community nursing (IOM, 2010).

Concurrently, a similar trend developed within higher education (Giddens et al., 2015). Employers expect practice-ready graduates with high-level problem-solving and communication skills (Skiba, 2016) who can quickly adapt to emerging responsibilities

within a global workforce (Lumina Foundation, 2014). Today's registered nurse is expected

to apply critical thinking skills in the clinical decision-making process in order to effectuate

safe, quality care outcomes (Hood, 2018). Under widespread pressure to provide accessible,

affordable, quality pedagogy that meets both learner and institutional needs despite severe

state funding reductions has resulted in higher education institutions experiencing a

profound state of transition (Giddens et al., 2015; Kavanagh & Szweda, 2017; Lumina

Foundation, 2014; Skiba, 2016). Moreover, educational administrators have responded

slowly to the implications of the shifting landscape (Kavanagh & Szweda, 2017). In

anticipation of better preparing graduates for mounting and uncertain practice expectations,

nurse educators are redesigning curricula with limited resources (Benner et al., 2010;

Giddens et al., 2015). There is a need to further explore these issues; considering the long

history of nursing's education-to-practice gap and the uncertain faculty perspective,

implementing educational changes without this evidence may serve to perpetuate the

problem.

Problem Statement

The literature postulates that there is a need to refine prelicensure nursing education

in order to prepare future registered nurses who will exhibit strong, assertive communication

skills and technological and cultural competence, provide care that is grounded in research

and best practices, incorporate health promotion and health restoration, and are

interdisciplinary and capable of quickly adapting to change in order to meet the needs of a

diverse, multi-cultural population (Hood, 2018). The problem is that although nursing

education over the decades has evolved, the literature illustrates that NGRNs are not

adequately prepared to meet the critical care delivery demands of an ever-increasing,

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complex, dynamic health care environment (IOM, 2010). In fact, nursing's preparation-to-practice gap becomes apparent during prelicensure nursing education as students struggle to apply theoretical concepts in the care of patients (Benner et al., 2010; Flood & Robinia, 2014; Kavanagh & Szweda, 2017).

Nature of the Study

The descriptive qualitative research approach (Sandelowski, 2000) was chosen for this study, as the aim was to present straightforward faculty participant descriptions regarding the effectiveness of prelicensure nursing education. This research approach was useful in gaining insight into factors that facilitate as well as impede prelicensure nursing education effectiveness (Sandelowski, 2000). It was imperative to explore the understudied faculty perspective to lay the foundation for developing future interventions to mitigate nursing's preparation-to-practice gap.

Another qualitative approach considered was a case study design. While this approach comprehensively analyzes a process (Creswell, 2014), as a starting point for this research, the intent was to elicit solely the faculty perspective. A grounded theory design, although rooted in participant views (Creswell, 2014), was not appropriate as this study aimed to explore participant descriptions regarding prelicensure nursing education effectiveness as opposed to generating theory from these perspectives.

Purpose of Study

The purpose of this qualitative descriptive study was to describe the effectiveness of prelicensure nursing education from the perspective of nursing faculty teaching in a baccalaureate of science nursing program at a U.S. Midwestern university.

<center>**Research Questions**</center>

With the aim of gaining more insight into the phenomenon of prelicensure nursing effectiveness, this study sought to answer the following research questions:

Central Research Question and Subquestions

What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education?

1. What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education?

2. What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education?

3. What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice?

4. What are the perceived challenges in preparing nursing students for practice?

5. What are suggested strategies for interventions to improve prelicensure nursing education?

<center>**Conceptual Framework**</center>

Competence as a Concept

Conceptually, competence in nursing reflects the essential knowledge, attitudes, and skills expected of prelicensure nursing program graduates to safely and effectively practice nursing (Kajander-Unkuri et al., 2016). Since critical thinking and clinical reasoning are embodied within the concept (Valloze, 2009), the underlying proficiencies of competence should easily transfer to various nursing contexts (Kajander-Unkuri et al., 2016). Competence is a complex (Kajander-Unkuri et al., 2016), dynamic concept, responsive to

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societal health needs (Church, 2016). It becomes a critical determinant for safeguarding public health and well-being (ANA, 2014; NCSBN, 2007). As an expected outcome of baccalaureate nursing education, competence empowers graduates to effectuate the progressive roles of the nurse within complicated health care organizations (AACN, 2008).

Theoretical Framework

Benner's (1984/2001) novice to expert theory served to guide this study. By applying the Dreyfuss (1980, cited in Benner et al., 2010) skill acquisition model, Benner illustrated how nurses progress towards attaining higher levels of competence. Five successive competency levels characterize advancing in nurse competency. Nursing students start as novices, devoid of the clinical experience to apply nursing knowledge. Most NGRNs perform at the second competency level, advanced beginner, whereby they demonstrate minimal nursing competence. It takes up to ten years for a nurse to develop the skill set of an expert nurse, the final competency level. Since the aim of effective prelicensure nursing education is to graduate competent nurses, Benner's theory held relevance to lay the foundation for exploring the faculty perspective regarding prelicensure nursing education effectiveness.

Kramer's (1974) reality shock theory was also explored. Although the theory recognizes prelicensure nursing education's inadequate preparation of NGRNS, it centers on the affective experience of NGRNs transitioning into the nursing workforce (Kramer, 1974). The theory postulated that NGRNs suffer considerable stress upon the realization that the learned professional values drastically conflict with those of the practice environment (Kramer, 1974). A NGRN either effectively or ineffectively adapts to the unexpected bureaucratic expectancies of health care systems by progressing through four sequential

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phases (Kramer, 1974). Since the theory primarily focuses on a NGRN's socio-emotional adjustment during the first year of practice, it was deemed as insufficient to guide this study. Therefore, Benner's (1984/2001) theory with its comprehensive explanation of competence development in nurses, from student nurse through expert nurse, was viewed as more suitable to guide this study.

Given that the educational changes needed to improve prelicensure nursing education necessitate redesigning curricula and teaching practices, transformative learning theory was also considered. Although this theory provides an understanding of how adults learn and transform into autonomous thinkers with a greater capacity for solving problems as faculty facilitate learning through student discussions and discourse (Mezirow, 2012), it neglected to provide the framework for investigating competency through an outcome driven curricula.

Another theory contemplated was Rogers' (1962, cited in Gluesing, 2012) diffusion of innovation theory that explains the process by which an innovative idea is accepted or rejected. While this theory supported prelicensure nursing education faculty's adoption or rejection of new curriculum models and teaching practices to improve NGRNs' preparation for practice, it remains unclear if faculty resistance is a causative factor for underprepared NGRNs. Future research in this area could potentially use these theories as a guide for studies resulting from this work.

<div align="center">**Definition of Terms**</div>

The following terms are defined to facilitate understanding of the intent of this study.

New graduate registered nurse (NGRN) – A nurse who graduated from a state board of nursing approved prelicensure registered nurse (RN) program, passed the National

Council of State Boards of Nursing licensure examination (NCLEX), is licensed to practice in a U.S. state, and has practiced nursing for 12 months or less (Berkow et al., 2008).

Preceptor – An experienced registered nurse qualified to facilitate and guide a prelicensure nursing student's learning in the clinical setting and provide input with regard to the student's performance to faculty (AACN, 2018a).

Prelicensure nursing education program – A registered nursing education program that prepares graduates for initial licensure (Ohio Board of Nursing [OBN], n.d.) and grants a diploma, associate degree, or baccalaureate degree upon graduation (Keating, 2015).

Assumptions

Several assumptions underlay this research. The first assumption was that nursing faculty participants held sufficient nursing practice and teaching experience to provide insightful, detailed descriptions of their perspective on the effectiveness of prelicensure nursing education. The second assumption was that participant responses were thoughtful and honest. The third assumption was that participant responses were understood, as intended, by the researcher. The fourth assumption was that a representative and non-biased sample was obtained. The final assumption was that diverse participant responses were presented that added to, supported, or challenged existing evidence.

Scope, Delimitations, and Limitations

Faculty from a prelicensure baccalaureate nursing program were selected as the study's population. As health problems become increasingly more complex and the scope of nursing practice advances, future nurses need more education to manage and coordinate this care (IOM, 2010). Course work in liberal arts, as well as physical and social sciences lay the foundation for learning nursing science in baccalaureate nursing programs (AACN, 2020a).

In addition, clinical practicums occur in various health care settings including hospitals, clinics, schools, and community agencies (AACN, 2020a). It was deemed that baccalaureate nursing education provided the expansive theoretical and clinical experiences suitable for the expectancies of NGRNs in today's practice, in comparison to associate degree and diploma nursing programs.

Since there is a paucity of research regarding the effectiveness of prelicensure nursing education from the perspective of baccalaureate nursing faculty, this population was appropriate for this study. As leading national organizations within and outside of nursing assert that prelicensure nursing education must be fundamentally redesigned to better prepare its graduates, it was imperative to seek the faculty perspective. Faculty hold responsibility for preparing future nurses and ultimately determine if nursing students are competent to graduate.

The scope of the study was narrowed to a small, private, Midwestern U.S. university. The study site was selected because the university offered a prelicensure traditional BSN program. One primary reason for selecting the study site was that the program's NCLEX pass rate fluctuated over recent years; this variance may elicit faculty insight into the factors that facilitate and hinder effective prelicensure nursing education. It was anticipated that sufficient faculty would participate in the study.

This study was not without limitations. Certain limitations were inherent in the study's qualitative design and methods. Measures were taken to minimize the influence of these limitations and are discussed in Chapter 3 under the trustworthiness section. The most significant limitation was that the researcher served as the study's instrument (Polit & Beck, 2017). With this limitation, the values, biases, and background of the researcher shape the

interpretation of the study's data and its conclusions (Creswell, 2013). Another limitation of qualitative designs was reactivity or reflexivity (Maxwell, 2013). With this limitation, the perceived influence of the researcher (Maxwell, 2013) can result in participants being less forthright in an attempt to present themselves in a positive manner (Polit & Beck, 2017). Likewise, participants may be hesitant to share information or may experience nervousness during the interview (Polit & Beck, 2017).

With regard to the study's methods, the scope of the study was limited to a small sample of faculty at a Midwestern university in one geographic region. Thus, the cross-sectional nature of the study prevented causal inferences. The purposeful sampling reduced generalizability. Although the intent of qualitative research is not to generalize a study's findings, the findings can be transferable to a similar situation (Lincoln & Guba, 1985). Since data saturation was achieved, this factor did not pose a limitation.

Significance of the Study

Nursing's unrelenting global education-to-practice gap has directly resulted in NGRNs failing to meet minimal entry level practice competencies (Berkow et al, 2008; del Bueno, 2005; Kavanagh & Szweda, 2017). The deficient skill level of NGRNs threatens the safety of vulnerable patients, as these nurses assume complex care management responsibilities (Della Ratta, 2016). Moreover, a dramatic, unparalleled shift in the health care landscape has intensified the need for competent, practice ready NGRNs (Spector et al., 2015).

Further exacerbating the safety and quality issues is the increasing population of NGRNs entering the workforce (Theisen & Sandau, 2013). Between 2001 and 2011, there was a 108% increase in the number of new nurses within the U.S. (U.S. Health Resources

and Service Administration [HRSA], 2013). These numbers are concerning because they reflect NGRNs as a major proportion of today's nursing population (Berkow et al., 2008). Equally worrisome is that most NGRNs (82.2%) work in fast-paced, complex hospital systems, caring for acutely ill (55%) and unstable patients with chronic illness (34%), either on medical-surgical units (27.6%) or in critical care (23.3%) areas (NCSBN, 2018).

Transforming prelicensure nursing education becomes more urgent with the considerable projected growth in the nursing workforce and retirement of experienced nurses (HRSA, 2017). By 2030, as many as 2,282,500 NGRNs will practice in the U.S. (HRSA, 2017). Concurrently, nearly one-third of currently practicing experienced RNs are fast approaching retirement age (HRSA, 2013).

With regard to fiscal burdens, healthcare institutions provide extensive and costly orientation to assist NRGNs' transition into practice (Hickerson et al., 2016; Phoenix-Bittner et al., 2017; Theisen & Sandau, 2013). Yet 35% to 60% of newly licensed nurses leave an organization within the first year of hire (Theisen & Sandau, 2013). It costs between $40,000 and $64,000 to train and replace a NGRN (Hickerson et al., 2016; Theisen & Sandau, 2013). High turnover rates of NGRNs strain an organization's finances and resources (Theisen & Sandau, 2103), as well as perpetuate instability within the nursing workforce (Hickerson et al., 2016). The aforementioned concerns, coupled with the ongoing proliferation of new nursing knowledge, intensify the demand for prelicensure nursing programs to prepare competent nurses capable of practicing safely in a challenging, reformed healthcare system (IOM, 2010).

Nevertheless, a paucity of research focused on the faculty perspective exists, a critical component for developing and providing interventions to address this issue. This

qualitative study intended to fill a significant gap in the literature. Failure to fully explore

the scope of this nursing education problem, from those directly responsible for ensuring

NGRNs' readiness for practice, poses a critical barrier for successfully implementing the

educational changes necessary to improve the competency of NGRNs. Moreover, it could

not be assumed that faculty were in agreement with the IOM's (2010) conclusion. The study

informed nursing's discipline of the challenges faculty confront in educating nursing

students, as well as factors that facilitate providing effective nursing education. Gaining this

insight was imperative. By educating future nurses, faculty have a significant influence on

successful education of prelicensure nurses, nursing practice, and ultimately health

outcomes. Most importantly, implementing nursing education improvement strategies

without this evidence can result in a costly, unsuccessful resolution that continues to

jeopardize successful education of prelicensure nurses and patient safety, and impedes

improving the nation's health outcomes.

Summary

Chapter 1 introduced the research problem and its implications on global public

safety, health care organizations, and the stability of the nursing workforce to provide the

context for the research study. A description of the study's nature, its aim, and research

questions were presented. The conceptualization of competence, as well as the theoretical

framework guiding the study were provided. The study's terms, assumptions, scope,

delimitations, and limitations were defined. The chapter concluded by presenting the

significance of the study.

Chapter 2 examines the literature relevant to prelicensure nursing education

effectiveness. The evolution of prelicensure nursing education from its origin through its

present state introduce the chapter. The multifaceted issues influencing the state of prelicensure nursing education are discussed. Significant gaps in the literature that justified this research study are presented. The theoretical framework that guided this study and the rationale for selecting a qualitative descriptive study are provided.

Chapter 3 describes the study's research design and methodology. A detailed description of the study's qualitative descriptive design, setting, sample, and methods for data collection, as well as data analysis are presented. Issues of trustworthiness, ethical considerations, and human subject protection are discussed. This chapter concludes with the limitations of the study's research design.

Chapter 4 discusses the procedures employed for data collection, analysis, and interpretation. The study's findings and emerging themes are presented.

Chapter 5 discusses the study's findings, conclusions, strengths, and limitations. The implications for nursing education, administration, and professional practice are included. The chapter concludes with recommendations for future research.

CHAPTER 2

REVIEW OF LITERATURE

This chapter examines relevant literature related to prelicensure nursing education effectiveness. The evolution of prelicensure nursing education from its origin through its present state introduces the chapter. Issues influencing the state of prelicensure nursing education, as well as the perspectives of practicing nurses, new graduate registered nurses (NGRNs), and nursing students on expected learning from these programs are discussed. Significant gaps in the literature providing justification for this study are identified. A detailed description of the theoretical framework that guided this study and the rationale for selecting a qualitative descriptive design are provided. The chapter concludes with a discussion of possible research trajectories from this study.

Databases used for the literature search included Cumulative Index to Nursing and Allied Health Literature Complete (CINAHL), ProQuest, and PubMed. Depending on the term, the search was limited to three years, five years, or from 1980 through 2018. A few exceptions were made to explore the longitudinal nature of the problem and its history. Several search terms were employed including: prelicensure nursing education, nursing education, nursing education effectiveness, new graduate nurse, newly graduated nurse, newly licensed nurse, new graduate registered nurse, novice nurse, nursing faculty, nurse educator, nursing student, nursing's education-to-practice gap, bridging the gap, theory to practice gap, preparation to practice gap, transition into practice, readiness to practice, competency, nurse manager, and nurse preceptor, perceptions, and perspectives. Initially over 5,000 articles were located; after combining terms, the number decreased; however, no

articles were located about nursing faculty perspective regarding the effectiveness of prelicensure nursing education.

Historical Perspective

Societal demand for a practice ready nursing workforce has driven the educational processes for nurses (Scheckel, 2009). Nursing shortages, as well as changes in U.S. demographics, health care needs, and care delivery often precipitated curricula and pedagogical changes (Keating, 2015). Nonetheless, prelicensure nursing education's rich history and tradition continues to have a profound influence on the academic preparation of future nurses (Scheckel, 2009). Examining the historical influences on contemporary nursing education was a prerequisite for understanding the context of the research problem, its perpetual effect on NGRN competence, and ultimately, patient outcomes.

Historically, war prompted the need for trained nurses (Scheckel, 2009). The first U.S. nursing school, designed upon Florence Nightingale's model, opened near the end of the Civil War (Keating, 2015). Notably, many of Nightingale's philosophical beliefs provided the foundation for contemporary nursing practice. Nightingale posited that: (a) nurses should teach nursing, (b) theory should be linked to clinical practice, (c) rationale should underlie nursing actions, and (d) sufficient time should be afforded for learning (Roberts, 1937).

By the early 20th century, over 2,000 schools (Ervin, 2015), situated within hospitals, generated an economical, immediate source of practice-ready nurses (Scheckel, 2009). Disconcertingly, service to the hospital and physicians took precedence over providing an education (Ervin, 2015). Students predominately learned nursing based on an apprenticeship model of providing patient care for long hours under the direction of hospital

nurses (Scheckel, 2009). Moreover, physicians had considerable influence on educating nurses by teaching classes and writing textbooks (Ervin, 2015). The limited curricula centered on personal discipline, nursing hierarchy, and following physician orders (Dumchin, 2010). Independent thinking was considered offensive and unacceptable (Dumchin, 2010). Consequently, with the low-cost nursing care students provided and the occupation afforded to women, hospital-based nursing programs prospered (Scheckel, 2009). Although universities began educating nurses with a baccalaureate degree as early as 1909, the curriculum was remarkably similar to the hospital-based programs (Scheckel, 2009).

By 1883, the urgent need for improving nursing education by developing educational standards was publicized by nurse leader Isabel Hampton at the International Congress of Charities, Correction, and Philanthropy (Flood, 2011). Nursing schools quickly implemented Hampton's recommendation for extending nurse training to three years; however, they excluded reducing clinical practicums to an eight-hour day (Flood, 2011). Subsequently, two highly influential reports, the Goldmark (1923, cited in Scheckel, 2009) and Burgess (1928, cited in Scheckel, 2009), examined the state of nursing education and reaffirmed the imperative for change (Scheckel, 2009). After several endeavors and over 50 years later, the National League for Nursing Education (NLNE) redesigned nursing education according to a standardized curriculum that reduced the lengthy clinical hours and expanded education in the sciences (Scheckel, 2009).

A monumental shift in nursing education occurred in response to the nursing shortage following World War II. To expeditiously build the nursing workforce, a new model of nursing education emerged—two-year associate degree nursing (ADN) education

(Scheckel, 2009). Providing an immediate solution to the nursing shortage, the primary goal of these programs was to graduate nurses with enough knowledge to be safe, bedside practitioners (Scheckel, 2009). Positioned within community colleges, ADN programs not only reduced the extent of education but added a third pathway for providing prelicensure nursing education. Between the mid-1950s through the mid-1970s, the number of ADN programs rapidly increased (Flood, 2011). By 1975, a total of 618 ADN programs provided the majority (45%) of prelicensure nursing education, whereas hospital-based diploma programs accounted for 31% (Flood, 2011). The number of BSN programs were not reported (Flood, 2011).

In contrast, in the early 1960s, mounting concerns emerged regarding prelicensure education and its influence on NGRN competency. As a direct result of advances in medical treatment and technology, health care environments became more complex, requiring a more skilled nursing workforce (Nelson, 2002). In response, the American Nurses Association (ANA) position paper (1965) called for a baccalaureate degree as the minimal education requirement for entry into nursing practice. The aim of baccalaureate nursing education is to provide future nurses with the expanded knowledge relevant for critical thinking, effective communication, and leadership competencies (Lane & Kohlenberg, 2010).

Present Environment

Similar issues that drove changes within prelicensure nursing education during past years, such as nursing shortages, increasingly complex patients, and the need for a more skilled nursing workforce, are still present today. However, significant events, such as a proliferation of nursing knowledge (Valiga, 2012) and the dramatic change in the health care

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landscape have prompted nurse educators to reexamine curricula and teaching practices (Giddens et al., 2015).

The literature suggested a perpetuation of prelicensure nursing's education-to-practice gap has negatively influenced the competency level of NGRNs (Kavanagh & Szweda, 2017). Nursing curricula have become overloaded with content to keep pace with the alarming pace of new knowledge (Giddens & Brady, 2007; Kavanagh & Szweda, 2017; Valiga, 2012). Faculty are moving towards implementing a more student-centered learning environment in which learning instead of teaching becomes emphasized (Valiga, 2012). In this learning milieu, faculty facilitate learning by engaging students in actively applying and transferring information (Valiga, 2012). Notably, Valiga (2012) cautioned that merely changing teaching practices presents immense challenges to faculty.

New Nursing Program Growth

Adding to the quality concerns of prelicensure nursing education is the recent, substantial growth in new programs (Altman et al., 2016; Buerhaus et al., 2014). The Integrated Postsecondary Education System (IPEDS) data from 2002 through 2012 identified 300 new Associate's ADN and 276 new Baccalaureate BSN nursing programs granted degrees during this ten-year period (Buerhaus et al., 2014). New program growth continued during the succeeding two years, 2013 and 2014, with the addition of 52 ADN and 85 BSN programs (Buerhaus et al., 2016). Although IPEDS data does not differentiate prelicensure BSN program data from RN to BSN program completion data (Buerhaus et al., 2014), the American Association of Colleges of Nursing (AACN, 2015, cited in Altman et al., 2016) data makes this distinction. In examining AACN data from 2010 through 2014, Altman et al. (2016) found comparable growth amid prelicensure BSN programs with the

addition of 63 programs during this four-year period. Equally important, Altman et al. (2016) reported that prelicensure BSN program enrollment and graduation rates rose steadily from 2000 through 2014. Factors contributing to the surge in new program growth included: (a) projected nursing shortages, (b) the Institute of Medicine (IOM, 2010) recommendation to increase the proportion of baccalaureate prepared nurses to 80% by the year 2020 (Buerhaus et al., 2014), and (c) employer preference for BSN prepared nurses (Altman et al., 2016).

Faculty Shortage

Along with the growth of new nursing programs, a concurrent nursing faculty shortage exists (AACN, 2020b; Altman et al., 2016; Oermann et al., 2016) that is projected to worsen (IOM, 2010; Yedidia et al., 2014), amplifying the challenge of improving prelicensure nursing education. Factors contributing to the faculty shortage include: (a) retirements; (b) retention due to salary and workload; and (c) program expansions (Oermann et al., 2016). Equally concerning, 133 (16.2%) of the BSN programs with no current vacant positions reported an additional need for faculty (AACN, 2018b).

Barriers to employing additional faculty included: (a) budget constraints (63.9%), (b) uncommitted administration response (49.6%), (c) competing jobs (38.3%), and (d) unavailable qualified candidates (24.1%) (AACN, 2018b). The primary challenges identified with recruiting qualified faculty during the 2016–2017 academic year were: (a) insufficient doctorally prepared applicants (65.8%); (b) lack of specialty expertise (65.3%); (c) salaries (63%); (d) faculty agreeable and capable of teaching clinical practicums (29%); (e) excess workload (23.4%); and (f) faculty amenable and able to conduct research (20%). In fact, the AACN's report on 2016–2017 Enrollment and

Graduations in Baccalaureate and Graduate Programs in Nursing *s*pecified lack of faculty, clinical practicum sites, classroom space, nurse preceptors, as well as budget constraints as justification for rejecting 64,067 qualified applicants into baccalaureate and graduate nursing programs. Most alarming is the impact that inexperienced faculty with possibly less education may have on the preparedness of future nurses (Saintsing et al., 2011).

Prelicensure Nursing Education Effectiveness

Limited research has been conducted related to the overall effectiveness of nursing education. Only one study, described as ethnographic, interpretative, and evaluative, provided a comprehensive examination of nine U.S. entry level nursing education programs (Benner et al., 2010). Study data were collected from observations of class and clinical teaching, review of syllabi, and interviews among faculty, students, and administrators (Benner et al., 2010). The study's findings suggested: (a) nursing students have a strong understanding of "professional identity" (p. 11) with a commitment to ethical values; (b) clinical practicums facilitated deep learning as faculty facilitated integration of content; and (c) overall, an ineffectiveness in teaching nursing, the sciences, and humanities exists (Benner et al., 2010). The deficiencies in teaching were attributed to an additive curriculum in which educators present enormous amounts of information (Benner et al., 2010). To improve teaching practices, Benner et al. (2010) recommended that nurse educators "step out from behind the screen full of slides and engage students in clinic-like learning experiences" (p. 14). Notably, Benner et al. (2010) asserted that faculty incorrectly assumed students would be able to apply abstract content. Moreover, Benner et al. (2010) concluded that ineffective teaching and deficient student problem-solving skills contributed to the

inability of NGRNs to safely and effectively provide patient care in a complex work environment.

Preparation-to-Practice Gap

In a national, atheoretical, quantitative, cross-sectional study, conducted by the Nursing Executive Center, data were collected from more than 5,700 healthcare institution nurse leaders and more than 400 academic nurse leaders using the survey tool, the *New Graduate Nurse Performance Survey,* to compare their perceptions of NGRNs' readiness to practice (Berkow et al., 2008). With only 10% of health care institution nurse leaders recognizing that NGRNs were completely ready for practice, it appears that prelicensure nursing education inadequately prepares graduates for workforce demands (Berkow et al., 2008).

A recent integrative literature review of 50 studies conducted between the years 2001 and 2013 further suggested that nursing's preparation-to-practice gap persists (Hickerson et al., 2016). The aforementioned unintended consequences of unprepared NGRNs who experience substantial stress leads to high error rates, poor patient outcomes, and nurses who vacate positions within the first year of hire (Hickerson et al., 2016). Although the researchers concluded that changes in prelicensure nursing education were needed to resolve this gap, no evidence-based solutions were offered (Hickerson et al., 2016). In fact, only two evidence-based resolutions from the practice perspective were presented: providing extensive NGRN orientation through structured nurse residency programs and ensuring preceptor education (Hickerson et al., 2016).

Another study, using a mixed methods design and involving 98 New York prelicensure ADN and BSN programs, suggested that a considerable number of these

programs revised curricula to include the Quality and Safety Education for Nurses (QSEN) competencies into curricula (Pollard et al., 2014). Overall, a sample of 147 faculty and nursing education administrators reported they were more than satisfied or satisfied with the competency development of students. (Pollard et al., 2014). Faculty also perceived being more qualified to teach the competencies of patient-centered care, teamwork and collaboration, and safety (Pollard et al., 2014). Comparably, faculty perceived being less prepared to teach informatics and quality improvement (Pollard et al. 2014). In contrast, Berkow et al.'s (2008) study suggested among 36 NGRN competencies, nurse leaders were most satisfied (53%) with NGRN knowledge of informatics and less than satisfied (18%) with NGRN understanding of quality improvement.

Nursing students' perceived level of preparedness to implement QSEN competencies following a curriculum revision has also been investigated (Mennenga et al., 2015). From 2011 to 2014, a sample of 461 baccalaureate nursing students in their last semester at a Midwestern university reported being only somewhat prepared to incorporate the QSEN competencies into practice, according to their responses on a four-point Likert scale (1 = very unprepared to 4 = very prepared) (Mennenga et al., 2015).

NGRN Preceptor Perceptions

Comparably, a mixed method (Burger et al., 2010) and a qualitative study (Kantar & Alexander, 2012) explored nurse preceptor perspectives of NGRN readiness to practice. Burger et al. (2010) conducted a mixed-methods study with a descriptive, comparative design with nurse preceptor participants (n = 23) from five Midwestern hospitals. Benner's (1984) progressive nurse proficiency levels provided the study's framework (Burger et al., 2010). The quantitative tool encompassed a brief survey on factors influencing a nurse's

prioritization of workload (Burger et al., 2010). Kantar and Alexander (2010) conducted a qualitative, multiple-case study design with nurse preceptor participants (n = 20) from three Lebanese hospitals. Both studies showed NGRNs were expected to function within a complex healthcare setting, yet lacked the skill set to be effective (Burger et al., 2010; Kantar & Alexander, 2012). Moreover, NGRN deficiencies included: (a) failing to understand a patient's clinical situation; (b) requiring much assistance to identify nursing care (Kantar & Alexander, 2012); and (c) using task completion versus critical thinking as the basis for establishing patient care priorities (Burger et al., 2010).

Although several studies were conducted on topics related to prelicensure nurse educations, such as classroom and clinical teaching strategies, effective teaching attributes, critical thinking, and a concept-based curriculum; limited research examined the overall effectiveness of prelicensure nursing education. In addition, there is a paucity of research focused on the faculty perception, a critical component to fully understanding the diverse perspectives between academia and practice regarding NGRNs' preparation for practice, as well as developing interventions to address this issue.

Nursing Student Perceptions

Research illustrating the extent of learning, as well as the challenges associated with contemporary educational approaches, also informed this study. Two U.S qualitative study findings suggested students acquire clinical judgment through reflective learning activities based on Tanner's (2006) clinical judgment model (Bussard, 2015; Glynn, 2012). Employing an interpretive descriptive approach, Bussard (2015) analyzed reflective writing assignments following four simulated patient experiences that advanced in complexity among a sample of Midwestern diploma program nursing students (n = 30) in an

introductory medical surgical nursing course. Study findings suggested that students: (a) acquired a deeper understanding of the complexity of patient situations; (b) progressed in interpreting assessment data and prioritizing relevant nursing care; and c) transferred prior theoretical and clinical knowledge (Bussard, 2015).

Glynn (2012) conducted semi-structured individual interviews among beginning baccalaureate nursing students (n = 34) from a private northeastern university to explore the outcome of adding a structured reflection discussion immediately following class lectures. The discussions centered on students presenting patients cared for from their clinical practicums (Glynn, 2012). Similar to Bussard's (2015) findings, student participants' perceived clinical experiences afforded the application of theoretical knowledge, provided an awareness of the breadth of nursing science, and strengthened their communication and prioritization skills (Glynn, 2012).

Semi-structured interviews were also used in a phenomenological study involving final semester BSN students (n = 12) and NGRNs (n = 6) from a southeastern U.S. university to investigate participant perceptions of learning and the teaching of clinical reasoning (Herron et al., 2016). Clinical practicums were perceived as the most effective environment to learn clinical reasoning, considered a vital skill for safe nursing practice (Herron et al., 2016). Moreover, participants perceived effectively learning this skill was contingent upon the competence, receptiveness, and trust held in their faculty (Herron et al., 2016).

The literature also portrays challenges for students learning under new education models (Robert et al., 2011). A qualitative study explored the perceptions of accelerated BSN nursing students (n = 34) from a private northeastern U.S. university on the

effectiveness of teaching under the innovative transformative, integrative learning model (Robert et al., 2011). Students' perceived difficulties included confusion in adapting to a new educational approach, frustration with unsupportive faculty, disorganized courses, and faculty who were unaware of current practice (Robert et al., 2011). A major limitation of these studies included small study samples from a single geographic location.

Gaps in the Literature

Nursing faculty perspectives concerning the effectiveness of prelicensure nursing education remain unknown, and this study assisted in mitigating this gap. Disregarding the unique insight of nursing faculty can hinder the effectiveness of efforts to improve prelicensure nursing education. Gaining this much needed perspective from nursing faculty was a critical first step for successfully implementing the IOM (2010) recommendations to increase the competency level of NGRNs. This study's findings can contribute towards developing an instrument for use in a national cross-sectional quantitative study of faculty perceptions regarding the effectiveness of prelicensure nursing education.

Theoretical Perspective

With nurse competency expectations increasing (IOM, 2010), concern exists regarding a widening of nursing's preparation-to-practice gap (Kavanagh & Szweda, 2017). Since Benner's (1984/2001) novice to expert theory explained competency development in nursing, it was a suitable theoretical framework for describing nursing faculty perspectives regarding the effectiveness of prelicensure nursing education. Benner postulated that nurses progress through five successive competency phases, identified by specific performance criteria as competence increases. It has been used to design nursing education curriculums,

support nurse preceptor development, and provide the framework for nursing research studies (Benner, 1984/2001).

Benner's theory originated from a federally funded project, *Achieving Methods of Intra-professional Consensus, Assessment, and Evaluation* (AMICA). The project involved developing evaluation methods for seven nursing education programs and five hospitals in San Francisco, California. Paired interviews between an experienced and new nurse were conducted to understand and discern the differences between their clinical performances. Data analysis was based on using Heideggerian phenomenology.

Advancing in competency occurs as nurses acquire the skills to discern critical aspects from patient care situations and formulate sound clinical judgments. First, there is a shift from relying on abstract principles to using knowledge gained from concrete clinical experience. Second, relevant information is assimilated by viewing the patient or clinical situation as a whole or in totality, instead of a collection of equally important parts. Third, a transformation occurs from being a detached spectator to an involved participant. The performance characteristics associated with each competency level include:

1. The novice, a beginner, lacks experience in given patient care situations. Consequently, the novice becomes task oriented and inflexible and allows previously learned rules to guide their performance.

2. Advanced beginner. An advanced beginner displays a minimally acceptable performance. Although this nurse recognizes recurring meaningful situational components based on prior experience and forms principles to guide nursing actions, there is an inability to distinguish or prioritize the most significant information.

3. Competent. Competent exemplifies a nurse with two to three years of experience who uses higher level thinking skills that enables the nurse to become more organized and efficient.

4. Proficient. The proficient nurse comprehensively interprets a patient situation, and thus is able to anticipate what to expect in a given patient situation and can easily adjust to meet the patient's needs.

5. Expert. Attaining the highest level of competency, the expert nurse holds an intuitive and deep understanding of a given situation. Expert nurses make sound clinical judgments and manage complex clinical situation in an extraordinary manner.

Rationale for a Qualitative Study

Although nursing's longstanding preparation-to-practice gap has been reported in the literature (Hickerson et al., 2016), the beliefs and attitudes of nursing faculty regarding the gap's existence, origins, extent, and resolution efforts remained unknown. Locke et al. (2014) best framed the overall impetus for this study by asking, "What is going on here?" (p. 96). Since qualitative inquiry is particularly useful to explore, describe, and endeavor to understand the meaning individuals attribute to a societal problem (Bloomberg & Volpe, 2016; Creswell, 2014; Locke et al., 2014; Maxwell, 2013; Merriam & Tisdell, 2016; Richards & Morse, 2013; Yin, 2011), insight into the experience, interpretation, and understanding of the problem's inherent complexity would likely be acquired (Bloomberg & Volpe, 2016).

More specifically, a qualitative study was selected for its value in: (a) exploring inadequately understood situations, (b) upholding the complexity of a multifaceted problem without preemptive data reduction, (c) discovering new ways to view existing evidence

(Richards & Morse, 2013), (d) learning the meaning of a problem from those directly experiencing it (Merriam & Tisdell, 2016), and (e) studying variables difficult to measure or that remain unknown (Creswell, 2013). It is of significant relevance that qualitative designs also illuminate complex situations within a transforming paradigm (Richards & Morse, 2013). Hence, the problem of interest, prelicensure nursing education's under-preparation of NGRNs to practice in today's dynamic and complex health care environment, warranted using qualitative inquiry to explore this perplexing phenomena occurring within the shifting higher education and healthcare landscape.

Constructivist assumptions underpin a qualitative stance (Bloomberg & Volpe, 2016; Creswell, 2013; Merriam & Tisdell, 2016; Polit & Beck, 2017). These assumptions, linked to the social constructivism interpretative framework (Creswell, 2013), provided a strong foundation to: (a) frame the study's problem; (b) address the study's purpose; and (c) formulate as well as answer the research questions. A quantitative research design draws from positivist assumptions (Creswell, 2013). Consequently, a quantitative design would likely result in methodological incongruence and limit achieving the study's intended aim., The philosophical assumptions underlying qualitative research, its key attributes, and distinct methods better served to inform this study, as is subsequently discussed.

Philosophical Assumptions

Ontological Assumption

At the core of the constructivist paradigm is the belief that individuals seek to understand their world of life and work (Creswell, 2014). This assumption values the multifaceted and complex nature of humans and their capacity to form meaning from lived experiences (Polit & Beck, 2017). By interacting with others, situational meaning is

constructed (Creswell, 2014). Accordingly, diverse and multiple perspectives exist concerning the reality of situations (Creswell, 2014). Within the ontological assumption, the notion of multiple realities holds much merit, as the intent of qualitative research is to report these various perspectives (Creswell, 2013). Truth or reality becomes known through an exhaustive iterative analysis from narrative compilations of participant perspectives (Polit & Beck, 2017). Acceptance of the ontological assumption within this study occurred as the researcher respectfully sought and reported the unique viewpoints of participants.

Epistemological Assumption

Recognizing that the evidence for qualitative studies lies within the subjective experiences of study participants, minimizing the distance between the researcher and study participants became critically important (Creswell, 2013; Polit & Beck, 2017). Typically, qualitative research is conducted within the setting where participants live and work to provide context for understanding their perspectives (Creswell, 2013). Data surfaces through the collaborative and interactive process between the researcher and participants (Creswell, 2013). Assertions of knowledge are substantiated by reporting participant narrative perspectives in quotations (Creswell, 2013). The epistemological assumption was acknowledged in this study as the researcher closely interacted with participants during the interview process. This close interaction was essential to discover the contextual knowledge needed to answer the study's research questions. Additionally, evidence of knowledge assertions was supported by using participant quotations to validate reported themes.

Axiological Assumption

Inevitably with a qualitative approach, the subjective values of the participants as well as the researcher present within the study (Creswell, 2013; Polit & Beck, 2017).

Respectfully accepted, these values epitomize qualitative research (Creswell, 2013). Bias and values are made known in a qualitative study, as the researcher acknowledges that participant narratives signify both the researcher's and participants' interpretation (Creswell, 2013). Consequently, this assumption precluded generalizing the study findings (Lincoln & Guba, 1985; Savenye & Robinson, 2004). Agreement with the axiological assumption is shown in the subsequent sections of this dissertation under the role of the researcher and trustworthiness. These sections illustrated how the researcher's professional and educational background shaped her own perspectives on prelicensure nursing education.

Methodological Assumption

Several distinct features define the processes of qualitative research (Bloomberg & Volpe, 2016; Creswell, 2013; Locke et al., 2014; Merriam & Tisdell, 2016). First, with the aim to learn about the phenomenon under study from participants (Creswell, 2013), an emergent, flexible research design is required (Bloomberg & Volpe, 2016; Creswell, 2013; Mason, 2002/2012; Merriam & Tisdell, 2016). Second, study samples are small and purposeful for the reasons of: (a) eliciting rich, detailed data (Merriam & Tisdell, 2016), (b) upholding the uniqueness of participant perspectives, and (c) providing contextual understanding (Maxwell, 2013). Third, the researcher serves as the primary instrument for data collection (Creswell, 2013; Merriam & Tisdell, 2016). Fourth, data collection often occurs in a natural setting, meaning the location where participants experience the phenomenon under investigation (Creswell, 2013; Lincoln & Guba, 1985). Fifth, data analysis involves an inductive, iterative approach to construct categories and themes (Creswell, 2013; Merriam & Tisdell, 2016).

The methodological assumptions of qualitative research best informed this study to uncover the faculty perspective. By using a qualitative approach to explore this complex nursing education issue from a new angle, rich meaningful data were acquired that provided insight into the problem for which little or no prior knowledge existed (Richards & Morse, 2013). The emerging themes of interrelated patterns describing the faculty stance also illustrated the multiple dimensions of the study's problem (Polit & Beck, 2017). Moreover, since a paucity of reported information about the practice readiness of new graduate nurse from the faculty perspective existed, the variables were yet known. These variables can serve to assist in providing needed data for tool development in designing a future Level II study (Richards & Morse, 2013; Wood & Ross-Kerr, 2011). The study's findings can also contribute to eventually developing an intervention to assist with the problem.

Rationale for Descriptive Method

A qualitative descriptive design was selected for this study. As a research methodology, qualitative description presents straightforward participant descriptions of the phenomenon under investigation (Sandelowski, 2000). After a diligent review of qualitative approaches, description was adopted for its potential to acquire: (a) participant views and attitudes regarding experiences, (b) factors that facilitate and hinder improvement of a situation (Sandelowski, 2000), and (c) insight into a phenomenon not easily understood (Kim et al., 2017). A distinctive attribute of qualitative description was that it encompasses undertones of other qualitative methods, such as phenomenology, grounded theory, ethnography, and narrative analysis (Sandelowski, 2000). The findings from a qualitative descriptive study present clear, rich participant descriptions, consequently enabling reader understanding (Colorafi & Evans, 2016; Neergaard et al., 2009; Sullivan-Bolyai et al.,

2005). As a result, this type of study held promise for generating future improvement intervention (Neergaard et al., 2009; Sullivan-Bolyai et al., 2005).

Sandelowski (2000) asserted that a qualitative descriptive study was particularly useful for answering research questions, such as "What are the concerns of people about an event?, What are people's responses (e.g., thoughts, feelings, attitudes) toward an event?, and What reasons do people have for using or not using a service or procedure?" (p. 337). Thus, a qualitative descriptive design appropriately addressed the research problem and the study's purpose as well as research questions. Accordingly, methodological congruence was established.

In assessing the merit of other qualitative approaches, methodological incongruence existed. To briefly illustrate, this study's intent was not to: (a) focus on a few participant life stories, as in narrative analysis (Creswell, 2014); (b) extensively describe a culture, as with ethnography; (c) generate theory as in grounded theory; or (d) comprehensively explore a process, as in a case study design (Creswell, 2013). A phenomenological design was equally unsuitable. According to Merriam and Tisdell (2016), "A phenomenological approach is well suited to studying the affective, emotional, and often intense human experiences" (p. 28).

As a final point, qualitative description was a well-established method within qualitative research (Sandelowski, 2000) and has widespread use within the field of education (Merriam & Tisdell, 2016). Taken together, the evidence justified a qualitative descriptive design. By employing qualitative descriptive methods, rich descriptions of the faculty perspective regarding prelicensure nursing education effectiveness were illuminated.

Future studies can be informed from the themes that emerged from this study. First, the study could be replicated in various settings and types of prelicensure nursing programs. Second, a similar study using focus groups may provide additional data that emerge from faculty participant discussions. Third, this study's findings can provide the foundation for designing a case study approach in which a more detailed, in-depth examination of a single prelicensure nursing program effectiveness could be explored. Fourth, the study's findings could assist in developing variables for an instrument to quantify the faculty perspective. Lastly, the study's findings could contribute to generating an intervention to mitigate nursing's preparation to practice gap.

Summary

The literature illustrated an ongoing under-preparation of NGRNs to meet the demands of professional practice. Although the faculty perspective has been under-studied, two studies suggested that academic nurse leaders and faculty perceive NGRNs more prepared than do practice leaders and nurses or NGRNs (Berkow et al., 2008; Numminen et al., 2014). Health care reformation, an ongoing proliferation of new nursing knowledge, a faculty shortage projected to worsen, and a shift in the higher education landscape all influence the effectiveness of prelicensure nursing education. While the literature has suggested an urgent need for curricular reformation and innovative teaching practices to better prepare NGRNs, the faculty perspective remains unknown. By gaining this insight, it may illuminate key information useful to transform prelicensure nursing education. Thus, a qualitative descriptive design was selected to explore and acquire this much needed knowledge.

CHAPTER 3

METHODOLOGY

This chapter provides a detailed description of the study's research design. The chapter begins by reiterating the study's purpose and research questions to lay the foundation for establishing methodological congruence. Research-based rationale provides support for the methodological decisions. An explanation of the sampling plan is presented. Specific methods and procedures for the collection, management, analysis, and interpretation of data is described. Thereafter, the discussion centers on issues of trustworthiness, ethical considerations, and human subject protection. The chapter concludes with a summation of the study's assumptions and limitations. A diagrammatic overview of the study's methodology is found in Appendix A)..

Purpose of Study

The purpose of this qualitative descriptive study was to describe the effectiveness of prelicensure nursing education from the perspective of nursing faculty teaching in a baccalaureate of science nursing program at a Midwestern U.S. university.

Research Questions

With the aim of gaining more insight into the phenomenon of prelicensure nursing effectiveness, this study sought to answer the following research questions and sub-questions:

Central Research Question and Sub-questions

What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education?

1. What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education?

2. What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education?

3. What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice?

4. What are the perceived challenges in preparing nursing students for practice?

5. What are suggested strategies for interventions to improve prelicensure nursing education?

Role of the Researcher

Since the researcher served as the primary instrument for this study, the researcher's values and expectancies could influence the study's design, findings, and interpretations (Creswell, 2013: Locke et al., 2014; Maxwell, 2013; Merriam & Tisdell, 2016; Patton, 1999). Thus, it became imperative for the researcher to openly discuss their prior experience with the phenomenon under study (Creswell, 2014). Moreover, according to Patton (1999), a study's merit depends on the researcher's "credibility, competence, and perceived trustworthiness" (p. 1189).

The researcher's extensive experience in prelicensure nursing education and educational background has shaped the knowledge, beliefs, and attitudes held regarding the issues influencing the effectiveness of prelicensure nursing education. For more than two years, the researcher has been a hospital nurse educator on a medical surgical unit. Prior to this change, the researcher completed her 30th year of teaching prelicensure nursing education students within hospital-based nursing programs, including 25 years at the

associate degree (ADN) level and five years at the practical nurse level. She also served as dean and assistant dean of a relatively new proprietary ADN program for one year.

Equally relevant is the researcher's own educational history. She graduated from hospital-based practical nurse and registered nurse programs. Thereafter, to gain broader educational perspectives, she attended large public universities. Recently, by completing doctoral courses in educational design, implementation, and evaluation, her theoretical knowledge greatly expanded.

Essentially, this background has provided the researcher with deep insight into the educational needs of students and new faculty, the inner workings of prelicensure nursing education programs, and the competency expectations of regulatory bodies and healthcare institutions for new graduate nurses. Although this knowledge, coupled with over seven years of intensive literature review, has been invaluable, it posed a risk for researcher bias.

The researcher agreed with the Institute of Medicine (IOM, 2010) recommendations to improve prelicensure nursing education. She fully recognizes that her beliefs and values may be different from those of other faculty and seeks to learn other perspectives. Overall, the researcher considered that her experience and education would enable her to identify the broad range of faculty perspectives that might be represented in this study's findings. Since the researcher's prior experience does not involve teaching at the BSN level and comes from standalone nursing education programs not affiliated with a university, she purposely planned to sample BSN faculty teaching at a university to learn their unique perspective. Lastly, several measures were taken to minimize researcher bias. These measures are discussed in the subsequent section on trustworthiness.

Research Site and Sample

Research Site

The research site significantly influences the suitability of a study's sample (Polit & Beck, 2017). Therefore, considerable attention was given to selecting a site with sufficient number of diversely experienced faculty to represent a wide range of views (Polit & Beck, 2017). The study site was a small, private university located in southwestern Ohio. Founded almost a century ago, the university has 1,324 undergraduate, 520 graduate, and 173 doctoral students.

The University's department of nursing offers a traditional Bachelor of Science in Nursing (BSN), registered nurse (RN) to BSN, a master's graduate entry-level into nursing for those with a non-nursing baccalaureate degree, traditional master of science in nursing (MSN), and a doctorate of nursing practice (DNP) academic programs. Criteria for admission to the nursing college is competitive. The nursing program's philosophy supports academic excellence, innovative teaching and learning approaches, research-based nursing practices, and diverse viewpoints. Moreover, the curriculum plan has a strong liberal arts component. Lastly, the prelicensure traditional BSN program, the focus of this study, has Ohio Board of Nursing (OBN) approval, Commission on Collegiate Nursing Education (CCNE) accreditation, and Higher Learning Commission accreditation.

The traditional prelicensure BSN program's 2018 National Council Licensure Examination (NCLEX) pass rate was 91.30% (Ohio Board of Nursing [OBN], 2019a); a pass rate higher than the national average of 88.29% (National Council of State Boards of Nursing, [NCSBN], 2019a). In 2017, the NCLEX pass rate was 91.89% (OBN, 2019b); the national average was 87.11% (NCSBN, 2019b). In 2016, the NCLEX pass rate was 82.16%

(OBN, 2019c) which was below the national average of 84.57% (NCSBN, 2019c). In weighing the relative merits of this research site, the aforementioned curriculum plan, as well as the increase in NCLEX pass rate within two years, was considered to possibly elicit faculty insight into the factors that facilitate and hinder the effectiveness of prelicensure effectiveness. To ensure a safe and confidential study experience, each individual participant semi-structured interview took place in the faculty participant's private office on the University campus.

Sampling Method

A purposeful sampling method was used to select the study's sample. With purposeful sampling, the researcher intentionally selects those individuals who have knowledge of the study's problem (Creswell, 2013; Sandelowski, 2000). This sampling method was particularly useful in selecting participants more likely to offer in-depth contextual descriptions in answer to the study's research questions (Bloomberg & Volpe, 2016; Creswell, 2013; Maxwell, 2013; Merriam & Tisdell, 2016; Richards & Morse, 2013; Sandelowski, 2000; Yin, 2011). For this reason, coupled with its widespread use in qualitative research (Creswell, 2013) and suitability for studies informed by social theory (Curtis et al., 2000), purposeful sampling afforded an ideal sample for this qualitative descriptive study (Sandelowski, 2000). Lastly, by proposing a purposeful sample, methodological congruence between the study's problem, research questions, and sample was upheld.

Sample Size

Sample size estimations in qualitative research aim for sufficiently rich, informative cases to reach data saturation (Morse, 2000, 2015; Sandelowski, 1995). Thus, the quality of

a study's data becomes the primary focus when establishing sample size (Sandelowski, 1995). Typically, qualitative studies have small samples as a result of the intensive study required to yield rich in-depth data (Creswell, 2013; Curtis et al., 2000; Polit & Beck, 2017).

Although prescribing a set sample size or number of interviews to achieve data saturation contradicts the intent of qualitative studies (Curtis et al., 2000; Polit & Beck, 2017), the literature does offer guidance (Hennink et al., 2017; Morse, 2000; Sandelowski, 1995). Morse (2000) outlined several factors meriting consideration when estimating a sample size. These considerations included: (a) data quality and usefulness, (b) the study's problem and scope, (c) the number of participant interviews, (d) usage of shadow data, (e) qualitative method, and (f) research design (Morse, 2000). While affirming similar direction for estimating sample size, Sandelowski (1995) added that the decision ultimately lies with the researcher's judgment. Recently, Hennink et al. (2017) endeavored to provide more definitive direction for estimating sample size with purposeful samples. After analyzing 25 in-depth interviews on the influences of retention in care among patients with human immunodeficiency virus, the researchers concluded data saturation was reached with the ninth interview (Hennink et al., 2017).

Since this study used a descriptive approach to explore faculty perspectives, its intent was to seek new knowledge to support or challenge existing evidence, rather than to provide a detailed understanding of each dimension of the study's problem (Malterud et al., 2016). After careful consideration of the aforementioned evidence, it was anticipated that this study would require a minimum of nine participants to reach data saturation from the semi-structured interviews.

Sampling Plan

The purposeful sample included eight nursing faculty, from a pool of 14, teaching at the Midwestern university's prelicensure BSN program. In the event that more participants were needed to reach data saturation or if a participant unexpectedly withdrew from the study, another study site was secured.

Inclusion criteria for this study included a master's degree in nursing or higher and at least five years of nursing practice experience. Teaching nursing effectively requires clinical practice expertise (Finke, 2015). An expert nurse is described as holding more than five years of clinical practice experience (Burger et al., 2010). Exclusion criteria included adjunct or part-time nursing faculty and faculty without at least five years of nursing practice experience. Because adjunct or part-time nursing faculty have less interaction with faculty and students in implementing a nursing program's curriculum, this group was excluded.

Recruitment and Enrollment

Following study approval from the Institutional Review Board (IRB) of the University of Missouri-Kansas City (see Appendix B) and the study site (see Appendix C), the researcher began recruiting participants via email for the study. The following steps describe the recruitment process for study participants.

First, the researcher requested via email a list of all full-time master's or doctorate prepared faculty who taught in the prelicensure BSN program from the study site's Dean of School of Health Sciences. Second, the researcher recruited potential participants from this list via an email introductory letter. The introductory recruitment letter (see Appendix D) explained the study's purpose, methodology, time commitment, and provisions for assuring

a confidential study experience. The researcher requested a response to the email from faculty interested in participating in the study within seven days. To improve response rate, email reminders were sent following the initial email (Polit & Beck, 2017). Third, eligible participants selected a mutually acceptable date and time. Fourth, in assurance of a confidential and comfortable study experience, the researcher collected data in the participant's private faculty office.

Data Collection Methods

This study employed two data collection methods, a demographic survey (see Appendix E) and semi-structured interviews (see Appendix F). This section describes these two methods. Advantages and limitations of the methods selected, in conjunction with a comparison to other methods, are included.

Demographic Survey

After securing informed consent (see Appendix G), a seven-item demographic survey (see Appendix F) was administered via paper and pencil in the participant's private faculty office. The survey collected data regarding: (a) gender, (b) age in years, (c) highest degree earned, (d) current position, (e) current teaching responsibilities, (f) years and months of teaching experience, and (g) years and months of registered nurse practice experience.

Semi-structured Interviews

The primary method of data collection for this qualitative descriptive study was single, face-to-face, individual, audio-recorded, semi-structured interviews conducted by the researcher. Rubin and Rubin's (2012) responsive interview model was employed to elicit in-depth participant responses. Under this model, primary, open-ended questions that addressed the study's research questions served to frame the interviews (Rubin & Rubin,

2012). Probes were used to clarify, obtain needed detail, and to guide the interview process (Rubin & Rubin, 2012). Lastly, follow-up questions, an imperative component of the model, were included to enable participants to expand upon previously discussed viewpoints (Rubin & Rubin, 2012). The interviews took place from April 2019 through May 2019.

Rationale

With semi-structured interviews, the researcher develops a predetermined number of open-ended questions centered on the phenomenon under study (Richard & Morse, 2013). Since the researcher holds sufficient knowledge of the topic under study but is unable to anticipate answers to the research questions, it was an appropriate data collection method for this study (Richards & Morse, 2013). In addition, semi-structured interviews are the recommended method to collect data for a qualitative descriptive study (Colorafi & Evans, 2016; Neergaard et al., 2009; Sandelowski, 2000; Sullivan-Bolyai et al., 2005).

Rubin and Rubin's (2012) responsive interview model was selected for its ability to investigate complex research problems. The model centers on establishing trust, a prerequisite for illuminating the diverse, detailed descriptions of BSN faculty regarding the effectiveness of prelicensure nursing education (Rubin & Rubin, 2012). The researcher recognized the immense value and uniqueness of individual responses, thus affording participants to experience acceptance, understanding, and credibility (Rubin & Rubin, 2012). Moreover, this model allowed the researcher flexibility to adapt the sequence of interview questions to a given situation (Rubin & Rubin, 2012).

Unstructured interviews are appropriate when the researcher has very little knowledge about the topic under study (Merriam & Tisdell, 2016). Although unstructured interviews allow for flexibility and use open-ended questions, the questions develop during

the interview process to provide the researcher with enough knowledge to formulate research questions for subsequent interviews (Merriam & Tisdell, 2016). With regard to highly structured interviews, learning the participant perspective would likely be compromised due to the inflexible, rigid questioning (Merriam & Tisdell, 2016). Because of its extensive use in qualitative research (DiCicco-Bloom & Crabtree, 2006) and suitability for a qualitative descriptive study (Sandelowski, 2000), the semi-structured interview approach was chosen.

Another consideration with regard to the collection of interview data was whether to conduct individual or group interviews. The individual face-to-face interview approach was chosen to gain in-depth participant descriptions (Merriam & Tisdell, 2016). Although focus group interviews are more efficient in that several participant perspectives can be gained at once, the public process limits delving deeply into the individual perspectives (DiCicco-Bloom & Crabtree, 2006). By way of illustration, certain participants may dominate the discussion while others might be hesitant to speak or share opposing views (Creswell, 2013). Since the study participants work at the same university, this concern became paramount to ensure the trustworthiness of the study's findings.

Nonetheless, face-to-face interviews have limitations. For instance, differences may exist among participant cooperation, articulation, and insightfulness (Bloomberg & Volpe, 2016; Creswell, 2014). Additionally, participant responses may be biased by the researcher's presence (Bloomberg & Volpe, 2016; Creswell, 2014). Despite these shortcomings, individual face-to-face interviews were deemed as the most appropriate approach to generate the data needed to answer the study's research questions.

Interview Protocol

The researcher used an interview protocol (see Appendix F) to provide direction in exploring the faculty perspectives on the effectiveness of prelicensure nursing education (Bloomberg & Volpe, 2016; Wood & Ross-Kerr, 2011). Creswell (2013) recommended developing five to seven interview questions worded to facilitate participant understanding. Eight semi-structured, open-ended interview questions were utilized to acquire the BSN faculty perspectives regarding the effectiveness of prelicensure nursing education. Specifically, the questions were directed towards learning participant views about: (a) how prepared new graduate nurses are to provide safe and competent care upon entering the workforce; (b) whether prelicensure nursing education prepares graduates for the expectations of practice; (c) the factors that facilitate effective prelicensure nursing education; (d) the factors that hinder effective prelicensure nursing education; (e) what, if anything, could prelicensure nursing education correct; (f) their response to the national assertion that prelicensure nursing education needs to better prepare graduates for practice; (g) the perceived challenges in preparing nursing students for practice; and (h) their suggestions to improve prelicensure nursing education. A matrix (see Appendix G) illustrates the alignment between the research and interview questions.

Interview Techniques

With the aim of laying the foundation to generate candid and trustworthy data, the researcher built a positive rapport with study participants (DiCicco-Bloom & Crabtree, 2006). In addition, a comfortable, safe study environment in which the researcher and participant held equitable power was maintained (Taylor et al., 2015). Prior to asking the interview questions, the researcher: (a) introduced herself, (b) thanked the participant,

(c) briefly explained the study' purpose, (d) communicated the researcher's and participant roles, (e) outlined procedures to maintain participant anonymity and confidentiality, (f) addressed the anticipated time for completing the interview, (g) sought participant permission for audio recording the interview and note taking, and (h) requested as well as answered any participant questions. Next, participants were verbally provided with instructions for the interview. Voluntary consent (see Appendix H) was secured from each participant prior to their participation in the study.

The researcher employed literature-based effective interview techniques. Conducive to a positive interview interaction, the researcher: (a) provided a respectful, nonjudgmental, and courteous atmosphere; (b) actively listened as opposed to frequently speaking (Creswell, 2013); (c) remained neutral both in verbal and nonverbal communication (Taylor et al., 2015); and (d) appropriately probed for more information (Merriam & Tisdell, 2016). The researcher used probing phrases listed by Polit and Beck (2017) to avoid directing participant responses and to maintain neutrality. These phrases included:

- Is there anything else?
- Go on.
- Are there any other reasons?
- How do you mean?
- Could you please tell me more about that?
- Would you tell me what you have in mind?
- There are no right or wrong answers; I just like to get your thinking.
- Could you please explain that?
- Could you please give me an example? (Polit & Beck, 2017, p. 280)

As a starting point to enable the participant to start speaking, the interview began with a broad, neutral, open-ended introductory question (Creswell, 2013; DiCicco-Bloom & Crabtree, 2006; Merriam & Tisdell, 2016). Generally, the first question asks the participant to either describe information related to the phenomenon of study or to chronicle their own

historical perspective (Merriam & Tisdell, 2016). The researcher commenced the interview by asking, "Tell me how you became interested in teaching" (Tracy, 2012).

The central research question served as the first interview question directly related to the study's phenomenon (DiCicco-Bloom & Crabtree, 2006). Using this approach set the foundation for acquiring participant perceptions, beliefs, attitudes, and values with subsequent questions (Merriam & Tisdell, 2016). Following the brief rapport building questions, the researcher asked participants, "If someone asked you, how prepared are new graduate nurses to provide safe and competent nurse care upon entering the workforce, how would you respond?" In an effort to yield descriptive data (Merriam & Tisdell, 2016), the researcher followed up with, "Please provide as much detail as needed." This type of hypothetical question is often perceived as less threatening by the participant (Tracy, 2012) and acquires responses that accurately depict the participants' experiences (Merriam & Tisdell, 2016). Another hypothetical question, "If you could instantly fix anything in prelicensure education, what all would you fix?" served as the fifth question.

The researcher closed the interview by: (a) asking participants if there is anything else that they would like to add or share, (b) thanking the participant, (c) reiterating that the responses would be anonymous, and (d) providing an opportunity for questions. As a final step and form of reciprocity for the participants' time and participation in the study (Creswell, 2014), the researcher provided each participant with a $25.00 electronic gift card to a national retailer.

Duration of Interviews

Depending on the interview questions, the time for completing a semi-structured interview typically ranges from 30 minutes to several hours (DiCicco-Bloom & Crabtree,

2006). For this study, it was anticipated that one face-to-face interview would take approximately 45 to 60 minutes. Since this was the researcher's first experience in conducting semi-structured interviews for a research study, plans included scheduling no more than two interviews a day, unless a participant's schedules conflicted with this plan. Several considerations influenced this decision, such as: (a) the mental demands and skill level required to ensure high quality interviews; (b) the lengthy process for checking equipment and possibly managing malfunctions or field issues (Creswell, 2013); (c) allowing sufficient time to complete an interview, especially if a participant arrived late; and (d) incorporating time to listen to the recorded interview (Taylor et al., 2015).

Recording Interview Data

Each interview was audio-recorded using two digital voice recorders to afford high quality sound. A reputable transcription service whose employees were collaborative institutional training initiative (CITI) certified, IRB trained, and experienced in transcribing qualitative research interviews were employed to transcribe the audio-recorded narrative responses verbatim immediately after each interview. The researcher carefully compared verbatim individual participant narrative transcripts with the audio-recorded interviews to ensure accuracy (Terrell, 2016).

Interview Summary Form

The researcher used an interview summary form (see Appendix I) to document information during and immediately following each interview. On this form, the researcher recorded: (a) verbatim aspects of participant responses to the interview questions, (b) participant responses that need further follow-up or clarification to avoid interrupting the participant when speaking, (c) participant nonverbal expressions, and (d) post-interview

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researcher notes. These notes assisted the researcher in recalling details other than those transcribed on interview transcripts (Maxwell, 2013). The researcher began completing the post-interview section immediately following the interview. Subsequently, on that same day, while carefully listening to the audio-recording of the interview, the researcher added to this form.

Data Management Plan

The study's data were organized using a detailed, systematic process that entailed both manual and computer management. A manual data logbook was kept by the researcher to organize and provide a record for all study documents (Creswell, 2014). Careful attention was given to the secure storage of data to ensure participant anonymity and to avoid loss of data (Bloomberg & Volpe, 2016). For this study, data requiring secure management and meticulous organization included: (a) participant demographic information, (b) audio-recorded individual interviews, (c) verbatim narrative transcripts of individual participant interviews, (d) researcher-completed individual participant interview summary forms, (e) researcher's codebook, and (f) researcher's reflective journal. Participant email addresses were not stored with the data.

For computer management of the study's data, the researcher stored this data on a computer that had a private password and was virus- and firewall-protected. The computer was locked in the researcher's office. Documents that were not electronically saved or warranted a printed copy were kept in a locked cabinet in the researcher's office. Only the researcher and dissertation chairperson had access to the study's data. To avoid identifying participants by name, each participant selected and was identified by a pseudonym.

The researcher labeled each demographic form with a pseudonym number; thus, participant names were not used. The pseudonym numbering started with the number one for the first participant demographic form completed, and the pseudonym number two identified the second participant demographic form completed. This successive numbering continued until all participant demographic forms were completed. Individual participant demographic data, without names, was stored in a locked file cabinet in the researcher's locked office.

Prior to the interview, participants chose a pseudonym name to avoid using their real name during the audio-recording and to avoid using a number as their identifier. Two identical name brand digital voice recorders were used to prevent data loss in case of unanticipated equipment failure. The recorders had enhanced security through encryption to enable secure transfer of data to a computer. The participant's self-identified pseudonym name was used to identify the participant on the audio-recording. Individual participant narrative transcripts, solely identified by their pseudonym name, were stored electronically on the researcher's computer, which was password protected in a locked office. A paper copy of the narrative transcripts were stored in a locked cabinet in the researcher's office. Both sets of audio recordings were erased once the narrative transcripts were deemed accurate.

Third, memos were kept by the researcher during data collection to record researcher thoughts and ideas in preparation for data analysis (Maxwell, 2013; Merriam & Tisdell, 2016; Richards & Morse, 2013; Taylor et al., 2015). These memos were written on the interview summary form while conducting each individual interview, as previously

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discussed. The interview forms were securely locked in a file cabinet in the researcher's office.

Fourth, an electronic codebook was maintained to record the progressive development of thematic categories. The codebook described the detailed process by which the study's categorical themes were established. Lastly, an electronic reflective journal was kept by the researcher.

Data Analysis

This section explains the two methods that were employed to analyze the study's data. First, descriptive statistics were used to analyze data from the participant demographic surveys (Lomax & Hahs-Vaughn, 2012). Frequencies, in the form of numbers and percentages, described and summarized the characteristics of the study's sample. The demographic data represented the sample's gender, age in years, highest degree earned, teaching responsibilities, and years of teaching experience, as well as years of registered nurse clinical practice experience.

Secondly, since the qualitative descriptive study sought to explore and describe the effectiveness of prelicensure nursing from the faculty perspective, a modified version of Colaizzi's (1978) seven-step data analysis method was used to analyze and interpret the study's interview data. By providing a detailed framework for extracting significant participant data and categorizing it into themes, Colaizzi's (1978) method offered an effective way to provide a comprehensive description of the faculty perspective. The steps of the modified version of Colaizzi's (1978) data analysis method included:

1. Reading each participant narrative interview transcript to become aware of the participant's experiences.

2. Reexamining each transcript and extracting phrases pertinent to the study's phenomenon, referred to as "extracting significant statements" (p. 59).

3. Attempting to explain the meaning of "each significant statement" (p. 59), referred to as "formulating meanings" (p. 59).

4. Repeating step 3 and categorizing the collective "formulated meanings into clusters of themes" (p. 59).

    a. Comparing these clusters to the narrative transcripts for validation. If discrepancies existed, repeat the process.

    b. If discrepancies remain or if themes present as inconsistent or incongruent, proceed to step 5, as these unexplainable findings may represent the true reality.

5. Assimilate the findings into an in-depth description of the phenomenon under study.

6. Formulate an exhaustive depiction of the phenomenon under study into an explicit statement that identifies its underlying composition.

In addition, another trained researcher reviewed all participant transcripts and helped validate the study's findings. Upon comparison, any discrepancies were discussed and agreed upon before proceeding.

Thus, the modified version of Colaizzi's method afforded an iterative, exhaustive, and adaptable data analysis process. As Colaizzi (1978) emphasized, "both the listed procedures and their sequences should be viewed flexibly and freely by the researcher, so that, depending on his approach and his phenomenon, he can modify them in whatever ways seem appropriate" (p. 59). The attributes of Colaizzi's method supported its use for data analysis.

Not only has Colaizzi's method been recognized for its practical application among novice researchers (Sanders, 2003), but researchers have used this data analysis method in qualitative descriptive studies (Bailey & Tuohy, 2009; Kulakac et al., 2015; Truglio-Londrigan, 2013). As illustration, Bailey and Tuohy (2009) explored the experiences of student nurses using learning contracts; Kulakac et al. (2015) studied Turkish nursing faculty perceptions regarding the rapid assimilation of male students into a nursing program; and Truglio-Londrigan (2013) described shared-decision making from the perspective of home care nurses.

Developing Trustworthiness

Trustworthiness denotes that rigorous and ethical practices were employed during data collection, analysis, and interpretation (Merriam & Tisdell, 2016; Patton, 1999). Deeming a study as trustworthy suggests that the findings truthfully and accurately represent the multiple perspectives or realities of participants (Lincoln & Guba, 1985). Moreover, providing evidence to substantiate a study's trustworthiness is critical to assessing its merit (Lincoln & Guba, 1985).

Nonetheless, the issue of trustworthiness in qualitative research has received considerable attention in the literature. Specifically, a lack of consensus exists among qualitative scholars with regard to adopting acceptable terms to assess the rigor of qualitative studies (Bloomberg & Volpe, 2016; Creswell, 2013; Maxwell, 2013; Merriam & Tisdell, 2016; Polit & Beck, 2017; Richards & Morse, 2013; Whittemore et al., 2001). In affirmation of this discourse, Creswell (2013) noted, "there are many types of qualitative validation and that authors need to choose the types and terms with which they are comfortable" (p. 250).

One of the most widely used criteria for establishing trustworthiness of a qualitative study are those posited by Lincoln and Guba (1985) (Creswell, 2013; Polit & Beck, 2017). Since Lincoln and Guba's (1985) trustworthiness criteria offered comprehensive guidance, coupled by its alignment with the constructivist paradigm (Lincoln & Guba, 2013) and suitability for qualitative description (Colorafi & Evans, 2016; Neergaard et al., 2009), their criteria was applied to increase the likelihood of achieving a trustworthy study. Lincoln and Guba's (1985) four trustworthiness criteria are: credibility, transferability, dependability, and confirmability. These criteria equate to the traditional terms of internal validity, external validity, reliability, and objectivity, respectively (Lincoln & Guba, 1985).

Credibility

Credibility provides assurance that the study's data as well as the researcher's interpretations are accurate (Lincoln & Guba, 1985). This study's design incorporated several strategies to minimize concerns of credibility, therefore increasing the likelihood of generating credible results. This section first addresses the importance of establishing the researcher's credibility (Patton, 1999). Next, specific safeguards mounting the study's credibility included: (a) prolonged engagement and persistent observation, (b) triangulation of data, and (c) negative case analysis (Lincoln & Guba, 1985), which are discussed in this chapter.

Researcher Credibility

Reporting information pertaining to the researcher's experience with the phenomenon under study develops researcher credibility (Patton, 1999). The researcher's extensive experience with the phenomenon under study was previously discussed under the

section about the role of the researcher. Next, additional measures to develop the researcher's credibility are discussed.

First and foremost, in seeking the truth (Lincoln & Guba, 1985), the researcher recognized that there are multiple or diverse faculty realities, and the participants' perspectives might vary and contrast to the researcher's. Second, to increase awareness of any bias, the researcher reflected intensively through journaling (Bloomberg & Volpe, 2016; Maxwell, 2013). Reflective journaling provided opportunity for introspection as the researcher explored her personal thoughts and responses with regard to conducting the research (Polit & Beck, 2017; Yin, 2011). This reflective process raises self-awareness of feelings and biases that can influence the research process as well as study outcomes (Bloomberg & Volpe, 2016; Creswell, 2013; Polit & Beck, 2017; Yin, 2011). Third, while conducting interviews, the researcher avoided techniques that might have led participants' responses (Maxwell, 2013). Fourth, the researcher assured participants of anonymity (Maxwell, 2013).

Prolonged Engagement and Persistent Observation

Both prolonged engagement and persistent observation between the researcher and participants occurred (Lincoln & Guba, 1985). During the individual participant interviews, the researcher spent sufficient time intensely listening and cautiously probing to acquire in-depth faculty descriptions (Polit & Beck, 2017). In addition, the researcher concentrated on those situational aspects most pertinent to this study's problem (Lincoln & Guba, 1985), the effectiveness of prelicensure education. The researcher conducted interviews until data saturation was reached, thus further satisfying the requirement of prolonged engagement and persistent observation (Merriam & Tisdell, 2016).

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Triangulation

Triangulation is a process for verifying data with at least two or more sources (Lincoln & Guba, 1985; Yin, 2011). A trained researcher separately analyzed the study's data. A careful comparison and cross-check of interview data obtained from participants with differing perspectives occurred to confirm these perspectives (Merriam & Tisdell, 2016).

Themes were identified, discussed, and agreed upon between the study's researcher, the trained researcher, and the dissertation chairperson. As an additional safeguard, the researcher's dissertation chairperson reviewed all aspects of the study's procedures and data analysis, as well as validated all conclusions drawn.

Negative Case Analysis

Intentionally exploring the data for negative cases builds the study's credibility (Bloomberg & Volpe, 2016; Yin, 2011). Negative cases involve data that contradict or challenge emergent findings (Bloomberg & Volpe, 2016; Lincoln & Guba, 1985; Maxwell, 2013; Yin, 2011). The researcher diligently examined the data for negative or discrepant cases. The researcher discussed all data analyzed with the dissertation chairperson. While no negative cases were found, if these were suspected, the researcher would have discussed any contrary data with the dissertation chairperson. This discussion would have assisted the researcher in recognizing possible biases or flaws in reasoning (Maxwell, 2013). If the contrary data had been deemed plausible, interpretations and conclusions would have been modified to reflect the negative case (Maxwell, 2013; Yin, 2011).

Member Checks

As an added safeguard of creditability, member checks occurred during the in-depth interviews, as the researcher carefully probed and validated participant responses (Bloomberg & Volpe, 2016).). In addition, the verbatim transcripts were reviewed by the researcher's dissertation chairperson, who agreed with the researcher's summations.

Dependability

Dependability provides assurance that consistency exists between the study's findings and the data collected (Merriam & Tisdell, 2016). As a result, evidence chronicling data collection and interpretation processes must be available for review (Bloomberg & Volpe, 2016). For this purpose, an audit trail detailing all aspects of the research and decision-making process were maintained by the researcher (Lincoln & Guba, 1985; Richards & Morse, 2013). In addition, a codebook was used to record the processes in developing thematic categories (Saldana, 2012).

Confirmability

Confirmability affirms that the study's data and researcher interpretations accurately and indisputably represent the participants' perspective, rather than those of the researcher (Polit & Beck, 2017). Specifically, it signifies that the study's findings directly result from the research versus researcher subjectivity (Bloomberg & Volpe, 2016). To minimize the influence of possible researcher bias during data collection, bracketing was employed (Hatch, 2002). This technique enabled the researcher to disassociate her own personal responses and predispositions from participant depictions during data collection by writing notes within the margins on each participant interview summary form and in the researcher's

journal (Hatch, 2002). Moreover, the researcher ascertained that the study aims were explicit to participants (Hatch, 2002).

Although Lincoln and Guba (1985) recommended conducting an external inquiry audit to fulfill this criterion, Polit and Beck (2017) asserted that this type of audit is rarely reported in the literature. Two additional strategies used to reduce the risk of researcher bias included triangulation and reflective journaling (Lincoln & Guba, 1985). Confirmability of the study's data was addressed through maintaining an audit trail, a reflective journal, and triangulating the data.

Transferability

Lincoln and Guba (1985) posited that transferability represents the extent to which others can conclude the likelihood of transferring findings to another context. A key aspect to substantiate transferability is through the provision of sufficiently rich, detailed descriptive data (Lincoln & Guba, 1985). The report of the study's findings detailed the depth and richness of the participants' descriptions with regard to the effectiveness of prelicensure education. To illustrate, samples of participant quotations were reported to exemplify the meaning of emergent themes (Bloomberg & Volpe, 2016).

In summary, detailed measures to ensure a rigorous and trustworthy study were discussed. The researcher applied Lincoln and Guba's (1985) trustworthiness criteria. These criteria included credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985).

Ethical Considerations

Human Subjects

Study approval was obtained from the IRB at the University of Missouri-Kansas City prior to conducting the study (see Appendix B). The ethical principles identified in The Belmont Report (U.S. Department of Health, Education, and Welfare, 1979) were adhered to. In addition, the researcher followed the guidelines depicted in the Collaborative Institutional Training Initiative (CITI).

Participants were informed of the general nature of the study. Voluntary informed consent (see Appendix H) was secured from each participant prior to their participation in the study. The consent informed research participants that participation in the study was voluntary. Participants were allowed to ask questions at any time, were asked if they had questions before beginning, and were informed that they may choose to stop participating at any time. The researcher showed the utmost respect and provided fair, equitable treatment to all study participants (U.S. Department of Health, Education, and Welfare, 1979). The researcher did not coerce individuals into participating in the study (U.S. Department of Health, Education, and Welfare, 1979). While no participant withdrew from the study, if a participant had withdrawn, data related to that participant would have been shredded or destroyed.

Privacy and/or confidentiality of participants were maintained through the following process: (a) participant names were not requested on the demographic survey; (b) number codes were used to protect participant identity and maintain anonymity; (c) the study results were reported in terms of groups data; (d) only the researcher, faculty supervisor, and qualified researcher who assisted in data analysis had access to the study data; (e) data were stored in a

locked file cabinet in the office of the researcher; (f) data will be retained for seven years in a

computerized data management system, and (g) data notes, drafts, transcripts, audiotapes, and

demographic information were stored in a locked cabinet in the researcher's office. Participants

were informed of procedures used to protect their anonymity.

Potential risks from participating in the study included loss of time and psychological

harm. Participating in in-depth interviews may pose unexpected psychological effects

(Merriam & Tisdell, 2016). Despite being fully informed of the nature of the study and

consenting to participate in the study, unexpected intense emotions may result when

participants share their perspectives or listen as the researcher repeats back their responses for

accuracy (DiCicco-Bloom & Crabtree, 2006). Additionally, participants may articulate views

for the first time that provoke unanticipated feelings (DiCicco-Bloom & Crabtree, 2006;

Merriam & Tisdell, 2016). Interviews can also trigger unpleasant memories (Merriam &

Tisdell, 2016). If any participant experienced signs of psychological harm, the interview would

not have continued and the researcher would have provided participants with a list of resources

for referral (Merriam & Tisdell, 2016).

There were no physical risk or threat of physical harm to participants during the

study. Each participant received the same instructions. The study did not involve minors. Study

participants did not acquire any potential direct benefits from their involvement in the project

and/or acquire any potential benefits to society that justified involvement in this study.

Participants did not receive compensation for participating in the study. However, participants

may have gained a greater awareness about themselves through introspection and self-

reflection by participating in the study and in answering the interview questions. Participants

may have also gained satisfaction that the information they provided may guide the future of

nursing education. Participants were informed of the researcher's and faculty supervisor's names, phone numbers, and email addresses for questions.

Assumptions and Limitations

Several assumptions underlay this research. The first assumption was that nursing faculty participants held sufficient nursing practice and teaching experience to provide insightful, detailed descriptions of their perspective on the effectiveness of prelicensure nursing education. The second assumption was that participant responses were thoughtful and honest. The third assumption was that the participant responses were understood, as intended, by the researcher. The fourth assumption was that a representative and non-biased sample was obtained. The final assumption was that diverse participant responses were presented that added to, supported, or challenged existing evidence.

Certain limitations were inherent in the study's qualitative design and methods. Measures were taken to minimize the influence of these limitations as discussed under the trustworthiness section. The most significant limitation was that the researcher served as the study's instrument (Polit & Beck, 2017). With this limitation, the values, biases, and background of the researcher shaped the interpretation of the study's data and its conclusions (Creswell, 2013). Another limitation of qualitative designs was reactivity or reflexivity (Maxwell, 2013). With this limitation, the perceived influence of the researcher (Maxwell, 2013) can result in participants being less forthright in an attempt to present themselves in a positive manner (Polit & Beck, 2017). Likewise, participants may be hesitant to share information or experience nervousness during the interview (Polit & Beck, 2017).

With regard to the study's methods, the scope of the study was limited to a small sample of faculty at a single nursing college in one geographic region. Thus, the cross-sectional nature of the study prevented causal inferences. The purposeful sampling reduced generalizability. Although the intent of qualitative research is not to generalize a study's findings, the findings can be transferable to a similar situation (Lincoln & Guba, 1985). Since data saturation was achieved, this factor did not pose a limitation.

Summary

This chapter provided a detailed description of the research design for this qualitative descriptive study. Literature-based rationale supported methodological decisions. Since the research site was a university that offered a prelicensure BSN degree, it supported the study's purpose. The sample selection process, in conjunction with a plan to reach data saturation, was identified. A discussion of the data collection methods centered on the researcher conducting individual, face-to-face, audio-recorded semi-structured interviews. Procedures to safeguard storage of the study's data were explained. An overview of the modified version of Colaizzi's (1978) method for analyzing and interpreting the study's data was offered. Measures to ensure a rigorous and trustworthy study by using Lincoln and Guba's (1985) criteria were outlined. Ethical considerations and human subject protection were addressed. The chapter concluded with a summation of the study's assumptions and limitations. Lastly, methodological congruence was established between the study's research design, its purpose, and the research questions.

CHAPTER 4

DATA ANALYSIS AND RESULTS

The purpose of this qualitative descriptive study was to describe the effectiveness of prelicensure nursing education from the perspectives of nursing faculty teaching in a baccalaureate of science nursing (BSN) program. While the literature has illustrated the persistent, inadequate academic preparation of new graduate registered nurses (NGRNs) for professional practice (Benner et al., 2010; Berkow et al., 2008; Hickerson et al., 2016; Huston et al., 2018; Kavanagh & Szweda, 2017, Kramer, 1974), no study has been found to date that has presented the perplexing phenomenon from the faculty perspective. Benner's (1984/2001) novice to expert theory served to guide this study. Since this theory explicated the progressive development of nurse competency from student nurse through expert nurse, it laid the foundation to explore the multidimensional issues influencing prelicensure nursing education effectiveness.

Accordingly, the central research question for this study sought to acquire the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education. To support the central research question and ensure a comprehensive exploration of the phenomenon under study, five research sub-questions were designed: (a) What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education? (b) What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education? (c) What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice? (d) What are the perceived challenges in preparing nursing students for practice? and (e) What are suggested strategies for interventions to improve prelicensure nursing education? Prior to

data collection, the research sub-questions were reviewed by the researcher's dissertation committee in order to determine that the questions appropriately addressed the central research question, were unbiased and comprehensible.

In alignment with the study's central research question and sub-questions, eight semi-structured, open-ended interview questions served to elicit detailed descriptions from nursing faculty participants. The interview questions sought participant responses to: (a) how prepared new graduate nurses are to provide safe and competent care upon entering the workforce; (b) whether prelicensure nursing education prepares graduates for the expectations of practice; (c) the factors that facilitate effective prelicensure nursing education; (d) the factors that hinder effective prelicensure nursing education; (e) what they would instantly fix in prelicensure nursing education; (f) their response to the national assertion that prelicensure nursing education needs to better prepare graduates for practice; (g) the perceived challenges in preparing nursing students for practice; and (h) their suggestions to improve prelicensure nursing education. The interview questions were also reviewed by the dissertation committee prior to data collection. The questions were deemed to address the central research question and its related sub-questions. In addition, these questions were considered unbiased and comprehensible. Accordingly, these questions appropriately served to elicit a comprehensive and textual description of the phenomenon as presented by each participant.

This chapter discusses the procedures employed for data collection and analysis. The study findings are presented. Descriptive statistics describe and summarize the study's sample. Rich descriptions of the phenomenon under study and emerging themes are provided.

Sample Description

A total of eight faculty from a private Midwestern university's prelicensure Bachelor of Science in Nursing (BSN) program participated in the study. The sample size in qualitative research aims for sufficiently rich, informative cases to reach data saturation (Morse, 2000, 2015; Patton, 2002; Sandelowski, 1995). The size of the sample is contingent on the study's purpose, as well as the usefulness and credibility of the data (Patton, 2002). Accordingly, qualitative sample sizes should be adaptable and responsive (Patton, 2002). Sandelowski (1995) further specified that sample size decisions ultimately lie with the researcher.

Inclusion criteria required participants to hold a master's degree in nursing or higher, have a minimum of five years of clinical practice experience, and teach didactic and/or in the skills laboratory across the BSN program. No criteria were established for teaching experience in order to gain the perspective of inexperienced as well as experienced faculty participants. Exclusion criteria included adjunct or part-time nursing faculty and faculty without at least five years of nursing practice experience. No participants withdrew from the study.

All eight participants were female; their age ranged from 36 years to 62 years with a mean age of 46 years. The highest degree earned included one participant with a Doctor of Philosophy (PhD) in Nursing, four participants with a Doctorate in Nursing Practice (DNP) degree, and three participants had a Master's of Science in Nursing (MSN) as their highest degree in nursing. Four of the participants taught solely didactic courses in the prelicensure nursing program, and four participants taught both didactic courses and in the nursing skills laboratory. No participant provided instruction in the clinical setting. The participants'

teaching experience ranged from one year to over 36 years. Three participants had five years

or less of teaching experience. Two participants had between seven and ten years of teaching

experience. One participant had 13 years of teaching experience, another had 19 years of

teaching experience, and one participant had taught nursing for over 36 years. The years of

registered nurse (RN) practice experience ranged from 12 to 41 years. Five participants had

between 12 and 17 years of RN practice experience, one participant had 25 years of practice

experience, and two participants were licensed RNs for over 40 years. These demographic

characteristics of study participants are presented in Table 4.1.

Table 4.1

Participant Demographics

Factor	Category	N(%), or Range
Highest Degree	MSN	3 (38%)
	DNP	4 (50%)
	PhD	1 (12%)
Teaching Experience		1-37 years total
	1-5 years	3 (38%)
	6-10 years	2 (25%)
	11-15 years	1 (12%)*
	16-20 years	1 (12%)
	36-40 years	1 (12%)
Registered Nurse Experience		12-41 years total
	11-15 years	3 (38%)
	16-20 years	2 (25%)
	21-25 years	1 (12%)
	26-40 years	2 (25%)

*Includes time as adjunct clinical instructor

Data Collection Process

Following receipt of permission from the dean of the site for the study (see Appendix

C) and approval from the University of Missouri-Kansas City's (UMKC) Institutional

Review Board (see Appendix B) an email list of full-time master's- or doctorate-prepared faculty who taught in the prelicensure BSN program was requested from the study site's Dean of Health Sciences. This faculty list included 14 faculty names. An introductory recruitment letter (see Appendix D) that explained the study's purpose, methodology, and time commitment was sent via individual email to the 14 nursing faculty. Initially, one nursing faculty responded to the introductory email with interest in participating in the study. After three additional recruitment emails, six more faculty responded with interest in participating in the study. One additional participant was recruited through snowball sampling by a participant who had completed an interview.

Data collection occurred during April and May 2019 in each participant's private faculty office. After providing consent, participants completed a seven-item demographic survey using pencil and paper. The demographic survey assessed participants:' (a) gender, (b) age in years, (c) highest degree earned in nursing and overall, (d) current position, (e) current teaching responsibilities, (f) years and months of teaching experience, and (g) years and months of registered nurse practice experience.

Next, single, face-to-face, individual, audio-recorded, semi-structured interviews were conducted by the researcher using an interview guide (see Appendix F). The interview questions were directed towards learning participant views about: (a) how prepared new graduate nurses are to provide safe and competent care upon entering the workforce, (b) whether prelicensure nursing education prepares graduates for the expectations of practice, (c) the factors that facilitate effective prelicensure nursing education, (d) the factors that hinder effective prelicensure nursing education, (e) what they would instantly fix in prelicensure nursing education, (f) their response to the national assertion that prelicensure

nursing education needs to better prepare graduates for practice, (g) the perceived challenges in preparing nursing students for practice. and (h) their suggestions to improve prelicensure nursing education. Prior to conducting the interview, each participant was asked to identify a pseudonym to protect their identity. Each interview was audio-recorded using two digital voice recorders in case of equipment failure. Rubin and Rubin's (2012) responsive interview model was employed to elicit in-depth participant responses. Probes were used as needed during the interview process to clarify, obtain more detail, and to guide the process (Rubin & Rubin, 2012). No participant declined to answer an interview question. With the first interview, as the participant discussed the challenges in preparing nursing students for practice (specifically, the time-consuming process of decision making), the researcher inadvertently advanced the interview by asking if this was an aspect that needed improvement. Although the participant did offer three improvement suggestions, the researcher neglected to ask the last research question about suggestions to improve prelicensure nursing education. Thus, the participant's detailed response to this question is missing. With the remaining interviews, the researcher was cognizant of asking all interview questions. At the end of the interview, participants were given a gift card to a national retailer for their participation.

The semi-structured interviews ranged between 25 and 70 minutes. In addition, the researcher used an interview summary form (see Appendix I) to document information during and immediately following each interview. The researcher recorded verbatim aspects of participant responses to the interview questions, participant responses that needed follow-up or clarification, field notes that included participant nonverbal expressions, and post-interview researcher notes. These notes assisted the researcher to recall details other than

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those transcribed on the interview transcripts (Maxwell, 2013). No atypical situations occurred during the data collection process.

A reputable transcription service whose employees were collaborative institutional training initiative (CITI) certified, IRB trained, and experienced in transcribing audio-narrative responses verbatim were employed to transcribe the interviews verbatim following the interviews. The researcher carefully compared each narrative transcript with the audio-recorded interview to ensure accuracy (Terrell, 2016). The recordings were destroyed after narrative transcripts were reviewed for accuracy.

Ethical Considerations

Following receipt of permission from the dean of the site for the study (see Appendix C) and approval from the University of Missouri-Kansas City's (UMKC) Institutional Review Board (see Appendix B), an email list of full-time master's- or doctorate-prepared faculty who taught in the prelicensure BSN program was requested from the study site's Dean of Health Sciences. The ethical principles identified in the Belmont Report (U.S. Department of Health, Education, and Welfare, 1979) were adhered to in the manner that follows. Participants were informed of the general nature of the study. Voluntary consent (see Appendix H) was secured from each participant prior to their participation in the study. Participants were allowed to ask questions at any time, and they were informed that they may stop participating at any time. In addition, participants were informed that they could refuse to answer any question. The researcher showed the utmost respect and provided fair, equitable treatment to all study participants and did not coerce any individual into participating in the study (U.S. Department of Health, Education, and Welfare, 1979). Privacy and/or confidentiality of participants was maintained as no participant names were

requested or placed on the demographic surveys, pseudonym names were used during the interviews, and study documents were stored in a locked file cabinet in the researcher's office. The gift card incentive was a small token so as to not be coercive.

Data Analysis Process

Analysis demonstrated that data saturation was reached at the eighth interview from faculty participants within one program, when recurring language, relevant statements, and repetitious exemplars were demonstrated. The researcher compared each narrative transcript against the original audio recording for accuracy. A modified version of Colaizzi's (1978) seven-step data analysis method was used to analyze and interpret the data. In step one, the narrative transcripts were read repeatedly on several occasions to acquire an awareness of participant experiences. In step two, significant participant statements related to the study's phenomenon were extracted and placed in a table grid. Initially, close to 100 significant statements were extracted. Appendix J presents the entire table grid of the study's emergent themes using Colaizzi's (1978) method of data analysis. A column in the table grid denotes the transcript page number and participant pseudo-number. A sample grid of the data analysis table is presented in Table 4.2.

Table 4.2

Sample Grid of Emergent Themes Using Colaizzi's (1978) Method of Data Analysis

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P9, P1	"… most of us because we work full-time …, we don't work at the bedside anymore because there's not that release time to be able to do that." "… So I would like to see we have stronger clinical connections where that is ... the gap is better bridged, right."	Professional practice currency mitigates the academic-to-practice gap.	Lack of current practice contributes to an unawareness of expectations.	1. Uncertainty about Professional Practice Expectations

In step three, meanings were formulated for each significant statement that explicated the meaning of each statement. Steps one through three were repeated several times over a three-month period. By using a reiterative process, data reduction occurred as the most salient statements became evident. In step four, step three was repeated, and significant statements with similar formulated meanings were aggregated into thematic clusters. Those clusters were compared with each narrative transcript for validation. Comparable theme clusters were then grouped together into themes (see Appendix J).

In step five, the findings were assimilated into an in-depth exhaustive description of BSN faculty participants regarding the effectiveness of prelicensure nursing education. The narrative transcripts, thematic clusters, and themes were re-examined several times to ensure accurate and in-depth descriptions. In step six, an exhaustive description of the phenomenon

under study that identified its underlying composition surfaced. A description of BSN faculty perspectives regarding the effectiveness of prelicensure nursing education uncovered a wide range of viewpoints that illustrated the multifaceted issues influencing the provision of effective education.

Seven interrelated themes emerged from the aforementioned clusters (see Appendix K): (a) an uncertainty about professional practice expectations; (b) segregating practice preparation into three distinct entities (didactic, academic nursing skill proficiency, and clinical practice experience); (c) academic nursing ideals differ from professional practice realities; (d) adapting to educating today's nursing student; (e) unrealistic expectations from stakeholders: university employer, health care agencies, faculty, and students; (f) teaching in an era of information explosion and health care reform; and (g) providing high quality student clinical experiences. While participants acknowledged a desire to make educational improvements, from their perspective, the scope and complexity of the issues became overwhelming to address. Moreover, implementing improvement strategies to resolve one problem then negatively impacted other aspects of the education process. As an illustration, scheduling and logistical conflicts, as well as insufficient resources, high faculty workloads, changing student needs, and often inadequate clinical learning experiences posed significant challenges to making needed improvements. In step seven, trustworthiness of the data was ensured as two experienced researchers verified data saturation and themes, suggested additional findings, and discussed any discrepancies until consensus was reached.

Lincoln and Guba's (1985) trustworthiness criteria of credibility, transferability, dependability, and confirmability were used to ensure a rigorous study. Their trustworthiness criteria offered comprehensive guidance and aligned with the constructivist

paradigm (Lincoln & Guba, 2013). Trustworthiness of the data was ensured as two experienced researchers verified data saturation and themes, suggested additional findings, and discussed any discrepancies until consensus was reached.

Researcher Credibility

During data collection, the researcher reflected upon personal thoughts and responses through journaling to identify and eliminate any bias (Polit & Beck, 2017; Yin, 2011). In addition, the researcher discussed thoughts following the interviews with the dissertation chairperson. Lastly, the researcher avoided questions and probes that could lead participant responses (Maxwell, 2013).

Prolonged Engagement and Persistent Observation

The researcher spent sufficient time with the participants and intensely listened to their responses while cautiously probing to acquire in-depth faculty descriptions (Polit & Beck, 2017).

Triangulation

A trained researcher separately analyzed the study's data. The researcher's dissertation chairperson reviewed all aspects of the data analysis process, as well as validated all conclusions drawn. Themes were identified, discussed, and agreed upon between this researcher, the trained researcher, and dissertation chairperson.

Negative Case Analysis

Narrative transcripts were carefully reviewed for negative or discrepant cases that contradicted or challenged emergent findings (Bloomberg & Volpe, 2016; Lincoln & Guba, 1985; Maxwell, 2013; Yin, 2011). All data analysis was discussed with the dissertation chairperson, and no negative cases were found.

Member Checks

During the in-depth interviews, the researcher validated participant responses through careful probing and restating, as well as summarizing to ensure an accurate understanding (Bloomberg & Volpe, 2016). In addition, the verbatim transcripts were reviewed by the researcher's dissertation chairperson, who agreed with the researcher's summations.

Dependability

An audit trail detailing all aspects of the research and decision-making process was maintained. In addition, a codebook was used to record processes used for developing thematic categories (Saldana, 2012).

Confirmability

The researcher ensured that the study's data and researcher interpretations accurately and indisputably represented the participants' perspective, rather than those of the researcher (Polit & Beck, 2017). The researcher used bracketing by writing notes on each participant's interview summary form and in the researcher's journal to minimize the influence of possible research bias (Hatch, 2002). This process enabled the researcher to dissociate their own personal responses and predispositions from participant descriptions (Hatch, 2002). Lastly, an audit trail was maintained by the researcher.

Narrative Data Results

Eight semi-structured, open-ended interview questions served to acquire comprehensive descriptions in response to the study's central research question, the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education, and the study's five supporting sub-questions. The participants' responses including

representative quotes in response to the interview questions are presented in the following

paragraphs, according to their self-selected pseudonym. Appendix G illustrates the

alignment of the interview questions to the research questions.

Interview Question 1

**If someone asked you, how prepared are new graduate nurses to provide safe
and competent nursing care upon entering the workforce, how would you respond?
Please provide as much detail as needed.**

Each participant responded to the question from the perspective of teaching the

research site's graduates and students rather than from a national or global perspective of

new graduates' overall preparation. A majority of participants described the preparedness of

new graduate nurses according to two distinct entities—didactic knowledge preparation and

clinical practice preparation. The level of preparedness of new graduate nurses to provide

safe and competent nursing care upon entering the workforce ranged from descriptions of

"minimally prepared" to "prepared."

The NCLEX pass rate was perceived as a preparation for practice indicator by Jane.

"[O]ur NCLEX pass rates are good so I would think from a didactic and theory standpoint,

they're meeting those minimal requirements." Other preparation indicators viewed by this

participant included the feedback from clinical faculty and clinical sites which was

described as, "always positive." The participant added:

> I don't feel like we get any feedback as they move out and to practice as novice
> nurses that they're horrible or that they're being unsafe in any way. So I feel like we
> just don't have enough feedback and information on that to be ... you know, to
> answer it as fully as I'd like.

Carol responded that "education-wise, … they are prepared." She further expanded

upon the question by stating, "but how prepared are they to … practice on their own, I still

think that they've got a lot of learning to do" and "a lot of the learning comes from actually

doing it and having that hands-on experience." Perceiving that the new graduate nurse

"knows the information," Carol believed that "it's going to take them a year to uh, fully be

independent and prepared to take care of patients."

New graduates were "75% prepared," according to Kay. The participant clarified that

"we wouldn't graduate anyone who'd, we didn't think would be safe." Professional practice

experience was perceived as needed to develop "time management, the ability to respond to

crises, and … confidence."

Jennifer acknowledged that question was "difficult." The participant believed that

faculty do a "good job of focusing on … safety." The participant described safety as

knowing "how to utilize resources around you if you're unsure of what interventions to

take." Jennifer perceived that "we do a good job preparing them clinically"; however, she

clarified the statement by adding, "entry level practitioners who perform basic head to toe

assessments and perform those basic interventions in a safe manner." Upon reflection,

Jennifer acknowledged that there was also "limitations" in that

> there's only so much we can provide … within three years of the clinical program. ...
> There are things that they'll see as a new grad working in their first position
> clinically, that they will have never been prepared for … regardless of the how many
> clinical hours or clinical experiences they get.

The differences between demonstrating competency with nursing skills in the academic

setting versus the practice setting, as well as the lack of opportunity to demonstrate certain

nursing skill competencies during clinical practicum experiences were shared. The

participant summarized the response with "it comes down to how well do we educate them to think critically and utilize those resources." The degree of student motivation was perceived as critical in terms of excelling or meeting "minimal requirements," according to this participant, as each student receives the same content. An uncertainty was evident in ranking the overall education of prelicensure nursing students, "[I]f I had to rank it on a scale of 1 to 10, with 10 being amazing and one or zero being terrible, I don't know, I'd probably give the education, the system, maybe like a … I don't know, an eight." The participant concluded with acknowledging that she would "feel comfortable" as a patient cared for by one of her students.

New graduate nurses were described as having "minimal proficiency" by Erin. The participant added, "So if you think is that truly safe, we're meeting the bare minimal standard." The participants raised concerns with regard to ensuring students retain the ability to practice nursing skills safely. The participant also acknowledged a reliance on hospitals "to show them exactly the policies and procedures … to follow." The participant further described concerns about students providing nursing care for only one patient during the majority of clinical practicums, except during the final nursing course, when they work with a registered nurse preceptor. The concerns centered upon professional practice expectations of caring for "multiple patients" while encountering "multiple distractions." The participant concluded by describing the lack of clarity for defining practice ready and safe practice.

Chloe's response was specifically related to the students that she taught. "I do believe they are prepared to be safe.... They do get the skills that they need, they are using critical thinking skills." The participant described the "challenges" as the same as years ago—"time management" and "mental health skills" that "develop over time." Safety was

described by the participant as "safe medication practices," "good physical assessment," and reviewing "charts, labs."

The influence of generational differences between faculty and students and its academic challenges was revealed during this interview. The participant acknowledged, "I don't know their way of thinking." The participant explained that it is "harder to educate that student because you need to use lots of different platforms." Moreover, "there's a lot more, um, anxiety, depression." The participant further described today's learner as viewing nursing as a "career" or a "job," instead of a "calling" as it was in years past, and preparing graduates for safe practice "has totally changed." The participant concluded with, "the commitment to learn all of this" and "to understand it well enough" has changed.

Safe practice was differentiated from competence by Amy, "students have been educated to be safe practitioners," competence is "a little bit different." She described that while students acquire theoretical knowledge, the students acknowledge that "their clinical experiences, except for a few isolated cases, tend to be lacking." The reasons included clinical instructor to student ratios and lost opportunities since only an approved board of nursing preceptor can supervise nursing student skills. Amy described new graduate nurses as "advanced beginners" who were unable to practice independently. Amy perceived that competence involved having an awareness of when to seek needed assistance; she perceived that most new graduate nurses had that awareness. Amy experienced some difficulty in articulating if new graduate nurses are practice ready.

> I don't want to say, no they're not ready for practice because they have the basic skill set.... However, to say that they are ready, uh, no, I don't really think that they are ready ready. There has to be some mentoring.

In conclusion, the participant again had some difficulty responding. "[T]hey have basic minimal competency, but not necessarily.... They just don't have the experience."

Emily shared that it was nursing program dependent, adding that a role transition component strengthens a student's preparation. She stressed the importance of clinical experiences for adequate preparation and that one day a week limits preparation. Further, Emily acknowledged that "they're probably never as prepared as they want to be or as prepared as the bedside nurse colleagues want them to be." She acknowledged nursing's theory to practice gap and indicated that "significant on-the-job training" is needed for new graduate nurses. Emily also perceived that "the focus of who should fix (the theory to practice gap) is on academia, and I don't know if that's wholly possible unless we're going to go back more towards like a diploma apprenticeship, which I don't see us doing." Emily shared, "they're getting really great theory in the classroom and trying to put the pieces together." However, new graduate nurse deficits were perceived as providing care for several patients and communication with physicians. Emily believed that employer "nurse residency programs" lessen the theory to practice gap. While acknowledging, "I'd love to fix it … I would do whatever I could to fix it," Emily indicated more clinical practice time is needed. The differences between performing skills in the academic setting versus in the clinical setting were again cited by this participant. Emily concluded by indicating that students were well prepared with foundational theory knowledge; however, more clinical application of this knowledge was needed to better prepare graduates.

In summation, faculty descriptions of the preparedness of new graduate nurses to provide safe and competent nursing care upon entering the workforce reflected minimal or basic entry level competency. Although viewed as prepared from a theoretical standpoint,

inadequacies in the application of theory during nursing student clinical practice experiences emerged. Thus, faculty participants identified that new graduate nurses require significant professional practice experience under the guidance of registered nurses to develop essential nurse competencies, such as (a) managing nursing care for groups of patients, (b) developing nursing skill proficiency, (c) effectively communicating with physicians, and (d) building confidence. Nursing's theory to practice gap was recognized, and one participant indicated that the preparation challenges were similar to those in past years. Another participant acknowledged the dramatic changes in educational practices required to prepare today's nursing student for practice.

The first interview question served to address the central research question, What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education? Analysis and interpretation of the data in response to this question contributed to developing the themes of Uncertainty about Professional Practice Expectations and Preparation for Practice Segregated into Three Distinct Entities: Didactic Knowledge, Academic Skill Proficiency, and Clinical Practice Experience.

Interview Question 2

What are your views on whether prelicensure nursing education prepares graduates for the expectations of practice?

The length of time that faculty have not practiced professionally influences the preparation level of NGRNs, according to Jane. She perceived that strong clinical site partnerships and communication with clinical adjuncts can assist in filling this void. Similar to responses to the first interview question, Jane separated preparation for practice into two distinct categories—theoretical and clinical. Jane shared that graduates were "very well

prepared didactically and in the skills lab." However, the level of professional practice

preparation was dependent upon the proficiency of individual clinical adjunct faculty and

the clinical site experiences. Jane shared that many adjunct faculty are new each semester.

Once more, the role transition of a prelicensure nursing program was viewed as pivotal to

providing a "diverse" experience.

More specifically, Jane perceived NGRNs have deficient interprofessional

communication, particularly with physicians and advanced practice nurses, due to limited

experience as students. The differences between literature-based professional practice ideals

taught within prelicensure nursing education and the realities of the practice setting were

also shared. Jane identified the ideals as working as a "team" and collaborating, versus at

times, the realities of "shortcuts," "bullying," and "horizontal violence." Jane added that "a

lot of them (students) don't know how to handle that." Importantly, Jane noted,

> [W]e don't have … whether it's the time or it's kind of within the curriculum to
> really talk to them (students) about crucial conversations and how you deal with a
> physician that's negative or still expects you to be subservient or if you have
> somebody that's kind of bullying you.

Jane concluded by acknowledging that "there's an unrealistic expectation sometimes from

the students that everything's going to be perfect and, then when they get out it's like, oh."

While acknowledging that the study site's prelicensure nursing education does

prepare graduates for practice expectations, Carol described the education as "intense," as

"there's a lot to it." In addition to studying, Carol identified that standardized testing, such

as Assessment Technologies Institute (ATI) and National Council Licensure Examination

(NCLEX) questions, assist to prepare students for practice. Recognizing that graduates will

never have all the knowledge needed and that practice expectations vary depending on the

health care setting, Carol perceived graduates are aware that learning continues in professional practice. Similar to Jane's response, Carol perceived that practice expectations are not what graduates anticipate.

Positive feedback about graduate performance from the nursing program's advisory group and a physician framed Kay's response. The advisory group was credited by Kay for guiding faculty with understanding practice expectations. Additionally, Kay shared the value of a liberal arts education for developing critical thinking skills.

Comparable to Carol's response, Jennifer perceived that prelicensure nursing education well prepares graduates for continuous learning. However, according to Jennifer, it inadequately prepares graduates for managing stress or engaging in difficult conversations with fellow nurses and patients. Jennifer attributed these inadequacies to the high NGRN turnover rates and further questioned if it is a lack resiliency or preparation for the discipline's stress and long hours. Generational differences among today's graduates with regard to expectations for shift hours and salary were also perceived by Jennifer to influence NGRN turnover. She used terms such as, "pay your dues" and "climb that totem pole," to describe NGRN expectations over 10 years ago.

Similar to Jane's response, Erin stated, "we try" with the clarification, "I don't know that we (faculty) really get through to all of them (students)." The term "culture shock" was selected by Erin to describe the difficulties NGRNs encounter in managing care for five to six patients. Notably, Erin described the transition from nursing school to practice as a "disconnect." Academic preparation strategies, such as simulated experiences of managing care for multiple patients, collaborating with clinical faculty to have students provide nursing care for more than one patient, and striving for students to assume care for the

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nurse's full assignment during role transition were shared by Erin. Erin added that the

"students think it's going to be easier." While nursing faculty teach and expect students to

recognize quality nursing care, Erin spoke of how students criticize "experienced nurses"

with "no insight into why an experienced nurse" makes decisions.

Chloe also used the term "disconnect" to describe the dissonance between education,

textbooks, and professional practice. Variances in student clinical practice experiences were

attributed to the unpredictability of the setting. Thus, simulation was viewed as critical to

portraying needed clinical learning experiences. Although Chloe recognized the need for

more educational changes, describing preparing students for practice as a "challenge," she

perceived that it is moving in the right direction with new technology. While acknowledging

that not all students master or retain content, Chloe perceived that graduates have the

knowledge to practice safely, as preparation to fully practice "takes time."

Based on graduate feedback, Amy's perception is that employer expectations are

changing as more hospitals implement nurse residency programs and extend NGRN

orientation. However, graduates have informed Amy that staff shortages resulted in a

shortened orientation, and they tell her they were released "sooner than I probably should

have, and I felt like I was thrown kind of into the fire." Amy described what nursing

students who are close to graduation have told her, "My greatest fear is that I am on my

own, and … I'm not sure I'm going to know how to function." Amy also indicated that

many students want their role transition in the specialty area where they intend to practice,

such as pediatrics, the intensive care unit, or the emergency department. According to Amy,

the prioritization, organization, and coordination of care is different in specialty areas where

students care for fewer patients. While these aspects were discussed during classes, "until it actually happens to you … it's very difficult."

Emily perceived that "we probably do a pretty good job" with preparing graduates for practice. While graduates hold the knowledge needed for practice and have an awareness of the profession's looming challenges, such as managing time, prioritizing, and horizontal violence, once they encounter these realities, it's unlike their expectations.

In summary, faculty descriptions of whether prelicensure nursing education prepares graduates for practice expectations again reflected the dichotomy between academic ideals and practice realities. Insufficient teaching time and curriculum voids were perceived to contribute to NGRNs being unequipped to effectively communicate with physicians, colleagues, and patients. In addition, it also affected their ability to manage the level of unanticipated stress associated with professional practice. While participants recognized the adjustment from student to professional nurse takes time, the preparation is dependent upon strong clinical adjuncts and clinical practice experiences.

The second interview question served to address the central research question, What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education? Analysis and interpretation of the data in response to this question contributed to developing the themes of Uncertainty about Professional Practice Expectations and Preparation for Practice Segregated into Three Distinct Entities: Didactic Knowledge, Academic Skill Proficiency, and Clinical Practice Experience.

Interview Question 3

Describe the factors that you believe facilitate the effectiveness of prelicensure nursing education.

In response to the interview question, Jane identified several perceived factors that facilitate effective prelicensure nursing education. These factors included: (a) the program's admission criteria; (b) the student's science grades; (c) home support; (d) their self-image and confidence at program start; (e) collegial, supportive, and committed faculty; (f) professional faculty-student relationships; (g) faculty valuing students; (h) approachable faculty; (i) progression policies that ensure a minimal grade point average and prohibit grades below a "C"; and (j) changing standardized testing companies and using the remediation products throughout the curriculum. Other perceived factors included faculty with content and teaching expertise who role model and inspire students to become self-directed. Jane described learning as "50/50," in which the faculty and student have equal roles in learning. Notably, Jane shared that the faculty "really had to learn how to teach" and use "different teaching methods" to negate passive learning.

Carol perceived effective education includes using various teaching learning strategies, such as "case studies" to build critical thinking skills. While preparing students for the NCLEX exam was viewed as important, Carol believed that it should not be the sole focus of prelicensure nursing education. Moreover, students need various clinical experiences that incorporate community health, maternity, and pediatrics, as well as medical surgical nursing experiences to broaden their thinking and better prepare them for practice.

Strong didactic teaching, coupled with clinical experience, skills laboratory, and simulation opportunities were perceived by Kay to facilitate effective prelicensure nursing

education. Being a professional as a nurse, as well as having community health experiences were also viewed as important by Kay.

According to Jennifer, faculty who create a trustful learning environment, are present, approachable, and have positive rapport with student facilitate effective prelicensure nursing education. Moreover, effective education occurs when faculty adjust to diverse student learning needs while upholding course expectations. Jennifer illustrated this point by explaining that if a literature-based innovative teaching strategy confuses students, adaptation by the faculty to use a different approach facilitates student understanding.

Erin used the term "multifaceted" to begin to describe effective prelicensure nursing education.

> I truly believe they need hands on experience so all the didactic lessons in the world only goes so far, I think when you see it, you touch it, you experience it for yourself, it's a more powerful reminder that they retain it better.

Thus, Erin believed that didactic teaching strategies that afford immediate content application, problem solving and critical thinking, as well as more clinical and simulation experiences strengthen the education process. Moreover, sufficient time, funds, resources, and expert faculty contribute to educational effectiveness.

"Knowing your learner" was perceived by Chloe as a fundamental underlying principle to facilitate effective education. While recognizing the value of active teaching strategies for content application, Chloe perceived some lecture is still needed. For remediation, Chloe used various approaches that included having students write to determine the strategies that best assist with their success. Overall, Chloe verbalized the differences among adult learners and the importance of incorporating various teaching

learning strategies to address their diverse learning needs. Simulation was valued to ensure that all students receive identical experiences.

Clearly articulating student expectations, as well as the rationale, and ensuring accountability was perceived by Amy to facilitate effective education. Mentoring students through the open and honest sharing of faculty nursing experiences was perceived to assist students learn. In closing, Amy identified that students need to hold knowledge, perform skills, communicate, and understand a patient's clinical picture.

Being situated in learning environments that allow faculty to use evidenced-based teaching modalities and individualize learning affords effective education, according to Emily. Thus, adequate resources, such as simulation, and appropriate student ratios were deemed as critical. Emily perceived that passionate nurse educators contribute to successful students. Effective education was also negatively influenced by students who often have additional outside of school responsibilities with little time to study.

Overall, the perceived factors that facilitate effective prelicensure nursing education required a multifaceted approach to learning. Beginning with upholding the admission criteria, to ensuring student accountability, and adequate faculty to student ratios, as well as sufficient resources laid the foundation for effective education. Robust didactic teaching that includes using evidenced-based teaching strategies to build critical thinking skills was also perceived to facilitate education effectiveness. In addition, diverse learning experiences that afford opportunities for knowledge application, such as the nursing skills laboratory, simulation, and clinical practicums were perceived as effective educational facilitators. Another perceived important factor contributing to effective prelicensure nursing education was the trustful learning environment created by dedicated and passionate nursing faculty.

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The third interview question served to address the research question, What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education? Analysis and interpretation of the data in response to this question contributed to developing the themes of Facilitating Learning among Today's Nursing Students, Unrealistic Expectations from Stakeholders—University Employer, Health Care Agencies, Faculty, and Students; Teaching in an Era of Information Explosion and Health Care Reform; and Providing High Quality Clinical Learning Experiences.

Interview Question 4

Describe the factors that you believe hinder effective prelicensure nursing education.

Jane perceived the inconsistent adherence to academic policies by faculty as hindering effective prelicensure nursing education. She also believed that "negative morale" among some faculty adversely influences faculty collaboration and creativity.

Carol perceived that prelicensure nursing education becomes ineffective when nursing programs place too much emphasis on one component of the educational process, such as the NCLEX pass rate. While Carol recognized the importance of this pass rate as an outcome measure, she perceived that the preparation for this exam does not equate to the preparation that is required to practice nursing. Various engaging educational strategies, such as simulation that provides practical experience and using case studies, build nursing students' critical thinking skills and confidence, a necessary component of prelicensure nursing education.

Three barriers to providing effective prelicensure nursing education were shared by Kay. First, adherence to the board of nursing regulations for prelicensure nursing education

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programs was perceived as a time-consuming process that distracts faculty from providing an education. The other two barriers mentioned place students at risk for failure. First, transfer credits were perceived as inferior to the university's own courses. Second, insufficient support services to address the learning needs of students with English as a second language or those from "disadvantaged backgrounds" limit their opportunities for success.

"Unreasonable expectations" from both students and faculty about teaching and learning hinders effective prelicensure nursing education, according to Jennifer. Teaching excessive content within a short time period and students cramming for tests both impede deep meaningful learning. While negativity from students and faculty were also perceived to hinder teaching and learning, detailed explanations were provided only from the students' stance. Poor student attitudes were described as those who "feel like the faculty is out to get them or trying to trick them." Disorganized faculty with ambiguous expectations or inaccurate syllabi was perceived to distract students from learning. These factors, as well as faculty who lack clinical practice expertise in the subject matter, contribute to a loss of confidence in the faculty members among students.

Jennifer also described several instances in which outside school responsibilities distract students from learning. These distractions included considerable personal lives, children, working, and significant financial obligations, such as feeding their children, paying tuition and a mortgage, as well as illness, pregnancy, and athletics.

The dissonance between prelicensure nursing education and professional practice emerged with Erin's response. She chose the term "inconsistency," to describe the academic preparation and practice reality differences. As an illustration, Erin shared how students

identify incorrect practices observed in health care settings. Erin's perception of the dissonance, which she shares with students, is based on the rapid changes occurring within health care. According to Erin, hospitals have limited resources to re-educate a considerable number of nurses who learned nursing differently.

"Inconsistency" was repeatedly selected by Erin to identify the variances between nursing faculty expectations. To illustrate, Erin described the differences among faculty grading practices with regard to students adhering to the American Psychological Association (APA) guidelines. Erin perceived that these types of grading discrepancies frustrate and distract students from learning the critical essentials of nursing practice.

Furthermore, Erin believed that the lack of "a clear message" from the nursing profession contributes to the challenge of learning nursing. In seeking clarification, Erin was unsure whether the overall message was patient safety, leadership, or something else. Nevertheless, an overall explicit vision from the nursing profession would serve to provide a framework for teaching and learning nursing.

Another confounding issue influencing student learning and graduate practice, according to Erin, is the discrepancies between evidence-based practice guidelines. Erin described this as "very frustrating for a new grad who can't always critical think what would be best in this situation." In addition, Erin elucidated that hospital policies are not always followed. "[W]ell this is what the policy says but this is what we do." In conclusion, Erin shared, "I can see my students struggle."

Chloe's initial response focused on describing the learning environment that hinders effective education. This description included unenthusiastic faculty whose teaching practices fail to actively engage students or address diverse learning needs. The sole use of

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lecture without clinical application was perceived to impede the development of critical thinking skills. Moreover, within this ineffective learning setting, faculty neglect to cultivate student relationships; thus, students feel threatened and fear asking questions or sharing mistakes.

Secondly, Chloe discussed the importance of having adequate support services to assist with the rising number of students with "anxiety" and "depression." Chloe's perception was that students "can never disconnect" from "social media" that generates a "constant bombardment of stress, stressors, and anxiety."

Similar to other participant descriptions, Amy perceived that hectic student lives hinders effective learning. Again, the perceived rising anxiety among nursing students, as well as mental health issues, results in such stress that students are unable to effectively learn. Moreover, many students were described as "first generation college students" with poor study habits and a lack of awareness of college expectations. From the teaching aspect, while Amy recognized the value of active learning strategies to facilitate application and retention of knowledge, she resorts to lecture based on limited time to address a plethora of content. As an illustration, Amy stated, "I don't have the time, so instead I'm going to lecture … for five minutes and move on to my next disease." Amy used the term "over-saturated" to describe the volume of course content that students must acquire.

In addition, nursing faculty are often taxed with additional courses because of insufficient faculty, spend excessive time tutoring students due to limited student tutors, perform clerical duties, as well as fulfill scholarship and service responsibilities. Moreover, securing quality clinical sites was perceived as "overwhelming." Amy described both

students and faculty as "bogged down." Amy described encounters with students with anxiety or depression as "it sucks the life out of you" and "is so emotionally draining."

Uncivil behavior from some nursing faculty and students posed distractions for effective teaching and learning, according to Amy. Students were again viewed as having unrealistic expectations of faculty. Another notable finding was that at times, students expect faculty to circumvent rules. While chain of command policies were established for this reason, at times students fail to adhere to the policy.

General differences between students and faculty augment teaching challenges. As a self-described "baby boomer," Amy perceived that today's nursing students learn in a different way. Amy identified that nursing students hold significantly more technology and computer knowledge than herself; however, insufficient time prohibits her from acquiring these skills. Some recent high school graduates were perceived as less mature and responsible. Those students who graduated high school a few years earlier were perceived as more committed to learning.

Outdated classrooms with insufficient electrical outlets for student computer use, temperature extremes, and uncomfortable desks were also perceived to negatively influence learning. Although Amy described many strategies employed to assist students, she perceived that she was unable to provide the level of support that students need as the result of a high workload.

In summary, several issues were perceived to impede effective prelicensure nursing education. With regard to teaching, disengaged faculty or faculty who lack clinical and/or teaching expertise, or those who fail to adapt to changing student learning needs, or display disrespectful behavior, or have inconsistent student expectations were described to hinder

educational effectiveness. While failing to engage students in learning and using lecture as the primary mode of teaching were perceived to limit effective education, high workloads and responsibility for vast content contributed to using less effective teaching modalities. With regard to students, unreasonable faculty expectations, ineffective study habits, learning distractions from overwhelming outside school responsibilities, as well as uncivil student behavior divert attention from learning. The rise in students with anxiety and depression and/or who need remediation pose additional challenges to ensure effective education. Lastly, the rapid changes in health care were perceived by a participant to contribute to the dissonance between academia and practice.

The fourth interview question served to address the research question, What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education? Analysis and interpretation of the data in response to this question contributed to developing the themes of Facilitating Learning among Today's Nursing Students, Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students, Teaching in an Era of Information Explosion and Health Care Reform, and Providing High Quality Clinical Learning Experiences.

Interview Question 5

If you could instantly fix anything in prelicensure nursing education, what would you fix?

Initially, Jane's response began with more capital to acquire advanced technology to simulate practice realities in the nursing skills lab. As illustrations, Jane wanted high fidelity simulators and electronic medication records with bar-coding scanning capability. Building renovations to add space and update classrooms, as well as offices were suggested. Upon

further reflection, Jane reiterated concerns about teaching nursing without release time to remain practice current. In addition to acquiring time for professional practice, Jane perceived that strengthening partnerships with clinical practicum sites would assist to mitigate the academic-to-practice gap.

While chuckling, Carol's initial response was to reduce the students' stress level. Furthermore, Carol discussed the need for careful consideration of course placement and sequence within the curriculum. Specifically, Carol was concerned about situating a highly difficult course, such as pharmacology or pathophysiology, concurrently with another nursing course, or requiring students to take two different nursing laboratory courses simultaneously. In these situations, according to Carol, students concentrate on the more difficult course or on one laboratory course instead of the other, thus reducing study time for other courses. Moreover, pathophysiology lays the foundation for medical-surgical nursing; thus, this course should proceed nursing courses. Carol also perceived that teaching practices in courses with high failures should be examined and possibly changed to facilitate student success.

Kay's description focused on improving student attitudes towards learning and faculty. Over the years, Kay perceived that students became more career and grade driven and showed less respect for faculty "wisdom and expertise." Hence, Kay desired students to "have this hunger for learning."

Jennifer would fix faculty teaching practices. She perceived faculty should implement evidence-based teaching methodologies, rather than merely lecture, and have meaningful communication with students. Upon reflection, Jennifer was unsure if faculty lectured because of fear of change, time constraints, or disinterest in using other educational

methods. In addition, Jennifer would ensure faculty teach current practice, as well as revise test questions, and comprehensively analyze test statistics.

Erin's response also focused on changing student attitudes towards learning. Erin perceived that students want to acquire limited knowledge, by requesting to learn only testable information. She met resistance when she sought to inspire students to develop intellectual curiosity.

In response to the question, Chloe addressed several issues to fix. First, Chloe indicated that more money is needed to advance educational technology and resources, as well as to attract and retain qualified faculty. Chloe perceived that high workloads and low salaries pose faculty recruitment and retention challenges. Notably, Chloe explained that the "best educators," those experienced faculty with doctorate degrees, should teach beginning nursing students who experience more learning difficulties, as opposed to solely teaching graduate level courses. In addition, more teaching time is needed to sufficiently cover the volume of content and employ various active learning strategies.

Amy would ensure a student-centered learning environment. While improving the physical space was mentioned, Amy focused more on improving faculty student relationships and building faculty collegiality. Faculty consistency and "not working in silos," was perceived as important for effective learning.

With regard to applying nursing knowledge, Amy perceived that state-of-the-art equipment comparable to that in professional practice was needed. Amy also said that having a simulated "standardized patient" before students practice on patients would be beneficial for learning communication and assessment skills. Although another university

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program utilizes this type of simulation, Amy perceived the expense of it as cost prohibitive for the nursing department.

Sufficient clinical practicum sites, described as a "utopia units" that have "welcoming" and "engaging" nurses, as well as the patient experiences and nursing skills needed were perceived to assist in fixing prelicensure nursing education. Overall, Amy desired that the students received the "instruction" needed throughout their education.

Emily would first ensure that students did not work while attending nursing school. Next, Emily wanted to fix the "content issues." Realizing that lengthening the program would impede enrollment, Emily stated, "I don't know how to fix that one." Students would also have all needed resources, including technology, and content experts for tutoring.

Learning in the clinical setting would be improved by Emily. She would increase clinical practicum time and lift restrictions that clinical agencies impose with regard to the skills that nursing students can perform. Lastly, while realizing it was impossible, Emily wanted to teach all students in the clinical setting to facilitate better application of didactic content.

In summary, again multiple similar issues arose that centered on improving student learning. First, more funding was needed to advance technology to simulate the practice setting, as well as to recruit and retain faculty. Second, sufficient teaching time and use of active learning strategies among all faculty were perceived as essential. In addition, faculty needed to work more collaboratively together and enhance relationships with students. Third, careful curriculum planning was perceived as essential for appropriate course placement. Fourth, reducing student stress levels and minimizing outside distractions were perceived as needed to enhance meaningful learning. Last, better clinical practicum

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experiences that mimic academic ideals with positive nurses and less nursing skill

restrictions were perceived to better prepare students for practice.

The fifth interview question served to address the research question, What factors do

nursing faculty perceive hinder the effectiveness of prelicensure nursing education?

Analysis and interpretation of the data in response to this question contributed to developing

the themes of Facilitating Learning among Today's Nursing Students, Teaching in an Era of

Information Explosion and Health Care Reform, and Providing High Quality Clinical

Learning Experiences.

Interview Question 6

How would you respond to the national assertion that prelicensure nursing

education is not adequately preparing graduates for practice?

Jane initially challenged the assertion and sought specifics with regard to NGRN

deficits. Next, Jane contended that enrollment pressures have resulted in the acceptance of

students who do not meet the admission criteria. In addition, Jane perceived that more

students require learning accommodations. While faculty work closely with those at-risk

students, insufficient faculty and resources add to the challenge of adequately preparing

graduates. Moreover, Jane perceived that the time faculty devote to assisting at-risk students

diverts from raising the competency of higher performing students. Jane concluded with

sharing student descriptions of nurses failing to maintain sterile technique. Thus, Jane's

overall perception was "That's not just this big gap from theory to practice … that is … they

(nurses) shouldn't be there."

Initially Carol laughed with humor in response to the interview question. Carol

perceived that NGRNs receive the necessary academic knowledge and critical thinking

skills. However, Carol perceived NGRN professional practice expectations as unrealistic.

She supported this view by comparing on-the-job training expectations for newly graduated

engineers and physicians. Carol believed that academic partnerships with health care

agencies, similar to medical residencies for physicians, needs to occur.

At first, Kay sought clarification about the assertion. Once it was provided, Kay

indicated that the faculty "have really taken that to heart, … we have really looked at that."

The faculty heavily rely on the nursing program's "advisory committee" to identify and

respond to changing professional practice expectations.

With ambivalence, Kay was hesitant to agree with the national assertion. Kay

doubted that the underlying reason for the inadequate preparation of NGRNs is related to the

education provided. Rather, Kay perceived the preparation challenges result from external

factors, such as financial constraints and lack of available clinical practice sites. With high

operational expenses and little return profit, Kay perceived that universities are reluctant to

provide prelicensure nursing programs more money. Thus, to lower expense, Kay perceived

that universities expand classroom size and reduce clinical practicum hours. For these

reasons, Kay described the relationship between higher learning institutions and nursing

programs as a "love-hate" one. Moreover, Kay addressed the limited access to clinical sites

in rural regions and elimination of nursing specialty clinical practicums (such as maternity,

pediatrics, and mental health) in certain states has influenced the national preparation of

NGRNs.

While Jennifer agreed with the national assertion, she questioned if higher NGRN

expectations, as the result of increased patient acuities and the nursing shortage, contributed

to the assertion. Jennifer suggested that prelicensure nursing education has not kept pace

with the rapid changes of health care. Even though Jennifer acknowledged being unable to identify the solution and that resolution will take time, she shared that faculty have increased simulated learning experiences, sought high quality clinical practicum sites, and attempted to employ faculty with clinical expertise. Jennifer concluded by stating that faculty were "doing a decent job."

Chloe's response began with, "Well, I think … we're all aware of that." While in agreement with the assertion, Chloe shared that faculty continually discuss strategies to better prepare students for practice during meetings. Chloe recognized the growing competency expectations of NGRNs and attributed this to the ever-changing complex work environments and medical treatment advances. To address this issue, faculty have increased student competency expectations by raising the minimal passing grade for nursing courses and incorporating a new test bank.

Chloe perceived the under-preparation of NGRNs as a multifaceted issue that requires an integrated approach for resolution. Recognizing that more needs to be done to better prepare nursing students for practice, Chloe believed that educational approaches that build critical thinking skills and confidence are essential. Notably, Chloe perceived that faculty may assist nursing students more than needed, especially at the beginning of prelicensure nursing education. Thus, she believed more simulation experiences afford opportunities for students to independently think and assume responsibility. With NGRNs at high risk for making errors, Chloe believed that new nurses need to have a questioning attitude and not fear seeking assistance, as nurses "still … eat our young."

With the resources available, Amy believed that prelicensure nursing education prepares graduates as well as possible. Stronger academic and practice partnerships were

needed to clarify NGRN competency expectations. Amy used the term, "divide" to describe the dichotomy between academia and practice expectations of NGRNs. This "divide" was attributed to the differences between regulatory agency requirements for academia and practice. Notably, Amy shared that the working relationship between academia and practice would not improve until "health care administrators … oversee nursing and academia." While the education program meets biannually with an advisory board, Amy perceived these meetings as discussions rather than mutually developing an effective plan for action. In conclusion, Amy's perception was that employers' expectations for NGRN are higher than academia can prepare them for.

Emily was ambivalent in responding to the assertion. Similar to Chloe's response, Emily believed that prelicensure nursing education with its time constraints and available resources well prepares graduates. Emily shared that it takes about a year for NGRNs to hold essential practice knowledge. Emily perceived employers often have unrealistic expectations for NGRN performance, such as that NGRN should be able to independently function without extensive orientation. While Emily wanted staff nurses to be satisfied with NGRN performance, she shared that these nurses talk about NGRN deficits. Again, Emily noted that academia and practice need to work closely together to identify NGRN competency expectations.

Overall, participants perceived that employer expectations for NGRNs are unrealistic. While academia prepares graduates as best as possible with insufficient resources, learning time constraints, and limited clinical sites, participants perceived more needs to be done from both the academic and practice side. While faculty have raised course passing grades and added more simulation, competency expectations continue to increase.

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To better prepare graduates, participants believed nurse residency programs that provide extensive orientation would assist with NGRN competency. Moreover, better partnerships between academia and practice that includes an action plan, rather than solely discussions, would be of value to faculty.

The sixth interview question served to address the research question, What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice? Analysis and interpretation of the data in response to this question contributed to developing the theme of Unrealistic Expectations from Stakeholders: Employer, Health Care Agencies, and Students.

Interview Question 7

Describe the challenges in preparing nursing students for practice.

Jane's description of the challenges in preparing nursing students for practice began with the provision of inconsistent clinical instructors and clinical experiences. Notably, Jane shared that often "it may seem like they're babysitting the students versus teaching." With frustration, she described having to repeatedly explain to the clinical instructors that "You're a teacher. This is your classroom." While Jane pointed out that some provided effective clinical education, often professional boundaries were not maintained, policies were not adhered to, or there was hesitancy to inform students of performance deficiencies. In addition, the inability to maintain high quality clinical sites throughout the academic year influenced student preparation for practice. She also spoke about the variance in commitment and dedication levels of faculty.

Another challenge was the lack of funding for educational resources, according to Jane. Thus, advanced technology that mimics practice settings or builds critical thinking

skills, such as web-based queries and simulations, were cost prohibitive. Moreover, by the time faculty agree on a product, its obsolete. She also described the challenges of insufficient faculty and its influence on her teaching load. Jane perceived sufficient faculty would afford each educator to gain topic expertise and to gain time for professional practice.

Jane described her concern that the university's hierarchy has influenced student admissions and progression. She shared how students with failing didactic or clinical grades have appealed and have been allowed to return to the nursing program.

Carol's description of challenges centered on developing student critical thinking skills and effective communication. She perceived the development of student critical thinking skills as a significant challenge, as students seek "black and white" without any gray areas; they just want the answer. Along with critical thinking, Carol was concerned about the students' ability to engage in meaningful conversations with physicians and patients. This included advocating for patients and questioning physician decisions. Since students' primary mode of communication was through social media and text messaging, face-to-face interactions were perceived by Carol as difficult. She worried that without these skills, as graduates, they may not comprehensively address or communicate a patient's problem.

Kay indicated that students wanted more clinical and nursing skill lab practice time. However, the length of the program and scheduling logistics between other programs using the skills laboratory are barriers to making these changes. Moreover, Kay perceived that students have little experience caring for several patients, as this does not occur until the last semester of the program. She added that nurse residency programs mitigate this education-to-practice gap.

Jennifer acknowledged that lacking the professional practice viewpoint was a challenge in teaching. She described the drastic changes in employer expectations and patient acuities. Thus, the faculty rely on the program's clinical practicum sites for the practice perspective, according to Jennifer.

Students unprepared for the rigor of nursing school also posed challenges. Faculty spend countless hours remediating students. In addition, often students work many hours, leaving little time for studying. According to Jennifer, assisting these students is "kind of like putting out fires." Jennifer described the management of student and parent concerns as "handling distractions more so than facilitating learning."

Jennifer also described the challenges of securing high quality clinical placements with the competition for these sites among other nursing programs. In addition, she shared student comments from recent program exit interviews that portrayed less than optimal clinical sites as unwelcoming and unfriendly towards students.

Likewise, Erin perceived that students are underprepared for the rigor of nursing school. She described deficient math and writing skills among students. While Erin provided remediation, she encountered students who could not solve basic math problems or even identify if the answer involved "teaspoons, tablespoons, or milliliters." Notably, Erin questioned if students can effectively learn nursing while receiving basic education remediation. "So you're trying to teach English at the same time you're trying to teach nursing and are, is your message of nursing getting lost in here's how you use a period."

Knowledge retention coupled with wanting the easiest path to learning also were perceived challenges. According to Erin, "if they [students] want to find an answer they turn to their phones and there's their answer and they haven't had to critically think through

problems or really retain information." In addition, like other participants, Erin mentioned that often students are also full-time employees, and thus lack sufficient study time.

Lastly, while Erin acknowledged that she believes each faculty member should have the autonomy to determine teaching modalities, some use innovative strategies and others continue to lecture. These different viewpoints can at times lessen faculty collegiality.

Several challenges were described by Chloe. She began by talking about the changing student, perceiving that many experience low self-esteem, anxiety, or depression. Additionally, more teaching time and resources, such as larger skills labs, were perceived as challenges. She shared, "if we didn't have quite so many people in this lab" or "if you just had just a little more time or maybe a few less students today, I could spend more time." Insufficient faculty was also perceived as a challenge.

With regard to the challenges of clinical practicum experiences, Chloe perceived the inconsistent availability of high-quality clinical sites and clinical adjunct faculty as negatively influencing student learning and their preparation for practice. Similar to other participants, she addressed the competition between other programs for clinical sites, adding that students could repeatedly care for similar patients during a rotation, depending on the site awarded. Adding to the deficiencies in clinical learning opportunities, Chloe perceived that often clinical adjunct faculty "teach clinical more for a paycheck than … not looking hard enough for experiences." For effective learning, Chloe perceived that clinical faculty need to be highly engaged with students during clinical practicums or students lose learning opportunities. In addition, the failure of clinical adjuncts to document student performance issues can result in the unintentional progression of students. According to Chloe, "If we don't find out where our student is weak while they're in the hospital and tell them and

document it, then we can't fix it by the end of clinical." As examples, Chloe described student deficiencies in IV, medication, and drug calculation proficiencies. She concluded by addressing the value of simulation in providing students equitable learning experiences; however, she acknowledged that it cannot totally mimic real-world clinical experiences.

Amy's perception centered on the challenges of teaching today's nursing students. She said that often students are underprepared for college expectations as they have deficient reading, math, and written as well as verbal communication skills. With regard to the communication inadequacies, Amy perceived that students "write like they text, and they talk like they're in a hurry." Adding to the learning challenges, often students are "first generation college" students who lack familial support and guidance. Moreover, outside school responsibilities, such as full-time employment, parenting, and lengthy commutes augment learning challenges. Similar to other participants, Amy addressed the perceived rise in student mental health concerns, which ranged from anxiety to "severe depression" and "psychotic episodes." The need for more resources to assist students was also brought forth. Amy concluded by sharing her frustration about students who are unwilling to invest the time to adequately learn nursing.

Emily summed up the challenges in preparing students for practices by describing students as "being overloaded." This overload involved insufficient study time due to non-academic obligations, learning excessive course content, and the perceived rise in students experiencing mental health disorders. She illustrated these points with student examples such as, "I just work so much … I just can't take a test when I'm so anxious."

She also perceived that more clinical time was needed to facilitate the application of knowledge. Emily believed that students memorize PowerPoint information, yet lack the

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skill set for its application. While she acknowledged that active learning strategies such as "case studies" and "simulations" facilitate application, Emily quite emphatically stated that these were "engaging techniques that I don't have time for." She also spoke about the logistical challenges of adding more simulation that can consume more than an additional class day.

To summarize, participants encounter multifaceted challenges in preparing nursing students for practice. These challenges spanned almost every aspect of prelicensure nursing education from program admission through completion. Curricula issues, such as abundant content, to uncommitted faculty who fail to engage students in learning, to suboptimal clinical experiences and clinical adjunct faculty, result in missed learning opportunities. Moreover, logistics and scheduling conflicts with other university programs affect the ability to offer more simulation. The rapidly changing health care environment also posed challenges for teaching current nursing practice.

Equally challenging for faculty was the under-preparation of nursing students for the rigor of college and nursing school. Participants perceived more students lacked basic education proficiencies, such as math, writing, and oral communication skills. In addition, knowledge retention and translating previous content to new nursing knowledge was difficult. More students were also perceived to experience anxiety and depression. Outside responsibilities, such as working and parental obligations, limited study time. The difficulties associated with developing critical thinking skills in students were also illustrated through participant responses.

The seventh interview question served to address the research question, What are the perceived challenges in preparing nursing students for practice? Analysis and interpretation

of the data in response to this question contributed to developing the themes of Facilitating

Learning among Today's Nursing Students, Teaching in an Era of Information Explosion

and Health Care Reform, and Providing High Quality Clinical Learning Experiences.

Interview Question 8

        What suggestions do you have to improve prelicensure nursing education?

        Carol's suggestions included a careful evaluation of course placement within the

curriculum plan. More difficult courses, such as pharmacology or pathophysiology, should

not be taken concurrently with a clinical nursing course, as students often concentrate their

studies on the most challenging course. Another suggestion was to optimize clinical learning

experiences by securing ideal clinical practicum sites with enthusiastic, committed, and

expert clinical faculty and nurse preceptors.

        Since Carol perceived that highly engaged students learn more, student engagement

was a suggested strategy to improve prelicensure nursing education. The final suggestion

from Carol was to carefully consider improvement strategies to avoid eliminating effective

processes. Given that improving prelicensure nursing education is continually discussed at

faculty meetings, Carol's concern focused on the ongoing curricular revisions that may

disregard effective approaches.

        Kay's suggestions focused on the curriculum and teaching. Appropriate course

placement and content reduction were perceived to enhance effective education. Kay also

discussed the perceived implications of having non-nursing faculty teach non-clinical

courses, such as pathophysiology and health care policy. With this approach, the nursing

perspective is often omitted, thus requiring nursing faculty to reteach this information in

subsequent nursing courses. Kay also perceived that non-nursing faculty were not receptive to collaborating with nursing faculty to incorporate the nursing stance.

Although recognizing this might cause dissatisfaction for employers and students, Jennifer suggested extending the length of prelicensure nursing education programs to provide students additional time for learning and clinical practice. In addition, Jennifer believed that prelicensure nursing education needs to be more standardized to reduce the performance variances among program graduates. To accomplish this, Jennifer first suggested that the minimal education requirement for entry into professional practice should be the same degree. Second, prelicensure nursing education program admission criteria and curricula should be similar in order to consistently enroll high quality students who receive a comparable education. Last, Jennifer believed that only one organization should accredit prelicensure nursing education programs. With a more standardized approach to prelicensure nursing education, Jennifer perceived that there would be less variance in program graduate performance.

Erin believed that having a deeper understanding of the expectations of prelicensure nursing education from accreditors, the board of nursing, nursing organizations, and health care agencies would facilitate improvement. Complicated and unclear accreditation standards, as well as inadequate improvement feedback from health care agencies offers little guidance to faculty in the preparation of prelicensure nursing students. Erin suggested it would be helpful if health care agencies specifically identified the education-to-practice deficits. Additionally, Erin perceived that having a detailed description of testable information on the NLCEX examination would be beneficial to faculty. Erin described the challenge of identifying essential content for students to learn and an uncertainty about

sufficiently addressing it. She pointed out that there can be variances with regard to the specifics of what constitutes safe practice by using the examples of medication administration and starting an IV. In conclusion, Erin stated, "So we're serving a lot of masters."

Chloe's initial suggestion was "curriculum development." Chloe believed that curriculum and teaching practices should emphasize knowledge application, critical thinking, and clinical decision making. In addition, improving prelicensure nursing education is dependent upon employing sufficient faculty, using various teaching modalities to address diverse learning needs, and adhering to hours of the curriculum plan. Seeking feedback about NGRN deficits from the program's advisory board and health care agencies was also perceived as important to improving prelicensure nursing education. Chloe shared that faculty visit hospitals to speak with nurses and graduates to learn about NGRN deficiencies and how the nursing program can improve. Chloe recognized that the requests of health care agencies often focus on task completion rather than on deep, meaningful learning. As an illustration, Chloe shared that an agency wanted graduates to become proficient in starting IVs and another in using insulin pens. Chloe recognized with concern that teaching the concepts related to safe IV practice and insulin administration were more critical than having students master the skill without conceptual understanding. Chloe perceived that health care agencies often lack understanding of the processes required to provide effective education.

Amy's suggestion was that both higher education institutions and nursing programs need to concentrate efforts to address the holistic needs of students. Additionally, there is a

need for adequate support services to assist students. She also suggested that education needs to "react more quickly to changes in society."

To discourage students working while attending nursing school, Emily's first suggestion was to offer more "scholarships and grants." In addition, improved onsite or affordable "mental health services" were needed to assist with the perceived growing student need for this service. Another suggestion was to have more tutors, especially those with expertise in the subject.

While Emily suggested that students need more clinical practice time, she recognized the drawback of burdening the student with more work, as well as the financial and enrollment implications of extending the length of the nursing program. During the discussion, Emily shared that barriers, whether financial or otherwise, often impede improvement efforts. She added that solutions often worsen another existing issue or negatively impact what is working well. Thus, prelicensure nursing education continues to be implemented relatively in the same manner as it has for years. Emily expressed that the failure to change the education process is not from faculty resistance, but rather due to the implications that a change imposes.

To summarize, prelicensure nursing education improvement suggestions focused on curricula, teaching practices, adding student resources, and understanding practice expectations. With regard to curricula, again careful course placement was identified, extending program length, standardizing admission criteria and curricula, and avoiding eliminating effective processes. Ensuring sufficient expert didactic and clinical faculty as well as highly qualified RN preceptors and robust clinical experiences was also suggested. Along with better engaged students, more funding was needed to improve student mental

health services and to provide educational assistance to reduce student work hours. Lastly, participants sought guidance about specific practice expectations from employers as well as from NCLEX. Notably, a participant shared that academia needs to respond more quickly to societal changes.

The eighth interview question served to address the research question, What are suggested strategies for interventions to improve prelicensure nursing education? Analysis and interpretation of the data in response to this question contributed to developing the themes of Uncertainty about Professional Practice Expectations, Facilitating Learning among Today's Nursing Students, Teaching in an Era of Information Explosion and Health Care Reform, and Providing High Quality Clinical Learning Experiences.

Prior to concluding the interviews, each participant was asked, "Is there anything else that you would like to add or share? Five of the eight participants offered additional thoughts.

Carol's perception was that prelicensure nursing education will continually be under review. At monthly meetings, the faculty discuss the NCLEX pass rates and evaluate student, as well as faculty input. While referencing how prelicensure nursing education can best prepare graduates, Carol stated, "I don't know that you can honestly answer that question, ever." Carol perceived it was a combination of educational strategies that best prepares graduates.

Kay added that the rising expectations for professional nurses may eventually necessitate a master's degree as the minimal degree for entry into practice. Kay described the influence of drastic health care changes and high patient acuities on professional nursing practice as "damn challenging," adding, "things … are out of control." Kay further

acknowledged that "there's only so much that nurse educators can do." While reflecting on her prior teaching experience, Kay perceived that teaching didactic and clinical nursing provided more awareness of nurse expectancies. However, high workloads prohibit faculty from currently providing clinical nursing instruction.

Erin expressed gratitude for the study, in hopes that an effective intervention may result. While Amy shared her passion for teaching nursing, she also spoke about the frustration of a few students who do not put forth effort and have high expectations of faculty. These negative student behaviors generated self-doubt in Amy's course decisions.

Emily perceived that students need to have trust that faculty want them to succeed, as distrust hinders effective education. As faculty uphold expectations, students often hold the perception that faculty want to fail them.

Themes

Eight participant interview questions linked to the study's central research question, What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education? and its five sub-questions served to obtain the study's data. Participant responses addressed the central research question and five sub-questions. A modified version of Colaizzi's (1978) data analysis method was used to interpret the data. Seven interrelated themes emerges through data analysis and data reduction. The themes included: (a) an uncertainty about professional practice expectations; (b) segregating practice preparation into three distinct entities: didactic knowledge, academic nursing skill proficiency, and clinical practice experience; (c) academic nursing ideals differ from professional practice realities; (d) adapting to educating today's nursing student; (e) unrealistic expectations from stakeholders: university employer, health care agencies, faculty, and students; (f) teaching in

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an era of information explosion and health care reform; and (g) providing high quality

student clinical experiences (see Appendix J).

Theme 1: Uncertainty about Professional Practice Expectations

High faculty workloads prohibit many faculty from concurrently practicing

professionally. Participants recognized that a lack of practice currency influences their

understanding of practice expectations; thus, they rely on the program's advisory board and

the clinical practicum sites for this view. With the rise in professional practice expectations

secondary to evolving changes in health care and high acuity of patients, one participant

notably mentioned that "educational institutions haven't changed as rapidly as the patient

populations have changed."

Overall, faculty perceived employer expectations of NGRNs were too high and

unrealistic. Among faculty themselves, there is a lack of consensus about NGRN practice

expectations. Clarity was requested from accreditors to assist in adequately preparing

students for practice expectations.

Theme 2: Segregating Practice Preparation into Three Distinct Entities: Didactic Knowledge, Academic Nursing Skill Proficiency, and Clinical Practice Experience

With regard to how prepared graduates were for practice, faculty responded by

distinguishing this preparation according to didactic preparation, academic skills lab

preparation, and clinical practice preparation. While it was perceived that graduates were

well prepared to prepared with theoretical knowledge, they were less prepared to actually

apply this knowledge to the care of patients. Even though the skills laboratory prepared

them, applying these same skills in professional practice was viewed differently. Clinical

expertise was perceived to take more time and experience, well beyond the time frame of prelicensure nursing education.

Theme 3: Academic Nursing Ideals Differ from Practice Realities

While clinical practicum experiences were perceived as essential for learning nursing and for preparing graduates for practice, positive, enthusiastic nurse role models that demonstrate best practices were essential to mitigate the academic-to-practice gap. Faculty strive to maintain quality clinical sites, yet many nursing schools compete for these same sites each semester. Thus, faculty remain challenged to ensure that students gain ideal clinical experiences that mimic the didactic education provided.

Theme 4: Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students

Descriptions of unrealistic expectations were provided by faculty. These expectations included those from their employer, from health care agencies, from faculty towards students, and from students towards faculty. While most centered on the high expectations of health care agencies with regard to NGRN performance, faculty perceived that NGRN expectations should be lessened to that of an entry level nurse. Faculty teaching expectations as well as student learning expectations were also perceived at times as unattainable; specifically, with regard to teaching and learning vast content. One participant perceived that when faculty uphold student expectations, it may create a "lack of trust" among students.

Theme 5: Facilitating Learning among Today's Nursing Students

A majority of participants described difficulties facilitating learning among students who often were underprepared for the rigor of nursing school. A participant shared,

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"students don't always come in with an understanding of how time consuming or how challenging the major's going to be." This under-preparation spanned the spectrum from deficient math, English, and communication skills, to juggling many responsibilities outside of school, such as work, parenting, and social activities. Participants also perceived that more students experience mental health struggles or learning disabilities. Overall, these issues distracted students from learning and faculty from teaching. One participant stated it was, "kind of like putting out fires … it's like handling distractions more so than facilitating learning."

Since student needs exceeded available university support services, faculty provided time-intensive basic education remediation. Concerns emerged, however, about learning nursing while receiving remediation: "is your message of nursing getting lost in here's how you use a period." Frequent text messaging by students was perceived to contribute to their communication inadequacies. One participant stated, "they write like they text. They talk like they're in a hurry." Another related the implications to patient safety: "I worry if you can't have those conversations, are you going to miss something."

Poor knowledge retention, coupled with immediate internet access, accentuated the perceived challenge of developing critical thinking skills. As a participant described, "they turn to their phones and there's their answer and they haven't had to critically think through problems or really retain information." The same participant added, "When I … talk … about compensatory mechanisms … and how can we deliver medications …, they look at me as if I'm speaking a whole different language."

While faculty value online tools to assist with critical thinking development, budget constraints and time-consuming decision-making processes create artificial barriers. A

participant shared, "there's so many online … tools …, we just have to be very frugal ... we have to analyze, … compare, … and everyone has to agree.…by the time we do that, they're outdated."

The importance of student engagement in learning emerged. A participant explained, "if you're really engaged …, you can get a lot from it. . . . some students … think they can get by." Sustaining student engagement requires faculty persistence: "students get tired. … they want the easy path … so convincing them that sometimes the harder road is more rewarding in the end."

Another pressing concern was that faculty may not decide who becomes a nurse. One participant noted that the university has been "somewhat involved" with admissions, academic progression, and readmissions after dismissal for poor grades or clinical skills.

Theme 6: Teaching in an Era of Information Explosion and Health Care Reform

As it relates to the wealth of ever-changing health information, the majority of participants identified a need for more teaching and learning time. One participant described the struggle of feeling responsible for a plethora of new content while recognizing the value of active learning: "those more engaging techniques are time consuming. … I don't have time to use them." Time constraints also influenced clinical learning. A participant expressed, "the program is so intensive … there literally isn't time unless we … add … another year… Only at the very end of the program, will they have multiple patients." Even simulation presented time and scheduling challenges.

The educational implications of ongoing health care reform were profoundly summarized by a participant:

> [T]he demands in the clinical setting have changed so dramatically over time …, much more acuity, more shorter stays, um, all the emphasis on not having readmissions … it's … challenging. Things that are out of control. There's only so much that nurse educators can do … We can't also be in the clinical setting.

Another mentioned, "even if we are practicing clinically, um, its limited. We're not full-time practitioners, so we lack some perspective."

Theme 7: Providing High Quality Clinical Education

Faculty recognized high quality clinical experiences were critical for preparing practice-ready graduates. Two perceived determinants influencing clinical learning were the teaching aptitude of instructors and the experiences offered by clinical sites. Quite powerfully, a participant selected the term, "babysitting" to describe futile clinical instruction. it may seem like they're babysitting the students versus teaching.… it's really challenging to … reiterate … you're a teacher. This is your classroom." Maintaining professional boundaries, adhering to academic policies, and informing students of needed performance improvements were perceived as vital for competence development. Although one participant described many clinical faculty as "great teachers," other issues surfaced, such as "they want to be friends with their students, … don't want to, um, kind of follow policy. And they're not still willing to give … constructive feedback." Another outlined the patient safety implications when clinical instructors do not adhere to faculty expectations:

> If we don't find out where our student is weak while they're in the hospital and tell them and document it, then we can't fix it by the end of clinical … then that student could slide by and we miss …, they're really weak on their IV skills or … oral meds … can't do a dosage calculation.

Likewise, enthusiastic, experienced registered nurse preceptors are indispensable. A participant noted, "it's a real struggle … you want a good preceptor … you don't want … Yeah, I'll do it."

Varied clinical experiences that afford content application and welcoming positive nurse role models were perceived to facilitate learning. However, attaining consistent access to these clinical sites can be arduous, particularly when placing many students. As a participant noted, "We're always in competition with several other schools … what … sites … rotations we get … can have an impact on what kind of experiences the students are getting. … it's a challenge."

Summary

This study sought to describe the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education. A purposeful sample of eight faculty provided rich and exhaustive descriptions in response to eight interview questions linked to the central research question and its five sub-questions. Overall, while prelicensure nursing education was perceived as effective, the faculty participants from a single prelicensure nursing program encountered many internal and external challenges that influence its effectiveness. While improvement strategies were shared by these participants, often changing one aspect creates a domino effect that negatively influences effective education interventions already in place. One predominant theme was an uncertainty regarding professional practice expectations. Without this knowledge, these faculty participants lacked clear direction in preparing prelicensure nursing education nursing students for professional practice.

CHAPTER 5

CONCLUSIONS AND DISCUSSION

This qualitative descriptive study described the effectiveness of prelicensure nursing education from the perspective of eight nursing faculty teaching in a baccalaureate of science nursing program at a U.S. Midwestern university. Globally, new graduate registered nurses (NGRNs) continue to enter the workforce underprepared for the expectations of professional practice (Hickerson et al., 2016; Huston et al., 2018; Kavanagh & Szweda, 2017). This study filled a gap in the literature by examining this perplexing phenomenon from the faculty perspective.

A modified version of Colaizzi's (1978) data analysis method was used to analyze and interpret the data. The emergent themes from this study illustrate the cumulative, multifaceted issues influencing successful prelicensure nursing education. This study's findings add to nursing's existing knowledge base of the discipline's education-to-practice gap, provide much needed data for future tool development, and can contribute to interventions to assist with the problem. This chapter provides a discussion of the study's conclusions, its strengths and limitations, and the implications for nursing education and administration, professional practice, and future research.

Discussion

This study's exploratory approach and key findings elucidated the multifaceted issues inherent within prelicensure nursing education that influence its effectiveness. These findings include faculty responsibility for student readiness without a clear understanding of preparation for practice expectations, students with less preparation academically, an explosion of data and health care reformation, and the necessity for high-quality clinical

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education. Upon thematic analysis of data, seven interrelated themes emerged that capture the faculty perspective with regard to the effectiveness of prelicensure nursing education, the study's central research question. Next, each theme's interpretation is discussed, as well as its relationship to previous research findings.

BSN Faculty Perspectives Regarding the Effectiveness of Prelicensure Education

Regarding the central research question for this study, participants were thoughtful and candid with their responses. While overall, participants viewed prelicensure nursing education as effective, several underlying multifaceted issues emerged that influence its effectiveness. As one participant shared, "I don't think the issue's so much with prelicensure nursing education or the philosophy of it. I think it's other, other factors that are at play." To explicate the complex and multidimensional nature of challenges faculty contend with to prepare practice-ready graduates, seven interrelated themes emerged from the narrative data analysis that addressed the study's central research question and its sub-questions. The emerging themes included: a) an uncertainty about professional practice expectations; (b) segregating practice preparation into three distinct entities—didactic knowledge, academic nursing skill proficiency, and clinical practice experience; (c) academic nursing ideals differ from professional practice realities; (d) adapting to educating today's nursing student; (e) unrealistic expectations from stakeholders: university employer, health care agencies, faculty, and students; (f) teaching in an era of information explosion and health care reform; and (g) providing high quality student clinical experiences.

Uncertainty about Professional Practice Expectations

The struggle to clearly identify entry level professional nurse expectations emerged from this study. Factors contributing to this perception included first, the lack of practice

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currency among didactic and skills laboratory faculty. Participants recognized that being apart from the professional practice setting contributed to a perceived sense of unawareness of practice expectations. Nursing literature has anecdotally suggested that remaining practice current provides faculty with an understanding of the influence of health care reformation on nurse expectancies, and its absence contributes to the discipline's education-to-practice gap (Kavanagh & Szweda, 2017; Ruchala, 2015). Moreover, the American Association of Colleges of Nursing (AACN) Vision for Academic Nursing (2019) specified that the ongoing professional practice of prelicensure BSN faculty ensures that curricula and teaching practices align with current nursing trends.

Second, participants acknowledged the difficulties in keeping pace with the rapidly unfolding changes in health care and patient populations. Thus, it becomes increasingly challenging to identify exactly what to teach and to evaluate to measure student nurse competency. As a participant shared, "how do we even decide what is ready, what is safe?" Others described the difficulties of teaching the complexities of nursing without direct involvement in the practice setting. A rapid proliferation of new nursing knowledge, coupled with the failure to eliminate irrelevant, outdated practices further complicates curricula and teaching decisions (Giddens & Brady, 2007; Kavanagh & Szweda, 2017; Valiga, 2012). An oversaturated curriculum and teaching time constraints contributed to a faculty-perceived curriculum gap in teaching pain management at 17 U.S. East Coast prelicensure nursing programs (Campbell, 2019).

Third, a dissonance existed between employers and faculty, as well as among faculty with regard to entry level nurse practice expectations. The dichotomy between employer and faculty expectations of NGRN competencies has been previously reported (Berkow et al.,

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2008; Numminen et al., 2014); however, more information related to this dissonance surfaced in this study. Factors contributing to this contention included the perception that employers lack knowledge of the processes required to provide effective education, place higher priority on skill proficiency rather than on having conceptual understanding, and hold an unrealistic expectation of novice nurses.

Although previous research has not yet identified the lack of agreement among faculty about NGRN competencies as found in this study, it does support faculty disagreement with regard to identifying essential curricula content. Giddens and Brady (2007) asserted that evolving health care system changes, coupled with the proliferation of new nursing knowledge, challenge faculty to identify critical curricula content. Moreover, Baron's (2017) grounded theory study supported that a major challenge for faculty in transitioning to a concept curriculum was eliminating content. The study involved eight U.S. nursing faculty from two Western state programs, a prelicensure BSN and RN to BSN. Since program outcomes serve as the core of curriculum development (Wros et al., 2015), these findings contribute to the complexity of the study's phenomenon.

Moreover, while study participants were uncertain about the specifies of practice expectations, they expressed serious concern about students' deficient critical thinking and communication skills as well as their ability to manage care for multiple patients. This vital skill set is integral to safe and effective entry level professional practice. While previous research has identified these same deficiencies among NGRNs or prelicensure nursing students (Berkow et al., 2008; Burger et al., 2010; del Bueno, 2005; Huston et al., 2018; Kanter & Alexander, 2012; Kavanagh & Szweda, 2017), the faculty perspective from one program in one region was acquired in this study.

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Fourth, there was a perception that ambiguous accreditor guidelines fail to explicitly provide sufficient detail to guide faculty in the adequate preparation of students for practice. Ruchala (2015) noted that while the AACN's (2008) *The Essentials of Baccalaureate Education for Professional Nursing Practice* details fundamental guidelines for prelicensure nursing curricula, there is a lack of agreement among faculty with regard to identifying core curricula content. Moreover, state boards of nursing often have regulations with regard to criteria for curriculum content and course sequencing (Fontaine, 2015).

With each of the factors discussed that contribute to an uncertainty about professional practice expectations, there was a heavy reliance from faculty on the program's advisory board and on clinical practicum sites to gain the practice perspective to assist in identifying entry level practice expectations. Notably, robust academic service partnerships have been recommended by previous nurse researchers (Huston et al., 2018; Institute of Medicine [IOM], 2010; Kavanagh & Szweda, 2017) and the AACN (2020c) to mitigate nursing's education-to-practice gap. The immense value of this type of collaborative partnering is further supported given that the Commission on Collegiate Nursing Education (CCNE, 2015) requires health care organizations to partner with at least one nursing education program as part of the certification process for nurse residency programs (AACN, 2015). Since nurse residency programs are a continuance of prelicensure nursing education, it is reasonable for a prelicensure nursing program to serve as the academic partner (Goode et al., 2016).

Furthermore, over a decade ago, Berkow et al. (2008) recommended that the rank order of new graduate nurse competencies, from the Nursing Executive Center's national study among nursing education and practice leaders, frame discussions between these two

groups to improve NGRN competency. According to Berkow et al. (2008), the competencies

rank order could also serve to identify the best setting for developing specific competencies,

such as during academic skills laboratories, clinical practicums, or as NGRNs transition into

practice (Berkow et al., 2008). Even though follow-up on this recommendation has been

lacking in the literature, the Nursing Executive Center's New Graduate Nurse Performance

Survey rank order of competencies has the potential to guide discussions between academia

and practice to redesign curricula and achieve agreement between these two groups

concerning NGRN competency expectations.

Interpretation of the Findings

Segregating Practice Preparation into Three Distinct Entities: Didactic Knowledge, Academic Nursing Skill Proficiency, and Clinical Practice Experience

In response to the level of preparedness of graduates for practice, the majority of

faculty indicated that graduates were well prepared with theoretical knowledge and held

academic skill laboratory proficiency; however, the application of this knowledge to clinical

practice was lacking. Only one participant perceived that graduates were sufficiently

prepared from the clinical practice perspective with the clarifier, as "entry level

practitioners." Since faculty participants solely taught didactic and/or skills laboratory

content and directly evaluated student learning in these areas, it raises the question if faculty

are more confident in assessing student progress when they are directly involved with their

learning. Previous research illustrated that an overwhelming majority of U.S. academic

deans viewed their graduates as practice-ready while many practice leaders viewed them as

underprepared (Berkow et al., 2008).

The interrelated educational processes integral to teaching and learning nursing, such as didactic content in a classroom, nursing skill acquisition in a laboratory, and application of knowledge in a clinical setting, contribute to the complexity of prelicensure nursing education (Murray, 2016). This study's unanticipated finding of the separation of didactic knowledge, from academic nursing skill proficiency and clinical practice experience, coupled with Berkow et al.'s (2008) prior findings, may suggest an overconfidence among faculty in their teaching abilities or an unawareness of practice expectancies. While future research is needed to gain this insight, collaborative academic and practice partnerships have been suggested to mitigate nursing's education-to-practice gap (Huston et al., 2018; Kavanagh & Szweda, 2017). In addition, providing faculty development to raise awareness of study findings that illustrate the under-preparation of NGRNs may serve as a starting point.

Academic Nursing Ideals Differ from Professional Practice Realities

While clinical practice experiences were perceived as a critical component of effective prelicensure nursing education, often these experiences conflicted with the theoretical knowledge imparted to students. Not only were students witnessing improper techniques, but at times, nurses were not role modeling the altruistic values of the profession. One participant attributed poor professional practice to the difficulties in educating vast numbers of nurses amid the rapid changes occurring in health care. Jack et al.'s (2017) qualitative descriptive findings, involving 14 prelicensure nursing students from England, suggested that nurses employing substandard practice negatively influenced student learning and generated undesirable perceptions about the profession. In comparison, competent nurses supportive of students were perceived to promote effective education

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(Jack et al., 2017). Moreover, findings from Roney et al.'s (2017) mixed method study of 18 U.S. northeastern BSN clinical faculty also supported this study's finding in that nursing students were definitely capable of identifying breaches in best practices within hospital settings. Over one academic semester, nursing faculty study participants identified 24 significant patient safety issues at nine different hospitals (Roney et al., 2017). The publication did not address if the clinical agency hospitals received Magnet Recognition or were identified as Critical Access hospitals.

Of grave concern regarding the findings of this study and those of previous studies (Jack et al., 2017; Roney et al., 2017) is the possibility that some students may unknowingly adopt observed poor practices, thus jeopardizing safe, quality care. The alarming rise in preventable medical errors (Makary & Daniel, 2016), coupled with the overwhelming stress NGRNs experience that contributes to practice errors and poor patient outcomes (Hickerson et al., 2016; NCSBN, 2020), intensifies this concern. Thus, prelicensure nursing education must equip graduates with the skill set to advance safety and quality within immensely complicated health care systems (Giddens et al., 2015).

Again, strong academic and practice partnerships could serve as the foundation for these discussions. Similar to the collaborative relationships between academic leaders and nursing faculty with practice leaders in nurse residency programs (Goode et al., 2016), a mutual sharing of the issues that influence nursing student competency development could occur. For example, while clinical site evaluation from both faculty and students occurs to support program evaluation (Keating, 2015), these results may not ultimately be communicated to the nursing team. Additionally, to address the significance of positive

nurse role modeling to effective student learning, nursing faculty could share applicable research findings with these clinical site partners.

Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students

High teaching loads, coupled with other faculty responsibilities, such as providing intense remediation, counseling students, and performing clerical work, exacerbated the challenge of providing effective education in this study. Excessive workload has been identified as a contributing factor to the nursing faculty shortage (AACN, 2018b; Oermann et al., 2016).

As previously mentioned, this study's participants also perceived that health care agencies expected NGRNs to function at a higher level than prelicensure nursing education prepares them for. At times, participants perceived other faculty held too high expectations for students, particularly with regard to learning excessive content. Previous research has shown that the expectation of students to learn exorbitant content overwhelms students (Baron, 2017; Smith-Wacholz et al., 2019).

With regard to unrealistic student expectations, there was a perception that their expectations of faculty were too high, such as assuming faculty will adjust policies to meet their requests and offer assistance to them according to their schedules. Students were also perceived to expect that professional practice settings functioned seamlessly. Even though participants indicated that their expectations of students were clearly articulated, this was not their perception of the faculty overall.

Facilitating Learning among Today's Nursing Students

Overwhelmingly, participants discussed the challenges of educating students often underprepared for the rigor of nursing school. The educational under-preparation of nursing students follows the National Center for Public Policy and Health Education's (2010) report that almost 60% of first-year college students are academically unready. Moreover, Felicilda-Reynaldo et al.'s (2017) qualitative descriptive findings of 19 BSN students from a Midwestern university suggested that they did not employ effective study habits or devote time for meaningful learning while taking prerequisite general education courses.

At the study site, enrollment pressures have resulted in a reduction in admission criteria. With insufficient university resources to assist these students, faculty provided time-intensive remediation. Custer (2016) suggested that high faculty workloads limit time available to provide remediation; yet previous research has linked remediation to better nursing course outcomes (Corrigan-Magaldi et al., 2014), higher standardized test scores (Barton et al., 2014; Lauer & Yoho, 2013), and better program success on the National Council of State Boards of Nursing licensure examination (NCLEX) (Corrigan-Magaldi et al., 2014; Horton et al., 2012), a critical measurement for prelicensure nursing program effectiveness (AACN, 2018a).

Notably, this study's findings presented another viewpoint worthy of consideration, as a participant questioned whether students were capable of acquiring the necessary depth of nursing knowledge, while concurrently relearning prerequisite content that should have been mastered. Thus, learning the complexities of nursing may become more difficult while relearning fundamental academic skills, such as math and writing, as found in this study.

The AACN (2019) projects that higher education institutions will continue to experience budget constraints, thus limiting resources to assist faculty and students. As faculty workloads rise (AACN, 2019), strategies that ensure high quality education need to be created. Custer (2016) recommended that nursing faculty utilize existing supplementary resources interlinked with student textbooks. In addition, Mee and Schreiner (2016) suggested integrating remediation into prelicensure nursing education curricula. Custer (2016) asserted that remediation activities can be completed by students individually or within student groups. The AACN (2019) advised nursing faculty to use technological advances and virtual learning experiences to target the affective and cognitive learning domains. Moreover, establishing accredited simulation centers within regions would afford the distribution of costs across various nursing schools (AACN, 2019). Given the additional burden that academic under-preparation places on faculty and student learning, incorporating remediation into each nursing course seems like a viable option to improve retention and transferability of previous knowledge to essential nursing concepts.

Participants also repeatedly shared that students had many outside of school responsibilities and high anxiety and stress, and that more experienced mental health issues as well as learning disabilities. These particularities also reflect today's U.S. college population. The American College Health Association's National College Health Assessment (2018) reported 63% of U.S. college students experienced overpowering anxiety. Moreover, the Center for Collegiate Mental Health (2020) reported that anxiety and depression are the two leading causes that drove students to pursue mental health counseling. The National Center for Education Statistics (2018) published that 11% of U.S. college students self-reported having a learning disability.

Similarly, Popkess and Frey (2015) reported substantial differences among present day nursing students. Today's nursing students face overwhelming time demands and have a wide range of learning needs as well as expectancies (Popkess & Frey, 2015). Consistent with other studies (Jeffreys, 2014; Petges, 2019; Priode et al., 2020), participants reported that non-academic factors, such as family and work responsibilities as well as financial burdens contributed to learning difficulties. Mee and Schreiner (2016) identified that these non-academic factors negatively influenced at-risk prelicensure nursing students' self-efficacy. While participants in this dissertation study were genuinely concerned about their students' health and well-being, providing support was described as time consuming and mentally draining; it also potentially took away time from teaching critical nursing concepts. Findings in this study of faculty perspectives are consistent with the student perspective and indicate a need for interventions to reduce both student and faculty burden.

Overall, these situations begin to lay the foundation for the challenges faculty confront in preparing students for practice. It illuminates the labor-intensive processes involving faculty that take time away from curricula redesign and developing innovative teaching practices, as recommended by the Institute of Medicine Report (2010) to improve prelicensure nursing education. Moreover, the faculty attention given to students requiring remediation may negate raising the competency level of other students, as identified by a study participant. This knowledge also highlights whether academically underprepared nursing students can become competent NGRNs within the time span of a baccalaureate nursing program. Likewise, it suggests that sufficient study time is needed for meaningful learning and knowledge retention, which some of today's students may dismiss or not recognize.

Similarly, another common description was that of the difficulties associated with developing student critical thinking skills. Since learning to critically think requires application, analysis, and critical reasoning, teaching and learning this higher level of thinking is exceptionally challenging (Johanns et al., 2017). In the current study, ease of internet access was viewed as a barrier towards building critical thinking skills. The frequent use of text messaging among students was also reported to negatively influence their communication skills. Text messaging has previously been noted as a contributing factor to the poor writing skills of today's students (Ruchala, 2015).

Additionally, descriptions of student behaviors, such as unmotivated, lacking intellectual curiosity, and disengaged from learning, were perceived by study participants to hinder critical thinking development. Sustaining learning engagement required faculty persistence. According to Lopez et al. (2020), the complex processes for developing student critical thinking skills warrants expert teaching, sufficient time, and committed engagement. Moreover, while previous research has illustrated the critical thinking deficiencies of NGRNs (del Bueno, 2005; Fenske, et al., 2013; Kavanagh & Szweda, 2017), findings from this study identified that while faculty valued online tools to assist with critical thinking development, budget constraints and time-consuming decision-making processes created artificial barriers. For example, at times decisions about educational products were so delayed the product became outdated.

Another factor intensifying the challenge of providing effective education was the generational differences between faculty and students. The widening age gap between nursing faculty and students gives rise to diverse perspectives about teaching and learning (Popkess & Frey, 2015). Present day nursing students encompass several generations—

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Millennials, Centennials, Generation Z, as well as Baby Boomers (AACN, 2019). Moreover, the prelicensure nursing student population includes first- and second-degree students (AACN, 2019). Participants reported that multiple education modalities were needed to address the diverse learning needs and preferences of students. At the same time, difficulties with communication and learning expectations between faculty and students emerged, with some attributing this to the perception that earning the degree was more important than actually learning nursing. Student respect for faculty wisdom was also perceived to have dwindled over time.

Most disturbing was that faculty may not ultimately decide who becomes a nurse. Descriptions of how the university has been "somewhat involved" with admissions, academic progression, and readmissions after dismissal for poor grades or clinical skills. Previous research has suggested that the lack of support from higher education administrators to uphold failing grades during student appeals contributes to faculty passing undeserving students (Docherty & Dieckmann, 2015; Hughes et al., 2016). In addition, in the current study, some students were not perceived as following the chain of command when disputes arose.

Teaching in an Era of Information Explosion and Health Care Reform

Participants in this study identified that the rapidly evolving changes in health care and ongoing proliferation of new nursing knowledge posed immense teaching and learning challenges. Difficulties with keeping abreast of nursing and health care trends emerged from this study. The nursing literature has illustrated that health care reformation, advanced medical treatments, and nursing's expanding knowledge base have contributed to a nursing curriculum saturated with content that overwhelms both faculty and students (Giddens &

Brady, 2007; Hendricks & Wangerin, 2017). Although innovative curricula and teaching practices that foster deep, experiential learning have been recommended to better prepare prelicensure nursing program graduates (Benner et al., 2010; Huston et al., 2018), this study's findings indicated that time constraints often led participants to resort to lecture, despite having an awareness of evidence-based teaching strategies. Similarly, Hendricks and Wangerin (2017) identified this same issue as a barrier towards deep, meaningful learning. The authors suggested that faculty intertwine active learning strategies around brief lecture excerpts to sustain student engagement (Hendricks & Wangerin, 2017).

Additionally, while simulation and clinical experiences were valued for content application by participants, the logistics of scheduling simulation time, coupled with competition for its use among other departments, created barriers. More clinical time was not perceived as an option due to the program's length. Overall, curricula revision appears to be a possible resolution to mitigate the content overload, increase simulation, and expand clinical experiences.

Providing High Quality Clinical Experiences

Study participants overwhelmingly recognized that high quality clinical experiences were integral for the application and synthesis of nursing knowledge, as previously reported in nursing literature (Benner et al., 2010; Ironside et al., 2014; Luhanga, 2018; Rolston et al., 2017; Tanner, 2006; Woda et al., 2019). However, in this study, significant challenges emerged with providing clinical education, which has also been previously reported in the same literature.

The study site employed a traditional clinical education framework in which clinical adjunct faculty supervise a group of nursing students, typically providing care to one to two

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patients (Ironside et al., 2014; Luhanga, 2018; Tanner, 2006). Nearly 15 years ago, Tanner

(2006) asserted that this model, in existence for over a half of century, significantly

compromised student learning. The model's drawbacks, identified by Tanner (2006) and

others (Benner et al., 2010; Ironside & McNelis, 2010; Luhanga, 2018; Woda et al., 2019),

also resonated in this study: (a) insufficient quality clinical sites, (b) unqualified clinical

faculty, (c) lack of diverse patient experiences, (d) focus on nursing task completion by

faculty and students rather than on critical thinking, and (e) missed learning opportunities.

Despite these teaching and learning barriers, faculty often continue to use this model even

though the landscape of health care has significantly evolved (Ironside et al., 2014).

Nursing literature has suggested that the complexity of patients and health care

systems has intensified the challenge of providing effective clinical education (Benner et al.,

2010; Ironside et al., 2014; Tanner, 2006; Woda et al., 2019). Study participants repeatedly

cited that competition among other nursing programs for quality clinical sites, a known

prevalent barrier (Ironside & McNelis, 2010; Tanner, 2006; Woda et al., 2019), influenced

the sites the program was awarded. Since clinical learning opportunities were primarily site-

driven, this prevailing trend equates to students receiving varying learning experiences.

Although Tanner (2006) and Woda et al. (2019) cited erratic patient censuses as a factor

contributing to inadequate student learning, this detail was not identified by this study's

participants. Simulation has been recommended to mitigate the challenges associated with

providing clinical education and ensure students receive equivalent learning experiences

(Hayden et al., 2014). The National Council for State Boards of Nursing (NCSBN's)

National Simulation Study (cited in Hayden et al., 2014), a large, randomized control study,

provided evidence that when high-quality simulation replaced as much as 50% of traditional

clinical hours, similar end-of-program outcomes were achieved (Hayden et al., 2014).

Moreover, optimal clinical sites were perceived as those that offered diverse learning

experiences correlating with didactic content and had enthusiastic, positive nurse role who

supported student learning. This was not always the case, as described in this study. Similar

to previous research (Ironside & McNelis, 2010; O'Mara et al., 2014), students often

encounter unsupportive nurses. Ironside and McNelis (2010), as well as Tanner (2006)

described at times a resistance among nurses to work with students that spanned from

unfriendly to belligerent. Tanner (2006) and Woda et al. (2019) attributed this negative

behavior to nurses, already taxed with meeting critical patient needs, becoming

overwhelmed with additional expectations to facilitate student learning.

The literature cited that clinical faculty often lacked formal education and

preparation for the complexity of the role (Luhanga, 2018). Moreover, high turnover and

recruitment difficulties exacerbate the challenge of hiring qualified clinical faculty

(Luhanga, 2018). Comparable to these findings, study participants perceived that these

issues negatively influence student learning. Unique to this study, participants also

questioned the employment motives of some clinical faculty. One participant shared that it

seemed that some "teach clinical more for a paycheck" and another compared the teaching

of some to "babysitting." Descriptions of poor clinical teaching practices included assigning

less-complex patients, neglecting to provide constructive feedback, overlooking important

student performance documentation, disregarding professional boundaries, and not adhering

to department policies. It is most concerning that the failure to document poor student

performance can result in the unintentional progression of unsafe students. Providing

extensive orientation and education may offer one solution to improve the skill level of clinical faculty.

The literature has also identified that the demands of the clinical environment, coupled with its patient complexities, has significantly limited time to develop students' critical thinking (Benner et al., 2010; Ironside et al., 2014; Luhanga, 2017; Tanner, 2006). Benner et al. (2010) and Ironside et al. (2014) identified that this situation has resulted in both faculty and students focusing more on task completion. In this study, participants perceived that it created ongoing missed learning opportunities, as faculty spent an exorbitant amount time with some students, forgoing others, who then to lose learning opportunities, which has also been previously reported (Ironside et al., 2014; Luhanga, 2018). Another issue contributing to missed learning opportunities that emerged in this study and O'Mara et al.'s (2014) findings was the restrictions that clinical agencies impose on student practices, limiting them from gaining much needed nursing skill experience. Study participants also voiced concern that students do not acquire experiences with the management of care for multiple patients until their final semester, when they work with an RN preceptor. With the ongoing expansion of nurse competencies and responsibilities, these issues exacerbate the challenge of preparing nursing students for professional practice.

Although the traditional model has its shortcomings, Luhanga's (2018) qualitative findings of five Canadian faculty and seven clinical instructors suggested that the benefits of this model included: (a) learning from supportive peers, (b) faculty awareness of the nursing curriculum and assessment of learning processes, (c) ability to guide students, (d) authority over learning, and (e) opportunities for learning experiences in diverse settings. Study participants viewed clinical faculty as having an unawareness of the curriculum and learning

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processes. Comparable to the aforementioned research, the model's barriers were: (a) large student groups, (b) time constraints, (c) potential patient safety implications with overburdened faculty, (d) being viewed as a visitor, and (f) insufficient role preparation (Luhanga, 2018).

Given the challenges presented here with providing high quality clinical experiences, no study participants raised the possibility of changing the clinical education process. This finding was comparable to those from a National League for Nursing (NLN) Survey (cited in Ironside & McNelis, 2010) that examined the barriers associated with prelicensure clinical nursing education. Although over 2,000 U.S. faculty responded, few questioned the framework for providing clinical education (Ironside & McNelis, 2010).

Overall, the challenges discussed here under the traditional clinical education model suggest that it contributes to the inadequate preparation of graduates for the reality of contemporary nursing practice. Because teaching faculty is often overburdened and inexperienced, extensive role preparation and continued mentoring needs to occur to enhance their teaching effectiveness. More importantly, with the complexities of today's nursing practice and its management of care responsibilities, innovative curricula models need to urgently be investigated for future use (IOM, 2010; NLN, 2020b). With these innovative models, significant consideration should be given to incorporating simulation as an effective replacement for a proportion of traditional clinical hours to support consistent student learning experiences (Hayden et al., 2014).

In summary, this study's findings illuminated the multifaceted issues embedded within prelicensure nursing education that influence its effectiveness. The seven interrelated themes that emerged from the study's findings explicate the previously unknown BSN

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faculty perspective. Figure 5.1 illustrates the faculty perceived factors that impact the design

and delivery of effective prelicensure nursing education.

Figure 5.1

Illustration of Themes and Subsequent Related Factors Influencing
Prelicensure Nursing Education Effectiveness
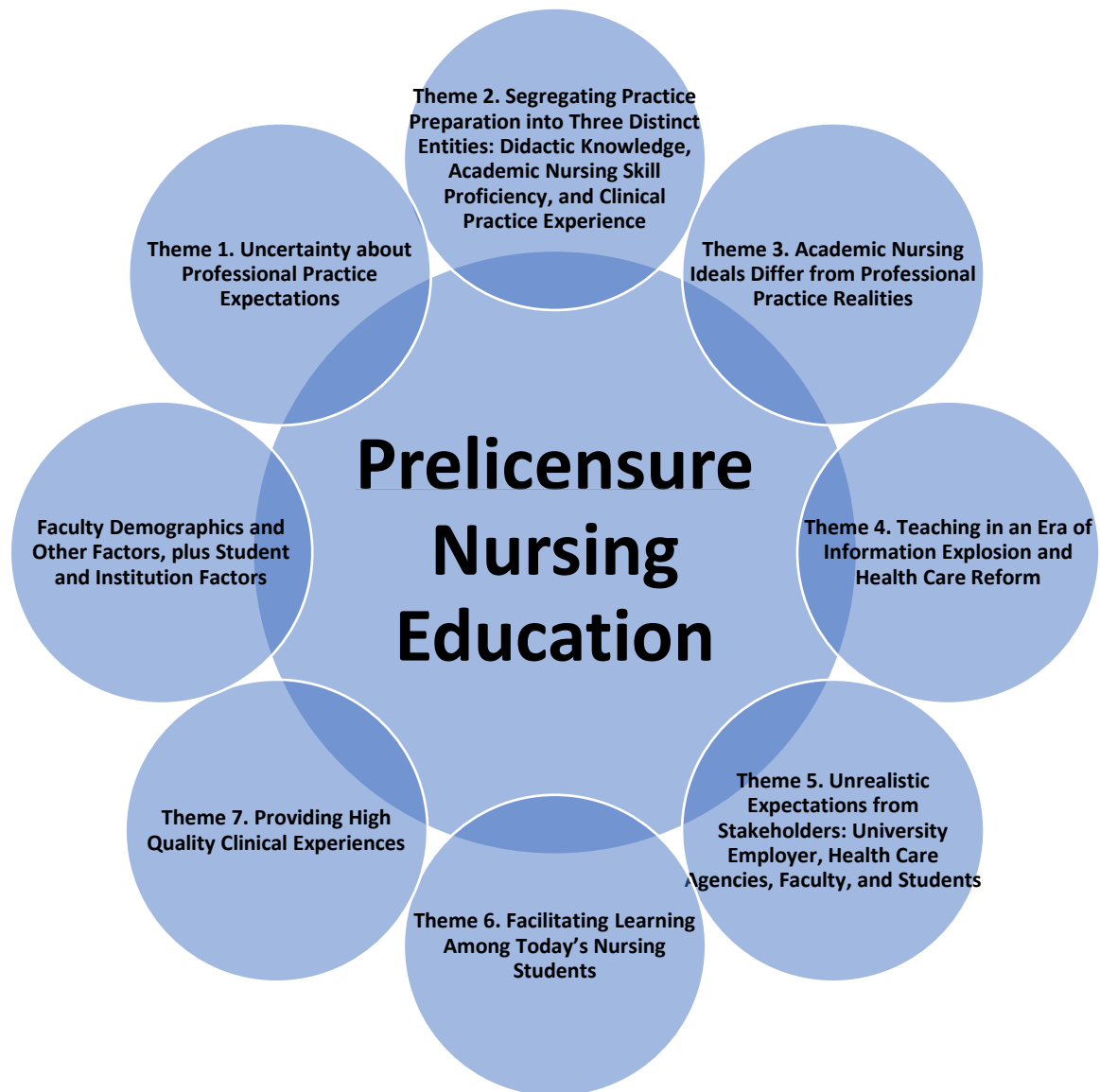
Theoretical Interpretation of the Results

Benner's (1984/2001) novice to expert theory served to guide this study. Her transitional theory explored the development of nurse competency through the application of Dreyfuss' 1980 skill acquisition model (cited in Benner et al., 2010). Five successive competency levels characterize the advancement of nurse competency. Benner concluded that nurses become competent through clinical practice experience. Nursing students start as novices, the first competency level. By graduation, without substantial clinical exposure, most progress to the second competency level, advanced beginner, which equates to minimal competence.

The theory provided support for exploring the faculty perspective regarding the effectiveness of prelicensure nursing education. Moreover, it was applicable for the interpretation of the study's data as the themes linked to the underpinnings of Benner's theory. First, high quality clinical experiences were perceived as integral to the competency development of nursing students. However, many underlying issues affected the actual experiences that students received, thereby contributing to their overall competency development. While graduates were perceived to hold sufficient theoretical nursing knowledge and academic skill competency, an uncertainty about their ability to apply this knowledge in practice settings without extensive orientation and mentoring emerged. In affirmation of Benner's (1984/2001) theory, participants acknowledged that graduates entered the nursing profession at the advanced beginner level. Notably, the faculty participants perceived that students lacked experience in managing care for multiple patients. It is under these situations that students acquire important prioritization of patient care need skills. According to Benner, an advanced beginner nurse is unable to prioritize the

most significant patient information. These findings also align with previous research (Burger et al., 2010; Thomas et al., 2012) supported by Benner's theory. Burger et al.'s (2010) mixed method study investigated nurse preceptors' experiences and Thomas et al.'s (2012) qualitative study explored NGRNs' transition into practice.

Second, an uncertainty about professional practice expectations emerged in this study. Through the lens of Benner's theory, this finding suggests the possibility of under-preparation of NGRNs may be due in part to the lack of clear understanding of practice expectations among faculty study participants. Similarly, with descriptions of whether prelicensure nursing education prepares graduates, participants separated their responses according to the three components of prelicensure nursing education: didactic knowledge, academic nursing skill proficiency, and clinical practice experience. In fact, Benner distinguished between nursing's theoretical and practical knowledge. Since clinical experience is needed to gain practice knowledge, NGRNs require guidance from experienced nurses to interpret and understand the significance of clinical situations (Benner, 1984/2001). Overall, these findings become concerning in that effective prelicensure nursing education is contingent upon sound curricular design and program outcomes. While this study did not investigate the philosophical foundation of the study site's curricula, perhaps Benner's theory could provide guidance for possible curriculum reformation.

Third, the study's theme of academic nursing ideals differ from professional practice realities was attributed primarily to poor nurse modeling. Benner (1984/2001) suggested that a supportive practice setting was critical to facilitate the development of nurse competency. Within this environment, clinical learning occurs from nurse colleagues who encompass

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varying levels of competence (Benner, 1984/2001). Thus, strong academic partnerships that afforded nurses professional development may serve to foster student clinical learning.

Fourth, the study's theme of unrealistic expectations, specifically from health care agencies, can be linked to Benner's theory. Facilitating a deeper understanding of the progressive nature of competency development in nursing students and NGRNs among practicing nurses and leaders may serve as the catalyst for them to provide this much needed guidance. Benner's theory could easily provide the foundation for these discussions. As practice becomes more informed of the processes associated with competency development, more realistic expectations may evolve.

In summary, a theoretical analysis of the study's findings revealed that Benner's novice to expert theory was relevant to guide this study. It assisted with the analysis and interpretation of the study's data. Consistent with Benner's theory, this study's findings uncovered that theoretical knowledge and clinical experience were needed to develop nurse competence. This merger was perceived by faculty participants to exemplify effective prelicensure nursing education.

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Study Strengths and Limitations

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Strengths

There were several strengths of this study. First, the study was conducted at a prelicensure BSN program. With course work in the liberal arts as well as physical and social sciences, the foundation for learning nursing was well established (AACN, 2020a). As nurse competencies and responsibilities expand across health care settings, the baccalaureate degree provides nurses with the education to manage and coordinate this care (IOM, 2010; AACN, 2020a).

Second, the study sample offered thoughtful, rich, and detailed descriptions that addressed the research questions from the perspective of a diverse set of faculty members. The sample's demographics included variation in years of professional practice and teaching experience, as well as in educational preparation. These diverse demographics afforded gaining multiple perspectives related to the issues influencing the effectiveness of prelicensure nursing education.

Third, data saturation was reached with the eight interviews. Participant responses were understood and interpreted as intended. While previous research has identified that NGRNs are underprepared for practice, the majority of research on this topic was based on the perceptions of practicing nurses, managers, NGRNs, and student nurses. Furthermore, as leading national organizations inside and outside of nursing asserted that prelicensure nursing education needs to be fundamentally redesigned to better prepare graduates for practice expectations, the faculty perspective was lacking. By uncovering the faculty perspective, this study adds to the growing body of nursing science to mitigate nursing's education-to-practice gap.

Limitations

Since the study's design was a qualitative descriptive design, measures were taken to minimize the influence of these limitations as previously discussed in Chapter 3. Researcher bias was kept to a minimum by maintaining a reflective journal and through discussions with the dissertation chairperson. The scope of the study was limited due to the small sample of faculty from a single geographic region that lacked diversity, including by race, and who were recruited purposefully, limiting the generalizability of the study findings. Although the intent of qualitative research is not to generalize a study's findings, the findings can be

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transferable to a similar situation (Lincoln & Guba, 1985). In addition, the cross-sectional

nature of the study prevented any causal inferences. Another study limitation was the data

missing from the first interview as the result of not asking the final interview question about

suggestions to improve prelicensure nursing education.

Implications for Nursing Education and Practice

A significant ongoing challenge facing prelicensure nursing education faculty is

preparing students for professional practice. An unprecedented shift in the health care

landscape, coupled with nursing's rapidly evolving knowledge base, intensifies the urgent

need for better prepared graduates (IOM, 2010). While previous research has highlighted the

under-preparation of NGRNs (Berkow et al., 2008; Hickerson et al., 2016, Huston et al.,

2018; Kavanagh & Szweda, 2017), this study's findings illuminate the cumulative issues

influencing the effectiveness of prelicensure nursing education from the perspective of BSN

faculty. These findings ranged from faculty responsibility for student readiness, students

with less preparation academically, an explosion of data and health care reformation, and the

necessity for high-quality clinical experiences.

These findings support the urgent need for curricular reformation to facilitate more

effective prelicensure nursing education (AACN, 2019; Benner et al., 2010; IOM, 2010;

National Council of State Boards of Nursing, 2010; National League for Nursing, 2011;

Robert Wood Johnson Foundation [RWJF], 2017). Without this reformation, curriculum

content will continue to expand, consequently negatively influencing teaching practices and

meaningful learning (Keating, 2015). Educational modalities that foster deep, experiential

learning to develop critical thinking and clinical decision-making skills are integral for a

graduate's successful transition into practice (Benner et al., 2010; Huston et al., 2018;

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Kavanagh & Szweda, 2017). Strong collegial relationships are needed to support the sometimes daunting curriculum revision process, especially as essential content is identified from often outdated, irrelevant practices (Gidden & Brady, 2007).

Two different innovative curricular models, the concept-based and competency-based curriculums, have been in use at some prelicensure nursing programs (Huston et al., 2018). The premise of the concept-based curriculum is for faculty to teach conceptually over the lifespan, rather than to focus on disease specific details (Giddens & Brady, 2007). This model supports content reduction, with the aim of deep learning of core concepts that are transferrable to various clinical situations (Giddens & Brady, 2007). The competency-based curriculum centers on validating that students master certain competencies (Huston et al., 2018). Both of these frameworks apply adult learning principles, address diverse learning needs, and facilitate active student involvement in learning (Huston et al., 2018).

Curricular reformation also entails close examination of clinical learning experiences. Tanner (2006) recommended that learning outcomes and competencies should provide the foundation for designing clinical experiences. As mentioned previously, using high-quality simulation in lieu of a proportion of traditional clinical time yielded similar program outcomes (Hayden et al., 2014). Various other newer approaches have also been employed, such as using dedicated nursing units in which clinical agency nurses primarily provide the education (Glynn et al., 2017). Benner et al. (2010) asserted that since expert professional nurses lacked formal education in teaching effectiveness, they were not qualified to replace clinically current nursing faculty. This lack of graduate education in teaching also surfaced in this study with regard to clinical adjunct faculty. In addition, participants identified concerns related to their inability to remain practice current. Since

faculty need a profound understanding of current nursing practice and prevailing health care trends to best prepare students for practice (Kavanagh & Szweda, 2017), approaches for ensuring this occurs require further exploration.

Given the urgent need for curricular reformation, coupled with the immense time, commitment, and expertise required for this type of redesign (Billings & Halstead, 2015), perhaps adjustments in faculty workloads could occur to facilitate this process. In addition, ongoing professional development of faculty with regard to the prevailing trends in prelicensure nursing education may facilitate changes in teaching practices and lessen frustration with the issues surrounding prelicensure nursing education.

Lastly, robust academic service partnerships have been recommended to mitigate nursing's education-to-practice gap (Goode et al., 2016; Huston et al., 2018; Kavanagh & Szweda, 2017). In this alliance, both academia and practice become responsible for building the competency level of student nurses (Kavanagh & Szweda, 2017). Nursing faculty gain from the expertise of practicing nurses, as well as expand nurses knowledge of best practices and research (Huston et al., 2018). Under this alliance, faculty could potentially gain the much-needed insight into professional practice trends and inform practice of the challenges in preparing competent graduates.

Recommendations for Future Research

This study began to fill a significant gap in the literature by informing the nursing discipline of the issues influencing effective prelicensure nursing education from the perspective of BSN faculty. Since this study was conducted at a single site, a Midwestern university, replication of this study with a more diverse faculty sample that includes participants from multiple BSN programs, spanning different regions and ethnicities, would

be beneficial. In addition, it may be helpful with replication to conduct two interview sessions to afford more detailed discussion of the educational issues raised by the interview questions. Moreover, developing and publishing a concept analysis on effective prelicensure nursing education may serve to clarify entry level nurse capabilities to lessen the divergence between academia and practice with regard to competency expectations.

Further, results of this study can contribute to designing an instrument for use in a national cross-sectional study to acquire empirical evidence from the faculty perspective. Gaining this evidence provides a start point for developing educational improvement strategies to reduce the education-to-practice gap in nursing. Given the global patient safety and quality care implications of underprepared NGRNs, coupled with the consequences of NGRN attrition amid an ongoing nursing shortage and the fiscal burdens of providing NGRN orientation, implementing educational improvements in the absence of the faculty perspective can result in a costly, unsuccessful resolution.

Researcher's Reflection

The researcher's realization of the under-preparation of NGRNs came to light while teaching prelicensure nursing students in their last semester over 25 years ago. Over time, she noted a progressive decline in the students' ability to retain and transfer prerequisite knowledge, particularly with its application in the clinical setting and on the NCLEX-RN examination. With grave concerns for patient safety and to better understand the reasons for the under-preparation of NGRNs, the researcher pursued this study.

The researcher also recognized that there were several educational issues impacting the preparation of nursing students for practice from her years of nursing education experience, graduate course work, and immersion into the literature for seven years. By

conducting this study, the researcher learned the scope and magnitude of these issues and discovered unknown factors that contribute to the lack of readiness of NGRNs for practice. As such, there were surprises from the data analysis and interpretation of the findings.

First, the researcher was surprised about the overall perception with regard to the uncertainty of professional practice expectations. Since this uncertainty can have a profound effect on teaching practices and evaluation of student competency, in her view this issue requires further exploration to determine if this perception is widespread among nursing faculty. Next, the researcher was surprised to learn that these faculty viewed preparation for practice according to theoretical knowledge, academic nursing skill proficiency, and clinical experience. With responsibility for ensuring nursing students' readiness to graduate, this perception also requires further exploration to identify the scope of this perception.

The third surprise was the potential impact on student learning from observing poor nursing practices during clinical experiences. Even though the researcher had years of providing clinical instruction, this insight was enlightening. It highlighted the critical need for academic and practice partnerships and for faculty to address these issues with clinical sites.

In conclusion, mitigating nursing's preparation to practice gap will take much effort and collaboration. The researcher came to the realization that prelicensure nursing education alone cannot resolve the inherent issues influencing its effectiveness. Further exploration of these challenges and unknown other factors needs to occur, as well as developing interventions to address these issues. Conducting this study confirmed the immense value of using research to offer new insight into an enduring problem. The knowledge gained from conducting this dissertation study has strengthened the researcher's commitment to further

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investigate the issues underlying the effectiveness of prelicensure nursing education. Following this, the researcher plans to explore resolution interventions to improve this perilous public safety problem.

Conclusion

The findings from this study contribute to a deeper understanding of the factors that influence effective prelicensure nursing education. It also summarized the overwhelming nature of academic difficulties inherent in prelicensure nursing education. Information acquired through this study can serve as a basis to further explore collective measures needed toward viable solutions to mitigate student performance issues and enhance teaching learning experiences to sufficiently prepare students for professional practice.

APPENDIX A

DIAGRAMMATIC OVERVIEW OF METHODOLOGY

| **Research Question** |
| What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education? |

⬇

| **Research Design** |
| Qualitative Description |

⬇

| **Research Site** |
| U.S. Midwestern University |

⬇

| **Sampling Technique and Sample** |
| Purposeful |
| Prelicensure BSN faculty |

⬇

| **Data Collection Methods** |
| Demographic survey |
| Individual, face-to-face, semi-structured interviews |

⬇

| **Data Analysis Method** |
| Inductive and iterative |
| Modified Version of Colaizzi's (1978) seven step method |

⬇

| **Trustworthiness** |
| Lincoln and Guba (1985) criteria |
| Researcher credibility |
| Prolonged engagement and persistent observation |
| Triangulation |
| Negative case analysis |
| Member checks |

⬇

| **Findings** |
| Rich descriptions presented as themes |

APPENDIX B

UMKC IRB APPROVAL

UMKC
5319 Rockhill Road
Kansas City, MO 64110
TEL: (816) 235-5927
FAX: (816) 235-5602

UMKC
Office of Research Services

NOTICE OF NEW APPROVAL

Principal Investigator: Dr. Matthew Chrisman
2464 Charlotte HSB #3411
Kansas City , MO 64108

Protocol Number: 18-376
Protocol Title: Nursing Faculty Perspectives Regarding the Effectiveness of Prelicensure Nursing Education
Type of Review: Designated Review
Expedited Category #: 6, 7

Date of Approval: 03/14/2019
Date of Expiration: 03/13/2020

Dear Dr. Chrisman,

The above referenced study, and your participation as a principal investigator, was reviewed and approved, under the applicable IRB regulations at 21 CFR 50 and 56 (FDA) or 45 CFR 46 (OHRP), by the UMKC IRB. You are granted permission to conduct your study as described in your application.

- Your protocol was approved under Expedited Review Regulatory Criteria at 45 CFR 46.110 or 21 CFT 56.110 under Category #6 as follows: Collection of data from voice, video, digital, or image recordings made for research purposes.

Your protocol was approved under Expedited Review Regulatory Criteria at 45 CFR 46.110 or 21 CFT 56.110 under Category #7 as follows: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

- Your protocol was approved for a waiver of documentation of consent under regulatory criteria at 45 CFR 46.117(c) having met either of the following criteria:
1. That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern; or
2. That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

In cases in which the documentation requirement is waived, you may be required to provide subjects with a written statement regarding the research.

This approval includes the following documents:

Attachments
  Methodology Section of Dissertation Project 3.0_3.3.19 PDF
  Study Site Permission 2.0_Mount Saint Joseph University

UMKC

Office of Research Services

Demographic Survey of Dissertation Project 4.0 _word
Email to Subjects to Schedule Research Date 1.0
Recruitment Letter
Interview Questions of Dissertation Project 1.0
Dissertation Committee Approval Letter Form 7.
Interview Protocol

If a consent is being used in this research study you may find the stamped version in section 16 of your application.

The ability to conduct this study will expire on or before 03/13/2020 unless a request for continuing review is received and approved. If you intend to continue conduct of this study, it is your responsibility to provide a Continuing Review form prior to the expiration of approval or a final report if you plan to close the study.

This approval is issued under the University of Missouri - Kansas City's Federal Wide Assurance FWA00005427 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under the Board's Assurance, please do not hesitate to contact us.

There are 5 stipulations of approval:
1) No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date. (PIs and sponsors are responsible for initiating Continuing Review proceedings).
2) All unanticipated or serious adverse events must be reported to the IRB.
3) All protocol modifications must be IRB approved prior to implementation unless they are intended to reduce risk. This includes any change of investigator.
4) All protocol deviations must be reported to the IRB.
5) All recruitment materials and methods must be approved by the IRB prior to being used.

Please contact the Research Compliance Office (email: umkcirb@umkc.edu; phone: (816)235-5927) if you have questions or require further information.

Thank you,

Cynthia Thompson

APPENDIX C

STUDY SITE PERMISSION

5701 Delhi Road
Cincinnati, Ohio 45233-1670
513-244-4607
Fax 513-451-2547
www.msj.edu

February 26, 2019

University of Missouri-Kansas City
Institutional Review Board
5100 Rockhill Road
Kansas City, MO 64110

Dear University of Missouri-Kansas City IRB:

I am glad to grant permission for Judith Patterson, a PhD nursing student at the University of Missouri-Kansas City, to conduct her research titled, Nursing Faculty Perspectives Regarding the Effectiveness of Prelicensure Nursing Education, at Mount St Joseph University in Cincinnati, Ohio.

We are pleased to contribute to this important research.

Sincerely,

Darla Vale PhD, RN, CCRN-K
Dean of the School of Health Sciences

APPENDIX D

RECRUITMENT LETTER

Hello,

My name is Judy Patterson. I am a PhD in nursing student at the University of Missouri-Kansas City. For my dissertation, I am conducting a research study about the effectiveness of prelicensure nursing education from the perspective of nursing faculty. You are being asked to participate since you teach prelicensure nursing students. The research will take place during the months of March 2019 and April 2019.

If you choose to be in this study, a date and time that is most convenient for you will be scheduled. The research will take place in your private office. You will be asked to complete a few demographics questions, then interviewed for your perspectives on prelicensure education. The discussion will be audio recorded and the total time you will be in this study is 45-60 minutes. To schedule a date and time that works, please contact me at japfk2@mail.umkc.edu or (513) 600-4724 by one week from today.

Thank you in advance for your time.

Judy Patterson, MS, PhD(c)
University of Missouri-Kansas City

APPENDIX E

DEMOGRAPHIC SURVEY

Please fill in the following information as accurately as possible. Select only one choice that best describes your situation.

1.   Gender:
   ☐   Male

   ☐   Female

   ☐   Non-binary

2.   Age in years: _____

3.   Highest degree earned:

   ☐   Baccalaureate in nursing degree

   ☐   Master's in nursing degree

   ☐   Master's degree in other field

   ☐   PhD in nursing degree

   ☐   PhD degree in other field

   ☐   Doctorate in nursing practice degree

   ☐   Doctorate degree in other field

4.   Current faculty position:

   ☐   Full-time

   ☐   Part-time

   ☐   Adjunct

5.   Current faculty teaching responsibilities:

☐   Didactic component of nursing course

☐   Didactic and clinical component of a nursing course

☐   Clinical faculty member only

6.   Years and months of teaching experience: _____

7.   Years and months of registered nurse clinical practice experience: _____

APPENDIX F

INTERVIEW PROTOCOL

I.   Appreciation and Introduction

Welcome and thank you for taking the time to participate in this study. I recognize that your time is valuable and appreciate your time to speak with me. My name is Judy Patterson. I am a PhD nursing student at the University of Missouri in Kansas City. For my dissertation, I am conducting a qualitative study to explore the effectiveness of prelicensure nursing education from the perspective of nursing faculty. This interview will be very helpful for my dissertation.

Your participation in the study is entirely voluntary; you may skip any questions that you don't want to answer or choose to stop participating at any time. There are no right or wrong answers, rather different points of views. Deciding not to participate in the study will not result in any penalty or loss of benefits. Participation or lack of participation in the research study will not influence your performance appraisal, academic rank, or job status. Nursing education, in general, may benefit from the study results.

There are no physical risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. No personally identifying information is being collected. You will not be identified in any reports about this research.

Some of the questions that you will be asked as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions and you may take a break at any time during the study. You may stop your participation in this study at any time. Before I ask you questions, I will ask you to choose a name, different from your real
name, to protect your anonymity. I will use the name that you choose during our discussion.

II.   Overview of Interview Process

I will use the name that you choose during our discussion. The discussion will last about 45 to 60 minutes. To make sure that I can carefully listen to you and review what you said, I will digitally record our conversation. The tape will be transcribed by a professional transcription service. I will also take notes during our conversation. For my research, I will write about what you tell me, and I may quote what you say; however, your real name will never be used. Instead, your responses will be identified by a number.

III.   Consent

The principal investigator for the study is my dissertation chairperson, Dr. Matthew Chrisman, (816) 235-1700. I, Judy Patterson, PhD nursing student, am the student investigator, (513) 600-4724, who will conduct the study. Participating in the interview indicates your consent.

IV.   Building Rapport Questions

1. Do you have any questions before we begin?

2. Please select a pretend name that you would like to be called during our conversation?

3. Tell me how you became interested in teaching nursing?

V.   Interview Questions:

1. If someone asked you, how prepared are new graduate nurses to provide safe and competent nursing care upon entering the workforce, how would you respond. Please provide as much detail as needed.

2. What are your views on whether prelicensure nursing education prepares graduates for the expectations of practice?

3. Describe the factors that you believe facilitate effective prelicensure nursing education:

4. Describe the factors that you believe hinder effective prelicensure education:

5. If you could instantly fix anything in prelicensure education, what all would you fix?

6. How would you respond to the national assertion that prelicensure nursing education needs to better prepare graduates for practice?

7. Describe the challenges in preparing nursing students for practice:

8. What suggestions do you have to improve prelicensure education?

VI.   Closing

1. Is there anything else that you would like to add or share?

2. Thank you for sharing your valuable views and ideas with me today.

3. Your responses will be kept anonymous.

4. Do you have any questions for me?

5. Provide $25.00 gift card from a national retailer to participant for their time and participation.

Note. Adapted from Drago-Severson, 2004; Locke et al., 2014; Merriam & Tisdell, 2016;

Tracy, 2012).

APPENDIX G

MATRIX LINKING RESEARCH AND INTERVIEW QUESTIONS

Research Questions					
Central Research Question: What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education?	Sub-question 1: What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education?	Sub-question 2: What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education?	Sub-question 3: What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice?	Sub-question 4: What are the perceived challenges in preparing nursing students for practice?	Sub-question 5: What are suggested strategies for interventions to improve prelicensure nursing education?
Interview Questions					
If someone asked you, how prepared are new graduate nurses to provide safe and competent nursing care upon entering the workforce, how would you respond. Please provide as much detail as needed. What are your views on whether prelicensure nursing education prepares graduates for the expectations of practice?	Describe the factors that you believe facilitate effective prelicensure nursing education:	Describe the factors that you believe hinder effective prelicensure nursing education: If you could instantly fix anything in prelicensure nursing education, what all would you fix?	How would you respond to the national assertion that prelicensure nursing education needs to better prepare graduates for practice?	Describe the challenges in preparing nursing students for practice:	What suggestions do you have to improve prelicensure nursing education?

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CONSENT FORM

Consent for Participation in Research

Study Title: Nursing Faculty Perspectives Regarding the Effectiveness of Prelicensure Nursing Education

Authorized Study Personnel:
Principal Investigator: Matthew Chrisman, PhD   Office: (816) 235-5709
Secondary Investigator: Judith Patterson, MS, PhD Nursing Student Office: (513) 600-4724

KEY INFORMATION
You are being asked to take part in this research study because you teach prelicensure Bachelor of Science nursing students. Research studies are voluntary and only include people who choose to take part. The purpose of the research is to describe the effectiveness of prelicensure nursing education from the perspective of nursing faculty. The total amount of time you would be in this study is between 50 minutes and 65 minutes.

During your participation, you will first be involved in writing brief answers to a seven-item demographic questionnaire. Next, you will verbally be asked eight questions to gain your perspective about prelicensure nursing education. Your verbal responses to the eight questions will be audio recorded.

Taking part in this study involves the following risks or discomforts: you may feel uncomfortable with some of the questions that we ask you as part of this study. There are no benefits to you for taking part in this study. You have the alternative of not taking part in this study.

Please read this consent form carefully and take your time making your decision. As the researcher discusses this consent form with you, please ask her to explain any words or information you do not clearly understand. Please talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

WHY IS THIS STUDY BEING DONE?
The purpose of the research is to describe the effectiveness of prelicensure nursing education from the perspective of nursing faculty. In previous research, the faculty perspective has been understudied. You are being asked to be in this study because you teach prelicensure Bachelor of Science nursing students.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?
Approximately 13 people will take part in this study at Mount Saint Joseph University.

WHAT IS INVOLVED IN THIS STUDY?
If you decide to take part in the research study, the research will take place in your private office on the campus of Mount Saint Joseph University.

First, you will be asked to complete a brief seven-item demographic questionnaire. You will write your answers on a typed questionnaire. You will not place your name on the questionnaire. Completing the one-time questionnaire will take about five minutes of your time.

Next, immediately after completing the questionnaire and in your private office, you will be verbally asked eight questions to gain your perspective about prelicensure nursing education. Since your verbal responses are important, the discussion will be audio recorded. In order to take part in the research, audio recording is required. Your name will not be used during the discussion and will not be on the audio recordings. Once the audio recordings have been transcribed, the tapes will be erased. The researcher will have access to the tapes until erased. The one-time, audio recorded discussion with the researcher will take about 45 to 60 minutes of your time.

HOW LONG WILL I BE IN THIS STUDY?
You will be involved in this study for about 50 to 65 minutes of one day.

WHAT ARE THE RISKS OF THE STUDY?
This research is considered to be minimal risk. That means that the risks of taking part in this research study are not expected to be more than the risks in your daily life. The are no physical risks associated with taking part in the research study.

There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed.

Some of the questions we will ask of you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions and you may take a break at any time during the study. You may stop your participation in this study at any time.

ARE THERE BENEFITS TO TAKING PART IN THIS STUDY?
There are no direct benefits to you for taking part in this study. The benefits to nursing and society may include a description of the faculty perspective regarding prelicensure nursing education effectiveness.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?
The University of Missouri System, Authorization No. 00-018 requires research data to be retained for 7 years after the final report.

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data.
Paper-records will be stored in a locked cabinet in the investigator's locked office and will only be seen by the research team during the study and for 7 years after the study is complete.
Your name will not be placed on the questionnaire or used during the discussion. Electronic records will be stored electronically through a secure server and will only be seen by the research team during the study and for 7 years after the study is complete.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the data will be reported as group or summarized data and your identity will be kept strictly confidential.

WHAT ARE THE COSTS TO YOU?
There is no cost to you to be in this research study.

WHAT ABOUT COMPENSATION?
You will receive a $25.00 gift card to a national retailer for your participation in this study.

WHAT SHOULD YOU DO IF YOU HAVE A PROBLEM DURING THIS RESEARCH STUDY?
Your well-being is a concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?
You can choose to stop participating at any time without penalty or loss of any benefits to which you are entitled.

You can decide not to be in this research study, or you can stop being in this research study ("withdraw') at any time before, during, or after the research begins for any reason.

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Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the researcher(s) or with the University of Missouri Kansas City or with Mount Saint Joseph University.

You will not lose any benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the researcher(s) listed at the beginning of this form.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to your participation in the research, or to obtain information about research participant's rights, contact the UMKC Institutional Review Board (IRB) Office
- Phone: (816) 235-5927
- Email: umkcirb@umkc.edu

STATEMENT OF CONSENT
The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information. I have read or had read to me this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I will be given a copy of this consent form.

INTERVIEW SUMMARY FORM

Pseudonym Name: _____

Interview Site: _____

Date: _____

Time Interview Started: _____

Time Interview Ended: _____

BUILDING RAPPORT QUESTIONS

1. Do you have any questions before we begin?

2. What name do you prefer to be called during our conversation?

3. Tell me how you became interested in teaching nursing?

INTERVIEW QUESTIONS 1 AND 2 (Central Research Question: What are the perspectives of BSN faculty regarding the effectiveness of prelicensure nursing education)

1. If someone asked you, how prepared are new graduate nurses to provide safe and competent nursing care upon entering the workforce, how would you respond? Please provide as much detail as needed.

Follow up on:

2. What are your views on whether prelicensure nursing education prepares graduates for the expectations of practice?

Follow up on:

INTERVIEW QUESTION 3 (Research Sub-question 1: What factors do nursing faculty perceive facilitate the effectiveness of prelicensure nursing education?)

3. Describe the factors that you believe facilitate effective prelicensure nursing education?
Follow up on:

INTERVIEW QUESTION 4 (Research Sub-question 2: What factors do nursing faculty perceive hinder the effectiveness of prelicensure nursing education?)

4. Describe the factors that believe hinder effective prelicensure education?

Follow up on:

5. If you could instantly fix anything in prelicensure nursing education, what would you fix?

Follow up on:

INTERVIEW QUESTION 5 (Research Sub-question 3: What is the response of nursing faculty to the national assertion that prelicensure nursing education is not adequately preparing graduate for practice?

6. How would you respond to the national assertion that prelicensure nursing education is not adequately preparing graduates for practice?

Follow up on:

INTERVIEW QUESTION 6 (Research Sub-question 4: What are the perceived challenges in preparing nursing students for practice?)

7. Describe the challenges in preparing nursing students for practice?

Follow up on:

INTERVIEW QUESTION 7 (Research Sub-question 5: What are suggested strategies for interventions to improve prelicensure nursing education?

10. What suggestions do you have to improve prelicensure nursing education?

Follow up on:

CLOSING

1. Is there anything else that you would like to add or share?

Follow up on:

2. Thank you for sharing your valuable views and ideas with me today.

3. Your responses will be kept anonymous.

4. Do you have any questions for me?

Follow up on:

ADDITIONAL NOTES

PARTICIPANT NONVERBAL EXPRESSIONS

POST INTERVIEW RESEARCHER NOTES

APPENDIX J

EMERGENT THEMES USING COLAIZZI'S (1978) METHOD OF DATA ANALYSIS

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P9, P1	"… most of us because we work full-time …, we don't work at the bedside anymore because there's not that release time to be able to do that." "… So I would like to see we have stronger clinical connections where that is ... the gap is better bridged, right."	Professional practice currency mitigates the academic-to-practice gap.	Lack of current practice contributes to an unawareness of expectations.	1. Uncertainty about Professional Practice Expectations
P7, P3	"That's why we have relied more on our advisory community to find out what it is that they need and how we better can meet those needs."	Devoid of current professional practice, faculty rely on the program's advisory committee for practice expectations.	Reliance on program's advisory board to identify professional practice expectations.	
P15, P3	"… where I taught both the clinical and the didactic, because it did give me, personally, a better sense of what was going on with the changes in health care."	Professional practice currency mitigates the academic-to-practice gap.	Lack of current practice contributes to an unawareness of expectations.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P11, P4	"We're not full-time practitioners, so we lack some perspective … but the expectations, the patient populations, they're, they're just different. …I think that perspective isn't there because we're not fully immersed in, in the clinical environment. So we rely on our clinical partners, where we do more, where we place patients ... or we p-, place students for clinical for, kinda for that feedback."	Professional practice currency mitigates the academic-to-practice gap. Faculty rely on clinical practicum sites for practice expectations.	Lack of current practice contributes to an unawareness of expectations. Reliance on clinical sites to identify practice expectations.	1. Uncertainty about Professional Practice Expectations
P10, P4	"… the patients are sicker or the expectations are more than they used to be. … maybe we've not adapted ..., as educational institutions haven't changed as rapidly as the patient populations have changed.	Professional practice expectations are increasing.	Academia lags behind practice.	
P10, P4	'So that's where there's some disagreement on how do we even decide what is ready, what is the safe."	Lack of consensus between faculty, as well as employers regarding NGRN practice expectations.	Identifying NGRN expectations is challenging.	

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P12, P5	"But if, … we can get the hospitals to really say what is it that you think our students need, where, where are our gaps?"	Faculty seek feedback to improve education.	Identifying NGRN expectations is challenging.	1. Uncertainty about Professional Practice Expectations
P12, P5	"…, if we could just get some links there between what would do the professional and accrediting organizations say is ideal for pre-licensure student. And then what does the hospital say they really need? … Well, how do you define safe practice?"	NGRN expectations from accreditors and employers are unclear.	Identifying NGRN expectations is challenging.	
P14, P6	"… just being in tune to … the difference in the clinical setting. This is what's hard as an educator."	Professional practice currency mitigates the academic-to-practice gap.	Lack of current practice contributes to an unawareness of expectations.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P24, P7	"… most students that come out of school, they are prepared to be a beginning level practitioner, but what they're not prepared is to be at that advanced level, and sometimes I think the expectations are is that these students need to come out knowing everything, and they can't know everything."	Prelicensure nursing education prepares students as beginning nurses.	Divergent NGRN expectations between academia and practice.	
P12, P8	"So, I think that'd be a good thing to do, like what can we all agree is a realistic expectation for someone, you know, coming out of pre-licensure education."	Disagreement exists about NGRN expectations.	Divergent NGRN expectations between academia and practice.	2. Preparation for Practice Segregated into Three Distinct Entities: Didactic Knowledge, Academic Skill Proficiency, and Clinical Practice Experience
P2, P1	"I think you're very well prepared didactically and in the skills lab." "… as far as clinical, I think that really depends on our affiliation with our clinical instructors, the sites that we get, how long we get to	Didactic teaching and skill laboratories well prepare graduates; however, clinical practice proficiency depends on clinical site experiences and clinical teaching.	Didactic, academic skills laboratory, and clinical practicum education viewed differently with regard to preparing graduates for practice.	

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	keep the clinical instructors around."			
P1, P2	"I would say education-wise, … that they are prepared. But, how prepared are they to, to, see patients and practice on their own, …they've got a lot of learning to do. Um, I still think that a lot of the learning comes from actually doing it and having that hands-on experience?"	Graduates have theoretical knowledge; however, they lack clinical application experience.	Didactic knowledge perceived differently from clinical practice experience with regard to preparation for practice.	
P1, P4	"… I think we do a good job preparing them clinically as, as, to enter in as, like, entry level practitioners."	Solid clinical preparation equates to ability to practice as beginning NGRNs.	Entry level NGRN expectations viewed differently.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P2, P6	"… I think there is always a little bit of a disconnect between theory, books, what we learn and what we might see out in clinical practice. … that's where simulation is so important." "… there is still that … little bit of that knowledge education gap to application out in the real world."	Disconnect between didactic knowledge and professional practice expectations.	Didactic knowledge alone cannot prepare NGRNs for practice.	2. Preparation for Practice Segregated into Three Distinct Entities: Didactic Knowledge, Academic Skill Proficiency, and Clinical Practice Experience
P1, P7	"… students have been educated to be safe practitioners. … unfortunately, students get book knowledge now, but over and over again, the students have told me that their clinical experiences, except for a few isolated cases tend to be lacking, …"	Didactic education prepares safe nurses; however, often clinical application experiences were deficient.	Preparation for practice requires didactic knowledge and clinical practice experiences.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P1,2, P 8	"They're getting really great theory in the classroom and trying to put pieces together. But I think they do come out feeling like they're not good at skills. They're not good at, um, handling like the full component of the job, taking multiple patients and interacting with physicians, …"	While didactic knowledge perceived as excellent, students feel underprepared for practice expectations.	Didactic knowledge perceived differently from clinical practice experience.	
P12, 13, P1	"... they (students) were smart enough and intelligent enough to realize that even though that those were not the ways that we taught them … That's not just this big gap from theory to practice. ... They shouldn't be there."	Practicing nurses inconsistently role model best practices.	Inconsistent role modeling by professional nurses.	3. Academic Nursing Ideals Differ from Practice Realities
P12, P4	" … having an awareness of-... where are these good clinical units and knowing it's not a blanket statement that every nurse on that unit isn't out to get the students-but where do they have good learning experiences and			

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	trying to avoid the ones that are negative …"			
P6, P5	"So I think with the health care environment constantly changing it's very challenging too for the hospitals to train thousands of employees to all do it this way. So inconsistency between what we're doing in academia and what they're seeing in the hospital."			
P21, P7	"… that there are enough clinical sites that there doesn't have to be competition for kind of jockeying for …, the better units … that when the staff, when the students do go to the units, that … students go to units that are welcoming because I do hear			3. Academic Nursing Ideals Differ from Practice Realities

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	that in termination data that is, that students … feel like they're a bother."			
P4, P1	"There's an unrealistic expectation sometimes from the students that everything's going to be perfect and, and then when they get out it's like, oh."	Students have false perception of practice realities.	Students lack understanding of practice realities.	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students
P7, P2	"But then, we have to partner with hospitals where you can't expect people that have never done this before. … it's like doctors, they get four years of residency after school."	Health care agency expectations of NGRNs are too high.	Health care agencies have unrealistic expectations of NGRNs.	
P6, P4	"So, unreasonable expectations on behalf of the faculty or the learner… So maybe a lack of a shared goal."	Faculty and students have unrealistic expectations of each other.	Unrealistic expectations among faculty and students.	
P13, P5	"So as an educator it would really be nice if, if across the board it was more simplified expectations. And even if you look at the national, um, examination, the	NGRN expectations need to be understandable.	NGRN expectations are difficult to understand.	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies,

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	NCLEX, we have guidelines on what's going to be on the NCLEX but not a whole lot of detail."			Faculty, and Students
P12, P5	"… I feel like we're doing a good job but, if we could just get some links there between what would do the professional and accrediting organizations say is ideal for pre-licensure student. And then what does the hospital say they really need?"	Accreditor and employer expectations of NGRNs perceived as different.	Differing expectations among accreditors and employers create challenges in preparing students for practice.	
P13, P7	"… students' expectations are very, very high… They have expectations that I think are unreal."	Students have unrealistic expectations of faculty.	Unrealistic expectations of faculty.	
P24, P7	"… most students that come out of school, they are prepared to be a beginning level practitioner, but what they're not prepared is to be at that advanced level, and sometimes I think the expectations are is that these students need to come out	Employer expectations of NGRNs are too high.	Unrealistic NGRN expectations among employers.	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	knowing everything, and they can't know everything."			
P25, P7	"… some of it is these patients are so much more critically ill that you, you can't be given a lighter load. You can't be given the opportunity, you know, and I, I think that's maybe where some of the disconnect is, is that they are beginning practitioners, but they're not beyond that. They're not advanced beginners. … So, there's a disconnect between what a school of nursing can .... The product that can be produced versus the product that's expected. And, and students, that are new graduates, I think are, there's a higher level of expectation that they need to be able to do more and know more in some situations."	Employer expectations of NGRNs are too high.	Unrealistic NGRN expectations among employers.	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P10, P8	"… like that they want graduates to be able to like, just go. … I, however, believe that that's an unrealistic, um, expectation. … If that's our goal, I think we're never gonna hit it. I don't personally believe that to be a realistic expectation. I think... And if you think about it, almost any nurse I talk to, almost all of them say a year, like, I didn't feel comfortable until a year. I didn't feel like I knew what I was doing."	Employer expectations of NGRNs are too high.	Unrealistic NGRN expectations among employers.	
P12, P8	"… like what can we all agree is a realistic expectation for someone, you know, coming out of pre-licensure education. And let's make sure that's a target we can hit."	Consensus between faculty and health care agencies regarding NGRN expectations is needed.	Employer expectations of NGRNs are different from faculty.	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies, Faculty, and Students
P19, P8	"… just because the students are stressed, and if the teacher isn't willing to make certain accommodations that the student might feel are reasonable-That the	When faculty and students hold differing expectations, students lose trust that can hinder effective education.	Faculty and students have different expectations of each other	4. Unrealistic Expectations from Stakeholders: University Employer, Health Care Agencies,

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	faculty do not feel are reasonable, um, they might feel that we're not on the same team, and then that, I think, hinders, you know, almost like a lack of trust."			Faculty, and Students
P10, 11, P1	"… I think there's such a big push for us to maintain our enrollment that sometimes we've had to drop our criteria , right. We've had to loosen that up so we're-... taking in more students that probably are at a foundation. (laughs) Not, not where they need to be just to come in, right-... for us to even work with them, right. There's such a big push for us to take in" "You know, a lot of people need accommodations. Um, we have to do our best to work with those students who are high risk-... for not moving through and not failing. And then in some respects we're not able to give	Enrollment pressures contribute to lowering admission criteria; therefore, some students begin the nursing program with educational deficiencies. More students require special accommodations	Often students have deficient basic education skills.	5. Facilitating Learning among Today's Nursing Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	those other students who are better ... that kind of attention that maybe we could to make them more prepared and more ready to be at the bedside."	Remediation for high risk students takes time from other students.		5. Facilitating Learning among Today's Nursing Students
P7, 8, P2	"… I keep coming back to critical thinking, it's really hard to get students to critically think. And I also, in pre-licensure nursing, the challenge is getting students to be able to talk to people, okay?"	Learning critical thinking skills is difficult. Students have difficulty engaging in meaningful discussions.	Teaching and learning critical thinking is challenging. Students are deficient in basic communication skills.	
P6, P3	"… I see, uh, a change in students. They seem to be less interested in learning and more interested in a piece of paper that will enable them to pursue a career." I've also seen a change in respect. I don't think students are as respectful."	The intellectual curiosity of students and respect for faculty has lessened over time.	Motivation for learning and earning degree has changed.	
P7, P4	"Um, I think if students have ... a lot going on in their personal lives or if their working, um, if they have ... you know, children, if	Students with many outside of school responsibilities negatively influences learning nursing.	Students lack time to effectively learn nursing.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	they have ... obligations that they have to maintain outside of the classroom."			
P11, P4	"I think that students don't always come in with an understanding of how time consuming or how challenging the major's going to be. … I feel like a lot of time is spent ... helping the students learn how to study. Or how, or kind of like putting out fires and that, like, dealing with, "Okay. You can't be working 30 hours a week." "… dealing with … upset students and upset parents … so I feel like that almost, like, kind of pulls our attention away from .. facilitate learning because it's like, handling distractions more so than facilitating learning."	Students enter the nursing program underprepared for its rigor. Managing student issues consumes faculty time and distracts them from teaching.	Students are underprepared for the rigor of the nursing curriculum. Addressing student issues competes with faculty time.	5. Facilitating Learning among Today's Nursing Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P9, P5	"So sometimes they're coming to us with, I would say inadequate preparation."	Students enter nursing program with educational deficiencies.	Students are underprepared for the rigor of the nursing curriculum.	
P9, P5	"So you're trying to teach English at the same time you're trying to teach nursing and are, is your message of nursing getting lost in here's how you use a period."	Learning nursing becomes more difficult when relearning fundamental educational skills	Basic educational deficiencies makes learning nursing more difficult.	
P10, P5	"But I feel like many of them are-are looking for the easy road." "… we're seeing students who, if they want to find an answer they turn to their phones and there's their answer and they haven't had to critically think through problems or really retain information."	Students experience difficulties with knowledge retention and critical thinking.	Often students have not retained knowledge and avoid the effort required to critically think.	5. Facilitating Learning among Today's Nursing Students
P6, P6	"And it's become, um, more of a challenge for educator to be able to meet your students' learning needs, um, and get them motivated in a different way. There's a lot more, um, anxiety,	Faculty are challenged to address evolving student learning needs.	Motivating students to learn requires faculty persistence.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	depression, sometimes and maybe just ... I-I don't want to say that they're not committed, so don't, don't get me wrong, but it does seem like it was more, we all knew this was a calling. It's not the same. So, how you get them ready to be safe in practice has totally changed. For an age of people that have, had information at the tip of their fingers, they don't have the same ... I don't know, mental set that, "I need to learn all this."			
P6, P6	"Because we're seeing such an increase in- - anxiety and depression amongst our students. … I have a difficult course, and how many students come to me early has really went up, and I just think, …, my personal take on that, they can never disconnect. They're on social media and there is just	Faculty perceived more students experience stress and mental health issues.	Students experience high stress levels and mental health issues.	5. Facilitating Learning among Today's Nursing Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	constant bombardment of stress, stressors and anxiety."			
P8, P7	"… students have so much going on ... outside of their school lives, that they can't really see the forest through the trees, you know. Many of these students work full-time. They have families."	Students with many outside school responsibilities negatively influences learning nursing.	Students lack time to effectively learn nursing.	
P9, P7	"And trying for faculty who, who grew up in a different era and a different generation, trying to meet students' needs sometimes is difficult."	Generational differences between faculty and students pose teaching and learning challenges.	Addressing diverse learning needs is challenging.	
P13, P7	"So, it seems like there are more and more students that have issues, and unfortunately, we have a lot of students that have mental health issues, uh, whether it be anxiety or	Assisting students with diverse learning needs drains faculty energy.	More students experience high stress levels and mental health issues.	5. Facilitating Learning among Today's Nursing Students

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	depression-:... or, and just it ... It sucks the life out of you."			
P6, 7, P8	" … we're seeing a lot more student anxiety as well, um, a lot more, even within just the last three, four years. And I think that's really hindering their ability to be successful in, you know, their education because they're so stressed and so anxious that it's hard for them to really absorb and take in and... Mental health issues, you know, I think are more prevalent. I'd say untreated or undertreated mental health issues."	Faculty perceived more students experience mental health issues.	More students experience high stress levels and mental health issues.	
P13, P8	"Yeah. I think that, to me, goes back to students being overloaded, so not enough time to devote their, to their studies."	Students with many outside school responsibilities negatively influences learning nursing.	Students lack time to effectively learn nursing.	
P7, P1	"You know, it's not just the regurgitating to the students, the passive learning. Like we've really	Active learning engages students and generates meaningful learning.	Learning innovative teaching approaches	6. Teaching in an Era of Information Explosion and Health Care Reform

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	had to learn how to teach."			
P2, P2	"We want them to be able to learn and think different ways so they're a better nurse when they get out in, um, in practice."	Developing critical thinking skills facilitates preparing graduates for practice.	Developing student critical thinking skills	
P10, P3	"... and yet we give them as much as we possibly can, on, and they're, the program is so intensive. There's, there, there literally isn't time unless we were to add … another year to the program."	Time constraints influence teaching and learning.	Insufficient time for teaching and learning.	
P12, P3	"Um, that maybe they're not learning as well as they could-... if they have just too much content-... to cover."	An overabundance of content influences teaching strategies and learning.	Abundant content influences teaching and learning.	
P15, P3	"And because the demands in the clinical setting have changed so dramatically over time with, you know, much more acuity, much shorter stays, um,	Rapidly evolving health care changes pose immense challenges for faculty with regard to preparing	Faculty are challenged in preparing students for practice.	6. Teaching in an Era of Information Explosion and Health Care Reform

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	all the emphasis on not having readmissions-... you know, so. It's damn challenging. Things that are out of our control. There's only so much that nurse educators can do."	graduates for practice.		
P6, P4	"You know, if we think that we can deliver such a large vol- ... you know, an unreasonably large volume of content in a short amount of time, you know, you have to consider, like, the balance of is this a, a reasonable quantity."	Effective teaching and learning occurs with reasonable versus abundant content.	Nursing curricula needs to encompass reasonable content.	
P9, P4	"So I don't know if I would be r-, looking for more hours in the day or best practice because I think people want to do those things and it's just the time constraint."	Time constraints influence teaching and learning.	Insufficient time for teaching and learning.	
P4, P5	"Uh, I think it's multifaceted there's, there's lots of things that go into that I, I truly believe they need hands on	Teaching and learning nursing is complex and requires application of knowledge.	Clinical application of nursing knowledge is required.	6. Teaching in an Era of Information Explosion and Health Care Reform

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Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	experience so all the didactic lessons in the world only goes so far, I think when you see it, you touch it, you experience it for yourself, it's a more powerful reminder that they retain it better."			
P13, P1	"… lack of maintaining good quality clinical instructors…" "…it may seem like they're babysitting the students versus teaching" "… it is the inconsistencies with the sites, the instructors." "And sometimes we do have a lot of our clinical faculty that they may be great teachers but they want to be friends with their students and they don't want to, um, kind of follow policy."	Inconsistent clinical education negatively influences preparing students for practice. Maintaining professional boundaries, adhering to policies, and providing students constructive feedback are imperative for preparing	Consistent, high quality clinical faculty and experiences are essential for preparing students for practice. High quality clinical faculty maintain professional boundaries, adhere to policies, and provide students with constructive performance improvement guidance.	7. Providing High Quality Clinical Learning Experiences
P14, P1	"And they're not still wanting to give them that negative…not negative but that	competent future nurses.		7. Providing High Quality Clinical Learning Experiences

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	constructive feedback."			
P9, P2	"But it is hard to find people that want to … do the clinicals with the students. And it's hard to find people willing to … be a preceptor, um, so we might lack on those kind of experiences because we can't find, um, the best situation of where that, where the students could get the best learning."	Competent and enthusiastic clinical faculty and preceptors are essential for preparing students for practice."	High quality clinical faculty and preceptors are enthusiastic and qualified.	
P11, P3	"Only at the very end of the program will they have multiple patients that they're responsible for. So they haven't had very mu- much exposure to having multiple patients."	High quality clinical experiences mimic professional practice expectations.	Students need early exposure to the realities of professional practice.	
P2, P4	"… we get feedback from students that ... like, the opportunity to perform certain skills is, isn't always there in the clinical setting."	High quality clinical experiences mimic professional practice expectations.	Students need early exposure to the realities of professional practice.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P12, P4	"Access to clinical units … and so, trying to ... get good clinical placements."	Different nursing programs compete for quality clinical sites.	Quality clinical sites are essential for effective clinical learning.	7. Providing High Quality Clinical Learning Experiences
P13, P4	You know, I think an increase in the amount of clinical time would be hugely beneficial."	Clinical learning is recognized and valued for preparing students for practice.	Sufficient high quality clinical time is essential for preparing students for practice.	
P4, P5	"Um, trying to find those experiences in the clinical setting, …, I have some really great clinical instructors … that when I tell them, …, this is what we're gonna be lecturing on, can you try to find students patients who match this, most … now will do that but I've had challenges in the past where, …, the clinical instructors … want to give the students the easiest patients because that makes their day easier.	Correlating clinical experiences with didactic content provides meaningful learning.	High quality clinical experiences correlate with didactic content.	
P10, P6	"We're always in competition with several other schools and we're smaller, so what clinical, um, sites	Different nursing programs compete for quality clinical sites.	Quality clinical sites are essential for effective clinical learning.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	we get, what rotations we get, sometimes that can have an impact on what kind of experiences the students are getting."			
P11, P6	"… if a student hasn't had a very good experience, uh, not one, but we get a lot of feedback from our students and we take that when we decide like, w-we try to stay from certain areas. Like, if we know they're not being challenged and they're getting the same type of patient."	Student feedback assists faculty in identifying high quality clinical sites.	High quality clinical sites provide different student experiences.	7. Providing High Quality Clinical Learning Experiences
P11, P6	"…but there is a group of, there's people that I think teach clinical more for a paycheck than for, like not looking hard enough for experiences. Not following up well on the paperwork or the documentation."	Quality clinical faculty have a passion for teaching and document student performance issues.	High quality clinical faculty desire to teach and adhere to the documentation requirements.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
P28, P7	"I think it's more quality clinical. … we're really at the mercy of the facilities. And because there are so many schools of nursing that it's really hard to get the type of clinical experiences that kind of are, are needed."	Often attaining continuous access to high quality clinical sites is challenging.	High quality clinical experiences are site dependent.	
P29, P7	"… frequently students say, I felt like I was a PCA because there just wasn't a lot of skills or … my clinical instructor was passing meds with somebody …, so it was a … missed opportunity."	Ensuring each student receives an optimal clinical experience is often restricted by the demands placed on clinical faculty.	Missed learning opportunities can occur during clinical experiences if the faculty cannot keep up with the practice demands.	7. Providing High Quality Clinical Learning Experiences
P31, P7	"All of our clinical instructors, they're experts, but they don't have the teaching necessarily, the teaching skills that they need."	Effective clinical teaching requires practice expertise and knowledge of teaching principles.	High quality clinicals have clinical expertise and teaching knowledge.	
P2, P8	"They're not good at, um, handling like the full component of the job, taking multiple patients and	High quality clinical experiences mimic professional practice expectations.	Students need early exposure to the realities of professional practice.	

Statement Location	Significant Statements	Formulated Meaning	Theme Cluster	Themes
	interacting with physicians and …"			
P8, P8	"I would want them to get more clinical time somehow and be allowed to do more in the clinical setting."	Clinical learning is recognized and valued for preparing students for practice.	Sufficient high quality clinical time is essential for preparing students for practice.	
P9, P8	So, um, I think we're already limited in the skills that students can do in the facilities, and I find the trend to be we're limiting them more."	Clinical agency restrictions on student learning negatively influences their preparation for practice.	Students need early exposure to the realities of professional practice.	
P9, P8	"But I think it's challenging for them (adjuncts) since it's not their course, like, to know everything about the course, to connect everything, like because they don't know what I'm teaching in the classroom and when I'm teaching it in the classroom."	Correlating clinical experiences with didactic content provides meaningful learning.	High quality clinical experiences correlate with didactic content.	7. Providing High Quality Clinical Learning Experiences

APPENDIX K

THEMES/PREVAILING TRENDS AND CLUSTERS

Themes/Prevailing Trends	Clusters
Uncertainty about professional practice expectations	Lack of practice currency Reliance on advisory board and clinical sites Divergent perspectives of NGRN expectations
Preparation for practice segregated into three distinct entities: didactic, academic nursing skill proficiency, and clinical practice experience	Theoretical knowledge, nursing skill proficiency, and readiness for clinical practice viewed distinctly different Preparation for practice requires didactic knowledge and clinical practice experience.
Academic nursing ideals differ from professional practice realities.	Inconsistent professional role models Poor nursing practices
Unrealistic expectations from stakeholders: university employer, health care agencies, faculty, and students	High and often unattainable expectations perceived as unreasonable
Adapting to educating today's nursing student	Basic education deficiencies Underprepared for curriculum rigor Diverse learning styles and expectations Motivation to learn has changed More experience high stress and mental health issues Teaching and learning critical thinking perceived as challenging
Teaching in an era of information explosion and health care reform	Insufficient teaching and learning time Excessive content Presents preparation to practice challenges
Providing high quality student clinical experiences	Requires consistent, high quality clinical faculty, preceptors, and practice experiences Clinical experiences should correlate with didactic content Missed learning opportunities

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VITA

Judith A. Patterson was born in Cincinnati, Ohio. She graduated from the William Booth Memorial Hospital School of Practical Nurse Education in 1978 and from the Bethesda Hospital School of Nursing as a registered nurse in 1981. In 1986, she earned a Bachelor of Science in Nursing degree from Northern Kentucky University and in 1998, a Master of Science in Nursing from Wright State University. For her master's thesis, Ms. Patterson conducted a qualitative study on *Caring Behaviors of Clinical Faculty toward Nursing Students as Perceived by Sophomores and Seniors in a Baccalaureate Program*. She was inducted into Sigma Theta Tau International Honor Society of Nursing in 1993 and the Honor Society of Phi Kappa Phi in 1998.

Ms. Patterson's nursing practice experience includes medical surgical nursing, oncology, and critical care. She holds over 30 years of nursing education experience, primarily at a hospital-based associate degree nursing (ADN) program. During this tenure, she earned the rank of associate professor and mentored countless new faculty, as well as graduate students. Ms. Patterson also holds administrative experience as an Assistant Dean and Dean, whereby her accomplishments included improving both student satisfaction and the NLCLEX pass rate. In 2012, Ms. Patterson enrolled in the Doctor of Philosophy in Nursing Program at the University of Missouri-Kansas City. Since then, she received the national DAISY Award for Extraordinary Nursing Faculty in 2015. Currently, Ms. Patterson is a clinical nurse educator within a large hospital system where she concentrates on improving new graduate nurses' transition into practice. Ms. Patterson has also presented locally and has a manuscript accepted for publication.