

Assessment of Graduate Nurses Entry Level Competencies: Expectations of Faculty Members versus Nurse Managers

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Abstract Graduate nurses entering the practice setting are faced with stressful challenges. Identifying stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing educators in creating a reality based educational programs that lead to successful transition of graduate nurses. Health care systems depend on the knowledge and skills of nurses to render expert care to patients. As members of multidisciplinary teams of clinicians, nurses are expected to demonstrate competency in nursing care. When nursing students graduate and become employees of the health care industry, they are recognized as key participants because of their critical function as competent caregivers in the delivery of safe patient care. The aim of this study is to compare and describe nurse managers' and faculty members practice expectations for entry level graduate bachelor degree nurses at Qassim University. Study design and sample: Comparative exploratory study will be used. A purposive sample of all faculty members (30) will be included; nurse managers' (64) from training hospitals of students of college of Nursing Qassim University (King Saud Hospital, King Fahd Hospital, and maternal and child hospital, Prince Sultan Cardiac Care, Burdiah Center Hospital will be included. Tools of data collection: First: Demographic data of faculty members and stakeholders. Second: Entry level graduate bachelor degree nurses scale will be used. It consist of three parts Graduate Nurse Skills, Attributes, Characteristics (SACs); Perceptions of the Graduate Nurse & Expectations of the Graduate Nurse. The findings of this study revealed that the most important skills for new graduate nurses, as rated by nurse preceptors and nurse managers & faculty members. The findings also indicated that statistically significant strong positive correlation between specific skills, attributes and characteristics of Nursing Practice in Graduate Nurse among the study groups. The main conclusion from the current study pointed out stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing educators in creating a reality based educational programs that lead to successful transition of graduate nurses.

Keywords: *competency, entry level, graduate, stakeholders*

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1. Introduction

The study of new graduate nurse competencies has been a major focus of academia and industry for many years. The nursing profession has acknowledged the practice competency gap between the technical, cognitive, and communication abilities of new graduate nurses and the requirements of the health care industry [1]. Health care systems depend on the knowledge and skills of nurses to render expert care to patients. As members of multidisciplinary teams of clinicians, nurses are expected to demonstrate competency in nursing care. When nursing students graduate and become employees of the health care industry, they are recognized as key participants because of their critical function as competent caregivers in the delivery of safe patient care [2].

The nursing profession is continually evolving in terms of the technical, cognitive, and communication abilities required of nurses to provide safe and competent patient care. Thus, it is imperative that academia and the health care industry collaborate when preparing and training nurses in an effort to close the practice competency gap [3].

Even though instructors are making every effort to train and test competency among the nursing students, there is a practice competency gap regarding the expectation of nursing students once they graduate from their nursing program. It could be that nursing schools in general do not have an adequate understanding of which skills are critical to the health care industry as reflected in current practice [4]. Therefore, in order for nursing schools to better prepare graduate nurses for entry into practice, it is important that they obtain information from the health care industry about the clinical components and skills that

it expects newly hired graduate nurses to have. Nurse managers and nurse educators have produced little evidence-based performance outcome measures that define the minimum practice expectations of the health care industry toward new graduate nurses [3]. Therefore, the health care industry should define its practice expectations for new graduate nurses clearly so that nursing programs can tailor their instructional strategies.

Rationale Academia and industry have acknowledged the existence of a practice competency gap; however, neither stakeholder has produced best practice measures that would permanently close this gap [3,5]. Research has been directed toward gathering data from new graduate nurses, academic leaders, and leadership within the practice setting to identify the specific cognitive, technical, and communication skills that new graduate nurses lack within the first year of graduation [6,7].

The competency outcomes performance assessment (COPA) model has been used by nursing programs and clinical agencies, and successful clinical practice has been linked to competency-based assessments. The COPA model “is designed and structured as a theoretical curriculum framework to promote competence for practice. It is based on the philosophy of competency-based, practice-oriented methods and outcomes and is organized around four essential pillars”. The four pillars addressed in the COPA model are core practice competencies; competency outcomes; interactive, practice focused learning; and objective competency performance examinations and assessments [8]. Also noted within the COPA model are four fundamental questions asked of nursing faculty: identify the essential competencies needed for nursing practice; address the most effective outcome statements that integrate the essential competencies for nursing practice; ask about the most effective interactive learning strategies needed to achieve stated outcomes; and inquire about the most effective performance assessment methods required to validate outcome achievement, as well as the required practice competencies and subskills. The COPA model also has been integrated with such initiatives as Quality and Safety Education for Nurses (QSEN). [9] integrated the COPA model’s practice competencies with the QSEN’s competency categories to illustrate how each “QSEN content category requires all eight COPA core practice competencies to achieve outcomes embedded in the QSEN competency definition”. With the COPA model,

nursing programs can develop competency-based curriculum for assessing learning.

The QSEN and COPA competencies show an interrelationship between the essential content and competencies required for new graduate nurses to practice safe and high-quality patient care (see Figure 1). Through the integration of QSEN and COPA competencies, nursing faculty and nursing management can develop operational definitions and design assessment data that teach and evaluate students’ competencies based upon performance measures derived from these competencies. Upon completion of competency training, students are expected to demonstrate their ability to perform as safe and competent clinicians in their role as new graduate nurses.

The transition from student nurse to new graduate nurse has been the subject of studies based upon the views and opinions of new graduate nurses, nursing executives, nurse managers, and nurse educators [3,7,10,11,12,13,14]. Specific transition topics on the practice competency gaps in education and practice, the clinical strengths and weaknesses of new graduate nurses, and the readiness of new graduate nurses to assume the duties and responsibilities required of professional nurses have been researched.

Some of the effects of unsuccessful transition from the student status to the professional status might be exhibited by lower work productivity, decrease in job satisfaction, burn out [15], or even leaving nursing. The conceptual framework used for this study was derived from concepts embedded in the quality and safety education for nurses (QSEN). The content of the QSEN framework was originally documented by the Institute of Medicine [16] that reported its responses to challenging nations’ health care needs. To meet the challenge of future nurses, [17] organized the QSEN framework and identified the knowledge, skills and attitudes of six core competency nursing skills that should be mastered by pre licensure nursing students.

[18] claimed that new nurses in transition to practice reported to have feelings of underprepared for practice, overwhelmed by responsibility, and often abandoned when clinical support did not occur. Preceptors serving as role models to students must facilitate their teaching learning process and socialization. In an ideal teaching and learning atmosphere, the preceptor would be paired up with a student that has similar learning style.

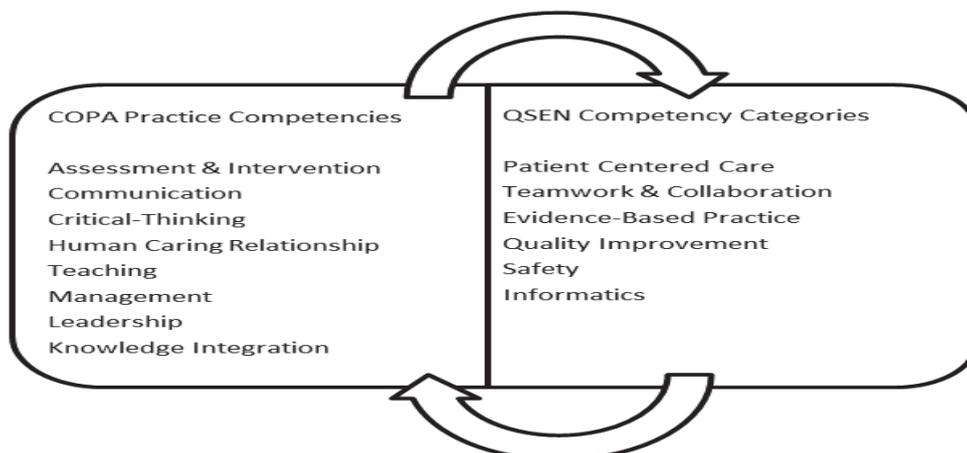


Figure 1. COPA practice competencies and QSEN competency categories

2. Subjects and Methods

2.1. Research Design

The Comparative exploratory study will be used.

2.2. Sample

A purposive sample of all faculty members in the Nursing college will be included; nurse preceptors and managers (i.e., nurse managers/director), positions held by specific individuals. A purposive sample of nurse managers' from training hospitals of the students at college of Nursing Qassim University. In the nursing college total number (30) were Associate professor, Assistance professors, Lecturers & Clinical instructors. In the hospital total number (64) where head nurse, preceptor, charge nurse & supervisor

2.3. Pilot Study

A Pilot study was carried out after the development of the tools on 10% of the participants to test applicability of the tools then necessary modifications were done according to the finding results of the pilot study and expertise opinions. Otherwise, these participants were then excluded from the sample of research work to assure the stability of answers.

2.4. Setting

The study was conducted from five training hospital systems of the students at college of Nursing Qassim University that include King Saud hospital (KSH), King Fahd Hospital (KFSH), and maternal and child hospital (MCH), Prince Sultan Cardiac Care (PSCC), Burdiah Center Hospital (BCH); Nursing college Qassim University will be included.

2.5. Tools for Data Collection

Data was collected by using A questionnaire was developed, validated from [19].

Tool I- Socio demographic data:

Demographic information of the nurse preceptors and nurse managers and faculty members involved in the study. It contained information related to demographic characteristics of the nurse managers & Faculty members as their sex, age, social status, and educational degree, total experience in nursing field, hospital work.

Tool II: Hospital Nurse Educator Questionnaire: Survey developed by [19] and it is based on Benner's Seven Domains of Nursing Practice. It consist of three parts the researchers used (a) the rankings from the skills, attributes, and characteristics (SACs), and (b) the expectations for the graduate nurses, obtained from the Hospital Nurse Educator Questionnaire (HNEQ).

Part 1: Graduate Nurse Skills ~ Attributes ~ Characteristics (SACs)

Part 2: Perceptions of the Graduate Nurse

Part 3: Expectations of the Graduate Nurse

Part 1: Graduate Nurse Skills ~ Attributes ~ Characteristics (SACs)

The First section contains the seven nursing domains consist of the SACs, which the participants were asked to

rate on a 5-point Likert scale ranging from 1 (*not important*) to 5 (*very important*). The questions consist of 40 sub questions are related to how important it is to you that a graduate nurse has specific skills, attributes or characteristics for your expectations of graduate nurses.

1. The Helping Role
2. The Teaching-Coaching Function
3. The Diagnostic and Patient Monitoring Function
4. Effective Management of Rapidly Changing Situations
5. Administering & Monitoring Therapeutic Interventions & Regimens
6. Monitoring and Ensuring the Quality of Healthcare Practices
7. Organizational & Work-Role Competencies

Part 2: Perceptions of the Graduate Nurse

The second section contains perceptions of the Graduate Nurse Competent by participants towards the following descriptive adjective:

1. Accountable
2. Successful
3. Organized
4. Effective
5. Relaxed
6. Communicates
7. Assertive
8. Independent.

Part 3: Expectations of the Graduate Nurse

In the last section, the participants should rank their expectations from (1 – 10) the items for BSN (1 = most important expectation). (10 = the least important expectation) but they must use ALL numerals 1-10 only once, even if two or more may be equally important.

1. Make sound clinical decisions
2. Knowledge and safe administration of medications
3. Demonstrate safe practices
4. Act as patient advocate
5. Identify patient needs and interventions
6. Document effectively and accurately
7. Organize and prioritize
8. Perform skills/procedures with confidence
9. Communicates with physicians
10. Delegation skills.

2.6. Ethical Consideration

Ethical approval from the dean of the college and Hospitals directors obtained. The aim of the research explained to the participants. After clarifying the procedures of the study, a verbal consent from every participant in the study obtained. Participants informed about their right to refuse participation and to withdraw at any time without giving reasons and with no consequences. Total confidentiality of any given information assured.

2.7. Data Analysis and Findings

Descriptive statistics were used to summarize demographic characteristics of the participants. Data were revised, coded, analyzed and tabulated using the number and percentage distribution, mean & SD and carried out using SPSS version 16. The statistical tests used are chi square test. A value of $p < 0.05$ was considered to be statistically significant.

3. Results

Table 1 shows Frequency distribution of demographic information for the staff of the Nursing college. The total

number of participants was (30), 40% were assistant professor position, 66.7% of them have educational training and Also, 46.7% of them have a doctorate degree and working in the college from 5 to 9 years.

Table 1. Frequency distribution of demographic information for the Faculty members

Demographic information	Frequency	%
Title		
Associate professors	2	6.7
Assistance professors	12	40
Lecturers	7	23.3
Clinical instructors	9	30
Total	30	100
Education training		
Yes	20	66.7
No	10	33.3
Total	30	100
Highest education level		
Bachelor	9	30.0
Master	7	23.3
Doctorate	14	46.7
Total	30	100.0
Age Range		
< 25	2	6.7
25-29	7	23.3
30-34	3	10
35-39	5	16.7
40-49	11	36.6
50-54	2	6.7
>55	0	0
Total	30	100
Gender		
Female	30	100.0
Male	0	0
Total	30	100.0
Years of experience as a Faculty in Qassim University		
< 1 year		
1-4	10	33.3
5-9	6	20
10-14	4	13.3
15-19	1	3.4
20-24	7	23.3
>25	2	6.7
Total	30	100
Marital status		
Signal	6	20.0
Married	24	80.0
Total	30	100.0
Years working in college		
< 1 year	6	20.0
1-4	7	23.3
5-9	14	46.7
10-14	1	3.3
15-19	0	0
20-24	2	6.7
>25	0	0
Total	30	100
Specialty		
Pediatrics	3	10.0
Obstetrics, Pediatrics	2	6.7
nursing education	5	16.7
Medicine	2	6.7
medical-surgical	6	20.0
Psychiatric	3	10.0
Community	3	10.0
Anatomy	1	3.3
Pathology	3	10.0
Biochemistry	2	6.7
Total	30	100.0

Table 2. Frequency distribution of demographic information for the Managers in the hospitals

Demographic information	Frequency	%
Title		
head nurse	35	54.6
Preceptor	1	1.5
charge nurse	21	32.9
Supervisor	7	11
Total	64	100
Education training		
Yes	60	93.8
No	4	6.2
Total	64	100
Highest education level		
Diploma	31	48.4
associate degree	3	4.7
Bachelor	26	40.7
Master	4	6.2
Total	64	100
Age Range		
< 25	0	0
25-29	14	21.9
30-34	24	37.5
35-39	15	23.4
40-49	5	7.9
50-54	2	3.1
>55	4	6.2
Total	64	100
Gender		
Female	59	92.1
Male	5	7.9
Total	64	100
Years of experience as a Nurse		
< 1 year	0	
1-4	3	4.7
5-9	24	37.5
10-14	15	23.4
15-19	11	17.1
20-24	3	4.8
>25	8	12.5
Total	64	100
Marital status		
Single	9	14
Married	51	79.7
Divorced	1	1.5
Widowed	3	4.8
Total	64	100
Years working in Hospital		
< 1 year	0	0
1-4	9	14
5-9	24	37.5
10-14	22	34.3
15-19	3	4.8
20-24	2	3.1
>25	4	6.3
Total	64	100
Specialty		
Obstetrics	6	9.3
Pediatrics	11	17.1
Obstetrics, Pediatrics	1	1.5
Obstetrics - Critical Care	1	1.5
Surgery	8	12.5
Critical Care	13	20.3
Gynecology	2	3.1
nursing education	5	7.9
Renal	1	1.5
Medicine	4	6.3
Nursing	10	15.7
Emergency	2	3.1
Total	64	100

Table 2 describes Frequency distribution of demographic information for the managers in the hospitals. The total number of participants from five hospitals was (64), 54.6% were head nurse position, 93.8% has educational training. While, 48.4% of them have a diploma degree. Also, 37.5% of them have experience as a Nurse and working in the hospital from 5 to 9 years.

Table 3 illustrates Descriptive Statistics of Responses for Seven SAC Areas of Nursing Practice for BSN New Graduate Nurses among participants. The top forth most important skills for BSN new graduate nurses, as rated by nurse preceptors and nurse managers & faculty members was helping role, administering and monitoring therapeutic interventions and regimens, Monitoring and Ensuring the Quality of Healthcare Practices and Organizational & Work-Role Competencies with Statistically significance difference. On the other hand,

the nurse preceptors and nurse managers & faculty members rated diagnostic and patient monitoring function as the lesser important of the seven SAC areas of nursing practices in the BSN new graduate nurses with a statistically significance difference.

Table 4 Descriptive Statistics Responses of the Perceptions for BSN New Graduate Nurses Among faculty members N (30). This table illustrates the Maximum and minimum percentage to overall perceptions By faculty members who arrange the most important descriptive adjective according the Max Score rank to Organized & effective, Successful, Accountable, Competent & communicates, Assertive, Relaxed and Independent. Also the table shows that the mean and standard deviation, for each response regarding their perception of the nine qualities The mean ratings of the faculty members' perceptions of the new graduate nurse were greater than the nurse preceptors and nurse managers.

Table 3. Descriptive Statistics of Responses for Seven SAC Areas of Nursing Practice for BSN New Graduate Nurses among participants

Items		Adequate		Inadequate		χ^2	P-value
		No	%	No	%		
1. The Helping Role	Hospital	64	100	0	0		
	Nursing college	30	100	0	0		
2. The Teaching-Coaching Function	Hospital	58	90.7	6	9.3	48.360 ^a	.000
	Nursing college	30	100	0	0		
3. The Diagnostic and Patient Monitoring Function	Hospital	43	67.1	21	32.9	26.399 ^a	.000
	Nursing college	25	83.3	5	16.7		
4. Effective Management of Rapidly Changing Situations	Hospital	46	71.9	18	28.1	35.586 ^a	.000
	Nursing college	24	80	6	20		
5. Administering & Monitoring Therapeutic Interventions & Regimens	Hospital	61	95.3	3	4.7	23.383 ^a	.001
	Nursing college	30	100	0	0		
6. Monitoring and Ensuring the Quality of Healthcare Practices	Hospital	60	93.8	4	6.2	31.523 ^a	.000
	Nursing college	30	100	0	0		
7. Organizational & Work-Role Competencies	Hospital	60	93.8	4	6.2	24.769 ^a	.000
	Nursing college	29	96.7	1	3.3		

Table 4. Descriptive Statistics Responses of the Perceptions for BSN New Graduate Nurses Among faculty members N (30)

	No (30)	Min scores	No (30)	Max scores	M	SD
Competent	3	3.00	26	7.00	6.5667	1.22287
Accountable	1	3.00	27	7.00	6.7333	.90719
Successful	1	3.00	28	7.00	6.8000	.80516
Organized	1	3.00	29	7.00	6.8667	.73030
Effective	1	4.00	29	7.00	6.9000	.54772
Relaxed	2	4.00	22	7.00	6.5667	.85836
Communicates	1	1.00	26	7.00	6.6000	1.24845
Assertive	1	1.00	25	7.00	6.4000	1.45270
Independent	3	1.00	21	7.00	5.8000	2.09103

Survey developed by [19] and is based on Benner's Seven Domains of Nursing Practice.

Table 5. Descriptive Statistics of Responses of the Perceptions of BSN New Graduate Nurses By hospital Managers. N (64)

	No (64)	Min score	No (64)	Max score	M	SD
competent	6	1.00	41	7.00	5.9062	1.94951
accountable	6	1.00	44	7.00	5.9531	1.95529
successful	9	1.00	42	7.00	5.7500	2.18944
organized	6	1.00	45	7.00	5.7500	2.17489
effective	5	1.00	48	7.00	5.9531	2.01919
relaxed	11	1.00	42	7.00	5.4531	2.38999
communicates	9	1.00	41	7.00	5.5625	2.27390
assertive	12	1.00	39	7.00	5.2188	2.50377
independent	13	1.00	38	7.00	5.1250	2.53546

Survey developed by [19] and is based on Benner's Seven Domains of Nursing Practice.

Table 6. Descriptive Statistics of faculty members Responses for BSN prepared nurses graduate

	No(30)	Max score	No(30)	Min score	M	SD
Communicates with physicians	1	1.00	4	10.00	6.3333	2.95172
Make sound clinical decisions	7	1.00	1	10.00	4.6333	2.78522
Organize and prioritize	4	1.00	1	9.00	4.7000	2.60172
Document effectively and accurately	1	1.00	3	10.00	7.1000	2.38313
Perform skills/procedures with confidence	4	1.00	1	10.00	4.4000	2.62087
Delegate skills	1	4.00	13	10.00	8.0000	2.11725
Act as patient advocate	4	1.00	2	10.00	5.5000	3.05975
Identify patient needs and interventions	5	1.00	2	10.00	4.5000	2.71331
Demonstrate safe practices	4	1.00	1	8.00	4.2667	1.99885
Knowledge and safe administration of medications	1	1.00	4	10.00	5.5667	3.04770

Table 7. Descriptive Statistics of hospital managers Responses for BSN prepared nurses graduate

	No(64)	Max important	No(64)	Min important	M	SD
Communicates with physicians	1	2.00	5	10.00	6.5938	1.88325
Make sound clinical decisions	5	1.00	4	10.00	6.0000	2.60646
Organize and prioritize	7	1.00	6	10.00	4.7656	2.81008
Document effectively and accurately	2	2.00	9	10.00	6.7344	2.27646
Perform skills/procedures with confidence	10	2.00	1	10.00	5.2969	2.14313
Delegate skills	3	1.00	10	10.00	6.0312	2.93835
Act as patient advocate	6	1.00	12	10.00	7.3906	2.87086
Identify patient needs and interventions	21	1.00	4	10.00	3.6094	2.82066
Demonstrate safe practices	8	1.00	9	10.00	5.0312	3.12679
Knowledge and safe administration of medications	11	1.00	7	10.00	4.6094	2.87638

Table 8. Correlation Coefficient between Different Seven Domains of Nursing Practice Scores among Studied group

	1	2	3	4	5	6	7	8
The Helping Role (1)		.000	.000	.000	.000	.000	.000	.000
The Teaching-Coaching Function (2)			.000	.000	.000	.000	.000	.000
The Diagnostic and Patient Monitoring Function (3)				.000	.000	.000	.000	.000
Effective Management of Rapidly Changing Situations (4)					.000	.000	.000	.000
Administering & Monitoring Therapeutic Interventions & Regimens (5)						.000	.000	.000
Monitoring and Ensuring the Quality of Healthcare Practices (6)							.000	.000
Organizational & Work-Role Competencies (7)								.000

Survey developed by [19] and is based on Benner's Seven Domains of Nursing Practice.

Table 5 Descriptive Statistics of Responses of the Perceptions of BSN New Graduate Nurses By hospital managers N (64). This table illustrates the Maximum and minimum percentage to overall perceptions of hospital managers who arrange the most important descriptive adjective according number of perception to Max Score rank to effective, organized, accountable, successful- relaxed, competent – communicates, assertive & independent.

Table 6 Descriptive Statistics of faculty members Responses for BSN prepared nurses graduate who arrange the most important Expectations according the Max Scores that ranking of the 10 expectations from the most important expectation to the least important expectation to Make sound clinical decisions, Knowledge and safe administration of medications, Demonstrate safe practices, Act as patient advocate, Identify patient needs and interventions, Document effectively and accurately, Organize and prioritize, Perform skills/procedures with confidence, Communicates with physicians and Delegate skills.

Table 7 Descriptive Statistics of hospital managers Responses for BSN prepared nurses graduate who arrange the most important Expectations that the Max Scores ranking of the 10 expectations from the most important to the least important expectation as the follows: Identify

patient needs and interventions, Organize and prioritize, Demonstrate safe practices, Make sound clinical decisions, Knowledge and safe administration of medications, Perform skills/procedures with confidence, Communicates with physicians, Document effectively and accurately, Act as patient advocate and Delegate skills.

Table 8 Demonstrates statistically significant strong positive correlation between specific skills, attributes and characteristics of Nursing Practice in Graduate Nurse among participants.

4. Discussion

The research findings indicated that the responses of the Faculty members and Managers, Perceptors and Supervisors toward the Graduate Nurse Skills, Attributes, Characteristics were ranked the fourth most important roles with statistically significant difference in both groups. The first Helping Roles, Second Administering & Monitoring Therapeutic Interventions & Regimens, Third Monitoring and Ensuring the Quality of Healthcare Practices, Forth Organizational & Work-Role Competencies. On the other hand, the nurse preceptors and nurse managers & faculty members rated diagnostic and patient monitoring function

as the lesser important of the seven SAC areas of nursing practices in the BSN new graduate nurses.

In this line [20] referred that the nursing preceptors and nursing managers rated that top three most important skills for both BSN and ADN new graduate nurses was helping role, diagnostic and patient monitoring function, and administering and monitoring therapeutic interventions and regimens. On the other hand, organizational and work-role competencies rated as the lesser important of the seven SAC areas of nursing practices. The [21] recommended that evidence-based measures be incorporated into the educational preparation of health professionals because of the rapidly changing health care environment. Additionally, it's helping to bridge the gap between academia and the health care industry so that new graduate nurses can transition from students to skillful caregivers who can meet the needs of caring for complex patient populations [22] stated that nurse managers are prime sources of information related to the skills required of new graduate nurses. However, there is general agreement that the transition from university students to registered nurses entailed feelings of unpreparedness, stress, and anxiety on entering the workforce [23,24]. The preparedness of the newly graduated nurses on entering a workforce remains a challenge for the nursing profession. Many of them experience reality shock and found that they are not able to 'fit in' their roles [25,26].

According, [27] stated that nursing education programs undergo various curriculum revisions because of the dynamic environment of the health care environment that engages the knowledge and practice skills of new graduate nurses. Knowing which competencies best benefit new graduate nurses ensures a solid foundation of knowledge upon which academia and industry can continue to build nursing programs. [28] stated that The health care industry depends on academia to provide it with future employees. However, several factors have negatively impacted the industry's employment cycle, such as the nursing workforce shortage, new graduate nurses not being prepared for their position [29].

So, Identifying stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing educators in creating a reality based educational programs that lead to successful transition of graduate nurses. Faculty members are one of the major stakeholder groups in this change effort [30]. Faculty members have expressed concern that some nursing students are struggling to learn certain technical skills and develop the cognitive ability to think critically and resolve problems using competency-based assessment measures. Other competency issues that concern faculty include student weaknesses in communication, documentation, delegation, and prioritization skills [31].

Also, the research results referred to the mean ratings of the faculty members' perceptions toward nine qualities of the new graduate nurse were greater than the mean of the nurse preceptors and nurse managers. In contrast with [20] indicated that the similar mean ratings of the nurse preceptors and nurse managers in the perceptions of the new graduate nurse [32] referred that the entry-level competencies of new nurses have been well [33] yet research reveals gaps in their role related knowledge, skills, and clinical judgment. [34] found that new

graduates from across the United States lacked critical thinking, with aggregate data revealing that 65–76% did not meet expectations for entry-level clinical judgment ability. In a Swedish study of competence of newly graduated nurses', beginner nurses were rated lowest in the areas of informing and teaching coworkers and students and planning and prioritizing nursing interventions [35]. Further, near misses and omissions and errors in the performance of clinical skills such as post-operative ambulation and wound dressing changes have been documented. [23], support [36], competence [35], retention, job satisfaction [37], the workplace environment [38] and organizational infrastructure [39]. A lack of preparation in the following areas was reported: administering medications to groups of clients [40]; pharmacology [41]; and nurse–physician interactions [40].

[42] concluded that head nurses expect far more skill items than new graduates believe they are capable of performing. The most of the expected skills are basic nursing skills. Also, the items expected by head nurses, but not by graduates include basic personal hygiene and comfort maintenance, less frequently performed therapies, specimen collection, isolation procedures, restraining measures to ensure the safety of patients, and bed making. The items not expected by head nurses, but which can be confidently performed by graduates include basic vital sign monitoring, providing oral medications, intravenous infusion, breast care and various nursing recordings. To improve the preparation of new graduates to match the required clinical competence, Only through clinical practice, can students build their confidence and independence when performing nursing activities. Furthermore, before graduation, students should find opportunities to revise and practice, those skills that are highly expected by the hospitals, so as to enable them to adapt smoothly to their new working environment

At the beginning of the 21st century, nursing found itself struggling to deal with the expanding complexity of health care. [43] stated that the nursing curriculum of the 21st century needs to embrace opportunities for collaborative efforts with educational partners so that new graduate nurses know how to deliver safe nursing care for acutely ill patients. Academia has struggled to address the challenges of preparing nursing students for their new roles as health care providers and has tried to change its traditional, educational, teacher-centered instructional methods to more concept-based, student-centered instructional methods [44]. [45] indicated that when the teacher is the center of teaching produce passive learning.

Also, [46] stated that traditional models of teaching are ineffective ways of communicating the complexity of concepts and skill sets required of practitioners working in the contemporary health care environment. [6] stated, "A need exists to find innovative ways to effectively train more nursing students to better prepare them for today's health care environment". This need for change has led the field of nursing to a concerted effort to find more appropriate instructional methods.

[47] indicated that several studies have indicated that orientation of nursing education has shifted from an information-driven environment in a process of teaching critical thinking and clinical judgement skills as a basic component of professional nursing practice. Also,

Interpersonal skills/emotional intelligence, interprofessional (medical and nursing) communication, cultural competency and integrating skills in the context of holistic patient care have been valued and listed as priorities in nursing performance improvement. In the USA, [48] concluded that the two highest-ranked competencies for the performance of associate degree-prepared nurses during the first 6 months following graduation were effective oral and written communication and personal attributes such as flexibility and open-mindedness; areas that needed to be improved were communication skills and professional accountability.

There is evidence suggesting that the newly graduated nurses lacked management skills needed to prioritize, manage and delegate workload [49], had poor interprofessional communication [4], and lacked the skills to deal with unexpected events such as deteriorating patient [50]. Given the increasingly complex clinical environment, it is essential for the student nurses to be equipped with these skills on registration to prepare them for the role of newly qualified nurses. Thus, is an urgent need for nursing educators to actively explore innovative teaching approaches that could promote graduating year student nurses' transition to the workplace [25].

[32] mentioned that the integration of critical thinking skills in nursing education programs has grown with the recognition that students cannot be prepared for every situation they may encounter in clinical practice [51]. Two studies from the transition program literature investigated problem-based learning compared to traditional curriculum. New graduates educated via problem-based learning were able to solve problems with greater competency than those trained via traditional methods [52]. Increased competency was found regardless of rater [53,54].

Addition, [55] indicated that creativity, flexibility, analyzing, and logical reasoning. Being able to apply logic to case studies was identified also by [56] as indicative of emergent critical thinking ability. Also, cognitive skills as essential to critical thinking skills. These cognitive skills were also identified by [57] in their study of the use of concept maps with nursing students. [57] and [58] concluded that students become more abstract in their thinking as they develop as critical thinkers and are better able to identify the connections that impact patient care.

Research by [59] revealed that students liked working in a group in simulation as this allowed them to hear other students' ideas. This resulted in more flexibility in their thinking as well as learning from others' experiences. Considering other possibilities in the problem-solving process is a hallmark of critical thinking.

Also, the findings illustrated that Mean score of the nurse preceptors and nurse managers' responses of expectations of the Graduate Nurse were greater than the faculty members toward Make sound clinical decisions, Perform skills/procedures with confidence, Act as a patient advocate, Demonstrate safe practices. In this context [20] illustrated that the mean ratings of the nurse preceptors and nurse manager have similar expectations.

[47] founded that The 10 nursing competencies that were found to be most needed, ranked from high to low mean values, were general professional technical skills, ability to work independently, interpersonal communication, professional orientation, assessment skills, general clinical

skills, self-coping skills, team building and teamwork, health system knowledge and critical thinking.

While in study [60], the 10 most frequently needed skills, from higher to lower frequency were specific clinical skills, assessment skills, technical skills, resource management, interpersonal communication, general clinical skills, complex technical skills, critical thinking and long-term care/geriatric skills, followed by written/verbal communication and ability to supervise, which had the same frequency.

According, [61] study of environmental health and nursing, competencies focused on four aspects: knowledge and concepts, assessment and referral, advocacy, ethics and risk communication, and legislation and regulation. In addition, [62] emphasized, for clinical nurse specialist education, the importance of developing skills to provide quality care to culturally diverse clients and to collaborate with a multicultural workforce. In hospitals, professional standards serve as the infrastructure underpinning the development of institutional standards of patient care, competency based education courses and quality assurance programs in integrated health care delivery systems.

Addition, In Taiwan, professional standards have been well developed and since 1982 the competency-based nursing clinical ladder system has been implemented in more than 100 hospitals. Hospitals usually implement a four-level nursing clinical ladder system: N1 (entry level; to perform general patient care); N2 (to participate in critical patient care); N3 (to execute integrated nursing care and be responsible for clinical teaching activities); and N4 (to function as nursing administrator and assist in research/survey activities) [63].

[64] mentioned that a mastery learning approach to education was used, where a list of themes with learning objectives was developed from the mastery standards accomplished by the students in their previous study modules. These learning objectives built on previous learning by moving beyond the focus on technical skill development to a more complex set of skills and behaviors, including communication with patient, family and team member, teamwork, decision making, time management, work management and a host of others. The scenarios were developed to provide an opportunity for students to work as a team. They were given tasks to accomplish that required them to not only communicate but also coordinate actions and cooperate with junior nurses and other healthcare professionals. The collaboration between practicing nurses, and academic educators has been emphasized to increase quality of students' learning in clinical practice and to bridge the theory and practice gap [65].

[66] indicated that preparing nursing graduates who are "ready for practice" is a key concern of nurses in the education, practice and regulatory sector. A rapidly changing, ever more complex, health care system has contributed to ongoing tensions about the preparation of registered nurses (here in referred to as nurses). In Canada, establishing a single educational preparation at a baccalaureate level, as opposed to having either a diploma or a degree as the entry requirement for nursing, has been a national goal for the nursing profession. The change in preparation has been proposed as the solution to ensuring

that nurses have the knowledge and skills required of the 21st century health care system [67].

The question of who's accountable for ensuring practice readiness was a compelling one in the data. Historically, nursing education programs were accountable to service, which in most cases was a single institution such as a hospital [68]. Whether or not education sector is accountable to the practice sector for the preparation of new graduates depends on the purpose of academic institutions and agreement about the preparation of nurses to act beyond the level of mere competence to be capable of adapting to unfamiliar circumstances in unfamiliar contexts [69].

[70] supported that developing a curriculum is challenging, and mostly quite a discouraging task. The traditional approach to curriculum development involves developing the curriculum and then consulting with stakeholders, while more contemporary approaches requires collaborative agreements with targeted stakeholders as part of the development process. It is now accepted that the information relevant to nurse education will double every 5 years, which underscores the need to change curricula regularly to keep up with the latest developments. This meant that irrespective of the changes in the health sector, a change in the curriculum for the nursing program was necessary.

[66] added that currently, shared accountability lies with provincial governments, regulatory bodies, educational institutions and healthcare organizations. The challenges of these multiple accountabilities are wide ranging, including ensuring that there are adequate numbers of nurses in the workforce, that there are sufficient clinical experiences, and that there is an appropriate transition plan between the end of the experience and first employment. [71].

The innovation in this curriculum development approach initiated when collaboration between the Sector and a number of stakeholders was encouraged. In this curriculum development process, collaboration has evoked very positive responses from the stakeholders and the lecturing staff involved. One can only encourage other nursing Departments to use a similar approach in order to develop curricula that will meet the needs of both the students and their future employers. [70]

5. Conclusion

The top forth most important skills for BSN new graduate nurses, as rated by nurse preceptors and nurse managers & faculty members was helping role, administering and monitoring therapeutic interventions and regimens, Monitoring and Ensuring the Quality of Healthcare Practices and Organizational & Work-Role Competencies. While, the most important descriptive adjective according the Max Score rank to Organized & effective, Successful, Accountable. Additionally, the most important Expectations according the Max Scores that ranking of the 10 expectations from the most important expectation to the least important expectation to Make sound clinical decisions, Knowledge and safe administration of medications, Demonstrate safe practices, Perform skills/procedures with confidence, Communicates with physicians and Delegate skills. Finally the main conclusion from the current study pointed out

stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing educators in creating a reality based educational programs that lead to successful transition of graduate nurses.

6. Recommendation

Nursing education programs undergo various curriculum revisions because of the dynamic environment of the health care environment that engages the knowledge and practice skills of new graduate nurses. Knowing which competencies best benefit new graduate nurses ensures a solid foundation of knowledge upon which academia and industry can continue to build nursing programs. The health care industry depends on academia to provide it with future employees. So, Identifying stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing education in creating a reality based educational programs that lead to successful transition of graduate nurses. Faculty members are one of the major stakeholder groups in this change effort. Faculty members have expressed concern that some nursing students are struggling to learn certain technical skills and develop the cognitive ability to think critically and resolve problems using competency-based assessment measures. Other competency issues that concern faculty include student weaknesses in communication, documentation, delegation, and prioritization skills.

References

- [1] Reinert, J., Bigelow, A., & Kautz, D. D. (2012). Overcoming nursing faculty shortages and bridging the gap between education and practice. *Journal for Nurses in Staff Development*, 28(5), 216-218.
- [2] Foster, K. I., Benavides-Vaello, S., Katz, J. R., & Eide, P. (2012). Using the generative nursing model to reframe nursing student transition to practice. *Nurse Educator*, 37(6), 252-257.
- [3] Burns, P., & Poster, E. C. (2008). Competency development in new registered nurse graduates: Closing the gap between education and practice. *Journal of Continuing Education in Nursing*, 39(2), 67-73.
- [4] Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, 40(9), 403-410.
- [5] Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2009). Assessing new graduate nurse performance. *Nurse Educator*, 34(1), 17-22.
- [6] Niederhauser, V., Schoessler, M., Gubrud-Howe, P. M., Magnussen, L., & Codier, E. (2012). Creating innovative models of clinical nursing education. *Journal of Nursing Education*, 51(11), 603-608.
- [7] Tanner, C. A. (2010). Transforming prelicensure nursing education: Preparing the new nurse to meet emerging healthcare needs. *Nursing Education Perspectives*, 31(6), 347-353.
- [8] Lenburg, C. B., Klein, C., Abdur-Rahman, V., Spencer, T., & Boyer, S. (2009). The COPA model: A comprehensive framework designed to promote quality care and competence for patient safety. *Nursing Education Perspective*, 30(5), 312-217.
- [9] Armstrong, G. E., Spencer, T. S., & Lenburg, C. B. (2009). Using quality and safety education for nurses to enhance competency outcome performance assessment: A synergistic approach that promotes patient safety and quality outcomes. *Journal of Nursing Education*, 48(12), 686-693.
- [10] Gill, B., Deagan, E., & McNett, M. (2010). Expectations, perceptions, and satisfaction of graduate nurses. *Journal for Nurses in Staff Development*, 26(2), E11-E17.

- [11] Halkett, A., & McLafferty, E. (2006). Graduate entrants into nursing: Are we meeting their needs? *Nurse Education Today*, 26(2), 162-168.
- [12] Morrow, S. (2009). New graduate transitions: Leaving the nest, joining the flight. *Journal of Nursing Management*, 17, 278-287.
- [13] Spector, N., & Echternacht, M. (2010). The regulatory model for transitioning newly licensed nurses to practice. *Journal of Nursing Regulation*, 1(2), 18-25.
- [14] Wolf, A. C., Pesut, B., & Regan, S. (2009). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30, 187-191.
- [15] Myrick, F, Luhanga, F., Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence into preceptor preparation. *Nursing Research and Practice*. 2012: 948593.
- [16] Institute of Medicine. (IOM, 2003). *Health professions education: A bridge to quality*. Washington DC: National Academies Press
- [17] Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., et al (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131.
- [18] Mellor, P., & Greenhill, J. (2014). A patient safety focused registered nurse transition to practice program. *Contemporary Nurse*, 47(1-2), 51-60.
- [19] Navis Buteyn, P. K. (2010). Hospital educators' expectations of entry level graduate nurses (Master's thesis). Retrieved from <http://minds.wisconsin.edu/>.
- [20] Wise V. (2013): Competency of Graduate Nurses as Perceived by Nurse Preceptors and Nurse Managers doctoral Study Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Education higher Education and Adult Learning Specialization, Walden University.
- [21] Institute of Medicine of the National Academies. (2011). The future of nursing: Leading change, advancing health. Retrieved from <http://www.nap.edu/>.
- [22] Thomas, C. M., Ryan, M. E., & Hodson-Carlton, K. E. (2011). What are your perceptions of new RN competency levels? *Nursing Management*, 42(12), 15-18.
- [23] Goh, K., Watt, E., 2003. From 'dependent on' to 'depended on': the experience of transition from student to registered nurse in a private hospital graduate program. *Australian Journal of Advanced Nursing* 21 (1), 14-20.24.
- [24] McKenna, L.G., Green, C., 2004. Experiences and learning during a graduate nurse program: and examination using a focus approach. *Nurse Education in Practice* 4 (4), 258-263.
- [25] Newton, J.M., McKenna, L., 2007. The transitional journey through the graduate year: a focus group study. *International Journal of Nursing Studies* 44 (7), 1231-1237.
- [26] Malouf, N., West, S., 2011. Fitting in: a pervasive new graduate nurse need. *Nurse Education Today* 31 (5), 488-493.
- [27] Chappy, S., Jambunathan, J., & Marnocha, S. (2010). Evidence-based curricular strategies to enhance BSN graduates' transition into practice. *Nurse Educator*, 35(1), 20-24.
- [28] McLean, C. (2011). Change and transition: What is the difference? *British Journal of School Nursing*, 6(2), 78-81.
- [29] Senger, B., Stapleton, L., & Gorski, M. S. (2012). A hospital and university partnership model for simulation education. *Clinical Simulation in Nursing*, 8(9), e477-e482.
- [30] Giddens, J., Wright, M., & Gray, I. (2012). Selecting concepts for a concept-based curriculum: Application of a benchmark approach. *Journal of Nursing Education*, 51(9), 511-515.
- [31] Allen, P., Lauchner, K., Bridges, R. A., Francis-Johnson, P., McBride, S. G., & Olivarez, A., Jr. (2008). Evaluating continuing competency: A challenge for nursing. *Journal of Continuing Education in Nursing*, 39(2), 81-85.
- [32] Rush K., Adamack M, Gordon J, Lilly M, Janke R (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies* 50 (2013). 345-356.
- [33] College of Registered Nurses of British Columbia, 2009. Competencies in the context of entry-level registered nurse practice in British Columbia. <https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntryLevelRN.pdf> (retrieved 14.12.11).
- [34] Del Bueno, D., 2005. A crisis in critical thinking. *Nursing Education Perspectives* 26 (5), 278-282.
- [35] Lofmark, A., Smide, B., Wikblad, K., 2006. Competence of newly-graduated nurses—a comparison of the perceptions of qualified nurses and students. *Journal of Advanced Nursing* 53 (6), 721-728.
- [36] Johnstone, M.-J., Kanitsaki, O., Currie, T., 2008. The nature and implications of support in graduate nurse transition programs: an Australian study. *Journal of Professional Nursing* 24 (1), 46-53.
- [37] Altier, M.E., Krsek, C.A., 2006. Effects of a 1-year residency program on job satisfaction and retention of new graduate nurses. *Journal for Nurses in Staff Development* 22 (2), 70-77.
- [38] Lavoie-Tremblay, M., Wright, D., Desforges, N., Gelin, C., Marchionni, C., Drevniok, U., 2008. Creating a healthy workplace for new-generation nurses. *Journal of Nursing Scholarship* 40 (3), 290-297.
- [39] Schoessler, M., Waldo, M., 2006. Organizational infrastructure to support development of newly graduated nurses. *Journal for Nurses in Staff Development* 22 (6), 286-293.
- [40] Li, S., Kenward, K., 2006. A national survey of nursing education and practice of newly licensed nurses. *JONA's Healthcare Law, Ethics, and Regulation* 8 (4), 110-115.
- [41] Rydon, S.E., Rolleston, A., Mackie, J., 2008. Graduates and initial employment. *Nurse Education Today* 28 (5), 610-619.
- [42] Lee, Chen & Wang (2002). Entry-Level Skill Competency: A Comparison of Head Nurses' Expectations and New Graduates' Perceptions. *Journal of Nursing Research* Vol. 10, No. 3, 2002.
- [43] Glasgow, M. E. S., Dunphy, L. M., & Mainous, R. O. (2010). Innovative nursing educational curriculum for the 21st century. *Nursing Education Perspectives*, 31(6), 355-357.
- [44] Kantor, S. A. (2010). Pedagogical change in nursing education: One instructor's experience. *Journal of Nursing Education*, 49(7), 414-417.
- [45] Zohrabi, M., Torabi, M. A., & Baybourdiani, P. (2012). Teacher-centered and/or student centered learning: English language in Iran. *English Language and Literature Studies*, 2(3), 18-30.
- [46] Hardin, P. K., & Richardson, S. J. (2012). Teaching the concept curricula: Theory and method. *Journal of Nursing Education*, 51(3), 155-159.
- [47] Tzeng & Ketefian (2003). Demand for nursing competencies: an exploratory study in Taiwan's hospital system. *Journal of Clinical Nursing* 2003; 12: 509-518.
- [48] Diede N., McNish G. & Coose C. (2000). Performance expectations of the associate degree nurse graduate within the first six months. *Journal of Nursing Education* 39(7), 302-307.
- [49] O'Shea, Kelly, 2007. The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland. *Journal of Clinical Nursing* 16 (8), 1534-1542.
- [50] Hartigan, I., Murphy, S., Flynn, A.V., Walshe, N., 2010. Acute nursing episodes which challenge graduate's competence: perceptions of registered nurses. *Nurse Education in Practice* 10, 291-297.
- [51] Kaddoura, M.A., 2010. New graduate nurses' perceptions of the effects of clinical simulation on their critical thinking, learning, and confidence. *Journal of Continuing Education in Nursing* 41 (11), 506-516.
- [52] Uys, L.R., Van Rhyn, L.L., Gwele, N.S., McInerney, P., Tanga, T., 2004. Problem-solving competency of nursing graduates. *Journal of Advanced Nursing* 48 (5), 500-509.
- [53] Goode, C.J., Lynn, M.R., Krsek, C., Bednash, G.D., 2009. Nurse residency programs: an essential requirement for nursing. *Nursing Economics* 27 (3), 142-147. 159.
- [54] Komaratat, S., Oumtane, A., 2009. Using a mentorship model to prepare newly graduated nurses for competency. *Journal of Continuing Education in Nursing* 40 (10), 475-480.
- [55] Mann J (2010). Promoting curriculum choices: critical thinking and clinical judgment, skill development in baccalaureate nursing students. Submitted to the graduate degree program in the Department of Curriculum and Teaching and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.
- [56] Ellermann, C.R., Kataoka-Yahiro, M.R., & Wong, L.C. (2006). Logic models used to enhance critical thinking. *Journal of Nursing Education*, 45(6), 220-228.
- [57] Abel, W. M., & Freeze, M. (2006). Evaluation of concept mapping in an associate degree nursing program. *Journal of Nursing Education*, 45(9), 356-364.

- [58] Vacek, J.E. (2009). Using a conceptual approach with concept mapping to promote critical thinking. *Journal of Nursing Education*, 48(1), 45-58.
- [59] Lasater, K. (2007). High-fidelity simulation and the development of clinical judgment: students' experiences. *Journal of Nursing Education*, 46(6), 269-277.
- [60] Cleary B.L., Lacey L.M. & Beck-Warden M. (1998). Estimating the market for nursing personnel in North Carolina. *Image: Journal of Nursing Scholarship* 20(4), 39-42.
- [61] Larsson L.S. & Butterfield P. (2002). Mapping the future of environmental health and nursing: strategies for integrating national competencies into nursing practice. *Public Health Nurse* 19(4), 301-308.
- [62] Jeffreys M.R. (2002). A transcultural core course in the clinical nurse specialist curriculum. *Clinical Nurse Specialist* 16(4), 195-202.
- [63] Kaohsiung Veterans General Hospital (2000). Training plans for enhancing clinical nurses' competencies. Unpublished documentation. Department of Nursing, Kaohsiung Veterans General Hospital, Kaohsiung County, Taiwan.
- [64] Liaw S, Koh Y, Dawood R, Kowitlawakul Y, Zhou W, Tiang Lau S (2013): Easing student transition to graduate nurse: A SIMulated Professional Learning Environment (SIMPLE) for final year student nurses 30 April.
- [65] Teoh, Y.T.E., Pua, L.H., Chan, M.F., 2012. Lost in transition: a review of qualitative literature of newly qualified registered nurses' experiences in their transition to practice journey. *Nurse Education Today*.
- [66] Wolff A, Pesut B, Regan S (2010): New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today* 30 (2010) 187-191.
- [67] Canadian Nurses Association, 2004. Joint Position Statement: Educational Preparation for Entry to Practice. Canadian Nurses Association, Ottawa, ON.
- [68] Pringle, D., Green, L., Johnson, S., 2004. Nursing Education in Canada: Historical Review and Current Capacity. Nursing Sector Study Corporation, Ottawa, ON.
- [69] Watson, R., 2006. Is there a role for higher education in preparing nurses? *Nurse Education Today* 26 (8), 622-626.
- [70] Keogh J, Fourie W, Watson S, Gay H. (2010): Involving the stakeholders in the curriculum process: A recipe for success?. *Nurse Education Today* 30 (2010) 37-43.
- [71] Duchscher, J.E., Cowin, L.S., 2006. The new graduates' professional inheritance. *Nursing Outlook* 54 (3), 152-158.