

# How do university clinical school of nursing graduates choose their graduate nurse year program?

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## KEY WORDS

Graduate nurse year program, undergraduate nurses, clinical schools

## ABSTRACT

### Objective

To assess the decision making process of nursing undergraduates when choosing a graduate nurse year program and to explore whether clinical school experience affects the decision making process.

### Design

A descriptive exploratory survey was distributed to all nursing graduates (n=166) from one cohort (single year) three months after completion of their course at a metropolitan university in Victoria, Australia. This cohort of students attended either of two metropolitan clinical schools and approximately 37.9% returned (n=62) the survey within 2 months of initial mail out. Responses from this cohort were assessed in relation to how preferences were ranked in choosing a GNY program.

### Setting

The setting was a metropolitan university and two metropolitan clinical schools of nursing in Victoria, Australia.

### Subjects

Nursing graduates (166 with 62 participating).

### Results

Data from respondents indicated that the overall experience at the clinical schools was positive with 59.7% (n=37) stating it was very good and another 35.5% (n=22) stating it was good. The majority of respondents (82.3% n=51) received their first preference however only 22.5% (n=14) chose to return to their original clinical school for their graduate nurse year program. Reasons for not returning to their clinical school included: nursing specialisation, support, rotations offered, past clinical experience, and ongoing career prospects.

### Conclusion

The high percentage of respondents receiving their first preference for GNY programs suggests the clinical school model for undergraduate nursing students is highly valued by hospitals and health care networks. In addition, undergraduate nursing students are choosing which GNY will best suit their present and future career needs, regardless of past (positive) experience in a clinical school. Choice of GNY is strongly associated with past clinical experience and nursing specialisation offered. This is of value to health care institutions or hospitals when developing or promoting their GNY program or undergraduate study programs to potential employees or students.

## INTRODUCTION

Divisions or schools of nursing and their industry partners invest substantial time, money and effort in providing innovative clinical experiences for undergraduate nursing students and especially those in their the final year of education. During this final year, students make important decisions about where to work once registered as a nurse and commonly choose a graduate nurse year (GNY) program to facilitate their transition from university to workplace. This study assessed the decision-making process of undergraduate nurses when prioritising graduate nurse year programs and the effect their attendance at an integrated clinical school of nursing had on influencing their choice of GNY.

## BACKGROUND

The establishment of partnerships between academia and practice environments are integral to the development of undergraduate nursing students in the transition process from university to newly graduated registered nurse (Herdrich and Lindsay 2006). Universities both nationally and internationally (and their schools or divisions of nursing) have varying degrees of affiliations with acute care hospitals so the majority of clinical placements can be offered at the one facility (Burns and Paterson 2005) allowing for continuity and consistency of clinical placement. These affiliations provide the university with certainty of clinical placements and the hospitals with a chance to promote themselves as an employer of choice to potential future employees.

A further step beyond simple affiliation is the establishment by universities of clinical schools of nursing co-located within an acute care hospital. The programs offered at the clinical schools of nursing to undergraduate nursing students require nurse academics to not only teach theoretical units of study at the affiliated hospital but also have active input into a student's clinical placement. This facilitates integration between clinical and theoretical experience as it allows the undergraduate nursing students the opportunity to refine essential skills for practice whilst still supported by university academics and mentors.

This approach necessitates the investment of substantial time, money and effort from both the university and affiliated hospital. A return on investment for the hospital would be for students to return after obtaining their nursing registration to continue this relationship through choosing to participate in a graduate nurse year program based at the university affiliated hospital.

Newly graduated nurses frequently choose to participate in a GNY program to support them during their first year post registration. The worth of graduate nurse year programs was supported firstly by Benner (1984) who postulated that the transition from newly graduated nurse to being a competent nurse takes 18 months to two years practice (Benner 1984). However not all GNY's are the same, as there are numerous formats of support and opportunity with an ever-increasing number of hospitals and health care networks nationally and internationally for the nursing graduate to choose from.

The process of choice of GNY programs within Victoria, Australia is streamlined to one centrally located GNY allocation service called Graduate Nurse Program Computer Match Service (Postgraduate Medical Council of Victoria Inc 2007). This system allows the students only four ranked preferences for their first year of employment and requires the undergraduate nurse to make complex decisions as to where they should apply. This decision potentially has long lasting implications in relation to career prospects as choosing the 'right' GNY can not only assist in the transition stage of their career but also establish them for the future. Newly graduated nurses desire to obtain their first choice of GNY, but this also depends on how the chosen health care networks have ranked the applicant based on their interview processes. This ranking is analysed centrally and the nearest match, (if at all), is determined by the system and forwarded to both the successful applicant and the health care network. The better prepared the undergraduate nurse is at interview, through not only academic grade but also clinical reasoning and experience, the more likelihood of success for obtaining their first preference for GNY.

Despite the best efforts of participating universities and their industry partners, undergraduate nursing students who have attended clinical schools at affiliated hospitals still choose to go elsewhere for their graduate nurse year program.

## OBJECTIVE

The objective of this study was to assess the decision making process of nursing undergraduates when choosing a graduate nurse year program and to explore whether clinical school experience affects the decision making process.

## DESIGN

A descriptive exploratory survey study was developed after initial feedback from focus groups (n=80) into the university clinical school model. The focus groups highlighted re-emerging themes related to clinical school experience and choice of GNY. From these themes, a nine point questionnaire was developed to examine how nursing and midwifery graduates from the university's two metropolitan clinical schools choose their GNY.

Approval was given by the Faculty of Health Sciences Ethics Committee for a qualified user to obtain from the university data base a list of students and their addresses who had attended either metropolitan clinical school from the previous year. Each student listed was sent a letter outlining the study which included a detailed Participant Information Sheet titled 'How do university clinical school of nursing and midwifery graduates choose their graduate year program 2006' and the University School of Nursing and Midwifery Graduate Placement Survey 2006, as well as a return addressed pre-paid envelope for return of the survey.

Data collected included: the clinical school the graduate attended; how the student rated the clinical school experience; how the graduates prioritized their preferences for a GNY program; the location of successful offers of a GNY program; whether or not this was the student's first preference; and where the nurse was going to participate in a GNY program. A five point Likert scale was used for

responses from excellent to very poor in relation to supervision, support and experience. Decisions about GNY preferences were ranked 1-6 according to self-determined influences. In addition, data was collected about where the student's clinical school (if at all) appeared in their list, anywhere from 1<sup>st</sup> -4<sup>th</sup> place, including no match and undisclosed. The final question asked: "If the student did not choose their clinical school, why?"

## ETHICAL CONSIDERATIONS

The university's Human Ethics Committee approved the research study. A plain language participant sheet was distributed with the questionnaire to explain the purposes of the study and to assure participants of anonymity and confidentiality. No coercion was used to induce nurses to take part and there were no foreseeable adverse consequences of participating this study.

## DATA ANALYSIS

Data obtained from the questionnaires was analysed using the software package SPSS for Windows Version 14. Frequencies of distributions were calculated for all measures to check accuracy of data entry. In addition, standard descriptive analyses were used to examine the influences of the undergraduate nurse's decision-making when choosing a GNY.

## FINDINGS

### Clinical School experience

Data from respondents indicated that the overall experience at the clinical schools was positive with 59.7% (n=37) stating it was very good and another 35.5% (n=22) stating it was good with only 1.6% (n=1) stating it was poor (see table 1).

**Table 1: Clinical school experience (both schools)**

Response	Frequency	Percent
Very good	37	59.7
Good	22	35.5
Satisfactory	1	1.6
Poor	1	1.6
N/A	1	1.6
Total	62	100.0

### Graduate Nurse Year

Of the respondents, 82.3 % percent (n=51) received their first preference (see table 2); 33.85% (n=21) placed their original clinical school as their first preference, however 30.85% (n=19) did not even rank their clinical school within their four possible choices (see table 3); and only 22.5% (n=14) returned to their original clinical school for their GNY program (see table 3).

**Table 2: Was your GNY your first preference?**

Response	Frequency	Percent
Yes	51	82.3
No	11	17.7
Total	62	100.0

**Table 3: Where did you place your clinical school in your preferences?**

Preference	Clinical school		Total
	A1	A2	
1st	5	16	21 (33.87%)
2nd	8	4	12
3rd	1	6	7
4th	0	1	1
N/A	0	0	1
No match	7	12	19 (30.64%)
Undisclosed	0	1	1
Total	21	40	62

### Prioritisations for GNY

Respondents indicated that the number of rotations (80.64% n=50), support (79.03% n=49), location (70.96% n=44), available nursing specialisations (59.67% n=37), past clinical experience (43.54% n=27), and future career opportunities (16.12% n=10) (see table 4) influenced their decision to choose a GNY program.

**Table 4: How did you prioritise your preferences?**

Priorities (not ranked) for GNY		
Reason	Frequency	Percent
Rotations	50	80.64
Support	49	79.03
Location	44	70.96
Nursing specialization	37	59.67
Clinical experience	27	43.54
Future career possibilities	10	16.12

### Why clinical schools were not chosen for GNY

The top four reasons for not choosing the original clinical school were: lack of nursing specialisation that the undergraduate was interested in, such as midwifery or women's health (33.87% n=21); poor clinical experience (17.74% n=11); location (too far) (17.74% n=11); and too few rotations (12.9% n=8) (see table 5).

**Table 5: Reasons for not choosing clinical school**

Reason	Frequency	Percent
Nursing specialization	21	33.87
Clinical experience (poor)	11	17.74
Location	11	17.74
Rotations (too few)	8	12.90

## DISCUSSION

This survey demonstrates that undergraduate nursing students have very clear ideas on why and how they choose a GNY. Determents of preference for a particular GNY program is strongly associated with the undergraduate students view of what will best suit their present situation and future career needs and with past clinical experience be it good or poor.

### Clinical School Experience

The overall undergraduate nursing experience at the clinical school was positive (see table 1), making such models very attractive to universities wanting the best possible overall theory and clinical integration. This positive experience of clinical schools was reflected in other similar international models ( Moscato et al 2007; Campbell and Dudley 2005). Moreover, although not all undergraduate students chose to return to their respective clinical schools for their initial first year of employment, the overall positive experience of the clinical school maybe an indicator of future employment for those who chose not to return initially.

### Clinical Experience

The view that past clinical experience either positively or negatively influences future employment choices is well supported in the literature (Hartigan-Rogers et al 2007; Andrews et al 2005; Lea and

Cruickshank 2005; Heslop et al 2001). A positive clinical experience will provide the undergraduate with not just future employment possibilities and opportunities but may also influence future post graduate education choices.

### First preferences

The high percentage of respondents receiving their first preference and the overall positive experience of the undergraduate nursing students within the university's clinical nursing school model, demonstrates the importance and value of this model. The clinical school model, which integrates theory with practice and provides consistency in clinical placement, may also benefit the nurse when seeking future employment. Most interviews for nursing positions take into account not only clinical skills, but decision making and an ability to work within a team (Asselin 2006; Carson et al 2005; Sirgo and Coeling 2005; Puetz 2005; Iacono 2004), attributes likely to be gained with the clinical school model.

### Nursing specialisation

Opportunity for specialisation appears to be a very important to nurses (Puetz 2005; Kalisch 2003). Despite the fact that both clinical schools in this study are major tertiary hospitals with a wide variety of nursing specialties to choose from, they did not provide specialisation or experience in women's health, maternity, neonatal, or large paediatric wards; a preference for these specialisations was reflected in the responses to the survey and correlated with GNY placement preferences.

### LIMITATIONS

Even though the response rate was within acceptable limits, an increase in participation rate would provide a greater understanding of this cohort's experience in the clinical schools and whether this affected their decision making process for GNY.

### CONCLUSIONS

The high percentage of respondents receiving their first preference for GNY programs suggests the clinical school model for undergraduate nursing students is highly valued by hospitals and health care networks. In addition, undergraduate nursing

students are choosing which GNY will best suit their present and future career needs, regardless of past (positive) experience in clinical schools. It is also evident that choice of GNY is strongly associated with past clinical experience and nursing specialisation offered. This is useful information for health care institutions or hospitals in tailoring their GNY program or undergraduate study programs to potential employees or students.

### REFERENCES

- Andrews, G., Brodie, D., Andrews, J., Wong, J. and Thomas, B. 2005. Place(ment) matters: students' clinical experiences and their preferences for first employers. *International Nursing Review*, 52(2):142-153.
- Asselin, M. 2006. Making the right choice: strategies for effective interviews. *Nursing Management*, 37(8):42-48.
- Benner, P. 1984. *From novice to expert: excellence and power in clinical nursing practice*. Addison-Wesley: Menlo Park, California, USA.
- Burns, I., and Paterson, I. 2005. Clinical practice and placement support: supporting learning in practice. *Nurse Education in Practice*, 5(1):3-9.
- Campbell, S. and Dudley, K. 2005. Clinical partner model: benefits for education and service. *Nurse Educator*, 30(6):271-274.
- Carson, K., Carson, P., Fontenot, G. and Burdin, J, Jr. 2005. Structured interview questions for selecting productive, emotionally mature, and helpful employees. *Health Care Manager*, 24(3):209-215.
- Hartigan-Rogers, J., Cobbett, S., Amirault, M. and Muise-Davis, M. 2007. Nursing graduates' perceptions of their undergraduate clinical placement. *International Journal of Nursing Education Scholarship*, 4(1):1-12.
- Herdrich, B. and Lindsay, A. 2006. Nurse residency programs: redesigning the transition into practice. *Journal for Nurses in Staff Development*, 22(2):55-64.
- Heslop, L., McIntyre, M. and Ives, G. 2001. Undergraduate student nurses' expectations and their self-reported preparedness for the graduate year role. *Journal of Advanced Nursing*, 36(5):626-634.
- Iacono, M. 2004. The selection process: interview tips for nurse managers. *Journal of PeriAnesthesia Nursing*, 19(5):345-347.
- Kalisch, B. 2003. Recruiting nurses: the problem is the process. *Journal of Nursing Administration*, 33(9):468-477.
- Lea, J. and Cruickshank, M. 2005. Factors that influence the recruitment and retention of graduate nurses in rural health care facilities. *Collegian*, 12(2):22-27.
- Moscato, S., Miller, J., Logsdon, K., Weinberg, S. and Chorpennig, L. 2007. Dedicated education unit: an innovative clinical partner education model. *Nursing Outlook*, 55(1):31-37.
- Postgraduate Medical Council of Victoria Inc. 2007. Graduate Nurse Program Computer Match Service (GNP Match). Postgraduate Medical Council of Victoria 2007. Available from: [http://computermatching.pmcv.com.au/public/hospitaldirectory/gnp\\_index.cfm](http://computermatching.pmcv.com.au/public/hospitaldirectory/gnp_index.cfm) (accessed January 2007).
- Puetz, B. 2005. The winning job interview: do your homework. *American Journal of Nursing*, 2005 Career Guide, 30(2):34-35.
- Sirgo, C. and Coeling, H. 2005. Professional development: work group culture and the new graduate. *American Journal of Nursing*, 105(2):85-87.