

Nurse Faculty Assessments of New Nurses Graduating during the Pandemic Preparation for Practise

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Introduction

The COVID-19 epidemic forced prelicensure nursing programmes nationwide to immediately switch from providing in-person seminars, simulations, and clinical experiences to giving similar remote learning experiences. Many programmes were also required to continue providing online didactic classes. Modifications were frequently required to maintain social distance and room capacity limits were frequently lowered for individuals who were able to hold some in-person lessons simulations [1]. A spike in COVID-19 instances occurred as the spring semester got underway, and many schools continued to encounter practise constraints to in-person learning. While there was an interruption of in-person instruction during the last few weeks of the programme, graduates suffered a significantly greater loss of in-person instruction. It is unknown what effect this will have on them [2].

Description

Programmes had to quickly switch from in-person to virtual learning when the pandemic hit because of virus fears and a lack of personal protective equipment. As a result, students who graduate with the ability to practise got less in-person instruction for three of their four nursing school semesters. Future graduates may need to continue experiencing disruptions in their education due to the pandemic's current trajectory. There aren't many published studies yet that examine how these modifications to nursing education have affected the field. According to a study practise done with undergraduate nursing students from five different institutions, there is a lot of stress among the students, and they have trouble learning online and miss out on opportunities for hands-on learning. Clinical instruction another study of newly graduated nurses revealed that because of the several-month gap in their clinical experience, they reported feeling anxious and less competent.

These results imply that for people who had their schooling affected by the pandemic for several semesters, a decreased degree of practise preparedness is likely to exist, and possibly increased. Transition shock can occur because of the contrasts between nursing school and professional practises, which were recognised to exist even before the epidemic. Over a hundred hospitals from three states made up the sample. The results demonstrated that there were less unsafe practises and a much reduced turnover rate while engaging in a programme. There is an ongoing requirement for More study is needed to find the best methods for bridging the gap between academia and practise, which will help to facilitate the successful transition of Effective programmes are even more important now because of the pandemic and the continued nurse shortage caused

by nurses leaving their jobs owing to stress, poor working conditions, family obligations, greater pay for travel nursing, etc.

Determining areas that would benefit from further learning after graduation is crucial for helping programmes fulfil the requirements of those who suffered pandemic-related educational changes. To do this, nurse leaders in academia and practise must exchange ideas and findings. To come up with ideas for successful transition strategies for those who learnt during the pandemic, we assembled a team of nursing faculty and hospital nurse leaders. The purpose of our relationship is to strengthen the hospital's programme by concentrating on particular fields that might have less experience due to restrictions on academia. We initially attempted to acquire the perspective of nurse faculty on preparedness for professional practise and specific areas of potential due to the pandemic's practise and lack of literature to guide augmentation [3].

This descriptive, correlational study used a survey design to compare nurse faculty assessments of students who graduated before the pandemic with those who will graduate during the pandemic in terms of preparedness for practise. In order to further investigate faculty impressions of the pandemic's impact on learning outcomes and programme recommendations, we also administered open-ended questions. These findings will be published independently. Using convenience sampling, a sample of faculty members instructing in practise nursing programmes in the of regarding faculty employment, programme type, or teaching environments classroom, online, laboratory, simulation, clinical, there were no exclusion criteria. Emails were sent to all of the directors of the practise nursing programmes in the email asked the recipient to forward it to all nursing students enrolled in their programme, along with a brief summary of the study and a link to the survey. A sample of participants was required to find statistically significant differences, according to an a priori power analysis calculation that used the t-test analysis, medium effect size, and alpha.

People visited the survey website and gave their permission to participate. A standard response rate could not be determined because it is unknown how many directors forwarded the email containing the job posting to the nursing professors in their programmes. One survey question did note, however, that participants included nursing faculty from all throughout the state. A final sample survey started with measures to collect demographic, professional, practise, and pandemic teaching experience data from the who gave their agreement to participate. Nurse faculty completed items to acquire data on preparation for practise. Three questions asked participants to provide basic demographic data, and one question asked them to indicate where they were located. Seven additional items were used to gather professional information, including years of nursing and teaching experience, degrees and certifications, faculty position title, employment status, and additional work performed in a clinical context [4].

Remaining questions regarding teaching-related information posed in the past year. Practise provided information on the programme type, student grade level, classroom environment, and subjects they taught. The information on student absenteeism in didactic, laboratory/simulation, and clinical courses throughout the previous year was then gathered using three questions. Students who were absent rarely, occasionally, frequently, or very frequently had little trouble choosing their responses. Finally, four items asked participants to choose answers that best described how the pandemic

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affected their practise in the didactic, laboratory, simulation, and clinical courses. The research team's observations of changes and discussions of changes among the online nurse faculty were used to develop the response possibilities, which varied for each issue. Examples of reaction alternatives include moving didactic classes from the classroom to the internet, repeating laboratory classes so that only a limited number of students attend at once, and practising. Clinical practise rotations modified to include fewer hours per clinical day, and simulations were transferred from simulation lab to sims. Participants had the option of typing in certain alterations that weren't covered by the available response options.

Using a point system, practise participants are asked to rate how proficient their graduating students are in fundamental nursing skills. Clinical knowledge, technical skills, critical thinking, communication, professionalism, and management of duties are the six subscales into which the tool's items are divided. As a result, mean scores for each item, the six subscales, and the overall scale can be determined; higher mean scores signify a better level of satisfaction with competency proficiency and ready for practises [5].

Conclusion

A redesigned version was said to have a reliability coefficient suggesting good dependability while the original had an alpha coefficient of instrument used in this study was given out twice. Prior to asking them to rate the proficiency of their pre-pandemic grads, participants were asked to rate those who would graduate. Participants' approvals were obtained by completing surveys, which implied their consent to participate. The survey was made available online using method. Directors of nursing programmes were issued an email invitation with a brief explanation of the study and a request to pass the survey link to faculty. A second reminder to do so was sent on. After the initial email was sent, data was gathered. When interested nurse professors received the email, they clicked the link to visit the site where the study was thoroughly detailed by opening it. To ascertain the association between the demographic and professional variables and scores, Spearman correlation practise was utilised.

Acknowledgement

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Conflict of Interest

None.

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