GRADUATES' PERSPECTIVES OF ATTRIBUTES ASSESSED DURING STRUCTURED ORAL ASSESSMENT FOR THE SELECTION OF UNDERGRADUATE NURSING STUDENTS AT THE UNIVERSITY OF ADELAIDE

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A thesis submitted for the degree of Master of Nursing Science, University of Adelaide

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STATEMENT OF AUTHORSHIP AND SOURCES

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis which I have qualified for or been awarded another degree or diploma.

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All research procedures reported in this thesis received approval of the relevant Ethics committee.

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ABSTRACT

A reliable student selection in nursing education programs is important to select the most suitable candidates not only as students but also as likely to pursue a career in nursing. In the last several years, the student selection of Bachelor of Nursing degrees have not been based solely on an academic performance, but also on a structured oral assessment. Although several evaluations of structured oral assessment have been undertaken, no reviewed study of structured oral assessment from the perspectives of the graduates nurse has been found. Evidence to improve processes of structured oral assesment is limited. In order to conduct a better structured oral assessment, further investigation in the structured oral assessment from graduate nurses perspectives is necessary. Therefore, this multi-method descriptive study aimed to explore graduates' perceptions of the attributes explored during the structured oral assessment. Required attributes for successful completion of the Bachelor of nursing, and undertaking a career as a registered nurse were also explored.

Thirty five Bachelor of Nursing graduates were invited to participate in this study, in which participants completed self-administered postal questionnaires. A semi-structured interview was conducted after a quantitative data collection. Quantitative data was analysed utilising simple descriptive statistics, while qualitative data utilising content analysis. Results indicated that the structured oral assessment was an excellent method in student selection, and questions being asked in the structured oral assessment were viewed as appropriate, suitable and relevant. Findings of this study illustrated attributes

which were viewed important for successful completion of pre-registered nurse education and undertaking a career as nurses. From this study, two new findings were revealed, including integrity and the mentorship between younger and more mature students.

Recommendations from this study include improving teaching and learning methods, and supporting mutual relationships among pre-registered nurse students. Further studies related to refinement of the questionnaire, and replications of this study at broad level are also recommended.

Chapter One
INTRODUCTION

CHAPTER ONE: INTRODUCTION

Introduction

This thesis reports a research study that was designed to investigate graduates' perspectives of attributes assessed during structured oral assessment for the selection of undergraduate nursing students at the University of Adelaide. The nursing students' selection at the University of Adelaide was based on the Tertiary Rank Score (TER) and a structured oral assessment.

This chapter introduces and briefly outlines the student selection process, particularly structured oral assessment. The chapter provides an overview of the research problem, a statement of the research question, the research purposes, and an overview the content of the thesis.

Background

The current worldwide shortage of nurses which has arisen in the last two decades has several causes, including issues arising from an increasing number of retirements, the changing work climate, the changing image of nursing and the increasing attrition of nursing students and nurses (Goodin 2003; Cohen, Ehrlich-Jones, Burns, Frank-Stromborg , Flanagan & Askins 2005; McLaughlin, Moutray & Muldoon 2007). The term "…attrition of nursing students…" has been defined as "…loss of individuals from the programs." (Deary, Watson & Hogston 2003, p.72). It has recently been asserted that nursing students' attrition rates from training programs were relatively high in several developed countries including Australia, the United States (US) and Europe (Pryjmachuk,

Easton & Littlewood 2009). A systematic review of studies which examined factors associated with pre-registration nursing students found that the attrition rate was between 25-27% in Australia, the US and Europe (Gaynor, Gallasch, Yorkston, Stewart & Turner 2006). In seven Australian universities, it has been estimated that between 2003-2006 the student nurse attrition rate was 24.5 % (Gaynor, Gallasch, Yorkston, Stewart, Bogossian, Fairweather, Folley, Nutter, Thompson, Stewart, Anastasi, Kelly, Barnes, Glover & Turner 2007). In addition, the attrition of undergraduate nursing in one particular Scottish college during the first 12 months was 25 % (Deary, Watson & Hogston 2003), and 18 % in the Western Michigan University (Sadler 2003).

Some studies found the reason for attrition included academic performance, personal and family reasons, personality traits, transfer to another academic program, and gender, particularly of males (Ehrenfeld, Aviva, Rina & Rebecca 1997; McLaughlin, Moutray & Muldoon 2007). Empirical evidence indicates that personality traits are closely related to academic performance, despite a person's intellectual capacity (McLaughlin, Moutray & Muldoon 2007). However, according to McLaughlin, Moutray & Muldoon (2007) not many nursing studies have examined the relationship between personalities, academic success and attrition. One study found a tendency for introverted rather than extroverted students to succeed in completing their program (Sanchez, Rejano & Rodrigues 2001). An extrovert is considered as a type of personality which is generally dependent on the environment and outside situation, socially involved, impulsive but wanting to be given a degree of freedom, whereas an introvert tends to be more reflective and contemplative(Sanchez, Rejano & Rodrigues 2001; Li, Chen & Tsai 2008). Furthermore,

students who were more committed to their program were more likely to complete it (March & McPherson 1996). Several personality traits including extroversion and neurosis are linked to failing students (Sanchez, Rejano & Rodrigues 2001). If students fail or decide to leave nurse education programs, this will have a significant impact on both retention in the nursing profession and, particularly, on nursing shortages (Wells 2003).

Studies have explored the way in which some factors influence students' satisfaction with nursing programs and their commitment to nursing as a career are still limited (Vanvahen & Janhonen 2000). Factors include students' perceptions as well as their attitudes toward nursing (Vanvahen & Janhonen 2000). In addition to this, one study concluded that most students choose nursing as a career because they have a positive perception of nurses and good future employment prospects (Tomey, Schweir, Marticke & May 1996). However, common reasons for leaving the nursing profession include inflexible work schedules, family reasons, and better paying jobs elsewhere (Strachota, Normandin, O'Brien, Clary & Krukow 1997). It has also been suggested that reasons for leaving nursing as a career include working conditions, job stress, lack of professional opportunities and autonomy (Carrol 2005; Focshen, Sjorgen, Josephson & Largerstorm 2005; Sjorgen, Focshen, Josephson & Largerstrom 2005).

The phenomenon of nursing students' attrition is related to two issues, including economic concerns and the nursing shortage. The loss of nursing students means that a significant waste of economic resources involved in education program as well as time,

and learning and teaching efforts (Pryjmachuk, Eatson & Littlewood 2009). Moreover, attrition could potentially worsen the situation in the nursing workforce (Cohen et al 2005). For these reasons, strategies to reduce nurse student attrition rates have been implemented.

A strategy which has been implemented in the US is the collaboration with primary school teachers to create a more positive attitude toward the nursing profession (Cohen et al 2005). The reason for collaborating with primary school teachers was that a person's perceptions relating to a career were found to be already developed in primary school (Cohen et al 2005). Cohen et al (2005) found that students developed a better perception of nursing, seeing nursing as a powerful, more respected, and an interesting profession. Another strategy was through conducting a stricter selection process of nurses, since the right selection process may have a positive relation with retention (McCallum, Donaldson & Lafferty 2000). A stricter student selection process includes combining several types of tests, such as academic and social skills, and a combination of interview and tertiary rank (Gallagher, Bomba & Crane 2001; Wilson, Chur-Hansen, Donelly & Turnbull 2008).

Entry assessment for admission to a bachelor degree in nursing varies across universities. The selection of applicants for entry into the Bachelor of Nursing program at the University of Adelaide is based on the Tertiary Ranking Score (TER) and a structured oral assessment (Wilson et al 2008). In other universities the entry criteria have been based upon student admission tests such as the Nurse Entrance Test (NET), previous academic markers, for example grade point average (GPA), and quotas (Gallagher,

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Bomba & Crane 2001; Adib-Hajbaghery & Dianati 2005).

One study found that an admission test which is based on a diagnostic test of both academic and social skills may improve nursing staff's success and retention (Galagher, Bomba & Crane 2001). In addition to the types of admission processes which were designed to evaluate cognitive ability only, an interview or oral assessment is suggested when selecting students (Morris 1999). An oral assessment has several advantages including: ability to assess non-cognitive skills (communication, attitude, and personality) and ability to clarify information or explain further what is included in the application form (Morris 1999). Furthermore, a structured oral interview can be a positive objective aid for selecting student nurses (Buckingham & Mayock 1994). Moreover, the use of structured interviews is suggested, since they can objectively measure applicants against specific criteria (Land 1994).

Student admission in the Discipline of Nursing, University of Adelaide is not only based on academic merit but also oral assessment by structured interview. The academic performance could be based on GPA, TER, or Special Tertiary Admission Test (STAT). The oral assessment was undertaken due to the extensive clinical placement offered to Bachelor of Nursing students, small quotas and intensive workload (*Undergraduate Admission Guide 2010*). The structured oral assessment aimed to find the best applicants for the nursing profession (Wilson et al 2008). In 2006, the Discipline of Nursing at the University of Adelaide offered structured oral assessment (SOA) for 774 applicants who reached the TER threshold, of which 265 were accepted for interview (Wilson et al 2008). The oral assessment was a 20 minute interview including questions about the

positive and negative aspects of nursing, communication skills and implications of being a nurse (Wilson et al 2008).

Wilson et al (2008) conducted an evaluation of the oral assessment process from the interviewers' perspective and found that the interviewers had positive opinions about the oral assessment, including being satisfied with their own performance, and appropriate questions were asked. Land (1994) conducted a qualitative study that explored student nurses' experience during the selection process at three British colleges of nursing. The study focused on experiences and processes during the selection rather than attributes and the suitability of oral assessment for student nurses (Land 1994). It was concluded that students had somewhat negative views about the process of the oral assessment, namely, that the interviews were annoying, not well-organised and discriminatory (Land 1994).

Context of study

The focus of the reported study is the selection process of candidates for the Bachelor of Nursing at the University of Adelaide. A structured oral assessment is used by the University of Adelaide to assess candidates' skills and attributes for undertaking the Bachelor of Nursing degree and their suitability for future professional practice. As such, the structured oral assessment seeks information such as applicants' knowledge of nursing, communication and interpersonal skills, and motivation to become a registered nurse.

Purpose

The aim of this study was to explore graduates' perception of the attributes explored during the structured oral assessment. This research also sought to investigate whether graduates believed there were more appropriate attributes that could be assessed for successful completion of a Bachelor of Nursing degree and for undertaking a career in nursing as a registered nurse. These attributes were of a personal, interpersonal, communicative, managerial, attitudinal and motivational nature.

Research question

The research question investigated in this study was: "How relevant are the attributes assessed during structured oral assessment for the selection of undergraduate nursing students at the University of Adelaide?"

Objectives were:

1. To explore graduates' perceptions about the suitability of the questions asked in the structured oral assessment for the selection of undergraduate student nurses.

2. To determine if, in the structured oral assessment, there could be assessed more appropriate attributes which may be required for successful completion of the Bachelor of Nursing and for future professional practice.

Significance of the study

The findings of this study will be of benefit to nurse education since hopefully it will encourage the implementation of an improved structured oral assessment process in student nurse selection. This study will enhance knowledge relating to undergraduate nursing students selection, and provide valuable information for the Discipline of Nursing

at the University of Adelaide about the ability of structured oral assessment to do what is required of it. Furthermore, the results will potentially lead to improvement in the structured oral assessment process.

Summary of thesis

This thesis provides a comprehensive report of the research conducted and is presented in the following five chapters. In the first chapter the introduction provides the background, justification and purposes of the study. The particular research question that this study addressed is outlined. The literature review in chapter two describes student selection, form of student selection, structured oral assessment, and nurses and student nurse attributes. Chapter three details the methodology upon which this study is based. The methodology is outlined, including an explanation and description of the research design, ethical issues, data gathering instrument, issues of validity and reliability, and statistical analysis. In chapter four, the results of data analysis are presented. Finally, chapter five details the discussion. The discussion includes summary descriptions of procedures, major findings and their significances for nursing, study limitations, and recommendations for further investigation.

Conclusion

This chapter introduces the topic of the research and the way in which the researcher's interest in the study is presented. Structured oral assessment is one of the strategies used to reduce nursing student attrition. An overview of student selections has identified the evaluation of structured oral assessment from the interviewers' perspective. However, such evaluations have not been done from graduates' perspectives. Therefore, the aim of

this study is to explore graduates' perceptions of the attributes explored in the structured oral assessment, and to investigate whether graduates believe there are more appropriate attributes that could be assessed for successful completion of a Bachelor of Nursing degree and for undertaking a career in nursing as a registered nurse. The research question was the focus of the study:" How relevant are the attributes assessed during structured oral assessment for the selection of undergraduate nursing students at the University of Adelaide?"

Chapter Two
LITERATURE REVIEW

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter provides a literature review which will establish what research has been done on the selection of undergraduate nurse students, determine the gaps in the literature, and develop arguments for the need for this research. This review analyses issues about structured oral assessment for student nurse selection. Literature which focuses on students selections and structured oral assessment was considered. As a result of the above consideration, the literature review discusses the following issues: student nurses' selection processes, forms of student selection, structured oral assessment, and attributes of registered nurses and student nurses.

The literature search focused on electronic databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ERIC and EBSCO Host data bases. The literature search was limited to literature written in English and restricted to research published from 1989 to 2009 in order to undertake a review of recent nursing and scientific literature. Key words were student selection, student admission, oral assessment, interview, entrance examination, pre – admission academic criteria, nurses attributes, and student attributes.

Student selection

Issues in nursing such as a decreasing number of student nurses and an ageing workforce, highlight the strategic importance of attracting and retaining suitable nurses into the

profession (McCallum, Donaldson & Lafferty 2006). Student selection aims to select the best candidates. Moreover, the ability to predict which students are most likely to succeed in their nursing education through the selection process is related to the goal of minimising student attrition in order to more successfully respond to the nursing shortage (Sadler 2003), since there is an argument that the selection of the right student nurses may have a positive correspondence with retention (McCallum, Donaldson & Lafferty 2006).

Student selection procedures are designed to recruit from a pool of those who are thought to be the best suited and the most promising candidates for the educational program and profession (Mitchel, Dunham & Murphy 2006). Reliable student selection is an important factor in nursing education programs due to limits in clinical placements, qualified faculty, and financial resources (Byrd, Garza & Nieswiadomy 1999). Nursing educators are faced with the challenge of student selection. The major challenge in undergraduate nursing student admissions is to select applicants who are the most suitable not only as students but also as likely to pursue a career in nursing. In addition, it has been argued that, as practice as a health professional requires not only cognitive knowledge but also attitudinal and psychomotor skills, academic criteria alone would not be adequate for selecting suitable candidates (Al – Nasir & Robertson 2001).

The student selections, particularly in the health profession are typically very competitive and multi-staged, since they include both cognitive and non cognitive abilities (Salvatori, 2001). Al-Nasir and Robertson (2001) suggest the use of a combination of both cognitive

and non cognitive variables in order to improve the prediction of candidates' success both in academic and future professional activities. The admissions committee must evaluate and analyse varied information from of all applicants to determine both whether they have the potential to be successful in the education program and also which students will make the best nurses of the future.

Forms of student selection

Student selection in health professional education generally is not based solely on a particular form. Forms of student selection include grade point average, interview, entrance examination and aptitude test. The admission committee may combine these forms in the student selection process. The following section discusses several forms of student selection.

Pre - admission academic grade

The pre admission academic grade which is usually used in the selection process is grade point average (GPA). GPA is the cumulative average for all academic work. The GPA is calculated by including the courses on the academic transcripts for each academic course and for all supplemental course work (Lysaght, Donelly & Villenueve 2009). Many studies which investigate the relationship between academic performances prior to admission to the health profession education program have been undertaken. High school grades or undergraduate science GPA were the focus of few studies. Pre admission overall GPA is said to be the best predictor of academic performance in all health professions (Salvatori 2001).

A study in one Faculty of Medicine found that the GPA of the school leaving examination was related to study success, career development and scientific development (Cohen – Schotanus, Muijtjens, Reinders, Agsteribbe, Van Rossum, Van Der Vlueten 2006). In addition, GPA was a valid and reliable predictor of student success in the physiotherapy education (Lewis & Smith 2002).

GPA is also related to successful completion of Bachelor of Nursing programs although not many studies were found. Studies in the United States of America (USA) found GPA at admission might be one of successful predictor of the success of National Council Licensure Examination – Registered Nurse (NCLEX – RN) (Barkley, Rhodes & Dufour 1998; Byrd, Garza & Nieswiadomy 1999). In addition, statistical analysis revealed that admission GPA is the strongest predictor of success in the NCLEX – RN test (Yin & Burger 2003). Although GPA is related to academic performance, the relationship between pre – admission GPA and clinical performance still needs clarification (Salvatori 2001).

Entrance examination

Entry assessment in some universities has been based on an admission test in addition to GPA. In the USA, nurse student entrance examinations are called the Nurse Entrance Examination (NET).

The NET was developed by Educational Resources, Inc (ERI) to be used as a diagnostic instrument for student selection in diploma, associate degree and baccalaureate nursing programs (Galagher, Bomba & Crane 2001). The NET provides diagnostic scores for

both academic and non academic areas. The academic indicators tested in the NET include math, reading comprehension, reading rate, critical thinking appraisal, test-taking skills, and learning styles, as well as nonacademic indicators such as stress level and social interaction (Ellis 2006). The NET is considered as one of the predictors in nurse student success. A study conducted by Sayles, Shelton and Powell (2003) shows that the NET score was significantly related to the Pre – Registered Nurse (Pre RN) test, and was useful in predicting success in the NCLEX – RN. Moreover, the NET score, specifically those portions of the examination that predict critical thinking, was effective in helping to predict success through level 1 (Registered Nurse) nursing courses (Ellis 2006). Differing from previous studies, Tipton, Pulliam, Beckworth, Illich, Griffin and Tibbit (2008) found that the NET score was not related to student success.

Structured oral assessment

The admission interview is an essential component of student selection processes in health professional schools. Interviews are used as a means to enable admission committees to become better acquainted with applicants in a more personal manner (Kelley, Ray & Tsuei 2007). The interview was defined as an activity where one person seeks responses from other people for a particular purpose (Gilham 2000).

The structured interview is one type of interview. There are four criteria that should be met by interviews to be classified as structured oral assessment: interview content is developed from a job analysis; the questions are standardized, meaning all applicants are asked the same questions; interviewers are provided with sample answers to the questions which enabling them to give consistent ratings; and the interview is conducted by a board

or a panel of interviewers (Edwards, Maldonado & Calvin 1999). Interviews that meet none of these four criteria are categorised as unstructured interviews. The activities in the structured oral assessment (SOA) process include analysis of what enables students to be successful, the provision of sample answers for evaluating interviewees' responses, and the use of panel reviews (Edwards, Johnson & Molidor 1990).

Medical schools have used the admission interview as a part of students' selection process for some years (Morris 1999). Currently, the SOA is widely used by many nursing educators as an admission tool for undergraduate nursing students' selection. There is a well-developed literature on the selection of medical students, but there is a limited literature on the selection of nursing students. The literature on the use of SOA for medical student selection includes studies in the following areas: the experience of students and interviewers (Edwards, Maldonado & Calvin 1999; Spafford 2000); student perception of the admission process (Albanese, Snow, Skochelak, Hugget & Farrel 2003); the process of SOA in admission (Morris 1999); and the validity and reliability of SOA (Stansfield & Kreiter 2007; Basco, Lancaster, Gilbert, Carey & Blue 2008).

The SOA may be conducted for the purpose of gathering information, verifying information, decision making and predicting performance (Edwards, Maldonado & Calvin 1999). The SOA aims to gather candidates' non-academic information which would be difficult to obtain by other means (Roding & Nordenram 2005). In addition, the purposes of the SOA include identifying knowledge about promising applicants,

providing applicants with an opportunity to see the school and community, and helping to select the most promising candidates (Albanese et al 2003).

The oral assessment can be designed to obtain non academic information, such as candidates' motivation, leadership skills, altruism, interpersonal skills, communication, and personal attributes (Edwards, Maldonado & Calvin 1999; Spafford 2000). In addition, the oral assessment may serve to gather and verify information, such as personal statements and secondary information arising from other materials which has been provided in other parts of the admission process (Edwards, Johnson & Molidor 1990). The SOA allows health professional schools to concentrate on identifying candidates who have the desired qualities and personality characteristics to become fine health care practitioners and to make decisions of the most suitable candidates (Edwards, Maldonado & Calvin 1999).

Strengths of structured oral assessment

It has been argued that SOA is the best way to select the most appropriate candidates from a pool of applicants (Morris 1999; Gorman, Monigatti & Poole 2008). Various strengths of the SOA support for its retention.

First, the SOA has an implicit formative nature and may be seen as the first step in the professional development of future health care providers (Gorman, Monigatti & Poole 2008).

Second, the oral assessment process enables interviewers to identify non cognitive variables and skills. Non cognitive variables have been suggested as being more important than cognitive abilities in predicting which candidates are more likely to become good health professional practitioners (Morris 1999). Non cognitive abilities involve the following: verbal communication skills, time management and flexibility, responsibility, problem-solving skills, goal setting, attitudes, personality, knowledge of the profession applied for, and integrity (Morris 1999). In addition, students who are accepted through admission interview seem to be more highly motivated and have greater professional competence in such areas as knowledge, responsibility and judgment than students admitted by the result of aptitude tests (Roding 2005).

The third strength of the SOA is its ability to enable interviewers to identify good and bad candidates (Gorman, Monigatti & Poole 2008). In the School of Medicine at the University of Auckland, candidates are automatically accepted if the interviewers award the full score, while those who get minimal scores are rejected unless they have good academic ranking (Gorman, Monigatti & Poole 2008). In addition, the SOA is helpful for identifying abnormal personality characteristics (Edwards, Maldonado & Calvin 1999).

The fourth strength of the oral assessment is its ability to verify and clarify information included in the application form (Edwards, Johnson & Molidor 1990).

The fifth strength of the oral assessment is its ability to give candidates an opportunity to do self evaluation without loss of face (Gorman, Monigatti & Poole 2008). During the structured interview process, there is an opportunity for the interviewer to explore reasons for a person's responses (Keats 2000).

The sixth strength is that SOA is a valid and reliable method in student selection. The SOA has a high level of face validity with both health consumer and health care provider (Gorman, Monigatti & Poole 2008). The interview committee can verify the authenticity of other documents that have been presented by linking the interview with the initial review of application material (Edwards, Maldonado & Calvin 1999). The SOA process is also a reliable method in student selection, and a good predictor for student outcomes and access (Turnbull, Buckley, Robinson, Mather, Leahy, & Marley 2003). Student attrition rate is lower when SOA is used in student selection process (Turnbull et al 2006). In addition, the SOA has higher reliability than unstructured oral assessment in medical student selection (Courneya, Wright, Frinton, Mak, Schulzer, Patcher 2005). Finally, Edward, Johnson & Mollidor (1990) argue that a more intensive screening during the oral assessment process could save faculty members numerous hours of effort and frustration and protect future patients.

Weakness of structured oral assessment

Despite its strengths, some have argued that oral assessment has several weaknesses (Morris 1999; Ehrenfeld & Tabak 2000; Gorman, Monigatti & Poole 2008).

A major criticism of the interview is that it involves high administrative costs (Morris 1999). Moreover, Turnbull et al (2006) argue that the immediate cost of the SOA is greater than the student selection which solely based on secondary school result. The oral assessment is said to always be subject to the bias of the interviewers and these biases may influence the choosing of the outcome measures (Gorman, Monigatti & Poole 2008). It has been suggested that other issues, such as the possibility of a very good, but misleading presentation and the possible influence on interviewer ratings of the physical appearance of applicants (Morris 1999).

The ability of SOA to do what is required is still questionable, as time constraints, for example, may hinder the ability of interviewers to seek information about candidates' qualities (Morris 1999). In addition, the admission interviews are difficult to standardize, and have been found to have poor predictive validity strength regarding performance in training programs (Ehrenfeld & Tabak 2000). Basco et al (2006) found that the admission interview has limited predictive validity with fourth year students' interaction with standardised patients.

Structured oral assessment in the University of Adelaide

The University of Adelaide has selected medical students not only on the basis of academic performance, but also on a written assessment of reasoning, and a structured oral assessment since 1997 (Turnbull et al 2003). The nursing faculty members of the University of Adelaide decided to use the same admission procedure to select student nurses (Wilson et al 2008). Through the conduct of an interview, the structured oral assessment aims to find the best applicants for nursing as a career (Wilson et al 2008). As

such, the interview assesses skills and qualities that are considered important for undertaking the training program and for future professional practice (*Undergraduate Admissions Guide 2010*).

One of the components of the selection for the Bachelor of Nursing is academic performance. Academic merit could be based on grade point average (GPA), special tertiary admission test (STAT) and TER. GPA has been used for tertiary applicants, and applicants must achieve a minimum score of five (5). Applicants, categorised as special entry applicants, have used the STAT, in which the minimum score is 150. Moreover, TER has been used by year 12 applicants, and the score should not be lower than 75. The determination of applicants for selection is based on the score attained in the oral assessment and candidates' GPA, STAT and TER ranking.

The Discipline of Nursing, University of Adelaide, conducted the oral assessments following the final round of South Australian secondary school exams, and in 2006, 774 applicants who reached the TER threshold were offered for the SOA, and 265 accepted the invitation (Wilson et al 2008).

The structured interview involves 20 minutes interview with a panel of two (2) assessors to assess applicants (*Undergraduate Admissions Guide 2010*). The assessment panel consists of a male and a female assessor of which one is an academic staff member of the Faculty of Health Sciences and the other is a Registered Nurse from the clinical setting (*Undergraduate Admissions Guide 2010*). During the oral assessment, assessors are

allowed to rate candidates and develop an overall judgment of the suitability as a potential student (Wilson et al 2008). The interviewers attended a comprehensive training seminar prior to the oral assessment round in which information about good interview technique, and issues of bias is presented, as well as a mock interview (Wilson et al 2008).

The structured interview explores applicants' knowledge of positive and negative aspects of nursing, motivation to become a Registered Nurse, decision making, communication skills and the implications of being a nurse (Wilson et al 2008). Panel members rated candidates independently, then completed a joint assessment form (Wilson et al 2008). While final scoring was undertaken, the candidates waited in the separate room in case they needed to be re – interviewed should assessors not reach consensus (Wilson et al 2008).

Evaluation of the structured oral assessment in nursing

There is a limited literature on the evaluation of structured oral assessment in nursing. Two studies that do so are reported. One study evaluates from the perspective of interviewers and another study evaluates from students' experiences.

Land (1994) conducted a qualitative study that explored student nurses' experiences during the selection process at three British colleges of nursing. The study focused on experiences and process during the selection rather than attributes and the suitability of oral assessment for student nurses (Land 1994). It was concluded that students had

somewhat negative views about the process of the oral assessment, as they found that the process involved annoying, badly organised and discriminatory interviews (Land 1994).

An evaluation of the oral assessment process from the interviewers' perspective was conducted by Wilson et al (2008). The study found that the interviewers had positive opinions about the oral assessment including being satisfied with their own performance, and the appropriateness of the questions asked (Wilson et al 2008).

Attributes of nurses and student nurses

Health consumers are becoming more informed about health and health care service options and look forward to quality care (Sivamalai 2008). To demonstrate the best practices, health practitioners are required to have not only academic ability, but also personal qualities such as interpersonal and communication skills and empathy (Lumsden, Bore, Millar, Jack & Powis 2005).

Attributes of nurses

The education of nurses in Australia at the tertiary level has evolved to include new core qualities (Sivamalai 2008). The core qualities required for nurses and midwives include professionalism, high-level qualifications and skills, excellent decision-making and management, versatility, caring and communication (Australian Health Minister's Advisory Council 2002).

The desired attributes of nurses include sympathy for patients' welfare, professionalism, personal attributes and accountability (Sivamalai 2008). Other attributes which are

desired in nursing are focus on patients, confidence and knowledge of patients (Radwin 1996). Moreover, March & McPherson (1996) argues that caring is the most important attributes for nurses. These desired attributes are important in nursing practice as the way to ensure that nurses deliver their best care to clients, families and communities. The possession of these attributes also could identifying differences between good and bad nurses (March & McPherson 1996).

Caring is fundamental to nursing practice. In nursing, a professional caring relationship places responsibility on nurses who deliver care, with nurses being responsible for the wellbeing of their clients (Brilowski & Wendler 2004). Several attributes of caring involve: creating a sense of trust, allowing patients to express feelings, and treating patients' information confidentially (Arthur, Pang, Wong, Alexande, Drury, Eastwood, Johansson, Jooste, Naude, Noh, O'Brien, Sohng, Stevenson, Sy-Sinen, Thorne, Van der Wal, Xiao 1999).

As far as the possession of knowledge is concerned, nurses are expected to have broad knowledge associated to the practice of their profession, including such aspects as finance and resources, in order to engage in rational, defendable and transparent decision making (Sivamalai 2008). Interpersonal skills are required by the nurses who need to be socially competent, since the nursing profession requires effective communication during interactions between nurses and patients and/or other health practitioners (Stein-Parbury 2008).

Professionalism involves the ability to apply theory in daily practice and the ability to work with colleagues (Sivamalai 2008). The personal attributes of nurses include being presentable, wearing appropriate clothes and being physically and mentally strong (Sivamalai 2008). Furthermore, appearance, appropriate behaviour and dress are important aspects of the image of nurses (LaSala & Nelson 2005).

As autonomy is now greater in nursing practice, accountability is more strongly emphasised. Accountability involves personal and professional responsibility, meaning that a nurse as an individual has a responsibility to endorse ethical conduct consistent with professional practice, and as a practitioner, a nurse has a responsibility to optimally utilise available resources and powers for the ultimate benefit of the patient (Holden 1991).

Attributes of student nurses

Nursing students are required to have specified attributes in order to successfully complete the education program. Appropriate attitudes are essential as these attitudes inform future practice and affect health practitioners' relationships with their patients, the quality of care they provide and, ultimately, health and illness outcomes (Jha, Bekker, Duffy & Robert 2007). In addition, the attributes of students could influence their choice of career. A study in occupational therapy education found that the attributes of students opting for a career have focused on the values that have influenced their career choice (Madill, Macnab & Britnell 1989).

Caring, good communication skills, and consistency are important nurse attributes from the perspective of qualified student nurse (March & McPherson 1996). Nicholson (2005) reports that desirable attributes for medical students including critical thinking, general mental ability, problem solving, communication skills, empathy, integrity, psychological robustness, and mental and ethical behaviour. After a three year training program, it is expected that the Bachelor of Nursing graduates from the University of Adelaide will be particularly distinguished by the possession of the following attributes: managerial skills, contextual knowledge, technical skills, appropriate attitudes, interpersonal skills, a desire for life long learning, an open mind to technology, critical thinking, and the integration of skills and knowledge (The University of Adelaide 2009).

Conclusion

This chapter introduced the literature review of studies of structured oral assessment. This review has highlighted the important role of structured oral assessment in the selection of pre registered nurse students. This review, however, also noted that no reviewed study has been found in which structured oral assessment has been studied from the perspectives of the graduate nurse. In addition, attributes which are required for successful completion of Bachelor of Nursing have not been found. These gaps in the literature now become the focuses of the present study.

Whilst nursing faces issues such as the decreasing number of students, an ageing workforce and the increasing expectation of consumers for the provision of quality care, these issues could require adjustment to the selection process of student nurses. However,

it should still be possible to use an admission process to recruit the most suitable candidates for the nursing profession.

The following chapter, will discuss the methods of the study, including research design, subjects, research instruments, ethics, data collection, and data analysis.

Chapter Three
METHODS

CHAPTER THREE: METHODS

Introduction

This chapter describes the framework that underpins the conduct of the reported study which aimed to create a description of nursing graduates' perceptions of the attributes explored during the structured oral assessment. A description of the research design, subjects and recruitment process is included in this chapter. In addition, this chapter describes the research instrument, the data collection process, method of data analysis, issues of validity and reliability, and ethical considerations.

Study plan and design

A multi – method descriptive study, using a questionnaire and semi structured interviews, was chosen for this study. The multi – method descriptive study is a descriptive study where several methods and instruments are combined and used together for data collection. A descriptive study aims to describe, observe, and document aspects of a situation as it naturally occurs (Polit & Beck, 2008). While descriptive studies are considered weak by some authors, their use sometimes can serve as starting point for theory development and hypothesis generation (Polit & Beck 2008). Moreover, a descriptive study is ideal when studying an area where limited research has been undertaken (LoBiondo-Wood & Haber 2006). Such a design was appropriate because this reported study aimed to explore and investigate graduates' perspectives concerning the attributes assessed during structured oral assessment, and there was limited evidence in this subject area.

Subjects

The population investigated for this research was a group of Bachelor of Nursing graduates from the University of Adelaide. All of thirty five (35) Bachelor of Nursing graduates were selected to be subjects in this study in order to ensure that the findings of this multi – method descriptive study reflected graduates' perceptions about structured oral assessment.

Inclusion and exclusion criteria

The inclusion criterion for this study was all graduates of Bachelor of Nursing at the University of Adelaide who graduated at December 2008. There will be no exclusion criteria in this study. Due to the nature of the participants, issues of age, gender and language did not influence this study.

Recruitment

After receiving ethics approval from The University of Adelaide, Human Research Ethics Committee (HREC), the researcher met with the manager and alumni relations of the Development and Alumni Department to discuss how the department could help in the recruitment process. The Development and Alumni Department offered assistance by uploading an initial announcement in alumni website and providing graduates' home and email addresses through the Discipline of Nursing. Furthermore, the graduate's home and email address were made available within the Discipline of Nursing which meant that the researcher did not have direct access to the graduates.

An email which consisted of an invitation letter and cover letter was sent to participants. The cover letter provided information about the study for the participants. Following

that, packages containing a questionnaire (see Appendix 1), a participant information sheet (see Appendix 2), a consent form (see Appendix 3), a complaint form (see Appendix 4) and paid self-addressed return envelopes were posted to the graduates. Two reminders letter were sent to remind the graduates and to increase the response rate. The first reminder was sent a week after the questionnaire was posted, and the second reminder was posted to the graduates together with another questionnaire.

Data Collection

A questionnaire and semi structured interviews were used as instruments for data collection. The self – enumerated questionnaire was posted to all participants. Posted questionnaires enabled the researcher to reach geographically dispersed respondents. The semi structured interview was conducted after the survey was completed, with those who indicated willingness. Information from the questionnaire guided questions to be asked in a semi structured interview.

Questionnaire development

A questionnaire was chosen as one data collection instrument for this study. The questionnaire enabled the researcher to collect information in a standardised manner (Rattray & Jones, 2007). Moreover, questionnaires have several strengths such as less cost and time required for data collection, the offering of a complete anonymity, and the ability to obtain larger and more geographically diverse samples (Polit & Beck 2008). The weaknesses of using questionnaires include sampling problems, ambiguity, the possibility of misinterpretation, and difficulty in obtaining adequate responses (Burn 1997).

There are three types of questions which are used in the construction of the questionnaire: closed, open-ended and scale questions (Best & Kahn 1993; Burn 1997). The closed questions vary in form, being either dichotomous or multiple choice (Bennet & Ritchie 1975). The closed questions usually have greater reliability since they can achieve greater uniformity of measurement (Burn 1997), while the weaknesses of the closed questions include their superficiality, forcing responses that are not appropriate and a respondent who might mistakenly think that they understand an item (Bennet & Ritchie 1975; Burn 1997).

The open-ended questions allow respondents to answer in their own words freely and with no restrictions, with result that the open-ended questions facilitate richer and more thoughtful responses (Best & Kahn 1993; Burn 1997; Polit & Beck 2008). The scale questions contain a set of verbal items to which the respondents can respond by indicating degrees of agreement and disagreement (Burn 1997). Where information is difficult to quantify or with a sensitive topic, scale questions are useful (Frazer & Lawley 2000).

Types of responses influence the development of the questions to be asked. Dichotomous questions are used when two factual answers have to be chosen, such as yes/no or male/female (Polit & Beck 2008). Using multiple choice questions allows respondents to choose their responses from alternative choices (Polit & Beck 2008). Likert- type or frequency scales are commonly used in nursing research (Rattray & Jones 2007). The

Likert-scale and frequency scale are designed to measure attitudes or opinions, as they give respondents a chance to express a range of views (Rattray & Jones 2007; Polit & Beck 2008). The use of rank-order questions asks respondents to rank target concepts along the range, such as the most to the least important concepts (Polit & Beck 2008).

While developing a questionnaire, language should be considered, as it is an important to ensure that the language used is easy to read and can be understood by participants. The limited choice of words usage may lead to a particular problem in the questionnaire (Best & Kahn 1993). Rattray and Jones (2007) suggest avoiding presenting controversial or emotive questions at the beginning of the questionnaire and using double negative questions. A questionnaire can include a mixture of both positively and negatively worded questions, as these may minimise the danger of responding in the same way to questions (Rattray & Jones 2007).

A questionnaire was developed specifically for this study as no suitable data collection instrument could be identified during the literature search phase.

The first step in the development of the questionnaire was to determine the required information (Frazer & Lawley 2000). The items for the questionnaire were generated from the literature review described in chapter two. The gap which was identified in the literature review concerned graduates' perceptions about structured oral assessment, particularly the quality of structured oral assessment and the desire attributes of a registered nurse and nurse student. Therefore, it is necessary to select and pose those

questions which would enable the research questions to be answered. In addition, demographic questions were included as these helped to describe the research participants.

Several types of questions were developed by the researcher. These questions examined the areas and concepts identified during the literature review, with open and close-ended questions being used. Multiple-choice questions were used for the demographic aspects. Open-ended questions were also included in the questionnaire to give participants the opportunity to add their opinions. Questions which related to the suitability of the oral assessment were presented in a Likert-scale, with rating from 1 (strongly disagree) to 5 (strongly agree), as they were identified as the most appropriate way to ask about graduates' perceptions of structured oral assessment. In addition, the participants were asked to rank a list of nursing attributes, based on their priorities from the most to the least important.

Questionnaire lay out

The layout of a questionnaire is an important part of questionnaire development. The motivation of respondents to complete the questionnaire can be affected by the order of questions (Frazer & Lawley 2000). Therefore, it is suggested that questionnaires be formulated in a logical sequence. In addition, a simple, interesting and non-sensitive opening question is suggested in order to gain respondent cooperation (Frazer & Lawly 2000).

The questionnaire in this study began by requesting demographic information, followed with a progression through graduates' perceptions of oral assessment, as well as their perceptions of the personal attributes required both to complete the Bachelor of Nursing degree and to be a registered nurse. The draft of the questionnaire was developed by the researcher, and improvements were made following discussions with the supervisors.

Pilot testing

The pilot testing of the questionnaire was the final part of the questionnaire development and took place after ethics approval was granted from the university. Pilot testing is useful to reveal confusing and other problematic questions that may exist in the questionnaire (Burn 1997). The completed draft of the questionnaire was pilot tested by a group of five Bachelor of Nursing clinical instructors. The clinical instructors were selected because of their knowledge about the structured oral assessment and the processes in student selection and the undergraduate nurse education process. The clinical instructors who participated received an explanation of the process and goals of the pilot study.

The clinical instructors were asked to give feedback and comments about the questionnaire. The comments from the clinical instructors during the pilot testing influenced the refinement of the questionnaire. At the completion of these procedures minor changes were made to the wording of the questionnaire to reduce ambiguities and redundancies and steps were then taken to proceed with the main phase of data collection.

The final questionnaire

The final questionnaire consisted of 59 items. The questionnaire was a five- page questionnaire comprising five parts that examined demographics (4 items), graduates' perceptions of structured oral assessment (9 closed-ended questions and 1 open-ended questions), attributes required to complete Bachelor of Nursing degree (15 questions) and attributes to be a nurse (15 questions), and a ranking of attributes (15 questions). Four (4) demographic questions included gender, ages, type of employment, and employment setting.

Personal/one-to-one interview

A personal, one-to-one interview was used in this multi-method descriptive study as this study aimed to explore graduates' perception of structured oral assessment. Personal interviews are appropriate for collecting participants' experiences, beliefs and behaviours. The use of the personal interview and a questionnaire enabled the researcher to have description about structured oral assessment which reflected the first Bachelor of Nursing graduates' perceptions.

Personal interviews are interviews which are conducted face to face where interviewers meet in person with respondents to ask particular questions (Polit & Beck 2008). The personal interview is commonly used as a research strategy to gather information about participants' experiences and views on a specific research issue. It is claimed that personal interviews are considered to be the best method in survey data collection as they can yield quality information and large amounts of in-depth data (Polit & Beck 2008). Personal interviews can be conducted through face-to-face, or by email and telephone

interviews (Ryan, Coughlan & Cronin 2009). There are several advantages in conducting personal interviews including low refusal rate, giving the researchers opportunities to observe non-verbal cues, and permitting researchers to explore hidden meaning (Polit & Beck 2008; Ryan, Coughlan & Cronin 2009). However, it should be noted that conducting personal/face-to-face interviews may be costly, time consuming and that there is possible bias arising from the use of inadequate questions (Polit & Beck 2008; Ryan, Coughlan & Cronin 2009).

There are three major categories of interviews: structured interviews, semi-structured interviews, and unstructured interviews. The structured interviews are those in which interviewers pose to interviewees questions that are worded exactly the same and in the same order. They generally use interview guides which contain structured and explicit questions (Ryan, Coughlan & Cronin 2009). Semi-structured interviews are the most widely used for qualitative research (DiCicco-Blom & Crabtree 2006). Semi-structured interviews are more flexible, thus allowing interviewers to pose less structured questions and permitting them to explore spontaneous issues raised by interviewees (Ryan, Coughlan & Cronin 2009). Unstructured interviews are more or less equivalent to guide conversations. In unstructured interviews, the interviewers ask broad and open-ended questions to the interviewees, and there are no set answers to the questions (Ryan, Coughlan & Cronin 2009).

In this study, the researcher employed a face-to-face, semi-structured interview. The researcher met in person with participants to ask them questions. In addition, the researcher had an interview guide and

conducted the interview more flexibly to ensure that any particular issue which might arise during the interview process could beexplored.Interview process

The first step in the interview process was developing the interview guide. The interview guide was determined by the nature of research, and the aims and objectives of the study (Ryan, Coughland & Cronin 2009). The interview guide provided some possible questions or topics for discussion and was also useful to provide clarity (Whitehead & Annells 2007). In this study, the researcher posed some questions formed from divergent information gathered from the questionnaires so as to further explore participants' perceptions of the attributes assessed during the structured oral assessment (see Appendix 5).

The sequencing of questions generally consisted of an initial introduction to the study, verification of consent, followed by non-threatening and factual questions that led in to the essential interview questions asked to participants (DiCicco-Bloom & Crabtree 2006; Ryan, Coughlan & Cronin 2009). It is recommended that prompts be used if appropriate as these are useful to expand on specific issues and to re-engage with the interview process if interviewees lose their train of thought (Ryan, Coughlan & Cronin 2009).It is important to establish trust from the beginning of the interview. Ryan, Coughlan and Cronin (2009) recommended that the interviewer should provide a comfortable environment, and ensure that the interviewee was not threatened. Moreover, it is suggested that the interviewer demonstrated a relaxed and confident approach to enable the development of a good interview relationship.

The face-to-face meeting was conducted in a private office at the university. Before conducting interviews, the researcher prepared equipment such as audio recorders, location, and the interview guide. During the interview process, the researcher established and maintained a warm and non-judgmental demeanor toward participants and ensured adequate privacy and comfort. The researcher applied several importance aspects that are recommended for the face-to-face interview such as active listening, letting the interviewee talk, using silence, and repeating what the interviewee has said. These aspects encouraged and facilitated the interviewee to proceed with the conversation.

The researcher transcribed recorded interviews immediately after completion and prepared documents for content analysis. The researcher managed the data through labeling the cassette with the recorded interview and the date, and linking the notes taken during the interview with the transcript. The transcript then was given to the interviewee to check what the participant had said so that the participant could agree that it remain unchanged.

Overview of the research methods

In order to address the research questions, a number of approaches were used to collect data, including:

- The development and validation of instruments with which to explore graduates' perspectives of attributes assessed in structured oral assessment.
- Semi structured interviews.

Bachelor of Nursing graduates were selected as subjects for the exploration of the requisite attributes for successful completion of the Bachelor of Nursing and for a career

as a registered nurse ; it was logical to study graduates who had successfully completed a Bachelor of Nursing. The time frame for this study was defined by the time line available for the completion of the Master of Nursing Science program.

Validity and reliability

Validity

The validity of an instrument is often defined on the basis of whether it measures what it supposed to measure (Polit & Beck 2008). The dimensions of validity are face validity, content validity, criterion validity, and construct validity (McCallum, Donaldson & Lafferty 2006). Face validity is determined according to whether the instrument is appropriate for measuring the construct (Polit & Beck 2008). Content validity refers to the degree of appropriateness of an instrument in measuring the construct (Polit & Beck 2008). One way to improve the content validity of the instrument is through conceptualization including consultation with experts, undertaking a literature review and utilizing findings of qualitative studies (Polit & Beck 2008). The researcher discussed the questionnaire and interview guide with the supervisors in order to determine the face, content, criterion and construct validity of the instruments. Moreover, pilot testing was done to measure the content validity of the questionnaire used in this research.

Reliability

The reliability of an instrument is accepted if the results of measurement are consistent and accurate (Polit & Beck 2008). The reliability of an instrument includes three aspects: stability, internal consistency and equivalence (Polit & Beck 2008). The stability of the instrument can be assessed by administering the same measure twice to the same

participant and then comparing the result (called test-retest reliability) (Polit & Beck 2008). Internal consistency is the other feature of reliability, and it is the most widely used among nursing researchers (Polit & Beck 2008). The coefficient alpha can indicates how the items in an instrument fit together conceptually (DeVon, Block, Moyle-Wright, Ernst, Hayden, Lazzara, Savoy & Kostas-Polston 2007). The closer coefficient alpha to one the higher is the internal consistency (Polit & Beck 2008).

Trustworthiness in qualitative research

The term trustworthiness in qualitative research is equivalent to the term rigor in quantitative research (Annells & Whitehead 2007). The trustworthiness of qualitative research is based on whether the findings accurately represent participants' experiences (Streubert-Speziale & Carpenter 2007). There are four criteria for judging trustworthiness: credibility, dependability, confirmability, and transferability (Streubert-Speziale & Carpenter 2007). Credibility in a qualitative study includes activities which were done to increase credible findings. The activities involve a prolonged engagement with the subject matter and a confirmatory activity. Confirmatory activity involves going back to participants, sharing the researcher's preliminary interpretation with the participants so that participants can evaluate whether any thematic analysis is true and consistent with their experiences (Streubert-Speziale & Carpenter 2007; Polit & Beck 2008). The researcher took the final report and themes back to participants to ensure that their experiences fitted with the themes and were correctly quoted in context.

Data analysis

Quantitative data analysis

After the data collection period had concluded and the questionnaires had been returned, the researcher undertook the data entry process of the responses obtained. Data from the completed questionnaire were coded before data analysis. The researcher gave a unique number in each completed questionnaire since it allowed for accurate checking of data entry. Each response obtained from the completed questionnaire was then coded and entered into a spreadsheet program for making data handling easier and simpler. The researcher used Microsoft Excel Version 2003 owned by Microsoft Corporation for handling the responses.

Simple descriptive statistics were used to report responses to the questions within the questionnaire, depending on the type of data collected in the questionnaire. Next, an appropriate data presentation was chosen based on the type of responses provided to the questions. Tables were used to summarise the responses given, and then paraphrasing of textual responses were also conducted.

Qualitative data analysis

Content analysis

The qualitative data analysis aims to find meaning in the data: this can be done through systematically arranging and presenting the information (Burns 1997).

The next step is content analysis which is a method that analyses the content and variety of data including verbal, written or visual communication (Harwood & Garry 2003). It is

considered to be a technique that enables the conversion of open-ended data into structured data. Content analysis offers researchers several major benefits including flexibility in terms of research design, usefulness for developing an understanding of the meaning of communication, and the identification of critical processes (Ello & Kyngäs 2008). The weaknesses of content analysis are related to the area of objectivity, the possibility of ambiguous research questions, problems with rigorous analysis of the category and with inter-judge reliabilities, and aspects arising where the technique considers only frequencies (Hardwood & Garry 2003).

There are two approaches to content analysis, inductive and deductive. Inductive content analysis is an approach where data moves from specific to general, whereas in a deductive approach data moves from general to specific (Ello & Kyngäs 2008). The use of inductive content analysis is recommended when there are no previous studies dealing with the phenomenon, while the deductive approach will be useful if the research aims to test an earlier theory in a different situation or to compare categories at different time periods (Ello & Kyngäs 2008). This study employed inductive content analysis as there was no previous study regarding the phenomenon explored in this study.

Process in content analysis

This process includes open coding, creating categories and developing themes. Open coding is a process where notes and headings are written down in the text while it is being read. In addition, during the coding process information from the interview is

classified into themes, issues, topics, and concepts (Burns 1997). During this process, it should be considered that coding the data cannot be done overnight, and may begin during the data collection process

The next step is categorising data, which involves the grouping of similar items. This step aims to provide a means of describing the phenomenon, to increase understanding, and generate knowledge (Ello & Kyngäs 2008). Following this process is abstraction where a general description of the research topic is formulated (Ello & Kyngäs 2008).

In this study, once the interview was transcribed, it was carefully read and re-read in order to find meaningful data. The important and meaningful sentences were highlighted important, and then classified into themes. Furthermore, similar items were grouped, and a general description of the research was formulated.

Ethical Issues and Consideration

After the research proposal was developed, it was firstly submitted to be reviewed by the Discipline of Nursing's Research and Higher Degree Subcommittee (RAHDS) that is part of the Discipline of Nursing. The RAHDS approved the proposal with some minor revisions. The proposal was revised and then sent to the University of Adelaide's HREC to seek ethics approval.

This study applied the principle of benefit to the participants. The beneficence is one of the most fundamental ethical principles which impose a duty on researcher to minimise harm and maximise benefits (Polit & Beck 2008). In addition, the researcher respected participants' privacy and kept their information confidential and anonymous.

During data collection, participants received: a participant information sheet, a consent form, and a complaint form. The information provided included the study's purpose, the role of participants, the types of data to be collected, the procedure, the potential risks and benefit, and the right to withdraw and withhold information (Polit & Beck 2008). The participants then could determine whether to participate or not to participate, and were allowed to withdraw without prejudice during the research process. During the semi-structured interview, the researcher asked permission to record the discussion, and if any sensitive situation occured, the recording equipment was turned off.

To maintain confidentiality, the questionnaire was returned directly to the researcher. All information collected was de-identified, coded and will be securely stored in the Discipline of Nursing for seven (7) years. The researcher maintained data security including the storage of any hard copy of data in a locked filing cabinet and using pass words when filing electronic data.

The researcher provided opportunities for participants to ask questions at any time, and the researcher was freely available to answer all questions related to this study. Moreover, if participants had any concerns and complaints regarding the study, they could talk to the researcher, the supervisors and the HREC.

Permission approval

Once the research protocol was developed, it was submitted firstly to the RAHDS. Two members of the RAHDS examined the research protocol, made comments and recommended on acceptance or rejection of the research protocol. Approval by the RAHDS is required before seeking ethical approval from the HREC. The researcher was provided with written approval of RAHDS acceptance of the research protocol. The comments from the reviewers were given back to the researcher to be discussed with the supervisors. The comments included a more appropriate research design. This feedback was considered by the researcher and the supervisors, with minor revisions made to the wording within the research protocol prior to submission to the University of Adelaide's HREC.

The researcher undertook the modification of the research protocol, already approved by RAHDS into the layout required by the HERC. The names of the supervisors and the researcher were supplied in the application. The required number of copies was then sent to the University of Adelaide's ethic committee. The HERC granted ethical approval for the application (see Appendix 6).

Conclusion

This chapter has presented a detailed overview of the research design and the process which was undertaken in conducting the research. This chapter also has discussed the recruitment of participants and how the questionnaire was developed, pilot tested and distributed to the research participants. An overview about the face-to-face interview also has been provided here. This chapter discussed the data collection and analysis for both

quantitative and qualitative data. Ethical considerations and the process of gaining ethical approval for the research were also described here.

In the next chapter, study findings will be explained. Chapter four will present the response rate, quantitative and qualitative findings. The quantitative findings will be presented in tables and figures, and will be reported in narrations. Themes of the qualitative findings will be presented using relevant and appropriate direct quotations.

Chapter Four
STUDY FINDINGS

CHAPTER FOUR: STUDY FINDINGS

Introduction

In this chapter, the response rate, and the quantitative and qualitative findings of the study investigating graduates' perspectives about structured oral assessment are presented. The objectives of this study were to explore graduates' perceptions about the suitability of the questions asked in the structured oral assessment for the selection of undergraduate student nurses, and to determine if there are more appropriate attributes that could be assessed, attributes which may be appropriate for successful completion of the Bachelor of Nursing and for future professional practice.

The quantitative data from the questionnaire are reported utilising frequency tables and charts in order to summarise the data. The self-enumerated questionnaire comprised five sections: (i) demographic data; (ii) graduates' perspectives about the structured oral assessment; (iii) graduates' perspectives about required attributes for successful completion of a bachelor of nursing degree, (iv) required attributes for undertaking a career as a registered nurse, and (v) a list of prioritised attributes for a registered nurse. Results of the five sections of the questionnaire will be presented accordingly. The data recorded from the participant semi-structured interview was analysed using content analysis. The findings will be described in relation to the objectives of the study.

Response Rate

Final returned questionnaires were 11 (31.4%). Of those who completed the questionnaire, 3 (27 %) agreed to participate in interviews, although in the end only 1 (33.3 %) respondent was available to attend an interview (see Figure 1).
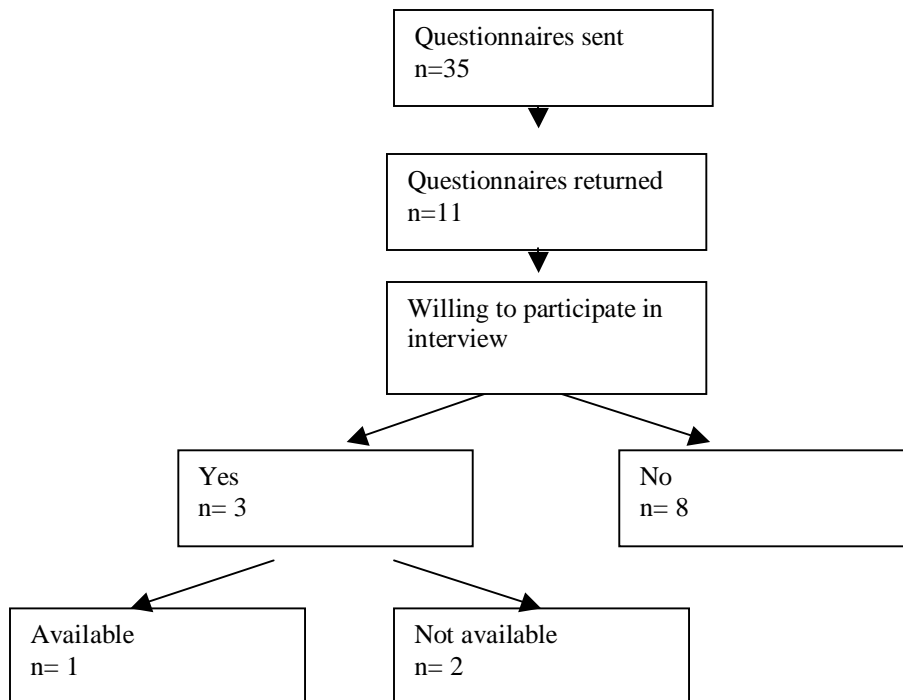
Figure 1 Flow chart of participants' response to the study

Section 1: Question 1-4 Demographic Information

Bachelor of nursing graduates' demographic

The questionnaire sought demographic information about the participants, specifically, age, gender, type of employment, working hours and employment setting. Frequency statistics were used to analyse distribution by age.

The participants' age ranged from 21 years to 54 years. Of the 11 participants, 8 (72.7%) were between 21-24 years old, 2 (18.2%) were between 40-44 years old, and 1 (9.1%) was between 50- 54 years old. Table 1 presents a full summary of participants' age.

Table 1 Distribution of graduates' age

	Demographic	Frequency	Percentage
Age	21-24	8	72.7
	40-44	2	18.2
	50-54	1	9.1

Bachelor of nursing graduates' gender

Of all the participants, the majority, 10 (90.9%) were female and 1 (9.1%) was male. Full details of bachelor of nursing graduates' gender can be seen in figure 2.
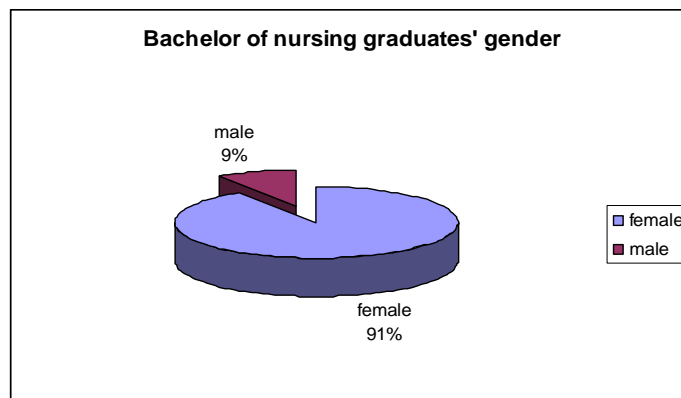
Figure 2 Bachelor of nursing graduates' gender

Type of employment and employment setting

For these questions, participants were asked to indicate their type of employment and employment setting. Most of the participants worked as a full-time nurse 7(63.6%), and 4 (36.4 %) worked as part-time nurses. Figure 3 presents details of participants' type of employment. The results are presented in the chart (figure 3) and table 2.
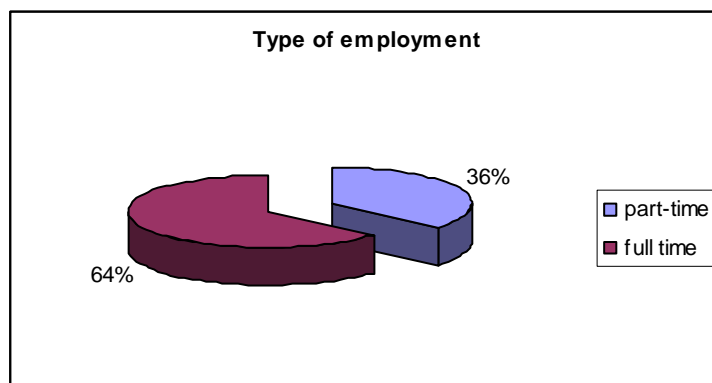
Figure 3 Participants' type of employment

Table 2 Distribution of employment setting

	Category	Frequency	Percentage
Employment setting	Medical ward	3	27.27
	More than one	3	27.27
	Acute care	2	18.18
	Perioperative	2	18.18
	Intensive care	1	9.1

The participants reported working in a variety of employment settings including a medical ward 3(27%), 3 (27.27%) worked in more than one employment setting (1 in acute care and critical care, 1 in a medical ward and mental health, and 1 in a critical care and intensive care), 2 (18%) worked in acute care, and 1 (9.1%) in intensive care. The question requesting employment setting in the questionnaire provided the options of: aged care, and community. However, no participants reported they worked in these areas.

Section2: Statement 1-10 Graduates' perceptions of structured oral assessment

Graduates' perception of structured oral assessment

There were ten questions that sought to explore graduates' perceptions about structured oral assessment. Two types of questions were asked of participants including open and

close ended questions. Nine close-ended questions were used to elicit information regarding graduates' perceptions about the structured oral assessment process, and the structured oral assessment questions. Items in a Likert-scale sought respondent opinions relating to the questions which were asked including appropriateness, relevancy, suitability and complexity of the structured oral assessment questions. Full detail of graduates' perceptions of structured oral assessment and the result summary for each question is presented in table 3.

Table 3 Graduates' perceptions of structured oral assessment

Items	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%	n	%
Perception about the structured oral assessment										
- Excellent way for student selection	2	(18.2)	7	(63.6)	0	0	2	(18.2)	0	0
- Allowing candidates to describe best characteristic for being registered nurse	1	(9.1)	5	(45.5)	2	(18.2)	3	(27.2)	0	0
- Informative for future experience as a pre-registered nurse student	0	0	2	(18.2)	0	0	8	(72.7)	1	(9.1)
- Ideal for selecting undergraduate student nurse	0	0	9	(81.8)	0	0	2	(18.2)	0	0
Questions in the structured oral assessment										
- appropriate	3	(27.3)	6	(54.5)	2	(18.2)	0	0	0	0
- should be more specific	1	(9.1)	2	(18.2)	6	(54.5)	2	(18.2)	0	0
- too complicated	0	0	1	(9.1)	1	(9.1)	7	(63.6)	2	(18.2)
- relevant	0	0	8	(72.7)	2	(18.2)	1	(9.1)	0	0
- suitable	0	0	7	(63.6)	2	(18.2)	2	(18.2)	0	0

In response to the statement "Oral assessments are an excellent way of selecting undergraduate nursing students", 2 (18.2%) graduates strongly agreed and 7 (63.6%)

graduates agreed that the structured oral assessment was an excellent method of pre-registered nurse student selection. However, 2 (18.2%) participants disagreed with the statement. Regarding the statement "Oral assessment allowed me to know more about what I will experience as a pre-registered nursing student", 8 (72.7%) participants disagreed, 1 (9.1%) strongly disagreed, and 2 (18.2%) agreed that the structured oral assessment was informative. Of 11 participants, 5 (45.5%) agreed that the structured oral assessment permitted them to describe best characteristics for being a registered nurse. In response to the statement whether the oral assessment was ideal for selecting undergraduate nurse, 9 (81.8%) graduates agreed, and 2 (12.8%) graduates disagreed.

In response to the statement about questions which were asked in the structured oral assessment, most graduates either strongly agreed or agreed that the questions were appropriate, suitable, relevant and not complicated. Six graduates (54.4%) agreed and 3 (27.3%) participants strongly agreed with the appropriateness of questions asked during structured oral assessment. Moreover, the questions in structured oral assessment were viewed as not complicated by 7 (63.6%) graduates, though 1 (9.1%) disagreed that the questions asked were complicated. Eight (72.7%) graduates stated that the questions asked in the structured oral assessment were relevant. In addition, 7 (63.6%) agreed about the suitability of questions asked during the structured oral assessment.

An open ended question sought to investigate whether graduates thought any other attributes should be assessed in the structured oral assessment based on graduates' perspective. The question was "Are there other attributes as or more appropriate to be

assessed in the structured oral assessment?" The responses for the open ended item were

presented in table 4.

Table 4 Suggested attributes to be asked in structured oral assessment

Other attributes	Frequency
commitment and willingness to sacrifice	1
time constraint	1
motivation	1
understanding of the nursing course	1
passion to be a registered nurse	1
should be not threatening	1

Five (45.5%) graduates responded to the question. One participant suggested two

attributes, therefore there were 6 suggested attributes in total. Suggested attributes to be

assessed in the future structured oral assessment included level of commitment and

willingness to sacrifice, understanding of nursing courses, motivation, and passion to be a

registered nurse. One participant (20%) stated that a motivation and passion to be a

registered nurse were required to reduce the drop out rate of potential students.

Section 3: Statement 11-25 Personal attributes for successful completion of the Bachelor of Nursing at the University of Adelaide

Required attributes for successfully completing a bachelor of nursing degree

There were 15 statements using a Likert-scale in this section. The graduates were asked

to state their opinion regarding required attributes for successful completion from

strongly agree (5) to strongly disagree (1). The required attributes included motivation,

communication skills, time management skill, team working skill, honesty and patience.

The result summary for the findings is presented in table 5.

Table 5 Required attributes for successful completion Bachelor of nursing degree

Attributes	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%	n	%
Motivation										
- high	8	(72.7)	3	(27.3)	0	0	0	0	0	0
- average	0	0	4	(36.4)	3	(27.3)	2	(18.2)	1	(9.1)
Good time management skills	9	(81.8)	2	(18.2)	0	0	0	0	0	0
Being responsible	4	(36.4)	7	(63.6)	0	0	0	0	0	0
communication skills										
- in academia	4	(36.4)	4	(36.4)	1	(9.1)	2	(18.2)	0	0
- in clinical setting	7	(63.6)	4	(36.4)	0	0	0	0	0	0
- not required	0	0	0	0	0	0	2	(18.2)	9	(81.8)
Team working skills	5	(45.5)	6	(54.5)	0	0	0	0	0	0
Support from other	1	(9.1)	10	(90.9)	0	0	0	0	0	0
Abilities in planning, implementing and evaluating	6	(54.5)	5	(45.5)	0	0	0	0	0	0
Being a procrastinator	0	0	1	(9.1)	3	(27.3)	4	(36.4)	3	(27.3)
Personal responsibility	7	(63.6)	4	(36.4)	0	0	0	0	0	0
Honesty	2	(18.2)	4	(36.4)	5	(45.5)	0	0	0	0
Patience	8	(72.7)	3	(27.3)	0	0	0	0	0	0
Ability to recognise own limitations	6	(54.5)	5	(45.5)	0	0	0	0	0	0

All graduates stated strong agreement/agreement with the following attributes: high motivation, good time management skills, good communication in academia, being responsible, team working skills, abilities in planning, implementing and evaluating, patience, and ability to recognise own limitations.

In response to the statement "High motivation is required to successfully complete the bachelor of nursing degree", all of the participants stated that high motivation is required to successfully complete pre-registered nurse education: 8 (72.7%) strongly agreed, and 3 (27.3%) agreed. Moreover, average motivation was viewed variably by participants as required attributes: 4 (36.4%) agreed, 3 (27.27%) uncertain, 2 (18.2%) disagreed, and 1 (9.1%) graduate strongly disagreed that with average motivation they could successfully

complete the pre-registered nurse education. In response to the statement about the importance of good time management skills as a required attribute 9 (81.8%) participants strongly agreed and 2 (18.2%) agreed. Regarding the statement about being responsible for own success and failure, 7 (63.6%) participants stated their agreement, and 4 (36.4%) strongly agreed with the statement.

Regarding the statement "High level communication skills are needed in academia", 8 (72.7%) graduates agreed both strongly agree and agree, 1 (9.1%) was uncertain and 2 (18.2%) disagreed. 7 participants (63.6 %) expressed strong agreement and 4 (36.4%) participants agreed that good communication skills are required in clinical placement. In response to statement that communication skills is not required to be successful in undergraduate nursing program, all of 11 graduates stated their disagreement, both strongly disagree 9 (81.2%) and disagree 2 (18.2%). Six (54.5%) participants agreed and 5 (45.5%) participants strongly agreed that team working skills were required attributes for successfully completing pre-registered nurse education. In response to the statement "I can learn anything by myself without any supports from others", of the 11 participants, 10 (90.9%) graduates stated their disagreement which meant the respondent needed support from others during their learning process, but 1 (9.1%) participant strongly agreed with the statement.

In response to the statement "High level of patience is required in nursing", agreement with the question was expressed by all graduates where 8 (72.7%) strongly agreed, and 3 (27.3%) stated their agreement. Moreover, an ability to recognise one's limitations was

also agreed by all graduates where 6 (54.5%) expressed their strong agreement and 5 (45.5%) stated their agreement.

Regarding the statement "Being a procrastinator is tolerable in this program", of all participants, 4 (36.4%) disagreed, 3 (9.1%) strongly disagreed, 3 (27.2%) felt uncertain, but 1 (9.1%) agreed with the statement. In response to the statement "I can not successfully graduate in nursing unless I am completely honest", 6 (54.5%) stated strong agreement and agreement, but 5 (45.5%) expressed their uncertainty with the statement. The need for good communication skills in clinical setting was strongly agreed by 4 (36.4%) participants and agreed by 4 (36.4%) participants as a required attribute, although 2 (18.2%) participants disagreed.

Section 4: Statement 26-40 Attributes required as a registered nurse

Required attributes for a registered nurse

There were 15 items that sought to explore attributes required as a registered nurse. The participants were asked to express their agreement about suggested attributes for a registered nurse in Likert scale, from strongly agree (5) to strongly disagree (1). The 15 attributes were empathy, honesty, patience, maintaining patients' confidentiality, understanding patients' perspectives, communication skills, team working, ability to recognise own limitation and willingness for taking further education. The summary for each question can be found in table 6.

All participants expressed their agreement (strongly agree and agree) in response to questions about the attributes including empathy, honesty, patience, communication skills, ability to apply theory into practice, team working skills, ability to recognise own limitation and respect to patients' privacy.

In response to the statement "An ability to apply theory into daily nursing practice is an important skill", 9 (81.8%) participants strongly agreed and 2 (18.2%) participants agreed. The following attributes: patience, sensitive to patients' need and organisational skills were strongly agreed by 7 (63.6%) participants, and agreed by 4 (36.4%) participants as required attributes. Moreover, 6 (54.5%) graduates expressed their strong agreement with honesty, understanding patients' perspectives, and communication skills as required attributes for working as a registered nurse, followed respectively by 5 (45.5%) graduates who stated their agreement. In addition, empathy and communication skills were agreed by 6 (54.5%) graduates, and 5 (45.5%) graduates strongly agreed with these as required attributes.

In response to the statement "Nurses should always maintain patients' confidentiality", most participants (81.8%) stated their strong agreement, but 1 (9.1%) participant expressed uncertainty with the question. Having good coping mechanisms was strongly agreed with a required attribute for a registered nurse by 4 (36.4%) participants. Regarding the attribute of expertise, 5 (45.5 %) participants stated their strong agreement, and 4 (36.4%) stated their agreement. However, 1 (9.1%) participant felt uncertain with the statement. In addition, 1 (9.1%) graduate stated disagreement that expertise is a

required attribute for undertaking career as a registered nurse. In response to the statement "Undertaking further education is important for every registered nurse", 6 (54.5%) graduates agreed, but 2 (18.2%) graduates felt uncertain with the statement.

Table 6 Required attributes of a registered nurse

Attributes	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%	n	%
Empathy	5	(45.5)	6	(54.5)	0	0	0	0	0	0
Honesty	6	(54.5)	5	(45.5)	0	0	0	0	0	0
Patience	7	(63.6)	4	(36.4)	0	0	0	0	0	0
Maintaining patients' confidentiality	9	(81.8)	1	(9.1)	1	9.1	0	0	0	0
Understanding patient perspective	6	(54.5)	5	(45.5)	0	0	0	0	0	0
Communication skills	6	(54.5)	5	(45.5)	0	0	0	0	0	0
Ability to apply theory into practice	9	(81.8)	2	(18.2)	0	0	0	0	0	0
Team working skills	5	(45.5)	6	(54.5)	0	0	0	0	0	0
Sensitive with patients' need	7	(63.6)	4	(36.4)	0	0	0	0	0	0
Respect to patients' privacy	9	(81.8)	2	(18.2)	0	0	0	0	0	0
Having good coping mechanism	4	(36.4)	6	(54.5)	1	(9.1)	0	0	0	0
Willingness to undertake further education	3	(27.3)	6	(54.5)	2	(18.2)	0	0	0	0
Expertise	5	(45.5)	4	(36.4)	1	(9.1)	1	(9.1)	0	0
Organisational skills	7	(63.7)	4	(36.4)	0	0	0	0	0	0
Ability to recognise own limitations	8	(72.7)	3	(27.3)	0	0	0	0	0	0

Section 5: Priority attributes of a registered nurse

Priority attributes of a registered nurse

The participants in this study were asked to prioritise attributes required for a registered nurse. Each participant then ranked the fifteen (15) attributes from the most to the least

important based on their priority. Details of prioritised attributes are presented in table 7. The highest ranked are coloured for ease of identification.

Table 7 List of priority attributes of a registered nurse

Attributes	frequency of priority														
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th
empathy	0	2	3	0	1	1	0	3	1	0	1	1	0	0	0
honesty	0	0	0	2	1	0	1	0	0	0	1	0	2	1	0
patience	0	1	0	0	2	1	1	1	1	0	3	0	0	0	2
maintaining patients' confidentiality	4	0	1	1	0	0	3	0	0	0	0	0	0	0	0
understanding patients' perspectives	0	2	0	0	4	0	0	0	2	1	0	1	2	1	0
communication skills	3	0	1	2	0	2	0	0	1	0	0	0	0	0	0
ability to apply theory into practice	1	0	1	0	0	0	3	0	2	1	2	1	0	0	0
team working	1	1	0	0	1	2	1	1	1	2	0	1	0	0	0
sensitive with patients' need	0	0	2	1	0	0	0	4	0	2	0	0	1	1	0
respect patients' privacy	0	3	1	3	0	1	1	0	1	0	0	0	1	0	0
having good coping mechanism	0	0	1	1	0	0	0	1	0	1	2	2	3	0	0
willingness to undertake further education	0	0	0	0	0	0	0	0	0	0	0	0	1	2	8
expertise	0	0	0	0	0	2	0	1	0	1	0	2	0	5	0
organisational skills	0	0	0	0	1	2	0	1	1	1	1	2	2	0	0
recognising own limitation	2	2	1	1	1	0	1	0	0	0	1	0	0	1	1

The top three required attributes of a registered nurse based on graduates' opinions were maintaining patients' confidentiality, communication skills and recognising own

limitation. Maintaining patients' confidentiality was listed as the most important attribute by 4 (36.4%) participants. Moreover, the attribute of communication skills was rated by 3 (27.27%) participants as the most important attributes. Recognising own limitations was listed by 2 (18.2%) participants as their first required attribute as a registered nurse.

Of the 15 attributes, 3 attributes were considered as the least important for a registered nurse. These attributes included willingness to undertake further education, expertise, and having good coping mechanisms. While other required attributes were differently prioritised by the participants, the three least important attributes were stated what they are. Willingness to undertake further education was chosen as the least important (15th) attribute by 8 (72.7%) graduates. In addition, 5 (45.5%) graduates ranked expertise as 14th out of 15 attributes required by a registered nurse. Having good coping mechanisms was prioritised as the 3rd least important attribute chosen by 3 (27.3%) graduates.

Findings from the semi-structured interview

This section of the chapter reports findings of the content analysis of the semi-structured interview conducted with one participant. The interview was conducted to explore more deeply the graduate's perspective of structured oral assessment. The interview was conducted with 1 (33.3%) of 3 participants who previously expressed their willingness. The other two participants could not attend the interviews due to personal reasons. The length of the interview was about an hour. The interviewee was very keen to be interviewed and discussed valuable aspects that contributed to the study. There were 7 questions asked in the interview which were derived from the findings of the questionnaire. The questions were:

- One of the results identified by the questionnaire was that 72.7% participants disagreed that structured oral assessment allows them to know more about what they will experience as a pre-registered nurse. Why do you think that the graduates felt that was the case? What do you think would change participants' response to this?

- Regarding oral assessment process was that structured oral assessment should not be threatening. Why do you think the graduates felt that? How to minimise this effect?

- From the questionnaire result, 36.4% participants believe that they can complete the Bachelor of Nursing with average motivation. What do you think about that? If you were an assessor, why would the graduates feel that way?

- 45.5% participants felt uncertain that honesty was required to complete pre-registered nurse education. Why do you think the graduates felt uncertain about that?

- Maintaining patients' confidentiality was rated as one of the three most important attributes by 36.6% participants. Why do you think that quality was rates so highly among the participants?

- 72.7% participants rated willingness to undertake further education as one of the three least important attributes as a registered nurse. Why do you think this attribute was rated so poorly among the participants? What do you think would change people's responses to this?

- From the questionnaire findings, expertise was rated as the least important attributes by 45.5% participants. Why do you think the respondent felt that case? What do you think would change graduates' responses to this?

There were nine themes that emerged from the data which were derived from nineteen categories. The themes were:

- Structured oral assessment is stressful

- Motivation to complete Bachelor of nursing degree.

- Mentorship between younger and mature students.

- Honesty

- Integrity

- Self-awareness.

- Maintaining patient confidentiality.

- Willingness to undertake further education.

- Expertise.

The findings from the content analysis, with excerpts from the transcript, are described in the following sections.

Structured oral assessment is stressful

One question related to structured oral assessment was used an introduction at the beginning of the interview. The question was "What do you remember about structured oral assessment?" The participant made significant and important statements that illustrated the stressful situation during the structured oral assessment including the process, questions and interviewers. She said:

> *"Had to come to strange building and find some people, greeted to the door, directed by people where to go, taken into a room, a waiting room, where you had to wait to be called out......your name"* (p.1, line 7-9).

The quotation used the terms "stressful", "intimidating", and "threatening" when describing the oral assessment. The following passage shows how stressful structured oral assessment was:

> *"It's quite stressful."* (p 1, line 5),

and:

> *"One of the people questioning me was talking about, I was talking about my stressful situation, this person said was..."tell me, tell me what happen", and I found it quite intimidating" (*p.2, line 79-81),

and:

> *"Yes, it would be lovely if it was not threatening"* (p.2.line 71-72).

In the passages above, there were several examples of what made structured oral assessment stressful. The quotations included a description of stressful processes in structured oral assessment, and terms related to stressful oral assessment.

Motivation to complete Bachelor of nursing degree

Analysis of the data revealed that the graduates had different levels of motivation in completing their pre-registered nurse education due to different priorities in their life. The following quotations from the participant describe this.

> *"Some people might have other priority in life that demanded all their attention at the time."* (p. 2, line 96-97)

and:

> *"And so, a university course would be one part of their discovery of many things."* (p.3, line 107-108)

Age was considered one of the factors associated with levels of motivation, as stated by the participant in the following quotations. The participant recognised that the level of motivation between younger and mature students was different. She said:

> *"So when mature, I have dedicated three years of my life to this one thing give so I was give it to best of everything I had, because I was certainly wasn't ever do it again and I want to get as much effort as I could, so, I highly motivated." (p 2-3, line 99-101)*

and:

> *"When you younger, you haven't yet got quite go all those responsibilities......you know motivation doesn't seem so high, you got other opportunity." (p3, line 120-122)*

Mentor relationship between younger and mature students

Analysis of the discussion found that there were different characteristics among the younger and more mature students. The participant described several examples of the younger and more mature students' characteristics. Some characteristics of the younger students included fearless, quick, catch on and hesitancy. She said:

> *"A lot a younger nurses who we went through with, they have a care freeness that is lovely, a lot of fearless." (p.5, line 247-248)*

and:

> *"They are very quick to catch on (clicking fingers)." (p. 6, line 259)*

and:

> *"Whereas I tended to be more hesitant, and I watch first before I jump in." (p.6, line 248-249)*

In the next quotation the participant illustrated the relationship between younger and mature students. Their relationship was equal as she said:

> *"It's been both ways equal." (p.6, line 268)*

and:

> *"……and I said "I don't get this, Could you show me again? And they quite willingly help me.' (p. 6, line 260-261)*

The participant explained that relationships between younger and mature students involved giving and receiving, not only younger students asked for help but also mature students asked younger students' advice. The following quotations described the equal relationship between younger and mature students where they give and receive support for each other reciprocally.

> *"…I ask the young people to help and receive, and some younger people in our course have looked to some older people for support and gaining emotional support." (p.6, line 268-270)*

and:

> *"And I am very much happy to ask advice with someone much younger than my self." (p.6, line 258-259)*

Honesty

In the questionnaire, almost half of the participants felt uncertain whether honesty was required for successfully completing a Bachelor of Nursing degree. The data from the interview revealed the reason. The participant explained the reason for the uncertainty as she said:

> *"……and some to survive……It doesn't mean honesty isn't appropriate. It means in the order of priority something to survive is more vital than others.* (p.4, line 149-150)

and:

> *"But order of the priority, some absolutely can be missed out." (p. 4, line 153 -154)*

and:

> *"……because people didn't rate honesty highly doesn't mean to say they are not honest.* (p.4, line 167)

In support of the previous quotation, the participant described how she trusted her colleagues while undertaking pre-registered nurse education.

> *"……the people I went through were very honest that I would trust with them my life" (p. 4, line 152-153)*

Integrity

An important new concept of integrity arose from the discussion. Discussion of the data revealed a new attribute that is important for undertaking a career as a registered nurse. The next quotations describe the new attribute:

> *"So now, we have another concept here, integrity"* (p.4, line 172)

and:

> *"Integrity as a person means you living integrated like who you are and how you approach people and situation reflects wholesomeness."* (p.4, line 162-164)

and:

> *"It's about relationship and trust. And that's the integrity."* (p.5, line 203-205)

In the previous quotations, there were examples of what makes integrity evident. They included the way to approach people and a situation which reflected wholesomeness. Moreover, integrity was related to this relationship and to trust, which can be found in the previous quotations.

Self-awareness

Analysis of the data revealed more detail about descriptions self-awareness. The participant stated her opinions about self-awareness in the following quotations:

> *"…… as a graduate coming into the course, people need awareness of themselves, and how they operate, and how they work, and how they cope under pressure, and what thing help that, and how they relate to a wide of population, how they deal with a sort of situation."* (p.4, line 186-189)

and:

> *"Were there is being self aware like aware of limitation and……and changing them so there is not a weakness."* (p.5, line 221-222)

In the following quotation, the participant gave an example of the benefit of self-awareness.

> *"To me it is so vital in surviving in the journey, because if you're aware of self, you can act troubleshoot and do it with as came up."* (p.4, line 189-191)

and:

> *"If such come up, you are not quite so overwhelmed." (p.4*, line 191-192)

The participant gave example of her self for being self-aware. She identified her weakness and found a strategy to cope with the weakness. She stated:

> "*For me technology was an area of weakness, because I am over fifty and I am not had a lot of technology, and I thought I need to concentrate and focus on that, and to bring safe care for the patient.*" (p.5, line 218-221)

Maintaining patients' confidentiality

The questionnaire found that the attribute of maintaining patient confidentiality was viewed as one of the most important attributes, and the semi structured interview tried to explore this more deeply. In the following quotation, the participant described the reasons for the importance for maintaining patients' confidentiality, including legal reasons and professionalism. She stated:

> *"You have a legal and professional obligation to patients initially."* (p.6, line 275)

71

and:

> *"Yes, legally and professionally, yes we have committed to do that ......*
>
> *but beyond that is vital for the patients."* (p.6, line 282-284)

Analysis of the data revealed the term "trust" was very often explained by the participant during the interview. The participant described the importance of trust in the nurse-patient relationship. She stated:

> *"......which is a huge, it's a very large component of nursing and nurse-*
>
> *patient relationship. "* (p.6, line 286-287)

In this passage, the participant recognises that maintaining patients' confidentiality was related to trust;

> *"...... and it's the issue of trust as well."* (p.6, line 276)

Willingness to undertake further education

From the questionnaire findings, willingness to undertake further education was rated by 8 (72.7 %) participants as the least important attributes required by a registered nurse. The interview was used to find the reason for this phenomenon. The analysis of the data revealed that many reasons were associated with low responses of willingness to undertake further education. Being exhausted from the previous education was one of the reasons. The reasons were illustrated in the following quotation:

> *"It might be a reaction to I just done three years of study...... I don't want*
>
> *to think about it again."* (p.6, line 295-296)

and:

> *"I don't want to do any more study……it might the reaction."* (p.6-7, line 296-297)

and:

> *"Probably just reaction of just had a three years full time study. They just don't think about that. It's quite exhausting."* (p.7, line 301-303)

and:

> *"May be just a rest from study, and may be nothing."* (p.7, line 313-314)

The participant added identifying a future area of interest as a reason for low willingness to undertake further education. She stated:

> *"And it might be a response from umm … …people might not identify an area of interest or passion that they want to pursue".* (p.7, line 297-298)

and:

> *"May be an awareness of something that they find a passion for…"* (p.7, line 312)

Another perspective regarding willingness to undertake further education was described by the participant based on her opinion. The attribute of willingness to undertake further education might be related with maturity as she stated:

> *"I would expect further study as personally, nursing is a journey and learning never stop."* (p.7, line 305-306)

Expertise

The last theme which was revealed from the data analysis was expertise. In the following quotations, the participant explained that expertise was related to something that can be learned:

> "*Expertise is something that can be learned, and people's skill is something just that vital, essential that you can't work with that.*" (p.7, line 326-328)

and:

> "*Skills and task can be learned, where as developing how to work with people, how to develop relationship, how to, how to get cooperation with patient for the best health outcome, how to develop a trustful relationship, is what you can't learned, but it is acquired.*" (p. 8, line 361-364)

In the following quotations, the participant adds that expertise related to skills and experiences was something that can be learned, as she said:

> "*The word expertise I link with skills.*' (p. 7, line 329)

and:

> "*Experiences of the patients, nobody can teach you how to develop skills to do that.*" (p.8, line 374-375)

Conclusion

This chapter has presented results of quantitative analysis and the content analysis of the qualitative data. All the graduates (35) were sent the questionnaire, and 11 (31.4%)

returned their questionnaire. Of the 11 participants, previously 3 participants have been willing to attend interviews. However, only 1 participant attended the semi-structured interview since the other 2 participants were not available for the face-to face interview due to personal reasons.

The majority of the graduates who participated in the study were female (n=10, 90.9%), and between 21-24 years old (72.7%). Moreover, 7 (63.6%) participants worked as full-time nurses in various employment settings including acute care, medical wards, intensive care and perioperative care.

The results of the questionnaire section regarding graduates' perceptions about structured oral assessment found that the majority, 7 (63.6%) agreed with the value of structured oral assessment as a method of student selection. In addition, most of the participants expressed their agreement with the relevancy 8 (72.7%), suitability 7 (63.6%), and appropriateness 6 (54.5%) of the questions being asked in the structured oral assessment. The questionnaire related to required attributes for successful completion of bachelor of nursing degree found participants' strong agreements with the following attributes: good time management 9 (81.8%), high motivation 8 (72.7%), patience 8 (72.7%), and good communication skills in clinical setting 7 (63.6%). Moreover, the majority of the participants expressed their strong agreement that the following attributes were required for undertaking career as a registered nurse: maintaining patients' confidentiality 9 (81.8%), ability to apply theory into practice 9 (81.8%), respect patients' privacy 9 (81.8%), and recognising own limitations 8 (72.7%).

In the last section of the questionnaire, the participants were asked to prioritise the importance of attributes based on their opinion. The results were then categorised into the most and the least important attributes. The most important attributes based on participants' opinions are maintaining patients' confidentiality, communication skills, and recognising own limitations. The least important attributes in participants' perspective were willingness to undertake further education, expertise and having good coping mechanisms.

The content analysis of interview data found nine themes, including: (i) structured oral assessment are stressful; (ii) level of motivation to complete bachelor of nursing degree; (iii) mentor relationship between younger and mature students; (iv) honesty, (v) integrity, (vi) self-awareness; (vii) maintaining patient confidentiality and trust; (viii) willingness to undertake further education; and (ix) expertise. Moreover, analysis of the data revealed new attributes required both by pre-registered student nurse and registered nurse which were integrity and trust.

The following chapter, will present a discussion of study findings in relation to the literature. The chapter five will discuss limitations and implications of the study, and recommendations for further research and the conduct of structured oral assessment.

Chapter Five
DISCUSSION

CHAPTER FIVE: DISCUSSION

Introduction

The previous chapter has outlined the findings of this reported study, both the quantitative and the qualitative data related to the structured oral assessment. This final chapter discusses the findings of the study, in relation to literature. Limitations of the study are also discussed in this chapter. The chapter concludes with a discussion of recommendations for further research and the conduct of structured oral assessment.

Restatement of the problem

A structured oral assessment is used by the University of Adelaide to assess candidates' skills and attributes for undertaking the Bachelor of Nursing degree and their suitability for future professional practice. The literature review has highlighted the important role of structured oral assessment in the selection of pre registered nurse students. However, studies about structured oral assessment from the perspective of graduate nurses, and attributes which are required for successful completion of Bachelor of Nursing have not been found. These gaps identified in the literature now become the focus of the present study.

The study aimed to explore graduates' perception of the attributes explored during the structured oral assessment. Specifically, the aim of this study was to answer the question, "How relevant are the attributes assessed during structured oral assessment for the

selection of undergraduate nursing students at the University of Adelaide?" The study attempted to explore in detail graduates' perception about the suitability of the questions asked in the structured oral assessment for the selection of undergraduate. Attributes which may be required for successful completion of the Bachelor of Nursing and for future professional practice were also identified. The findings of the study have found that there are several important issues which should be addressed during structured oral assessment process by nursing education institution, and they will be discussed in this chapter.

Summary description of procedures

The study employed a multi – method descriptive design, and used a questionnaire and a semi structured interview as instruments for data collection. The design allowed exploring and investigating graduates' perspectives concerning the attributes assessed during structured oral assessment, as there was limited evidence in this subject area. The study was began with the development of the protocol, and sought ethic approval from the Discipline of Nursing's Research and Higher Degree Subcommittee (RAHDS) and the University of Adelaide Human Research Ethics Committee (HREC).

The questionnaire was specifically developed once the protocol was approved by the university's Human Research Ethics Committee. The questionnaire was developed as no suitable data collection instrument could be identified during the literature search phase. The development of the questionnaire considered the items to be included, the language and the layout. The draft questionnaire was developed by the researcher, and

improvements were made following discussions with the supervisors. Once the draft of the questionnaire was finalised, a pilot testing of the questionnaire was undertaken with clinical instructors at the Discipline of Nursing, the University of Adelaide. Furthermore, a package contained a questionnaire, participant information sheet, consent form, complaint form, and paid self-addressed return envelopes were posted to the graduates. Reminder letters were posted twice to the graduates to increase the response rate.

A semi-structured interview was conducted after analysis of the questionnaire data. The semi- structured interview was undertaken to explore more deeply graduates' perception about structured oral assessment. Questions in the semi-structured interview were constructed from the result of the questionnaire. Data from questionnaire were analysed using simple descriptive statistic, and narrative reports were undertaken. Moreover, qualitative data from the semi-structured interview was analysed with content analysis to find appropriate themes.

Collated quantitative and qualitative findings

Demographic information
The demographic details of the participants of this study showed that there were some similarities between the participants and registered nurses in Australia.

Globally, nursing is predominantly female profession. This global trend is also found in Australia which 92.1% of registered nurses in Australia are female (Nursing and Midwifery Labour 2005). Moreover, 90.9 % of the participants involved in this study

were female. More females involved in nursing may be resulted from a belief that female are more caring to patients and a nurse should be a female.

Another similarity was clinical employment settings. Medical ward was the clinical setting where more than a quarter of the participants worked. In Australia, 31.5 % nurses work in medical/surgical areas (Nursing and Midwifery Labour 2005). Opportunities to deliver holistic nursing care, and have more clinical skills are considered as factors associated with more nurse would prefer work in medical surgical area.

Information of the participants' age in this study was related to description of Australian nursing workforce data. According to the Australian Institute of Health and Welfare (AIHW) statistics, there was an increasing proportion of nurses whose age was 50 years and older (Nursing and Midwifery Labour 2005). The range of participants' age was 21-54 years old. While most of the participants were 20-24 years old, there was a participant involved in this study whose age was between 50 -54. The participants in this study were in the first year RNs who were predominately commencing their early career. It was thought that a discovery of life to be involved in nursing, and more vacancy in nursing has attracted more adults to be nurses and resulted with the increasing proportion of nurses who are in their 50s.

Graduates' perceptions about structured oral assessment

Structured oral assessment is one of student selection methods which enable assessors to identify candidates' non academic performance required for future career. Structured oral

assessment was used in pre-registered nurse student selection at the University of Adelaide. Therefore, it was important to seek graduates' perception about structured oral assessment. The graduates' perceptions are discussed here.

In this study, when graduates were asked to state their agreement with whether structured oral assessment was an excellent method of student selection, there were 81.8 % participants stated their agreement (strongly agree or agree) with the statement. This finding is supported an earlier studies that structured oral assessment is the best way to select the most appropriate candidate in student selection (Morris 1999; Gorman, Monigatti & Poole 2008).

The questions in the structured oral assessment were viewed positively by the graduates, more than half of participants stated their agreement about the appropriateness (81.8%), the relevancy (72.2%) and the suitability (63.6%) of questions asked in the structured oral assessment. Questions in the structured oral assessment at pre-registered nurse student selection of the University of Adelaide included: (i) degree of personal desire motivation to become a registered nurse including knowledge about nursing and the profession (ii) what is expected as a pre registered nurse student, (iii) decision-making abilities, (iv) interpersonal and communication skills (Wilson, Chur-Hansen, Turnbull & Donelly 2009). It is considered that non academic performance and abilities can be identified with these questions during the structured oral assessment. Moreover, the aim of student selection to select the most appropriate candidates for future registered nurses can be achieved.

The findings from the semi-structured interview revealed that structured oral assessment was stressful. The stressfulness of the oral assessment was related with the process, a strange environment, situation, and questions asked by interviewers. However, the participant did not know how to improve or reduce the stressfulness of the structured oral assessment.

Different stages at the structured oral assessment can be well remembered by the participant. The participant comprehensively described the process in the structured oral assessment. This is consistent with an earlier study where all the participants can remember the different stages at their admission procedure, even though it was several years ago (Roding & Nordenram 2005). The study found that the participant could describe well stages during the SOA, from coming into a room, waiting to be called out, and being asked by interviewers and the questions.

Attributes required for successful completion Bachelor of nursing degree

There are attributes which are required for completing bachelor of nursing successfully and undertaking a career as a registered nurse. Graduates' perceptions were sought and discussed here.

All graduates stated their agreements both strongly agreed and agreed attributes that these following attributes were necessary for successful completion of Bachelor of Nursing: (i) good time management, (ii) high motivation, (iii) patience, (iv) an ability to recognise own limitation, (v) personal responsibility, (vi) team work skills, and (vii) good

communication skills both in academia and clinical setting. It seems that the nurse graduates as adult learners are fully aware of important attributes for their academic achievement and future career. Moreover, these attributes can be grouped into three components including professionalism, personal attributes and accountability. The component of professionalism involves team work skills. The second component, personal attributes includes high motivation, patience, good time management and personal responsibility. The component of accountability includes an ability to recognise own limitation.

<u>Personal attributes</u>

The personal attributes relates to the concept that pre-registered nurse should have good time management skills, high motivation, patience and personal responsibilities. Time management has been defined as a skill that involves discerning the most efficient ways to use time (Ishimura & Kodama 2009). Good time management includes controlling time, setting and prioritising goals and managing every day life activities (Liu, Rijmen, MacCann & Robert 2009). The study found that all the graduates were aware of the importance of good time management for completing their education successfully, by stating their agreement to the statement. This is consistent with an earlier study that good time management is important for students, as it relates positively with academic achievement (Claessens, Van Erdee, Rutte & Roe 2007). As part of their life, good ability in time management is important for pre-registered nurse student to enable to balance between learning activities and social life.

Achievement motivation, particularly intrinsic motivation has positive relationship with performance (Story, Hart, Stasson & Mahoney 2009). Earlier studies generally investigated sources of motivation both internal and external and their relationship with several factors such as gender (Martin 2004), and academic performance (Verkuyten, Thijs & Canatan 2001; Story et al 2009). However, the reported study focused on the level of motivation which was required for completing pre registered nurse education rather than investigating the source of motivation. The study found that an agreement was stated by all the graduates about the importance of having high motivation. High motivation is critical during undertaking professional learning, in this case is the pre-registered nurse education, as it may relate with competence competitiveness, concerning service in humankind, professional knowledge, and improvement in social welfare skills (Chiu 2005).

The components of professionalism and accountability are discussed in the other section in this chapter.

Required attributes as a registered nurse

The following attributes were agreed by all graduates as required attributes for a registered nurse: (i) empathy, (ii) honesty, (iii) patience, (iv) understanding patients' perspective, (v) communication skills, (vi) ability to apply theory into practice, (vii) team work skills, (viii) respect patients' privacy, (ix) sensitive to patients needs, (x) organisational skills, and (xi) recognising own limitations. These attributes also can be grouped into personal, professionalism, and empathy. The personal component includes organisational skills, patience, and honesty. The professionalism component involves

attributes such as ability to apply theory into practice, and team works skills. The empathy component includes empathy, understanding patients' perspective, and sensitivity to patients need.

Empathy

All graduates agreed that a registered nurse should have empathy. The component of empathy contains items that relate to being emphatic to patients, such as empathy, and understanding patients' perspective. Empathy is important in nurse-patient relationships to enable nurses to understand patients' needs both physical and emotional. Empathy also enables nurses to understand opinions from patients' perspectives. Unfortunately, early studies reported that professionals in the helping professions including nurses, have low level of empathy and lack ability to offer empathy (Reynolds & Scott 2000). Yegdich (1999) found that being empathetic is stressful for nurses. This may relate with the low level of empathy showed by nurses.

Personal attributes

The component of personal attributes relates to the concept that a registered nurse should have good organisational skills, patience and honesty. Organisational skills are important to enable nurses to implement leadership and management. Organisational skills include ability to plan, implement, and evaluate.

Nursing is associated with high level of honesty, and in the United States of America, the honesty of nurses was rated very high for the seventh straight year (Gallup 2008). Student

nurses' honesty which means telling the truth to patients is reported increasing within 20 years (Johnson, Haigh & Yates-Boolton 2007). It is consistent with the result which found in the semi-structured interview that the participant believed that all of the graduates were honest. The value of honesty is associated with the maturity and the changing of social attitude to healthcare professionals (Johnson, Haigh & Yates-Bolton 2007).

Nursing is considered as one of the most stressful and toughest jobs. Therefore nurses should have higher level of patience since in their daily practices nurses may face difficult patients which can create tension. Having higher level of patience enables nurses to find strategies to help patients and facilitate patients to explore different ways of coping with illness (Frank 2009).

Professionalism attributes

The components of professionalism require that registered nurses should display professional attributes including ability to apply theory into practice and team work skills. A registered nurse should have ability to apply theory into practice, and this was agreed by all of the graduates. The ability of applying theory is important, since nurses have to deliver quality nursing care to patients and their family. Moreover, in the era of evidence-based practice, nurses are required to always update their knowledge and apply the new information into their practice for better nursing care.

A comparison of required attributes: pre-registered nurse students and registered nurses

When several items on the questionnaire were compared, the study found these following attributes were required both during pre-registered nurse education and undertaking career as a registered nurse: communication skills, ability to recognise own limitations, patience, and team working skills. These attributes were then being grouped into two components: professionalism which included team work skills, and communication skills; and personal which included patience.

Within the component of professionalism is the notion of team work skills which means to be able to work well with colleagues in a team. Team working in the nursing profession includes working with nurses and multidisciplinary team. Working in a team is challenging as it requires an understanding not only of one's own role but also others' role. Some barriers in multidisciplinary team work have been identified, including: differing perceptions of teamwork, different levels of skills acquisitions to function as a team member, and the dominance of medical power that influenced interaction in teams (Atwal & Cadwell 2006).

Effective communication is essential in the relationships between nurse-patient, nurse-nurse, and nurse-other health care team. Nurse-patient communication skills include an ability to create a positive and solution-focused conversation. Nurses are required to improve their communication skills. A relationship between communication skills improvement and a higher level of job satisfaction and a closer relationship with patients are reported in an early study (McGilton, Irwin-Robinson, Boscart & Spanjevic 2005).

Priority attributes of a registered nurse

The participants were asked to prioritise 15 attributes from the most to the least important based on their opinion. The result of this study found that there were three most important and three least important attributes. The three most important attributes were maintaining patients' confidentiality, communication skills and recognising own limitations. Furthermore, the least important attributes were willingness to undertake further education, expertise and having good coping mechanism. The collated results of these attributes are discussed here.

The three most important attributes

Several reasons were identified from the semi structured interview about why maintaining patients' confidentiality was rated as the most important attributes. The reasons include legal and professionalism aspects, and its importance for patients. An earlier study found that patients believed that medical personnel should be taught the importance of maintaining patients' confidentiality and should be punished for confidentiality violence (Whetten Goldstein, Nguyen & Sugarman 2001).

Communication within both the nurse-patient, and nurse-other health care team relationships is an important part of daily nursing practice. Moreover, communication is considered as a cornerstone of the nurse-patient relationship. Good communication skills are important to strengthen effective nursing care delivery (Sheldon, Barret & Ellington 2006).The result of the study found that communication skills are also considered as one of the three most important attributes.

Communication skills are important, as it is a method to communicate both with patients and their family, as well as other health profession team. It is consistent with earlier studies where verbal communication skills had the highest rating among other attributes rated by occupational therapy students (Lyons, McKenzie, Bore & Powis 2006), and good communication skills are important nurse attribute from the perspective of qualified student nurse (March & McPherson 1996).

Another attribute which included in the three most important attributes was recognising their own limitations. In one participant's view, recognising own limitations is similar with self awareness. Rungapadiachy (1999) suggests that becoming self-aware is compulsory in the caring professions. Self awareness is vital as it is associated with ability to recognise own limitations and try how to change the limitations, how to work, and how to cope and deal with under pressure situation. Moreover, self awareness includes abilities to identify own strengths and areas, and developing these into own expertise. Regarding to the importance of self awareness for nurses, the education of pre-registration nurses should take concern about this attribute. Cook (1999) recommends pre-registration nurses educations to implement specific experiential learning strategies to promote their students' self awareness.

The three least important attributes

It is interesting while all of the three most important attributes were variably rated, the three least important attributes were similarly rated by the participants. The three least

important attributes were willingness to undertake further education, expertise, and having good coping mechanism.

The willingness to undertake further education is one of the three least important attributes according to bachelor of nursing graduates' views. This phenomenon is very interesting since the Bachelor of Nursing graduates from the University of Adelaide are expected to have desires for life long learning. Long life learning is important for personal development and excellence in the professional practice (Nayda & Rankin 2008). Several reasons related to low response of willingness to undertake further education were revealed in the semi-structured interview. The reasons include being exhausted from previous education, and still identifying future area of interest. The willingness to undertake further education may associated with maturity, as younger graduates have different response from adult graduates regarding to this attribute. The semi structured interview with an adult graduate found that nursing is a journey and learning never stops.

Expertise was also rated as the least important attribute by the participants. The semi structured found that expertise was something can be learned, and related to skills. It is consistent with an early study which reported expertise consists of an extensive knowledge base with practical skills, working experience and confidence (Naumanen-Tuomela 2001).

Other findings

There are two new findings revealed from semi-structured interview including: integrity, and mentor relationship between younger and adult students.

<u>Integrity</u>

Integrity is a new required attribute revealed within the semi structured interview. Integrity is required to be able to adapt in new situations, and particularly for Bachelor of Nursing graduates how to adapt in the real world of clinical employment setting. The definition of integrity was described by the participants during the semi structured interview as how people living integrated like their own, and reflect wholesomeness. The description of integrity is similar with de Raeve's (1998) description that people's integrity is how they hold together as a person.

Randers and Mattiason (2004) found that integrity can be seen as a distinctive feature of the ageing process. Interestingly, this emerging concept of integrity was revealed from a more mature nurse graduate. The process of having integrity is begun from the nursing education and continued during socializing into profession, as it is argued that integrity as a process which required learning process, role model from work place, and mentorship (Hardingham 2004; Toledo-Pereyra 2006). It is the ethical responsibility for nurse faculty to make personal and professional integrity fundamental to the process of preparing future nurses (Bavier 2009).

<u>Mentor relationship between younger and adult students</u>

The mentoring relationship between the younger and more mature students was revealed in the semi-structured interview. The term mentor in nursing has several definitions. In this study, the term mentor is defined as a mutual relationship between younger and adult students, where they can take and give for supports and help from one to another. There is equal relationship between adults and younger students, where adults students asked help and advice from younger students, and the younger students asked for emotional support. While the student-mentor relationship is complex, and can be problematic at times (Wilkes 2006), it seems that the mentor relationship had benefited for both younger and adult students in this study.

Limitations of the study

The findings cannot be generalised in all nursing education institutions as data was only gathered from one nursing education institution. Additionally, the low response rate both in the survey and the semi structured interview means that the study result cannot be generalised to the wider population. Moreover, the findings from the semi-structured interview may be related with high maturity level as an adult participant was included which means that the views from younger graduates might be different. However, the results still provide some insight into the future structured oral assessment process, and the basis for the further research.

The limitation related to the reliability and validity of the instrument which was developed by the researcher may influence the result of this study. Although the

instrument was pilot tested, there may be variations between the study population and the pilot populations. In addition, no other studies were found similar to the present study. Therefore, it was difficult to compare and contrast the results of the present study with those of previous studies and the replication of this study to other setting is needed.

Implications

The study provides contributions to what is known about pre-registered nurse student selection, specifically in improving the implementations of structured oral assessment, and in teaching and learning practices for the following reason. Firstly, some emerged attributes could be added in further structured oral assessment to enable education of pre-registered nurses select the most appropriate candidates. Secondly, the low responses of willingness to undertake further education has challenged nurse educators to implement innovative teaching methods. The innovative teaching methods are expected to facilitate and enable students for being life long learners.

The findings of this study also present other implications. The mentor relationship between younger and adult students should be supported and facilitated. The findings also contribute to the enrichment of research related to nurse students.

The findings imply that the education of pre-registered nurse can help students to improve their required attributes for undertaking nurse as a career. Nursing education institution can develop curricula, implement innovative learning strategies and plan

activities to assist students to develop their knowledge and skills which expected to carry over their skills and behaviour in nursing career.

In general, the SOA was considered appropriate in student selection. Ongoing research is therefore needed for further clarification of strategy, and development of structured oral assessment.

Recommendations

Several recommendations were suggested for further structured oral assessment process and further investigations, as followed:

1. It is recommended to undertake less stressful structured oral assessment since oral assessment was thought stressful. This could be done through giving clear descriptions about oral assessment, providing friendly atmosphere during the process, and the way questions being asked.

2. It is also recommended for nurse education institutions to improve teaching and learning methods in order to create long life learners.

3. A further recommendation that nurse educators support the mutual relationship between younger and adult students.

4. It is recommended that further investigations include the refinement of the survey questionnaire, and replication of the study at a broader level, in order to get broader picture of structured oral assessment.

5. Findings in this study can be used as baseline data to conduct further research focused on structured oral assessment, and required attributes as nurse students and registered nurses.

6. A further study could include comparisons of the structured oral assessment in other nursing education institutions.

7. Additionally, a further investigation could also include comparisons of changes between younger and adults students.

Conclusion

This chapter has presented discussions of the study findings. A restatement of the research problem and summary descriptions of this study has been provided in the beginning of this chapter. In this chapter, graduates' perceptions about structured oral assessment are discussed. Collated findings and a comparison of required attributes as pre-registered nurse students and registered nurse are discussed in relation to literature. Two emerging attributes which were found in the semi structured interview, integrity and mentor relationship between younger and more mature students are discussed in this chapter. Limitations of this study are address. Moreover, further recommendations for the future conduct of SOA, nurse education programs, and future study are outlined in this chapter.

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APPENDICES

Appendix I: Self-Administered questionnaire

Participant code:

DEMOGRAPHIC

This questionnaire is designed to collect some personal information. Please read and answer all questions in this sheet. Please tick (✓) the box to indicate your responds.

1. Gender   :☐ female   ☐ male

2. Age   :☐ < 20 years old   ☐ 45-49 years old
                              ☐ 20-24 years old   ☐ 50-54 years old
                              ☐ 25-29 years old   ☐ 55-59 years old
                              ☐ 30-34 years old   ☐ 60-64 years old
                              ☐ 35-39 years old   ☐ > 65 years
                              ☐ 40-44 years old

3. Current employment setting : ☐ Acute care   ☐ Intensive care

                                          ☐ Critical care   ☐ Community

                                          ☐ Medical ward   ☐ Mental health

                                          ☐ Aged care   ☐ Perioperative

                                          ☐ Other:……………

These questions are about graduates' perceptions of structured oral assessment

Please circle a number on the scale which most closely corresponds to your own view about each of the following statements:

Question	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1. Oral assessments are an excellent way of selecting undergraduate nursing students	5	4	3	2	1
2. The questions I was asked at oral assessment are appropriate for the attributes required to be a registered nurse	5	4	3	2	1
3.More specific questions, like personality traits, should be asked during the interview	5	4	3	2	1
4. Oral assessment is not ideal for selecting undergraduate nursing students	5	4	3	2	1
5. Oral assessment permitted me to describe best characteristics for being a registered nurse	5	4	3	2	1
6. Questions being asked in the oral assessment were too complicated	5	4	3	2	1
7. The attributes which were assessed were relevant with what I think the qualities as a registered nurse are	5	4	3	2	1
8. Oral assessment allowed me to know more about what I will experience as a pre-registered nursing student	5	4	3	2	1
9. The questions asked were suitable for selecting undergraduate student nurses	5	4	3	2	1
10. Are there other attributes as or more appropriate to be assessed in the structured oral assessment? ……… ……… ……… ……… ……… ……………					

These Questions Are About Personal Attributes for Successful Completion of the Bachelor of Nursing at the University of Adelaide

Please circle a number on the scale which most closely corresponds to your own view about each of the following statements:

Question	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1.High motivation is required to successfully complete Bachelor of nursing degree	5	4	3	2	1
2.Good time management is important	5	4	3	2	1
3. I believe every student is responsible for their own success or failure	5	4	3	2	1
4. Good communication skills are required for clinical placement	5	4	3	2	1
5. Team working skills are required	5	4	3	2	1
6. It is possible to graduate in nursing with only average motivation	5	4	3	2	1
7. I can learn anything by myself without any supports from others	5	4	3	2	1
8. High level communication skills are needed in academia	5	4	3	2	1
9. I believe abilities in planning, implementing and evaluating tasks are necessary to successfully complete an undergraduate nursing degree	5	4	3	2	1
10. Being a procrastinator is tolerable in this program	5	4	3	2	1
11. I do not need any communication skills to be successful in this program	5	4	3	2	1
12. A willingness to take personal responsibility is important in this program	5	4	3	2	1
13. I can not successfully graduate in nursing unless I am completely honest	5	4	3	2	1
14. High level of patience is required in nursing	5	4	3	2	1
15. I believe I should be able to recognise my own limitations	5	4	3	2	1

These questions are about attributes required as a registered nurse

Please circle a number on the scale which most closely corresponds to your own view about each of the following statements:

Question	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1. Being emphatic is needed to be a Registered nurse	5	4	3	2	1
2. Honesty is a very important attribute to be a Registered nurse	5	4	3	2	1
3. I believe a high level of patience is required to be a Registered nurse	5	4	3	2	1
4. Nurses should always maintain patients' confidentiality	5	4	3	2	1
5.Nurses should understanding patients' perspective on their health and wellbeing	5	4	3	2	1
6. Nurses should have a good ability to communicate with patients	5	4	3	2	1
7. An ability to apply theory into daily nursing practice is an important skill	5	4	3	2	1
8. Registered nurses should be able to work well in a team	5	4	3	2	1
9. Registered nurses should be sensitive to the emotional needs of patients during their illness	5	4	3	2	1
10. Registered nurses should respect patients' privacy	5	4	3	2	1
11. Registered nurses should be able to cope in a stressful work environment	5	4	3	2	1
12. Undertaking further education is important for every registered nurses	5	4	3	2	1
13. Registered nurses should be expert in nursing clinical skills (for example: infusion therapy)	5	4	3	2	1
14. Registered nurses must have good organisational skills	5	4	3	2	1
15. The ability to recognise your own limitations is needed	5	4	3	2	1

Please rank the following attributes from the most important (1) to the least important (15) by putting number in the box in the left side.

Priority	Question
	Being emphatic
	Being honest
	High level of patience
	Maintaining patients' confidentiality
	Understanding patients' perspective
	Having good ability to communicate with patients
	Being able to apply theory into daily nursing practice
	Being able to work well in a team
	Be sensitive to the emotional needs of patients
	Respecting patients' privacy
	Being able to cope in a stressful work environment
	Willingness to undertake further education
	Being expert in nursing clinical skills
	Having good organisational skills
	Being able to recognise own limitation

Thank you for completing these questionnaires. We will conduct a focus group discussion to obtain richer information about the attributes of structured oral assessment as a selection tool for undergraduate nursing students at the University of Adelaide.

Please tick the box and add a contact number if you would you be prepared to assist as part of a focus group discussion?

☐ YES , Contact number : ………………………
☐ NO

Appendix II: Participant information sheet

PARTICIPANT INFORMATION SHEET

Discipline of Nursing
Faculty of Health Science
The University of Adelaide
SA 5005
AUSTRALIA
Telephone: +61 8 8303 3595
Facsimile: +61 8 8303 3594
Email: nursing.sec@adelaide.edu.au

INFORMATION SHEET REGARDING THE RESEARCH PROJECT
GRADUATES' PERSPECTIVES OF ATTRIBUTES ASSESSED DURING
STRUCTURED ORAL ASSESSMENT FOR THE SELECTION OF
UNDERGRADUATE NURSING STUDENTS AT THE UNIVERSITY OF
ADELAIDE

This information sheet explains the purpose and nature of the study called
"Graduates' perspectives of attributes assessed during structured oral
assessment for the selection of undergraduate nursing students at the
University of Adelaide"

This research is being conducted by Erna Rochmawati as a part of her Master in
Nursing Science research dissertation. The purpose of this study is to investigate
attributes assessed during structured oral assessment and the suitability of
questions asked during interviews. By exploring your opinion of the
appropriateness of the attributes assessed, this study will provide valuable
information on how to better conduct structured oral assessment.

This study will be conducted over 4 months at the University of Adelaide,
Discipline of Nursing. It will involve the Bachelor of Nursing graduands from
December 2008. As part of this study, you are being invited to fill out the
enclosed questionnaire and indicate whether you would like to take parts in a
focus group discussion.

The focus groups will take place in the private office at the University of Adelaide. The interview will explore participants' perception of the oral assessment, personal attributes to complete an undergraduate nursing program and to be a nurse. I will record, de-identify and transcribe the interviews. It must be emphasized that your participation in this study has no impact on your relationship with the University of Adelaide. Moreover, your decision to participate or not to participate will be confidential. No harm will come to you as a result of your choice to participate or not to participate in this study. You can withdraw from this study at any time without prejudice.

It is important that you understand all the information you provide will be confidentially kept and deidentified. Participation is voluntary and you are welcome to have a friend to look over the information sheet before making your decision. Please, do not hesitate to contact me, my supervisors and the Human Research Ethics Committee (see contact detailed) if further clarification is required.

All participants should keep the information sheet. You should sign both copies of the consent and keep one copy. Thank you for taking time to read this material and for assistance. I look forward to working with you.

Erna Rochmawati
Mobile: 0421769818
Email: erna.rochmawati@student.adelaide.edu.au

Dr. Anne Wilson, PhD, BN, MN, FRCNA
Eleanor Building level 3, Royal Adelaide Hospital
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Robert McCann, RN, CCRN, MNS, MPET, MACORN
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Human Research Ethics Committee (HREC)
Research Branch
The University of Adelaide, SA 5005
Phone: + 61 8 8303 5137
Fax: +61 8 8303 3700

Appendix III: Consent Form

THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

**STANDARD CONSENT FORM
FOR PEOPLE WHO ARE PARTICIPANTS IN A RESEARCH PROJECT**

1. I, ……………………………………………………………… *(please print name)* consent to take part in the research project entitled: **"Graduates' perspectives of attributes assessed during structured oral assessment for the selection of undergraduate nursing students at the University of Adelaide***"*

2. I acknowledge that I have read the attached Information Sheet entitled: Participant

   Information Sheet

3. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.

4. Although I understand that the purpose of this research project is to improve the quality of structured oral assessment, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to withdraw from the project at any time and that this will not affect my relationship with the University of Adelaide, now or in the future.

8. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.

   ………………………………………………………………………………………...
   (signature)   *(date)*

Appendix IV: Complaint form

THE UNIVERSITY OF ADELAIDE
HUMAN RESEARCH ETHICS COMMITTEE

Document for people who are participants in a research project

CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS
PROCEDURE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research participants with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

Project title: **Graduates' perspectives of attributes assessed during structured oral assessment for the selection of undergraduate nursing students at the University of Adelaide**

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

   Name: Dr. Anne Wilson
   telephone: + 61 8 8303 3593

2. If you wish to discuss with an independent person matters related to
   - making a complaint, or

- raising concerns on the conduct of the project, or
- the University policy on research involving human participants, or
- your rights as a participant

contact the Human Research Ethics Committee's Secretary on phone (08) 8303 6028.

Appendix V: Interview guide

Interview Guide
1. Thank you for participating in this study

2. Introduce the purpose of the study

3. Ice breaker question:

   - Have you heard about oral assessment?

   - Do you remember the type of questions you were asked?

4. Key questions:

   - Most respondents disagree that structured oral assessment allows them to know more about what will they experience as a pre-registered nurse. Why do you think that the graduates have that opinion? What do you think would change respondents' response to this?

   - There is a feedback that structured oral assessment should not be threatening. What do you think about that? What would you think to improve the structured oral assessment process?

   - Some respondents believe that they can complete the Bachelor of Nursing with average motivation. What do you think about that?

   - Some respondents felt uncertain that honesty is required to complete pre-registered nurse education. Why do you think the graduates felt uncertain about that?

   - Maintaining patients' confidentiality was rated so highly among the respondents. Why do you think that quality was rates so highly among the respondents?

   - Several attributes such willingness to undertake further education, expertise and having good coping mechanism are the least prioritised by the respondents. Why do you think these attributes were rated so poorly among the respondents? What do you think would change people's responses to these?

5. Summary questions: these are the main point raised today……

- Do you agree?

- Is there anything you would like to add?

Thank you very much for your participation and good bye

Appendix VI: Ethics approval from the Human Ethics and Research Committee

THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

RESEARCH BRANCH
RESEARCH ETHICS AND COMPLIANCE UNIT

SABINE SCHREIBER
SECRETARY
HUMAN RESEARCH ETHICS COMMITTEE
THE UNIVERSITY OF ADELAIDE
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CRICOS Provider Number 00123M

29 April 2009

Dr A Wilson
Discipline of Nursing

Dear Dr Wilson

PROJECT NO: *Graduates' perspectives of attributes assessed during structured oral assessment*
H-057-2009 *for the selection of undergraduate nursing students at the University of Adelaide*

I write to advise you that I have approved the above project on behalf of the Human Research Ethics Committee. Please refer to the enclosed endorsement sheet for further details and conditions that may be applicable to this approval.

The expiry date for this project is: 31 December 2009

Where possible, participants taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any changes to the project which might affect its continued ethical acceptability will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval. It is a condition of approval that you immediately report anything which might warrant review of ethical approval including (a) serious or unexpected adverse effects on participants (b) proposed changes in the protocol; and (c) unforeseen events that might affect continued ethical acceptability of the project. It is also a condition of approval that you inform the Committee, giving reasons, if the project is discontinued before the expected date of completion.

A reporting form is available from the Committee's website. This may be used to renew ethical approval or report on project status including completion.

Yours sincerely

Professor Garrett Cullity
Convenor
Human Research Ethics Committee

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Appendix VII: Research time line

No	Activities	March				April				May				June				Jul				Aug				Sept				Oct				Nov				Des				Jan	
		week				week				week				week				week				week				week				week				week				week				week	
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
1.	Research proposal commencement	▓	▓	▓	▓	▓	▓	▓																																			
2.	Proposal reviewed by Human Research Ethics Committee (HREC)								▓	▓																																	
3.	Protocol approved by HREC								▓	▓																																	
4.	Proposal revision											▓																															
5.	Meeting with the Alumni and Development Alumni										▓																																
6.	Testing Questionnaire											▓	▓																														
7.	Revising questionnaire											▓	▓																														
8.	Initial announcement for participants												▓																														
9	Preparing packages to be distributed to participants														▓																												
10	Collecting data (Questionnaire)														▓	▓	▓	▓	▓	▓	▓	▓	▓	▓																			
11	Follow up																	▓	▓	▓																							

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No	Activities	March				April				May				June				Jul				Aug				Sept				Oct				Nov				Des				Jan	
		week				week				week				week				week				week				week				week				week				week				week	
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
	reminder																	▓		▓																							
11	Semi –structured interview																						▓	▓																			
12	Data analysis																					▓					▓	▓															
13	Writing thesis																										▓	▓		▓			▓										
14	Thesis submission																																										
15	Dissemination and research report																																					▓	▓	▓	▓		
16	Visa expire																																										▓

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Appendix VIII: Interview transcript

1　Erna Rochmawati (E): Thank for coming and participating in this study, and this interview
2　aims to explore more in-dept about graduates' perspective about structured oral
3　assessment. Umm...... What do you remember about structured oral assessment?
4　Rosemary Cartwright (R): To get into the nursing program...umm...I just try think of the
5　questions they asked me. It's quite stressful.
6　E: umm......
7　R: Had to come to strange building and find some people, greeted to the door, directed
8　by people where to go. Taken into a room, a waiting room, where you had to wait to be
9　called out...your name and enter a room where there were two people, one person
10　would ask questions and the other person would write down your responses or they
11　would alternate, so over a period of time I was asked questions by both people and my
12　answers would be written down in a piece of paper.
13　E: So it's quite stressing?
14　R: quite stressful...
15　Anne Wilson (AW) came in and greeted R
16　A: I am Anne Wilson. How are you?
17　R: I am Rosemary. Good...
18　E: And what about the questions? Do you still remember?
19　R: The questions were terrific things. What would be the questions? One was regarding
20　shift work, what my understanding regarding shift work was...umm.....Another one was
21　about coping with stressful situation and asking if I could appropriate relying stressing
22　situation on my own life and how I cope with it. Another one was about the job itself,
23　what did I expect nursing to be about. That's they main three components I can
24　remember of the questions.
25　E: And now go to questions. Previously I did some...umm... I did a survey, and the
26　questions I will asked you is based on the result of the survey.
27　E: One of result identified that of the results identified by the questionnaire was that 72.7
28　% respondents disagreed that structured oral assessment allows them to know more
29　about what they will experience as a pre-registered nurse. What do you think about that?
30　R: What's the question again? 72 %--
31　E: 72.7 % respondents-
32　R: yes....
33　E: --72.7 % disagreed that structured oral assessment allows them to know more about
34　what the candidates will experience as a pre-registered nurse student...
35　....
36　R: So rephrasing that a lot of people thought that it didn't actually assist them with a
37　knowing what nursing was going to be about?
38　E: ....yea...
39　R: yea.... I would agree with that.... My perception is the oral assessment is helping
40　those who might choose them for the course if they have an understanding of
41　themselves and nursing in general. You know.. have they done they homework, if they
42　know they homework, did they know what they themselves get involve.........because
43　it's quite demanding... academically, physically, emotionally, mentally,.... And my
44　perception is the oral assessment was actually helping those who might say yes you are
45　a good candidate for the course. You've actually done your homework, I think you would
46　be appropriate...so help... .... umm.....The university chose who might be appropriate.
47　E: and what do you think...umm...that ...how the change...umm.....the response
48　...umm...How to change the graduates' response regarding to the questions?
49　R: I'm not sure I understand what you asking?

50   E: umm.... What do you think would change respondents' response to the questions,
51   that structured oral assessment will allow them to know what they will experience during
52   pre-registered nurse education.
53   R: well...the interview is not an informative interview. To my understanding there were
54   information sessions held by the university that gave an outline of the course and the
55   details and there were phone numbers of people to contact to ask questions who would
56   answer all the questions about the university course and being a registered nurse. So
57   the interview was not an informative session. It was more the nurses were fishing for the
58   right people for the course.
59   E: So that's what you think.
60   R: That's what I think.
61   E: And one of the feedbacks that regarding to the structured oral assessment was that
62   structured oral assessment should not be threatening. What do you think about that?
63   R: Should not be what?
64   E: threatening...
65   A: threatening (in the correct pronunciation)
66   R: ohhh (understand)...as much as they say that it was still very stressful.
67   E: ohh...
68   R: ohh...I don't know anyway to do it that would not be stressful. Because it is deal, you
69   are quite vulnerable...when you sitting here being assessed, another people are
70   observing you, observing your body language, listening to what you said verbally, but
71   also seeing up if that matching up with your responses...so I don't think....Yes, it would
72   be lovely if it was not threatening, but it is...it is a big decision the person has actually
73   maybe effort to apply to go the university, apply to the this school specifically...umm...it
74   is just part of the process. Yes it would be lovely if it was not threatening but I don't think
75   that possible. I don't know how to your can do it.
76   E: Do you have any idea, how do we could minimise that effect ?
77   R: umm....laughing....whether....I don't really know (emphasizing).....Whether it could
78   be a bit more informal discussion whether that would find out...umm what the answers
79   people are wanting to here, it might not work ....You know...one of the people
80   questioning me was talking about, I was talking about my stressful situation, this person
81   said was..."tell me, tell me what happen". And I found it quite intimidating. But actually
82   that person was actually try to tease out did I actually cope with that stressful situation or
83   not. And there is no comfortable way I have talking about stressful situation in your life. I
84   don't' think there is any...it was a real situation where I feel a great deal of stress.... and
85   to rely that situation there is no essay way of doing it...I don't know a better way of doing
86   it...I don't know......I can't.
87   A: Interviews are always stressful.
88   R: Yeah.....
89   E: Yea.....OK.... The from the questionnaire result, 70...eh sorry, 36.4 % respondents
90   believe that they can complete the Bachelor of Nursing with average motivation. Umm
91   .... What do you think about that?
92   R: with average....
93   E: with average motivation--
94   R: Hahaha... ... (Laughing)...well, it's a personal thing. If people all they wanna do is to
95   get the pass line, the finish line, they will....If people want to put an extra effort and do
96   well, they will. It reflects the priority of the person. .....you know some people might have
97   other priority in life that demand on their attention at the time. ....umm....I think people
98   can do with minimal motivation, but to me what you put into some thing is what you get
99   out of it. So being mature, I have dedicated three years of my life to this one thing and

100   so I was give it to best of everything I had, because I was certainly wasn't ever do it
101   again and I want to get as much effort as I could, so I highly motivated. For the some of
102   young one who still discovering life and themselves and relationship, it was one part of
103   their life. ...
104   E : So it depends on how they prioritise their life?
105   R: well.... I think....for me, I prioritise it very highly, cause I have to move a lot of things
106   in my life to allow this thing to happen. When your young life seems.....umm less
107   complicated or more, more to discover, there is so much to discover. And so, a
108   university course would be one part of their discovery of many things. So I would
109   understand, I could think that. And that because they just.... just beginning their life as
110   an adult, and it's one part of many thing of their life.
111   E : If you were an assessor, why would the graduate felt that case?
112   R: If I was an assessor? .... so the question again?
113   E :Why would the graduates felt that they can complete the Bachelor of Nursing with
114   average motivation?
115   R: I don't think quite understand what you....
116   A: I actually think Rosemary have answered the question...
117   E: hmmm...because many things to prioritise.
118   A: I think Rosemary has answered your questions, if I am hearing your answer correctly
119   .....I think you did say, as a mature person, you have a lot of responsibilites in your life.
120   You have to change in order to do it and it will put how many motivations. When you
121   younger, you haven't yet quite got all those responsibility.....you know motivation
122   doesn't seem so high, you got other opportunity.
123   R: yes..... Absolutely.....Yes, I agree. That's what I want to say...
124   E : and one other thing that.....umm......about around half of respondents felt uncertain
125   that honesty is required to complete pre-registered nurse education. Why do you think
126   the respondent felt uncertain about that?
127   ....
128   R: uhhhh.... (sighing)
129   A: Can you give me the question again Erna?
130   E: it's about 45.5 % respondents felt uncertain that honesty is required to complete
131   Bachelor of Nursing?
132   R: honesty..... (Laughing)?
133   E : Yea
134   R: I don't know why....I don't ....I don't know they have answered for that....
135   A: Did they you give any idea honesty in relationship with any thing particular?
136   E : No...They just felt uncertain.
137   R: I think....I am not sure, I am put honesty down lower because there was some, some
138   of the order that you have...by the time that I thought that is absolutely vital, that is
139   absolutely vital. Honesty was sort of down near the bottom of the heap, because I
140   thought is quite vital I didn't want to leave out. So, and then I thought honesty, but I
141   umm...... umm...its' a difficult questions. Honesty is a reflection of your character of your
142   person. And the people who I went through with in that course were very honest and
143   very open and very true to the own person...if you know what I mean. So it's may be it's
144   the way the question is for ordered. I remembering that you know ....something I thought
145   was so important and I would like honesty up there as well, but something to survive in
146   the work place seem very important not to get a high priority on the listing. That's the
147   only reason I could come up. You know that you can have 15 first choices...
148   E : Yea...I understand.

124

149 R: and some to survive…It doesn't mean honesty isn't appropriate. It means in the order
150 of priority something to survive seem more vital than others.
151 E: yeah….yea…
152 R: Difficult question…that me, because the people I went through were very honest that I
153 would trust with them my life. But order of the priority some absolutely can be missed
154 out. Honesty would be a given to me. And the central factor being in the job you would is
155 people watching, observing every action you do, and umm…..it's very public position for
156 the nurse, you were being watched all the time.
157 A: Erna, I think Rosemary said something really …rather central to a nurse-patient
158 relationship that you might want to explore more, a little, more? Do you think that she
159 actually said that she will trust the other students with her life? Where do you think that
160 fit with patient? Where that fit? In what patient? What they expect to us as nurses and
161 do they trust us with their life, is that actually what they are doing?
162 R: Yes…..I think honesty and integrity are two words that might reflect. Integrity as a
163 person means you living integrated like who you are and how you approach people and
164 situation reflects a wholesomeness, I guess you, it's a word of like saying of integrated
165 …umm…..I don't know…..words are a bit difficult.
166 A: This is….I think, some think really important…umm…. to be brought up here that
167 because people didn't write honesty highly doesn't mean to say they are not honest.
168 R: That what's I was trying to say
169 A: They dishonest…which is e…… just because you didn't write honesty highly doesn't
170 mean you dishonest, and trust them with their life which is exactly like what patient are
171 doing. They trust nurses with their life more than trust with probably any other health
172 worker, don't; they? So now, we have another concept here, integrity. You know the
173 matter of integrity which is align with honesty, but is, not to say. But if we had asked the
174 question, you know, do we need integrity to get through bachelor of nursing and become
175 a registered nurse? Some body may get registered with illegal and illegal capacity and
176 with all under illegal act, then no wonder there will be a big different response? Don't you
177 think?
178 E: Ya..ya…
179 R: Because I am region one and there is one question, in my word was about self
180 awareness. I don't know what the question was. Is that the question that was linked
181 …umm…..aware (not sure)……I can't what…remember…but to me that it was linking
182 with integrity.
183 A: What sort of question about? …… about professionalism or…umm….
184 E: Knowing your own limitation you mean-
185 R: Yes, I think that was that one. To me that was linking with integrity and honesty, and I
186 put that is as my number one I think. Because I think as a nurse, as a graduate coming
187 into the course people need should aware of themselves and how they operate and how
188 they work and how they cope under pressure and what thing help that and how they
189 relate to a wide of population, how they deal with all sorts of situations. To me it is so
190 vital in surviving the journey, because if you're aware of yourself you can then
191 troubleshoot and do with thing as they came up. If such come up, you are not quite so
192 overwhelmed. I don't know if that make any sense.
193 E: Yeah….(nodding)
194 R: But, I put as that as very high and that would linking with integrity and honesty. Of
195 being aware of your self and then you can operate appropriately.
196 E: Yes, that's right.
197 …….

198   R: And…and….and patients pick up if what you have said to them doesn't match with
199   how your care for them. So, like if you say: "good morning how are you?" and then you
200   are not actually interesting them at all . It's about getting a relationship with both parties
201   are cooperating well together for the benefit of the patient's wellbeing and allowing the
202   nurses to care for them in how the doctors, you know…. what the doctors diagnosing so
203   you deliver excite care and but you also caring the patients and getting them on your
204   side, so you can do what you need to do to care for them and it's quite. It's about
205   relationship and trust. And that's the integrity….. You know one person said you're the
206   only person who talks to me today. You know, it doesn't matter nurses are caring, it just
207   another aspect of being integrated.
208   E: yea…so honesty, integrity and recognising own limitation --
209   R: yeahh…and if you're shy we're going start talking to strangers. …. Because, I don't
210   know, I don't know….. I was thinking my daughter employs people in the medical
211   practice. Like she is a practice manager and she works with doctors and she work with
212   administration staff and one other thing she said was helpful was "people need to
213   understand their own strength and weaknesses".And when she has some staff there
214   who aren't doing very well, she would call them aside and say "this is what I say, you are
215   excellent to this, this, this and beautiful." "I wonder if that an area that need you could
216   actually develop and work on your self and specialize an area that could letting you
217   down and let the whole team down". To me it's part of being self aware and it was
218   integrated. So when you are a graduate nurse and you're working on the wards. For me
219   technology was an area of weakness, because I am over fifty and I am not had a lot of
220   technology, and I thought I need to concentrate and focus on that, and to bring safe care
221   for the patient. Were there is being self aware like aware of you own limitation
222   and…..and changing them so there is not a weakness. And then, you're more integrated
223   and more able to deliver a whole…holistic care. Does that make sense?
224   E: Yeah….
225   A: Yeah…. I think they are very important personal attributes, aren't they?
226   R: hmmm…yea
227   A: Just reflect……just give a moment here I think Erna…..just reflect, you know, whether
228   on what Rosemary was said by Rosemary. Is there any question that you want like to
229   ask her and commented to her since they are important….really, really important?
230   E: So perhaps…you want to add that another attributes that should be have by a pre-
231   registered nurse student and registered nurse was integrity, good integrity and honesty
232   …. You said previously that prioritizing honesty in number something doesn't mean they
233   dishonest.
234   R: Yeah…but I wondering as well from what you're saying.Was….How--
235   A: Yeah….how…whether…..I think this attributes of integrity is actually…is really
236   important, and to be brought out by other people this practice issue….
237   R: Yeah……yeah…
238   A: Integrity, are being granted of your self, strength and weakness, so that you actually
239   able to care for those people who are vulnerable, who are as the…person for that
240   responsibility …so make you carry responsibility to care…I wonder how that changes,
241   for your self is to maturity in life and to another student who are in twenty?
242   R: umm….
243   A: yeah…you know? Or when they start they bachelor, I am sure that change although
244   we can answer here…may be…it don't know what you think. Would that be something
245   should be explored with a …a mixed group in another time. You know…. Who are
246   different experiences in life and how they actually think in a responsibility of care.

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247   R: hmmm…hmmm. A lot a younger nurses who we went through with, they have a care
248   freeness that is lovely, a lot of fearless…When I am tended to be more hesitant, and I
249   watch first before I jump in. May be it's an age thing, I don't know…..You know, I just
250   think, hmmm….. I am a bit slower to response which is not always good, but you are
251   aware of so many more things that can or may not happen…. You know what I mean.
252   A: happen…when younger people are of course known as should be a graduate risk
253   taker and preparedness to take risk which is that get older, doesn't it? Because it is
254   wisdom.
255   R: Yes….. But at the same time I would like to ask for their advice because they, their
256   journey, their journey has brought them to life a place where they have a heart to care
257   of people, where my journey has brought me ….. We each have something to offer and
258   we each bring things that contribute to the whole picture. And I am very much happy to
259   ask advice with someone much younger than my self. They are very quick to catch on
260   (clicking fingers) and I said "I don't get this, Could you show me again? And they quite
261   willingly help me.
262   E: So it quite good, grouping with younger and mature?
263   R: Yeah…fantastic, absolutely fantastic. A wonderful experience for me…And
264   A: Does it goes for both ways? To have what you've seen it.
265   R: Yes…I've seen it.
266   A: Not happen to your self, but with other who in the course might be older who have
267   more experiences. Do they ask them as well?
268   R: Yes….the young one. It's been both ways in equal. And for me, I ask the young
269   people to help and receive, and some younger people in our course have look to some
270   elder people and look for support and gaining a lot of support, emotional support. Very
271   much so…..Yeah…
272   E: and now, it the most important attributes rated by the respondents, and one of it is
273   umm…..maintaining patients' confidentiality. Why do you think that the quality was rated
274   so high among the respondents?
275   R: Well, you have a legal and professional obligation to patients initially. …And its' the
276   issue of trust as well. This is vital, absolutely vital for that person can trust you with their,
277   they are so vulnerable in illnesses, so such a vulnerable, put some one out of their
278   comfort zone, like something happened, like they have to decide to have surgery or
279   something is happened that maintain them hospital a normal structure, if they can't trust
280   the nurse, the healing is going to be slowed up, and the cooperation and working
281   together to facilitate the path ways to hospital, it just doesn't work or not very easily. And
282   you see it if the patient questions the nurses, it could stress on every body. Yes, legally
283   and professionally, yes we have committed to do that, …..but beyond that is vital for the
284   patients. For their trust.
285   E: So, it's about trust
286   R: Yeah…which is a huge, it's a very large component of nursing and nurse-patient
287   relationship.
288   Paper sound…
289   E: Yaaa….. And now it about the 72.7 % respondents rated willingness to undertake
290   further education as one of the least important attributes as a registered nurse. What do
291   you think about that?
292   R: umm…..
293   E: It's quite interesting…
294   R: Yeah…it is… it is. I would thought a lot of people I went through would actually end
295   up doing further studies. It might be a reaction to I just done three years of study, I don't
296   wanna think about it again. I am over it. I don't want to do any more study…it might the

297 reaction. No way….. No way. And it might be a response from umm … …..people might
298 not identify an area of interest or passion that they want to pursue. They might just be
299 happy to see it and just a bit do this, a bit do that, a bit do this, a bit do that….and then
300 one day (clicking fingers twice) I wanna do that. You know…. I want do to understand
301 that more that reflects me as a person. So it could be something like that. Probably just
302 reaction of just had a three years full time study. They just don't want to think about that.
303 It's quite exhausting.
304 E: And they're still in their journey so change their …about what they want.
305 R: Yea…. I would expect further study as personally, nursing is a journey and learning
306 never stop.
307 E: what they want……
308 R: Yeah…yeah. Possibly.
309 E: What do you think to change graduates' response to this?
310 R: umm? What was that?
311 E: What do you think would change–
312 R: Ahh….. May be an awareness of something that they find a passion for. That is, they
313 want to work in that area of specialty. May be just a rest from study, and may be
314 nothing. May be they …may they some people just don't want to. And it's quite fair to.
315 We're also…we're only individual…and yea..
316 E: And again, it's quite interesting that expertise also rated as the least attributes
317 required by a registered nurse. What do you think about that?
318 R: What was that?
319 E: Expertise….
320 R: They also that was important?
321 E: Hmmm…no less, least important.
322 R: less important, Yes. I would be probably agreed with that, in a way that skills can be
323 learned. People's skills are the core…For me personally, I think, people's kills are the
324 core thing that you can't comprise on, and learning how to set up a drip can be learned,
325 but how to work and understand people you have to have a feel for, you have to be not
326 selfish, you have to feel about other's pain, and getting touch. Expertise is something
327 that can be learned and people's skill is something just that vital, essential that you can't
328 work with that. I think I answer that as something not as higher priority as understanding
329 people and your self. Because….I work,…the word expertise I link with skills.
330 E: And it can be learned…..
331 R: yeah…it can be learned. And if you want to then become a nurse practitioner you
332 need expertise cos you need a broad understanding, a knowledge base in …to be able
333 care and give advice to people who come to you. So I have sort distinctions in that word
334 of expertise. I took it as a more skill base than a quite knowledge, but it just one part of
335 art.
336 E: Yaaa….So that all the question. I think from our discussion there are several issues
337 arise today such that structured oral assessment is stressful and…it's stressful…and
338 …mmm there is no way how to minimise that…
339 R: No..no… (Agreeing)
340 E: And …for what you have said is that honesty, integrity and patient's trust is related
341 with, has a strong relationship and umm….About why perhaps respondents'' responses
342 to willingness to undertake further education is less important because perhaps they still
343 bored with previous education, or they're still in journey to search for the passion of their
344 life. Do you agree with that?

345   R: This is only my perception, you know, I am sort of answering like you saying like 70%
346   this something …..I am only interpreting that from my own perspectives so I don't know
347   what other people think. If you know, that's the limitation….I can't say…
348   A: no….no….no
349   R: It just thought and come up in my head.
350   E: Is there anything you would like to add?
351   A: No…no….and the last point ….. The summary about the last point– the important
352   thing.
353   E: That expertise is one thing that can be learned. And the most important thing is about
354   patient, maintaining relationship with patient is more important.
355   R: Yeah…yeahh….
356   A: Yaaa…. May be not such much the important. But the expertise is about may be
357   translated as skill development which is an interesting…interesting….that is important I
358   think…..
359   R: the distinction ….
360   A: The distinction between expertise or skills. Cos, an expertise might be broader and
361   deeper. Skills and task can be learned, where as developing how to work with people,
362   how to develop relationship, how to, how to get cooperation with patient for the best
363   health outcome, how to develop a trustful relationship, is what you can't learned, but it is
364   acquired. And it is expert.
365   R: yes…yes
366   A: and the expertise need to be mean more focusing in that area, because when you
367   graduate, and it's, isn't it, okay to go ask questions like could you help me to set up the
368   drips, and you are not expecting to be an expert. I mean, I can still remember that,
369   some way it's ridiculous that just come through, that some one should be expertise in
370   that skills, but they think to us…like some body could you help me to develop a trust
371   relationship?
372   R: Yeah…yeah…that's it.
373   A: And, you know….yeah….yeah… with this patient…like burn nursing, you really need
374   that trust relationship. Because….Therefore, experiences of the patients,nobody can
375   teach you how to develop skills to do that.
376   R: yes…..that's excellent
377   A: Yeaa….I think that really important because they way nurse education is delivered
378   like from bachelor or whatever is probably under review through out the country. And
379   may be some of the point we've discussed are actually the important attributes to be
380   required rather than the task that we always concentrate on.
381   R: You can shortcut the learning, aren't you? It is very hard…and you know and to bring
382   up the graduates, you know like integrity, it's a big concept of fifty, and I'm talk like what I
383   have talked about. Some one who is twenty might not that think …what planet are you
384   on, I don't understand. But life throws a lot of you that you learn, I don't know how you
385   incorporate that. We…in our course here, we did a lot of self learning, we did a
386   component of ….you know…..who are you, how you work, how do you…you know we
387   did some actually some of those things. You know….. and saying you are going be in
388   the deep down like that. You know… how you work. We actually did some bit self
389   examination from reflection, but I would still had some situations where I was…I went
390   home and I cried, and cried and cried and I am still learning about myself. In the grad
391   program when I was in trained, I had the worst day and the patient counselled me, they
392   look after me because I was in tears.
393   A: ohh…..

394   R: And I am.... It's about giving and receiving. Nursing is not just about giving, it's about
395   receiving as well, and we do receive from our patient as well. We're not the fixed of
396   thing. A lot of nurses might think I can fix thing. But you're actually, you can work
397   together, cooperatively as a team, for the nurse and patient, for the patient's outcome.
398   And if you saw them observe you can't doing that the may be shouldn't be doing it, you
399   know what I mean.
400   Another discussion..... out of topic
401   E : Thank you very much for your coming and you participation in this study . Your
402   feedbacks are really valuable.

Appendix IX: Content analysis

Themes	Categories	Codes
Structured oral assessment is stressful	stressful	stressful (p1, l 4), unfamiliar environment (p1, l 7-9), stressful (p.1, l 14), terrific questions (p.1 l 19),
	SOA is not information session	participant's perception about goal of structured oral assessment (SOA) (p1, l 39-41), SOA is not information session (p2, l 53), information session in the University (p 2, l 55-57)
	description of stressful interview	stressful (p2, l 65), stressful process in SOA (p2, l 68-69), threatening (p2, l 70), impossibility of not being threatening (p2, l 72-73), intimidating (p2, l 80), stressful situation is not comfortable (p2, l 81-82), difficult situation (p2, l 83-84), stressful interview (p2, l 86)
Motivation to complete Bachelor of nursing degree	different level of motivation	personal thing (p 2, l 93), having other priority in life (p2, l 95-96), minimal motivation (p2, l 96-97), motivation of mature student (p. 2, l 97-98), highly motivated (p3, l 100)
Mentor relationship between younger and more mature students	younger student's stage of life	less complicated life for younger students (p 3, l 104-105), discovery stage (p3, l 105-106)
	responsibilities between younger and mature students	prioritizing (p3, l 117), a lot of responsibilities for mature students (p3, l 120), younger have less responsibilities (p3, l 121-122)
	characteristic of younger and mature students	younger nurses (p 5, l 246), care freeness (p 5, l 247-248), fearless (p5, l 248), hesitant (p5, l 248), watch first (p5, l 298), maturity and changes (p4, l 240-241)
	mentorship	get older (p6, l 253), wisdom (p6, l 254), mature student asks advices (p 6, l 255-256), offering help (p6, l 257-258), asking advice from younger student (p6, 259-260), a wonderful experience (p6, l 263), both ways relationship (p6, l 264),

Themes	Categories	Codes
		ask help from younger student (p6, l 268-269), ask support from mature student (p6, l 269-270)
Honesty	reason of honesty was less prioritised	honesty was less prioritised (p3, l 139), prioritizing (p3, l 143-144), surviving in the work skills are more important (p2, l 145-146)
	level of honesty	the way to prioritise (p4, l 149-150), honesty of graduates (p4, l 153-154), weakness of prioritization (p4, l 153-154), honesty versus dishonesty (p4, l 169-170)
Integrity	trust and integrity	nurse-patient relationship (p4, l 157-158), patients' trust (p4, l 160-161), honesty and integrity (p4, l 162),
	definition of integrity	living integrated (p4, l 163), the way to approach people (p4, l 164), integrity (p4, l 172), being granted of strength and weakness (p5, l 238), integrity (p5, l 230-231)
	concept of integrity	integrity (p8,l 382), big concept of fifty (p8, l 382), life throws a lot that you can learned (p8, l 384)
	nurse –patient relationship	giving (p8, l392), receiving (p8,l 393)
Self awareness	description and benefit of self awareness	knowing own limitation (p4, l 184), honesty linked with integrity as first priority (p4, l 185-186), how to operate (p4, l 187), how to work (p4,l 188), cope with pressure (p4, l 188), deal with difficult situation (p4, l 189), not overwhelmed (p4, l 190-191), troubleshooting (p4, l 191)
	definition of self awareness	aware of own limitation (p5, l 218-221), changing weaknesses (p5, l 222)
Maintaining patients' confidentiality	reason of maintaining patients' confidentiality	legal obligation to patient (p6, l 275), trust (p6, l 275-276), effect of not trusting nurses (p6, l 279-280), legal (p6, 282) professional (p6, l 283), patient (p6, l 283-284), nurse-patient relationship (p6, l 286-287)

Themes	Categories	Codes
Willingness to undertake further education	reasons of low responses for willingness to undertake further education	low response of willingness to undertake further education (p6, l 289-290), reaction of previous study (p7, l 295), identifying an area of interest (p7, l 297-298), reaction of previous studies (p7, l 301-302), exhausting experience (p7, l 303), still in journey (p7, l 304), finding passion (p7, l 312), rest from study (p7, l 313)
	mature student and further education	mature students want to do further education (p7, l 305-306)
Expertise	description of expertise	agreement of previous statement, (p7, l 322), skills are the important (p7, l 323), expertise can be learned (p7, l 326), expertise linked with skill (p7, l 327), can be learned (p7, l 331), expertise is more skill based (p7, l 334-335)
	skills can be learned and developed	skills can be learned (p9, l 361-363), acquired things (p9, l 364), experiences with patient can develop skill (p9, l 374-375)