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Flexibility in Competency-Based Workplace Transition Programs: An Exploratory Study of Community Child and Family Health Nursing

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abstract

Background: Successful transition to practice programs that use competency-based assessment require the involvement of all staff, especially those undertaking the preceptor role.

Methods: Qualitative data were collected using interview methods. Participants were 14 newly employed nurses and 7 preceptors in the child and family community health service in South Australia. Participant narratives were recorded electronically, transcribed, and thematically analyzed using the paradigm of critical social science.

Results: Five themes were identified that describe enablers as well as barriers to applying a flexible transition to practice program using competency-based assessment. These included flexibility in the program design, flexibility on the part of preceptors, flexibility to enable recognition of previous learning, flexibility in the assessment of competencies, and flexibility in workload.

Conclusion: To ensure successful application of a transition to practice program using competency-based assessment, preceptors must understand the flexible arrangements built into program design and have the confidence and competence to apply them.

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Support during a nurse's transition to a new work environment or area of practice is important for staff retention as well as the development of competent, independent practitioners (Neary, 2000). The challenge for organizations is to design a flexible transition to practice program that provides the necessary support, acknowl-

edges the nurse's previous level of experience, and meets the needs of employers and employees in a complex work environment.

PURPOSE OF THE STUDY

This article reports the findings from a study that furthers understanding of the complex nature of delivering competency-based assessment programs for nurses transitioning into a different organization or area of nursing practice. Competency-based assessment is defined by the Australian Nursing and Midwifery Council (2009, p. 11) as “the combination of skills, knowledge, attitudes, values, and abilities that underpin effective nursing or midwifery performance in the individual's area and context of practice.”

This article highlights factors that serve as enablers and barriers to applying a flexible and interactive transition program with competency-based assessment in the workplace. In particular, this study evaluated the influence that preceptors have on the interpretation and application of competency-based assessment within the transition to workplace program.

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Competency-Based Assessment

Building flexibility into the use of competency-based assessment within the design of a transition to practice program to address a range of organizational issues is relatively easy, but as the research findings show, it is far more complicated when put into practice. For the purpose of this research, “flexible” was defined as being adaptable.

Competent nursing practice is an established and accepted premise for the provision of safe, effective nursing care (Benner & Sullivan, 2005). Competency-based assessment has been increasingly adopted by Australian nursing (Anema & McCoy, 2010; Chiarella, Thoms, Lau, & McInnes, 2008; EdCaN, 2008; Henderson, Fox, & Armit, 2008), with many claims that competency-based approaches will provide an adaptable work force capable of meeting wider and more demanding work challenges. However, the inherently high variability of the nursing context and the need for professional judgment by the assessor when making inferences about individuals’ actual and potential ability make the application of competency-based assessment to nursing practice controversial (Bradshaw, 1998; Cowan, Norman, & Coopamah, 2007; Cusack & Smith, 2010; McMullan et al., 2002; Watson, Stimpson, Topping, & Porock, 2002). Critics argue that competency-based assessment in nursing cannot reflect the complexity of nursing practice, whereas advocates claim that this type of assessment has the capacity to solve many of the problems associated with existing workplace assessment processes (Anema & McCoy, 2010; Cusack & Smith, 2010). Recognizing the limitations of competency-based approaches is important to optimize their effective use, and there is increasing support for including competency-based assessment as part of a multi-method approach to professional development and assessment (NSW Health, 2011). To address these factors, competency-based assessment programs, such as the one explored in this study, have included more flexible processes that underpin the design of the program as well as the approach by the person undertaking the assessment.

Transition Programs

The goal of orientation and transition programs is to enable “professional growth and development of competent, independent practitioners” (Neary, 2000, p. 465). Time is required to support the practitioner in transition to feel confident and competent in a new work environment (Bland, Oakley, Earl, & Lichtwark, 2011; Blanzola, Lindeman, & King, 2004; Henderson et al., 2008; Herdrich & Lindsay, 2006; Park & Jones, 2010). There has been little research on transition programs for special-

ized areas of nursing (Park & Jones, 2010). A plethora of literature has been written about the transition of nurses from student to registered nurse, but research on the effect of such programs on the competency and confidence of registered nurses transitioning to a new area of practice is limited (Bland et al., 2011; EdCaN, 2008; Park & Jones, 2010).

A comprehensive study by Bland et al. (2011) examined a competency assessment program for New Zealand registered nurses returning to nursing and nurses from non-English-speaking backgrounds. Their research showed a range of issues that affect a smooth transition, including inadequate preceptor knowledge of the competency-based assessment framework, with different interpretations of the competence domains and difficulty obtaining competencies to be “signed off” because preceptors were unwilling to commit themselves (Bland et al., 2011, p. 19). The nurses in the study recommended a more flexible competency-based assessment approach by preceptors to more readily accommodate individual learning needs (Bland et al., 2011, p. 20).

Preceptorship

The preceptorship model is used extensively in nursing orientation and transition programs (Boyer, 2008; Dekastle, 2010; Hyrkas & Shoemaker, 2007; Park & Jones, 2010). The preceptor is responsible for guiding and supporting new staff as they are oriented to their role within an unfamiliar workplace culture. To be effective, preceptors must be good communicators and skilled in the area of practice (Myrick & Yonge, 2005). The need for support and training for preceptors in transition programs is crucial in the context of increasingly demanding work environments (Bland et al., 2011; Boyer, 2008; Park & Jones, 2010; Schmalenberg & Kramer, 2008). The preceptor plays a significant role, while navigating the complex interplay of the workplace culture, in applying competency-based assessment as the staff development personnel intended the competencies to be interpreted and assessment implemented (Cowan et al., 2007; Cusack & Smith, 2010; Gonzi, 1994). Boyer (2008) suggested that preceptors “shape the culture of the workplace as one of nurture or support . . . or not” (p. E2).

The transition to practice program that is the focus of this study is called “Partnerships for Entering the Pathway of Education” (PEPE) and was developed for a child and family community health service in South Australia. The PEPE learning pathway is structured over 12 weeks. The goal of the program is to meet the individual’s learning needs while enabling newly employed nurses to demonstrate competent practice and familiarity with the specifically designed child and family community health

competency standards (XXX, 2010).

Because newly employed nurses may or may not have qualifications or experience in this area of specialized nursing, the PEPE program was designed to allow for flexible application, based on a nurse's previous experience. The newly employed nurse, in consultation with the assigned preceptor and a senior nurse, develops an individual learning plan that incorporates both self-assessment and directly observed competency-based assessment. The preceptor role requires the nurse to be both a clinical support person and an assessor of competency standards. An evaluation of the PEPE program was undertaken by the authors, and this article describes the findings of the interviews with preceptors and nurses transitioning to the child and family health environment.

METHOD

Design

The study used a qualitative approach within the paradigm of critical social science to answer the following research question: What are the elements of PEPE that nurses new to the organization and preceptors found supported the transition of newly employed nurses? Critical qualitative research values people's experiences and explores the changing nature of knowledge, recognizing that knowledge is dependent on both time and context and can bring about change (Kincheloe & McLaren, 2000).

Population and Sample

All newly employed nurses (41) and preceptors (41) who worked in a child and family community health service in South Australia and had participated in PEPE between November 2009 and May 2011 were invited to participate. The nurses were contacted through the organization's internal mail system. They were sent an introductory letter and an information sheet that invited them to contact the researcher if they wished to participate in the study. Those who responded to the invitation were contacted and forwarded additional information and a consent form.

No detailed demographic information was collected to protect the anonymity of the participants because the sample was small and all participants were from the same organization.

Data Collection

Data were collected through in-depth semistructured telephone interviews with two different groups of staff who participated in PEPE. Interviews were conducted by two members of the research team who were not employed by the organization. The interviews were tape

recorded with participant consent.

Data Analysis

Data were transcribed and analyzed to identify key themes. A thematic analysis (Braun & Clarke, 2006) provided a systematic recording of themes and issues identified in interview data (Burnard, 1991).

Protection of Human Participants

Ethical approval was obtained from the Flinders University social and behavioural research ethics committee and the participating organization's human research ethics committee.

RESULTS

Fourteen newly employed nurses who had participated in the PEPE program consented to participate in the study. Seven nurses who had undertaken the role of preceptor self-selected to be interviewed. Although the response rate was low, the in-depth interviews, lasting approximately 1 hour, elicited insightful and thoughtful information, with similar views emerging from the data.

Five themes were identified that described the enablers and barriers to flexibility in applying a transition to practice program in the workplace using competency-based assessment. The themes that emerged were as follows:

1. Flexibility in the program design.
2. Flexibility on the part of preceptors.
3. Flexibility to enable recognition of previous learning.
4. Flexibility in the assessment of competencies.
5. Flexibility in workload.

Responses from newly employed nurses were coded as "RN." Preceptors within the organization were called "practice support persons," but undertook the role more broadly known as "preceptor." For the purpose of this study, these responses were coded as "Preceptor."

Flexibility in the Program Design

Both transitioning nurses and preceptors reported that the organization's competency-based assessment transition program (PEPE) was comprehensively documented.

The newly employed nurses and preceptors understood that PEPE used a competency-based assessment process to provide clear standards for practice and enable safe care in a new clinical environment. According to one nurse, "I thought . . . it worked really well. . . . Coming into an organisation that was different within a community setting, I didn't really know what to expect and what I'd actually be doing, but having all those com-

petencies to go through and learn really helped.” (RN 4)

However, in some cases, the newly employed staff and preceptors did not understand how the competency assessment process fit within the workplace transition structure. The professional development personnel structured PEPE to be flexible in terms of how competencies were achieved and the time needed to complete the learning pathways. A lack of understanding of the intended flexibility of the competency-based assessment process within the transition program, particularly by the preceptor, affected the application of the process to meet the individual learning needs of newly employed nurses. Newly employed nurses who said that their preceptor had a thorough understanding of the pathways, roles, and responsibilities of PEPE were able to be flexible in their approach to their particular learning needs, as shown by the following remarks:

“While it’s structured, it’s also flexible, so spending time in the day service doesn’t have to be in week 4, even though it’s on the program. I can change [the schedule] around to suit [my needs], in consultation [with the preceptee], so it’s good that way.” (Preceptor 1)

“I value that . . . there is flexibility to move through [the program] more quickly. . . .” (RN 3)

When preceptors had a thorough knowledge of the competency-based assessment process, their confidence in the role of preceptor improved. Those who were more confident were able to be more flexible in how they interpreted the PEPE standards to meet the individual learning needs of the new nurse. Therefore, building the confidence of preceptors is important for achieving the aims of PEPE. This confidence comes with knowledge of the program, experience, and support from senior nurses, as noted by one of the preceptors: “When the clinical practice consultant [senior nurse] is involved in encouraging the [preceptors], they become more confident in taking initiative themselves.” (Preceptor 6)

Preparation for the role and support of preceptors by senior staff can help to establish PEPE in the workplace by increasing preceptors’ confidence while establishing practices that will be flexible and empowering for new staff members. According to one preceptor, “I think training is important. . . . Also, the clinical practice consultant [senior nurse] working with the preceptor before the [new nurse] actually starts will ensure that the individual preceptor feels comfortable.” (Preceptor 6)

Flexibility on the Part of Preceptors

Negative attitudes on the part of preceptors affected new staff members’ transition into the workplace, and this was a topic that was noted by participants. Negative attitudes of preceptors affect not only the overall transi-

tion experience but also the quality of learning opportunities and the effectiveness of the competency-based assessment program. Nurses who view the preceptor role negatively were considered by newly employed nurses and other preceptors as being inappropriate for undertaking this role. Nurses with negative attitudes toward the preceptor role were less likely to be flexible in how they interpreted and applied competency-based assessment. One preceptor commented, “I don’t want to work with a preceptor who doesn’t want to be a preceptor, who is not [up to date] with the guidelines, and [who does not know] the pathway that the person being precepted needs to follow.” (Preceptor 6)

Newly employed nurses with substantial previous experience valued being able to self-select and focus on clinical areas that they considered relevant. Some participants reported that, although their learning needs were met, the time flexibility that PEPE offered was not always put into practice by preceptors: “Although the length is meant to be flexible, I didn’t feel like I had any control over it. . . .” (RN 12)

The perceived need for some preceptors to be “in control” may reflect a lack of understanding of the purpose of competency-based assessment or a lack of confidence in interpreting the PEPE documents more liberally, in line with the aim of competency-based assessment, as noted by some of the participants:

“I can see that [competency-based assessment] is meant to be flexible, but I didn’t always find the preceptors willing to change it to meet my needs. Some only had one way of doing things and had to go through every step of the program that was written down. This made doing it long and tedious when I was ready to move on. In this way, it held me back.” (RN 6)

“If you wanted to move faster, you might be discouraged from doing that. The choice of moving faster wasn’t an easy one to enforce.” (RN 5)

The less flexible approach taken by some preceptors was also suggested to reflect the nursing culture, which is sometimes experienced to be controlling, as pointed out by one nurse: “I think some parts of PEPE are great, but like a lot of nursing culture—a bit controlling.” (RN 12)

Flexibility to Enable Recognition of Previous Learning

All participants emphasized the importance of respecting the new nurse’s previous knowledge and experience. For most new staff, the community environment is new, but these nurses bring with them a range of other experiences and knowledge that should be respected. Respecting the nurse’s previous knowledge, skills, and experience allows the competency-based assessment

process to be applied more flexibly, taking into account different requirements for learning and adapting to the new work environment and area of practice. The assessment process in PEPE considers these factors, and when applied appropriately by the preceptor, this process works well, as noted:

“They have a very supportive environment . . . and I’ve been given so much recognition and a high level of respect for the skills that I’ve brought in. . . .” (RN 11)

“Respecting the fact that they aren’t new. . . . It’s a new environment, but they bring a lot with them.” (Preceptor 4)

Effective communication between newly employed nurses and preceptors empowers the new nurses because it allows them to help tailor the transition program to meet their specific learning needs. According to one preceptor, “I think having open lines of communication really does make PEPE more tailored for the person. . . . Through good communication, [you find out] what they know and what they don’t know.” (Preceptor 7)

Flexibility in the Assessment of Competencies

Another important component of a flexible competency-based assessment program is the way in which competence is assessed, including self-assessment. This study found that some preceptors appeared reluctant to accept self-assessment as evidence of competence. This raises the issue of trust in new staff members’ ability to assess their own competence. Preceptors who were less flexible and trusting preferred to formally sign off on competency standards undertaken by the newly employed nurse. This practice caused distress among some nurses, as indicated by the following comment: “My self-assessment was much more valid, reliable, and fair than being signed off.” (RN7)

Discussing this perceived lack of trust led to an observation by all of the participant groups that, unlike nursing students, newly employed nurses are registered and therefore are accountable for their own practice. This means that preceptors are not responsible for the new nurses’ practice. Therefore, they can be more flexible in the way they apply the competency-based assessment process and need not be as controlling as they would be if they were working with nursing students on clinical placement. According to one preceptor, “These are new staff, not students, and some preceptors forget that.” (Preceptor 6)

Flexibility in Workload

There was widespread recognition that PEPE increased the workload for nursing staff who served as preceptors, so they needed to be flexible in how they

managed both their workload and the responsibilities of being a preceptor. The transition program provided resources for extra staff to allow for flexibility in managing the preceptors’ workload. However, some preceptors were not aware that they could access these resources to relieve some of the work pressures. One preceptor stated, “With my experience . . . I just felt very much under pressure . . . having to be both a good listener to see where [the new nurse] was and also allowing time to debrief . . . trying to squeeze things in as well as carry on with my normal full workload.” (Preceptor 4)

To successfully implement a transition program, the preceptor’s colleagues also must be supportive and flexible in their daily work. Colleagues have a responsibility to contribute to the transition program by looking out for and sharing other learning opportunities to assist the new staff member to gain a range of learning experiences. They also provide support to the preceptor by sharing the workload. One preceptor noted, “If [my colleagues] were to turn around and say they didn’t want to support me, it would be really tricky, but I’ve never had that . . . and even to go to different sites and work with different people . . . that’s worked really well. . . . People have been really engaging.” (Preceptor 3)

DISCUSSION

Flexibility can be difficult in nursing because of the profession’s strong bureaucratic history and culture (Willis & Elmer, 2007). However, the approach used in designing professional development programs, particularly in highly diversified health services such as child and family community health, requires an adaptable framework to make learning relevant. As Scott Tilley (2008) contended, the framework required to assess the diverse range of nursing functions effectively must be flexible and efficient. The child and family community health service incorporated the notion of flexibility into the application of the competency-based assessment process and the length of time a new staff member can take to meet the competency standards. Flexibility within the program has the potential to empower individualized learning for both the new nurse and the preceptor. The experiences of newly employed nurses indicated that the versatility built within the transition program was empowering; however, it was difficult for some preceptors to take advantage of this flexibility.

The amount of flexibility that newly employed nurses experienced affected the length of time it took them to complete the competency-based assessment in PEPE. None of the new staff stated that they found PEPE too short, as would be expected from experienced registered nurses. Several, however, found that their precep-

key points

Competency-Based Assessment

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- 1 There are enablers and barriers to preceptors' use of a flexible and interactive transition program that applies competency-based assessment in the workplace.
- 2 Preceptors can strongly influence the degree of flexibility of a transition program based on their interpretation and application of competency-based assessment.
- 3 Preceptors must feel confident in their understanding and interpretation of the flexible arrangements built into a competency-based assessment process to provide a positive transition experience for the newly employed nurse.

tor expected them to complete the full 12 weeks of the program, even though they believed that the time could be greatly reduced because of their previous work experience. In these situations, the newly employed nurses indicated that they found the program restrictive and their preceptor unwilling to adapt the program to meet their professional development needs. Newly employed nurses who perceived that their preceptor respected their knowledge, skills, and opinions were able to work with the preceptor to tailor PEPE more effectively to meet their professional development needs and help them become fully incorporated into the work force.

Newly employed nurses who found it difficult to negotiate with their preceptor to individualize PEPE to meet their learning needs suggested that it would be beneficial to increase the support and training (Bland et al., 2011; Boyer, 2008; Park & Jones, 2010; Schmalenberg & Kramer, 2008) given to preceptors to increase their confidence and comfort in adapting the program to meet the learning needs of new nurses. This includes reassuring preceptors that they are not accountable for the nurses' practice.

Those transitioning through PEPE were all registered nurses and not nursing students. This important distinction was not articulated by all preceptors and may be one reason why some preceptors applied the process of PEPE more rigidly than necessary, insisting on signing off on every competency standard rather than supporting conversations that enabled self-reflection on practice and self-assessment.

This dilemma about the role of self-assessment in competency-based assessment programs continues to be debated in the literature (Epstein, Siegel, & Silberman, 2008). Self-assessment was supported for use in PEPE because it has a strong professional development approach, encouraging the new nurse to incorporate reflective practice. This is congruent with the changes being encouraged in the learning culture of this organization, from one of "that is how we have always done it" to one of continuing reflection on practice.

Although the intent of PEPE was clear and was extensively documented, the preceptors found it overwhelming at times. This was primarily because it required a different way of thinking by preceptors about their role and the application of a more versatile competency-based assessment program that considered individual learning needs rather than a quick "tick and flick" using the same assessment process for all staff. As identified in the literature, overspecification of competency-based assessment criteria can cause difficulty for practitioners in interpreting the standards and may result in the loss of their support for initiating the program as it was designed (Bland et al., 2011; EdCaN, 2008; Farrell, 2003; McMullan et al., 2003). This risk must be carefully managed by both professional development personnel and senior nursing staff.

The challenge for the preceptors, once they understood the purpose and processes of PEPE, was to rethink how they support new staff, manage their time differently, and negotiate shared placements with colleagues to enable new staff members to gain the necessary experience to meet their individual learning needs. The preceptors also had to plan ahead to include formal supervision time, and where possible, delegate some of their workload to colleagues to accommodate their preceptor role.

As identified by Myrick and Yonge (2005), good communication and clinical skills in the area of practice are attributes of effective preceptors. The newly employed nurses who participated in this study identified these same attributes. They valued preceptors who were welcoming and approachable, with well-developed interpersonal skills as well as experience in child and family community health nursing. This research supports the findings of Bland et al. (2011), who examined barriers to newly employed nurses transitioning in competency assessment programs and found that ineffective communication had a large influence on the effectiveness of the program. The new nurses who could discuss their learning needs with their preceptor and adapt the program accordingly found the experience empowering and effective in supporting their workplace transition.

There is broad agreement in the literature that as-

sessors must be competent in assessment and relevant technical areas and should have training and support to develop expertise in assessment (Howard & Eaton, 2003; NSW Health, 2011, Schmalenberg & Kramer, 2008; Smith, 2010). The preceptor's confidence and ability to be flexible affected the support given to the newly employed nurses, and it is suggested that difficulty completing assessments could be caused by a lack of these attributes rather than issues with the nurse's competence. This is a significant concern when the assessment process has consequences for newly employed nurses.

Limitations

Demographic data on the participants were not collected because the sample was small and this information could potentially identify those who participated.

CONCLUSION

This research has identified a number of factors that served as enablers and barriers to the successful application of a transition to practice program using competency-based assessment in the workplace. Staff development personnel can design a flexible program, but unless the preceptor fully understands how to apply the flexible arrangements and feels empowered to do so, the desired flexibility will not be realized. Training programs for preceptors should include learning activities that build their confidence in adapting the program to meet the needs of new nurses. This may require a shift in the workplace nursing culture to ensure that new staff are not treated as "students" and that previous experience is respected and meaningfully recognized by adapting the competency-based assessment program accordingly. Preceptors need training and access to ongoing support. It is also recommended that nurses who want to be preceptors and demonstrate the necessary communication skills and clinical competency are selected to undertake this pivotal role that underpins the success of a flexible, competency-based assessment transition program.

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