

ORIGINAL RESEARCH

Mature aged “baby boomer” students’ contributions to understanding nursing education

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Abstract

Background: Mature aged nursing students of the ‘Baby Boomer’ generation are important for health workforce retention and planning because once graduated, they are viewed as being more loyal to the profession and consequently likely to remain in the nursing workforce. A challenge though, related to this group is providing them with a fulfilling and worthwhile work integrated learning experience that enables them to engage with their new profession.

Methods: An exploratory study was conducted using an online survey with open-ended questions to explore the supports for and barriers to the learning opportunities of “baby boomer” aged undergraduate-nursing students (n = 35) during their work integrated learning experience. The study sought to understand how these supports and barriers impact on their emergent Registered Nurse (RN) self-concept.

Results: Four key themes emerged to explain the supports for and barriers to the development of the RN self-concept. These are: quality communication, feeling connected, role clarity, and feedback. Each theme was informed by several sub-themes that identified supports for and barriers to the development of the nurse self-concept in baby boomer undergraduate nursing students. The time era in which nursing students grow up has a significant impact on the way they learn as well as the way they expect to be taught. Understanding the fundamental differences between learners will help meet their needs more effectively. Attitudes deemed as supportive by ‘baby boomer’ students in this study are belongingness, supportiveness and appreciation of their role. ‘Baby boomer’ students indicated that it is important their facilitator or preceptor as well as ward staff demonstrate high levels of these attitudes. Many mature aged students may already have previous nursing experience (70% in this study). As such, it is imperative to take time to inquire about past experiences which contribute to learning new skills so as to ensure their past experience is not devalued. Besides the valuing of past experiences, ‘baby boomers’ appreciate immediate quality feedback and encouragement.

Key words

Nursing identity, ‘Baby boomers’, Nurse concept, Mature aged students, Effective learning

1 Introduction

The impending nursing shortage has compelled Universities to implement capacity building strategies that move beyond targeting school age graduates to recruiting non-traditional learners like mature aged students^[1-3]. These strategies have resulted in an increase in mature aged men and women from the baby boomer generation looking to enter or return to the workforce by enrolling in undergraduate nursing programs^[3, 4]. These more mature nursing students are reportedly an “at-risk” group in respect to academic failure or voluntary withdrawal from nursing programs^[5, 6]. The definition of the mature aged student is dependent on the location of the specific programs but broadly, students over the age of 21 to 25 are classified as mature aged^[5]. Members of the “baby boomer” generation, born between 1946 and 1964, bring to their studies a lifetime of experiences and maturity that raise unique challenges for nurse academics and educators^[7]. One such challenge is providing this group with a fulfilling and worthwhile clinical practice experience that recognises and embraces their lifelong contribution to maximise the learning experience and retain them in the nursing program.

Literature review

Mature aged nursing students are important for health workforce retention and planning^[8, 9]. Once graduated, nurse recruiters target this group because they are considered to be more loyal and likely to remain in the nursing workforce^[3, 10, 11]. Additionally, these older cohorts of nurses tend to be self-motivated and are better able to prioritise their work to spend more time with patients^[3]. As such, capitalising on strategies that positively contribute to the retention of this cohort in undergraduate nursing programs is important. Several authors have cautioned that retention strategies for this group may need to be adjusted to be cognisant of their values and unique generational requirements, and include more focus on individual choice, community involvement, self-actualisation and health and wellness^[8, 12-14].

Taking a broader view, nursing students themselves report that a positive clinical practice experience impacts confidence and competence, and ultimately their retention in undergraduate education programs^[8, 15-17]. Learning achieved during the clinical practice experience is crucial for nursing students’ future role as registered nurses, professional socialisation and development of nurse self-concept^[8, 15, 18-20]. In a supportive and reflective structure, nurses are able to find value and importance in their clinical practice experience, an important foundation to a healthy self-concept and integrity in their future professional careers^[21]. Where clinical practice support is absent, a sense of disempowerment prevails and the risk of the student leaving the program increases^[22]. Given nurse employment turnover appears to be related to job satisfaction^[23, 24] as opposed to the actual life stage of the registered nurse, preparing and supporting the mature aged nursing student to enter the workforce is paramount^[25].

Where research has highlighted the experiences of the mature aged nursing student^[3, 8, 26], much of the literature has focused on those over 21 years of age^[3]. One study describing the role of the clinical teacher on students’ professional socialisation in the clinical environment found that students in the 31 to 40 year age bracket were more likely to report their clinical teachers to be integral to their acculturation, assimilation, and skills acquisition in the clinical practice environment^[2]. Learning to function professionally and to construct professional self-concept occurs when nursing students are learning to be members of the situated, rhetorical discourse community they are about to enter. The values held by the baby boomer generation are reflected in their work style with confidence, team work, collaboration, group decision making and conflict avoidance, all being key attributes appreciated by this group^[27]. Therefore, undertaking clinical practice enables baby boomer nursing students to not only transfer theoretical knowledge into clinical practice but also to learn discipline related norms and morè, to understand expectations, artefacts and standards, and examine professional attitudes^[28, 29]. These “knowledges” which are not necessarily taught explicitly but are observed by students when they come into contact with members of the nursing community of practice^[30], contribute to the construction of the nurse self-concept, and are an integral component of successful transition from student to graduate for members of the baby boomer generation. While the full picture of specific needs of mature aged nursing students during the clinical practice experience is still emerging in the literature, specific information tailored for the unique group of the “older mature aged student” is notably absent from education programs^[3].

Given the importance of baby boomer nursing students' contribution to future workforce planning^[10], the aim of this study was to explore the perceptions of "baby boomer" undergraduate nursing students as to the supports for and barriers to the development of their Registered Nurse (RN) self-concept during their work integrated learning experience. This knowledge is necessary so that processes can be incorporated into curricula to facilitate a positive nurse self-concept in "baby boomer" student nurses that will carry over to their graduate year. As a result, the research question addressed by this study was: "What are the perceptions of the supports for and barriers to the development of their RN self-concept during the work integrated learning experience of 'baby boomer' undergraduate nursing students'?"

2 Participants and methods

2.1 Study design

This research project is part of a larger study that used online survey to compare two clinical practice supervision models^[15]. The findings of that study are reported elsewhere^[15]. Survey research was chosen because it allowed the participants to provide a description of their social world, its features and the people within^[31]. In this study, the open-ended qualitative responses within the survey tool were used to explore the supports for and barriers to learning opportunities of baby-boomer undergraduate-nursing students during the work integrated learning experience and to gain an understanding of how this contributes to their RN self-concept.

2.2 Participants

Participants in the larger study (n = 159) were purposively recruited from students enrolled in an undergraduate Bachelor of Nursing program. The "Baby Boomer" cohort reported on in this study (n = 35) was extracted from this original sample. All participants were enrolled in courses that enabled them to undertake a clinical practice experience in which theory learned on campus is applied in the off-campus setting.

Students enrolled in the nursing program were supervised by either a facilitator or preceptor during their work integrated learning experience. With the facilitator model, students were placed in clinical units within a health facility and supervised by a RN employed by the education provider. The RN facilitator supervised a group of six to eight students and undertook their clinical assessment as directed by the university^[32]. The participants in the facilitator group worked the same shifts as the RN in clinical units and were also assigned an RN "buddy" on a shift-by-shift basis. The facilitator worked in association with the RN "buddy" to support students during their clinical practice experience^[32]. In contrast the preceptor model typically adopted in smaller health care facilities, saw a registered nurse assume responsibility for supporting the student during the clinical practice exposure. The preceptor was also responsible for completing the allocated university assessment tools, which recorded the student's ability to apply theory to practice during the clinical practice experience.

Data collection

Ethical approval was received from the University Human Research Ethics Committee (HREC) (Approval Number: H09/10-065) and adhered to ethical principles^[33]. These principles included information on the voluntary and anonymous nature of participation and that participation would not influence grades, clinical placement opportunities or course outcomes. Data were collected using an anonymous online computerized survey tool administered towards the end of the student's work-integrated learning experience. Students opting to participate in the study were forward a link to access both the information letter and the online survey. Completion and return of the survey was considered consent to participate in the study. Online surveys are an inexpensive method of collecting data that allows respondents to access and complete the survey at a time suitable to them^[34].

The researchers used the following three open-ended questions to gather participants' views of their most recent work integrated learning experience:

- 1) What are the positive things about the support you received during your clinical placement experience?
- 2) What needs to be improved for you to feel supported during your clinical placement?
- 3) Are there any other comments you would like to make about the support you received during your clinical placement experience?

Demographic data used to describe the participant sample was also collected.

2.3 Data analysis

Participants' answers to the three open-ended survey response questions were systematically analysed and coded. The information was sorted to identify themes, patterns and commonalities. This process involved team members becoming familiar with the content of the transcripts and then identifying themes and key words. These were then grouped together to form themes. The themes and key words identified by individual team members were then charted and sorted into groups of commonalities^[35]. Links were made between each of the groups and ultimately to the major themes to uncover the supports for and barriers to the development of the RN self-concept of 'baby boomer' undergraduate nursing students' during the work integrated learning experience.

3 Findings

3.1 Demographic characteristics

A total of 35 ($n = 35$) undergraduate nursing students fitting the baby boomer category completed the online survey. Participants were equally distributed across the three years of the Bachelor of Nursing program and ranged in age from 45 to 58 years with the mean age being 50 years. The majority of the participants were enrolled by distance education mode of study with nearly 70% having prior nursing experience as either an Assistant in Nursing (AIN) or as an Endorsed Enrolled Nurse (EEN) (see Table 1).

Table 1. Participants Demographic Information ($n = 35$)

Demographic	% (n)
Respondents Enrolment Status	
Distance Mode	71 (25)
Internal Mode	29 (10)
Prior Nursing experience	
Nil	26 (9)
Assistant in Nursing	23 (8)
Endorsed Enrolled Nurse	49 (17)
Not stated	2 (1)
Year of Study	
1 st	37 (13)
2 nd	40 (14)
3 rd	23 (8)

Four key themes emerged from the research data to clarify understandings of the supports for and barriers to the development of the RN nurse self-concept in baby boomer nursing students. The four key Themes are: quality communication, feeling connected, role clarity, and feedback. Each theme had several sub-themes or categories that were able to describe the supports for and barriers to the development of the nurse self-concept in baby boomer undergraduate nursing students (see Table 2).

Table 2. Supports and Barriers to the Development of the Nurse Self-concept

Themes	Supports	Barriers
Quality contact	Time for learning to be achieved during contact	Breakdown in communication
	One on one time	Email as a mode of contact creates barriers
	Flexibility with contact	Rushed due to pre-occupation of facilitator or preceptor
	Proximity (close) to learner	Proximity (distance) to learner
Feeling Connected	Not alone	Feelings of isolation
	Being part of teamwork	Disconnected
	Accepted as part of the team	Excluded
		Limiting participation in learning activities
Role clarity	Supernumerary	Extra pair of hands – do not learn
	Identification of learning needs and opportunities.	Scope of practice not clearly identified
	Teamwork	
	Facilitator/preceptor presence	
Feedback	Identifying learning opportunities	Not aware of learner needs
	Positive reinforcement	Aggressive
	Recommendations for further learning	Absent support person
		Confidentiality breeches

3.2 Quality communication

The quality of the communication the participants in the study had with either their facilitator or preceptor was viewed as being important to the development of their nurse self-concept. The results showed participants valued a supportive learning environment that included one on one time with their allocated support person, flexibility with contact, and time for learning to be achieved during the contact. As one participant explained:

“I enjoyed my clinical placement and I feel that was because the facilitator took the time to place me with an RN that would teach me and encourage me. She was also coming to the ward to see if I was going OK”.

In contrast, participants felt barriers to the development of their RN self-concept occurred when there was a breakdown in communication or if the communication was impersonal such as the use of email, being rushed with the facilitator or preceptor being pre-occupied with other matters, or the absence of a dedicated support person being available within the health care facility. The following comment demonstrates this point: “Little contact with the facilitator and when I did see her one-on-one she was always rushed and sometimes very aggressive”. And another participant with a similar experience revealed:

“I feel that due to my location (rural setting) there was only phone contact from the facilitator. Whilst this contact was positive it would have been nice to actually see someone and be able to discuss issues. A personal visit from my facilitator would have been very much appreciated and I felt a little isolated as a result of this.”

Such findings are consistent with the needs of baby boomers and the values they hold with regards to their work style in which confidence, team work and conflict avoidance are key factors ^[36]. In addition, the findings highlight important points needing consideration by nursing academics when planning and delivering work integrated learning experiences for this cohort of students.

3.3 Feeling connected

The second theme identified in the data builds on the concepts of communication and relates more specifically to participants’ ability to feel connected to the health care facility providing their work integrated learning experience. For participants in this study feeling connected meant they were not alone, that they worked as part of a team and were accepted as a member of the health care team. According to participants, feeling connected assisted in their learning and

enhanced the development of their RN self-concept. This is demonstrated in the following quote from one of the study participants:

“I was accepted on the ward as one of the workers so felt like I was part of a team. This led to a rich learning experience.”

Another with a similar experience shared the following observation:

“I felt that I belonged to the placement. The ward was very welcoming; my name was placed on the patient allocation list.”

Unfortunately, the opposite was experienced by some participants who expressed that they felt disconnected, isolated and excluded during the clinical practice experience. Participants reflected that such feelings limited their learning opportunities and negatively affected the development of their RN self-concept. The following provides commentary to this effect.

“Some RN’s do not seem to be aware of the learning needs of the student, won’t let them do anything /or they do not want to be responsible for students, so a student just follows them around. This effects how the student feels about themselves and the clinical area.”

3.4 Role clarity

Such experiences highlighted the need for role clarity and clear guidelines as to the students’ learning needs and goals. Generational research has shown the baby boomer generation value clear guidelines and will seek direction for work tasks should they be unsure^[36]. The findings of this study showed that the baby boomer generational needs may not be being met by the work integrated learning experience. According to participants, some of the RNs they worked with during their work integrated learning experience were not “*in-tune*” with their learning needs and showed limited understanding or interest in helping students learn and develop their RN self-concept. Several participants felt ward staff did not understand their role in the ward or health care team, resulting in lost learning opportunities. The following comment from one of the study participant’s clearly articulates this point:

“The staff should be made aware more of our requirements. The ward where I worked was very busy and some days we became one of the staff as staff numbers appeared to be short.”

In addition, participants felt the ward staff needed to understand their role and scope of practice with many believing they were viewed as nothing more than an extra pair of hands or extra staff to fill gaps on rosters rather than as learners. One study participant who was an EEN, but was learning to be a RN, offered this insight:

“Some of the team leaders do not understand supernumerary and I missed out on some meetings and learning opportunities because I was ‘needed on the floor’. Many RN’s do not understand that although I am already an EEN, I am there to learn”.

In contrast, those participants who undertook clinical practice where role clarity had been a key focus and support was at hand, had a positive experience and felt able to develop their knowledge, skills and in turn their RN self-concept. These conclusions are support by the following comments from one of the research participants.

“Facilitator and most RN's I worked with were friendly, supportive and taught me a lot”.

Another participant with a similar experience said:

“I enjoyed the teamwork with the other students and RNs. Development of relationships within the students was a positive experience for all. Without our very supportive facilitator, this placement would have had many students drop out.”

Appreciation of the learning opportunities presented by role clarity reflect the work based values held by the baby boomer generation and clearly show the importance of clear directions, support and teamwork to this group.

3.5 Feedback

The results of this study show that baby boomer nursing students value support, feedback, and encouragement and view these positive feedback strategies as integral to the development of the RN self-concept. Both positive and negative feedback was viewed as important in assisting in the development of their RN self-concept. The results show baby boomer undergraduate nursing students were encouraged in their learning by clearly defined learning goals, positive reinforcement and recommendations for future learning. The following comments from research participants offer support for these conclusions:

“...good positive feedback from others on the ward. Everyone is forthcoming when I ask questions.”

Another participant felt similarly: “feedback on how wonderfully well I did motivates me and reinforces that I will make a good nurse.” While another said:

“My facilitator was encouraging. She built my confidence by giving me feedback on my work, and always asked questions to ensure I was thinking about what I was doing, not just doing it because I had to.”

Feedback behaviours this group found unhelpful or confronting, related to lack of knowledge of learning needs, confidentiality breeches, lack of support and what was described as aggressive delivery of feedback from supervisors. As one participant explained:

“Things said to the facilitator must be confidential and not used against student(s).”

While another participant felt the lack of guidance from the facilitator limited feedback opportunities.

“I rarely saw the facilitator and had guidance only from staff on ward. No support received. I had two facilitators this placement round. First one was hostile and aggressive, second one was pleasant but absent. I received no feedback.”

4 Discussion

One recurring fundamental theme in adult development theories is that significant change will happen in an individual around middle age. Erikson’s theory of development states the primary task of middle adulthood is to develop generativity, or the desire to expand one’s influence and commitment to family and the wider society^[37]. This reassessment of one’s life may lead “baby boomers” to reconsider their self-identity and undertake educational studies to facilitate a career change or possibly an opportunity to undertake educational studies after their childrearing years. Thus it is essential that education programs that enrol ‘baby boomers’ ensure meaningful learning experiences to aid the positive redevelopment of self-identity. Additionally, the time period in which an individual grows up has a significant impact on the way they learn as well as the way they expect to be taught. Understanding the fundamental generational differences between learners will help guide educators to more effectively meet the needs of the older learner.

The results of this study add to what is currently known about these issues as the focus was to uncover the supports for and barriers to the development of the RN self-concept of ‘baby boomer’ undergraduate nursing students’ during the work

integrated learning experience. The results indicate that supportive attitudes deemed important by “baby boomer” nursing students are belongingness, supportiveness and appreciation of their role. “Baby boomer” nursing students indicated that it is important their facilitator or preceptor as well as the ward staff demonstrate high levels of these attitudes in order for them to develop their RN self concept. This outcome supports finding of other research studies which found positive, supportive clinical practice experiences are crucial for nursing students’ future role as an RN^[8, 18, 19].

Belongingness is essential to a positive and meaningful learning experience^[38, 39]. Belongingness is the experience that provides a sense of connectedness (being one of the team) and appreciation (being valued and respected). Belongingness and appreciation of their role is especially important to “baby boomers” because they want to be valued for their contributions to the team^[7]. It becomes apparent through the study participants expressed views that clinical staff who engaged in quality communication, behaviours that made the students feel connected to the facility and ensured that there were clear role expectations of students as one of the team, enhanced mature aged nursing students sense of belongingness and perception of being valued. However breakdown in communication, lack of role clarity and disconnectedness were identified as major barriers to the development of the RN self-concept of ‘baby boomer’ undergraduate nursing students’ during the work integrated learning experience.

Interestingly seventy percent of participants in this study had previous nursing experience thus would already have some self-concept of themselves as a nurse, but not as a prospective RNs. “Baby boomers” may have years of experience that can be drawn upon as a foundation for learning new skills. Thus it is imperative to take some time to inquire about past knowledge and skills that may contribute to their learning new skills to ensure past experiences are not devalued. Besides the valuing of past experiences, “baby boomers” appreciate immediate feedback^[37]. Participants in this study clearly identified the positive impact of quality feedback and encouragement to the development of their RN self-concept during the work integrated learning experience.

Limitations of the current study are a small response rate from a single study site. To verify results, a wider cross-institutional sample is warranted and researchers would welcome collaborative involvement from other universities. Furthermore, the researchers developed the survey tool and although pilot tested, further work on refining the concepts may have yielded different results.

In conclusion, with the looming shortage of RNs recruiting into and retaining students in nursing programs is paramount. Many education programs have large numbers of older mature aged students, so the provision of a quality learning environment, both off campus and at university, that meets the needs of mature aged students is beneficial. Despite some limitations, this research has implications for practice as it has identified the supports for and barriers to the development of the RN self-concept of “baby boomer” undergraduate nursing students’ during the work integrated learning experience. The findings of this study indicate that developing a sense of belongingness, appreciating the contribution of past experiences and providing timely, quality feedback may support the development of the RN self-concept of “baby boomer” undergraduate-nursing students. Such findings provide valuable information for nurse academics and nurse educators, and add important knowledge as to how best to support this group during their work integrated learning experience.

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