ORIGINAL RESEARCH

Improving academic success: Evaluation of the BN Transition to Clinical Practice Module

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Abstract

Objective: Bachelor of Nursing (BN) students are required to develop clinical knowledge, skills and attitudes for professional practice. The objectives of this project were to assess the challenges of adapting the Transition to Clinical Practice Module (TCPM) to the field of Nursing and to evaluate the impact of the TCPM on BN students' confidence and knowledge for successful transition to clinical practice.

Method: This study was a pre-intervention/post-intervention assessment (pre-post) methodology using a questionnaire specifically designed to evaluate and determine how well the student's performance improved after attending the TCPM. Qualitative comments from participants were used to further evaluate data and provide 'richer' results.

Results: There were three hundred and eighty (380) participants; eighty-two percent rated the program as better than expected, 16% rated it the same as expected and 2% less than expected. All said that in the pre-program they had expected more emphasis on areas of skills deficits in nursing, and post program 96% indicated that it had actually helped them to develop skills. Participants rated themselves as being more knowledgeable ($P < .01$) and confident ($P < .01$) post program in most areas except confidence with academic skills and accessing support services ($P < .05$). Internal consistency for the 14-item scale was 0.92 (confidence), 0.86 (self-concept), 0.84 (communication) and 0.94 (knowledge) pre-program, and post program the internal consistency was 0.93 (confidence), 0.84 (self-concept), 0.86 (communication) and 0.90 (knowledge).

Conclusion: This TCPM program can contribute positively to students' transition to the academic and clinical demands of the BN. Therefore the TCPM is likely to positively influence a sense of value and identity within the nursing profession. It may ultimately lead to improved BN student retention rates.

Key words

Nursing students' education, Transition module, Clinical competence, English literacy, Nursing communication

1 Introduction

Student retention and attrition in higher education has been widely studied over the last four decades [1]; therefore, the experience of students in their first year of university, and their transition to the academic environment, has been a significant area of research. As McInnis [2] notes:

> Students are at their most vulnerable in the first year in terms of their likelihood of academic failure and they are most at risk with respect to a range of potential social, emotional, health and financial problems (p. 106).

Arguably, first year nursing students face additional challenges as they begin the transition to their professional role through clinical placements, and the development of professional identity as a nurse [3]. Andrew *et al.* [4] investigated nursing students 'preparedness' for clinical placement and concluded they needed to adapt quickly to academic and clinical environments, and if this does not occur "within the early stages of first year, then it may not happen at all, leading to problems with progression and attrition later on" (p. 18).

Providing support to nursing students in their first year in Australian higher education has become increasingly challenging as the students have become more diverse. The internationalisation of nursing education has become a global phenomenon over the last two decades [5] and this trend is also found in Australia. Additionally, changes to the Australian higher education sector, following the 2008 review [6], have heightened the diversity. What has become known as the Bradley Review (Review of Australian Higher Education) argued for an increase in the participation of under-represented groups and an overall increase in enrolment. Thus, a contemporary cohort of first year Australian university students can comprise individuals from a wide range of backgrounds, academic entry levels and age groups [2, 7]. Therefore, each institution will need to determine and respond to the unique needs and expectations of their students, and as these are not static continual monitoring of student cohorts, and responsive programs are required [8].

1.1 Background of the study

Academic and information literacies are integral to the success of nursing students and to their ongoing professional development and practice. Information and academic literacy skills have considerable influence on academic success [9, 10], confidence [11, 12] and in enabling the development of clinical best practice and lifelong learning [5, 7, 11, 12].

Positive clinical placement experience is another issue of critical importance. According to Andrew *et al.* [7] the initial experience in the clinical environment is "crucial for their motivation to continue" (p. 18). However, experiences on clinical placement have been identified as the main source of stress for nursing students [14]. Stress can inhibit learning and performance [15], and students perceive clinical stressors more acutely than academic or external stressors. Student anxiety has a negative effect on their ability to learn in the clinical environment [16]. Burnett [17] concludes that successful transition to the first year of study increases student satisfaction with their program and is an important factor in academic and career attrition.

Previous studies have shown the benefits of support programs designed to enrich nursing student's experiences and improve outcomes in the academic and clinical environments. For example, Ooms *et al.* [12] noted that academic literacy support was particularly valued by students with non-traditional entry qualifications and those with English as a second language. Boughton *et al.* [18] reported increased self-confidence and a sense of belonging among culturally and linguistically diverse (CALD) nursing students in their program, as well as improved learning and clinical placement experiences. A study of registered nurses returning to university [19] found the students thought their information literacy and academic writing skills had substantially improved as a result of a program designed to strengthen these skills. Granero-Molina *et al.* [20] reported that students participating in their program had reduced levels of stress in the clinical environment. Similarly Watt *et al.* [21] reported that students in their program had reduced levels of anxiety and increased self-efficacy in the clinical environment. Ünal [22] found that a self-awareness and communication techniques program developed improved self-esteem and assertiveness in nursing students. CALD students who participated in a clinical

communication program in their first year reported that they had a better understanding of the expectation in the clinical environment and how to interact within it [23].

Student support programs are of particular significance for CALD students participating in BN courses. English language standards established by the Australian Health Practitioner Regulation Agency makes the need to improve English language proficiency particularly relevant to these students. Like many other Australian universities, the university where the authors are employed increased the enrolment of CALD nursing students in the early years of the last decade. Within a few years, however, it became apparent that the number of CALD enrolments was not matched by a corresponding increase in students graduating and successfully being able to register as a nurse. In the US, Cherry [24] described a similar scenario where graduates were unable to pass the national licensing exam, even with multiple attempts. Cherry argued that:

> As gatekeepers to the profession with accountability for program outcomes, the curricula, and teaching-learning strategies designed to achieve them, educators must be prepared to manage successfully the consequences of diversity in the classroom and clinical setting (p. 250).

In response to the need of these students, in 2009 an International Academic Advisor was appointed in the School of Nursing, Midwifery and Paramedicine (SoNMP) to identify, and implement strategies, to meet the specific needs of these students. By 2011, based on the experiences of the two academic staff who shared the role, student feedback and good practice principles identified in the literature a project team was formed to develop specific modules to enhance students' academic competencies, and ability to communicate effectively in the clinical practice environment. It was developed in collaboration with the Academic Skills Unit and the SoNMP Liaison Librarian. By 2012, these modules, collectively known as the Transition to Clinical Practice Module (TCPM), had developed into a structured program embedded in the curriculum that engaged all first year Bachelor of Nursing (BN) students. Given the increased diversity in the entire student population, it has become clear that such programs need to be available to all students, rather than solely focusing on international students, and to avoid adopting a deficit framework which labels some students as resource intensive (see Figure 1).

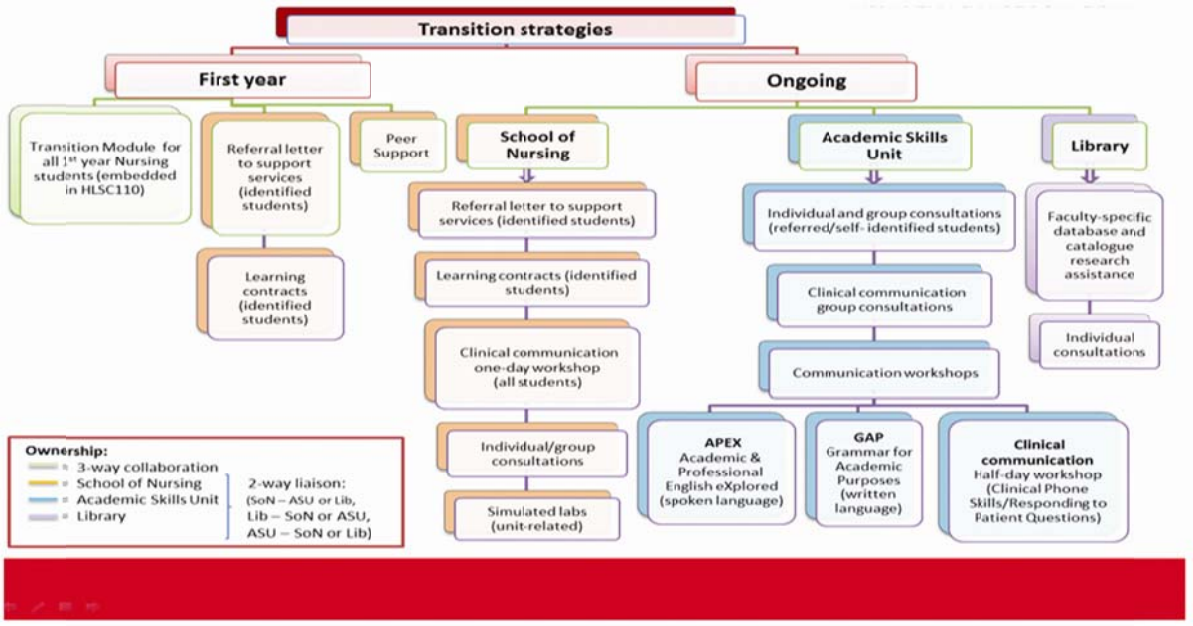

Figure 1. Transition strategies for BN students

As recommended by Rochecouste *et al.* [25], it is an integrated academic literacy model that is informed by the needs of students prior to entry, at entry and beyond. It provides additional scaffolding for international students, and CALD

Australian residents and citizens. The TCPM includes a five-week transition module (TM) integrated into a core first year unit by (1) embedding the transition program early in the first year of the BN curriculum; (2) the use of an interactive, assessment-focused pedagogy and (3) developing a system of referral to interdisciplinary resources. The inclusion of the latter two items has led to a significant increase in attendance in curricular and extra-curricular programs provided by the SoNMP and the University more generally. The model includes components of university engagement transition, English literacy, library research skills, and clinical competencies. Attendance at the TM is required by all BN students, irrespective of academic, linguistic or cultural background. The TCPM also offers a range of extra-curricular programs on clinical communication and academic literacies that may be self-selected or taken in response to staff recommendation. The program was piloted in 2012 and evaluations undertaken highlighted the need to specifically align English language development with sound transition pedagogy [26].

1.2 Purpose of the study

1) Evaluation of the TCPM program is vital to ensure the ongoing relevancy of the program, as well as identifying and adapting to any changes in student needs and expectations.

2) To assess one component of the TCPM, namely the TM and its impact on participants 'knowledge, confidence including communication and self-concept' pre- and post-program.

2 Subjects and method

2.1 Study design

A mixed method design was undertaken using data collected through pre-and post-module questionnaires completed by a self-selected sample of students participating in the TM.

2.2 The questionnaire

The questionnaire was an adaptation of the University's instrument 'Student Evaluation of a Study Unit' (SEU). Following consultation with team members and student representatives, some changes were made to create a more appropriate instrument.

The pre-transition module questionnaire consisted of two sections. Part One collected demographic data: age; gender; the number of years of nursing experience; and their pathway into the BN. Part Two, consisted of 14 statements scored using a 5 point Likert Scale: (1) strongly agree; (2) agree; (3) neither agree nor disagree; (4) disagree; and (5) strongly disagree. They included items which addressed five relevant domains: the student's general self-concept (1, 3, 5); attitude to learning (7, 10, 13); confidence in communication (4, 6, 14); confidence in academic knowledge (2, 9, 11); and academic support needs (8, 12, 13). The SEU has previously been shown to have comprehensive theoretical foundations, linked strongly to psychometric properties, and Cronbach's alpha scores ranging between 0.72-0.89

The post-transition module questionnaire consisted of three sections. The first two parts were identical to the pre-transition module questionnaire, but Part Three, consisted of two questions which allowed free text comment from the participants: (1) Can you recommend anything you think should be included in the next Transition Module ?; and (2) Do you have any other comments or suggestions?

2.3 Participants and settings

Procedure: Potential participants were approached during the University orientation week, provided with information about the study, including assurance that participation was voluntary, anonymous, and that non-participation would in no way prejudice their progression in the course. Those who agreed to participate were provided with the questionnaire and envelopes for its return. Consent to participate was indicated through submission of the completed questionnaire.

2.4 Data analysis

The numeric data was summarised as descriptive statistics using SPPS 20 software program for analysis. Simple frequencies and percentages were calculated; additionally means and standard deviations for the pre- and post-program responses for self-knowledge and confidence of each item were obtained. Paired *T*-tests and confidence levels were calculated to test the differences between the groups with a probability level of 0.05 [27].

The written comments provided by the participants were transcribed into electronic format. This data was then subject to inductive content analysis undertaken by two of the authors. These were then read and re-read, descriptive phrases were noted and organised into common categories, and descriptive codes were assigned [28]. Additionally, the written comments within each category were also analysed by a simple frequency tally to provide a rank order of seeming importance of each of the identified categories (see Table 3).

3 Results

Four hundred students completed the pre- TM questionnaire, and 380 (98%) completed the post- TM questionnaire. There were 271 women (76%) and 84 men (22%), and 25 provided no response with respect to gender (2%). Twenty-one (5.8%) of the respondents did not indicate their age, the remainder were all aged under 40 years: 157 (41.2%) were between 18-20 years of age; 153 (40.2%) between 21-30 years of age; and 49 (12.9%) were between 31-39 years of age. Table 1 presents the pathways through which they gained entrance to the University.

Table 1. Entry Pathway to University (N = 380)

Pathway	Percentage
Higher School Certificate/Year 12 equivalent	148 (38.8%)
The University's pre-entry Diploma	38 (10%)
TAFE Diploma	40 (10.5%)
Other Pre-university Foundation Program	20 (5.2%)
Direct Entry	46 (12.1%)
Overseas qualification + IELTS test	41 (10.8%)
Other	47 (12.3%)

3.1 Overall evaluation

Eighty-two percent rated the program as better than expected, 16% rated it the same as expected and 2% less than expected. All said that in the pre-program they had expected more emphasis on areas of skills deficits in nursing, and post program 96% indicated that it had actually helped them to develop skills. Fifty percent rated the nursing 'language' as a little different from what they expected, 37% rated nursing communication as very different from phatic conversation, i.e., 'small talk' with friends, and 13% as almost the same as expected. 98% indicated they had a better understanding of nursing communication and clinical expectations post program than pre-program. There was no significant difference in any of descriptive statistics between demographic groups (gender, mode/pathway of entering to the course of study).

Knowledge, confidence and self-concept pre- and post-program

Table 2 presents the pre- and post-test means, standard deviations, and confidence internals for the knowledge and confidence items. Participants rated themselves as being more knowledgeable ($P < .01$) and confident ($P < .01$) post program in most areas except confidence with academic skills and accessing support services ($P < .05$). There were no statistically significant differences in the paired t-tests for pre- and post-program responses for questions 3, 8, and 13, although positive trends were observed for communication ($P = .059$) and confidence (0.090). Internal consistency for the 14-item scale was 0.92 (confidence), 0.86 (self-concept), 0.84 (communication) and 0.94 (knowledge) pre-program, and

post program the internal consistency was 0.93 (confidence), 0.84 (self-concept), 0.86 (communication) and 0.90 (knowledge), which is an acceptable level of reliability.

Table 2. Pre and post program means (SDs) and confidence intervals (CIs) for self-concepts, communication, knowledge and confidence ratings (N = 380)

Questions		Pre Program			Post Program Confidence		
		M	(SD)	95% CI	M	(SD)	95% CI
1	Studies I completed before attending this university help me with …	3.84	(0.90)	0.51-0.99	3.88	(0.89)	0.44-1.01
2	I am confident with academic writing and….	3.83	(0.72)	0.31-0.78	3.84	(0.72)*	0.49-0.97
3	I am able to study independently using support services…	4.03	(0.68)	0.33-081	4.06	(0.70)	0.29-0.84
4	I feel prepared to communicate with patients using therapeutic communication…….	3.69	(0.77)	0.45-095	4.05	(0.69)	0.50-1.00
5	I feel prepared to communicate assertively with other health professionals…..	3.65	(0.79)	0.29-0.89	3.68	(0.78)	0.47-0.98
6	I am confident with completing my clinical…	3.72	(0.75)	0.27-0.73	3.78	(0.78)	0.10-0.58
7	I value the Clinical Transition module because it will help me gain confidence……	3.86	(0.77) **	0.56-1.07	3.91	(0.73)	0.49-1.00
8	I am confident with academic skills and accessing support services……	3.78	(0.71)	0.20-0.71	3.81	(0.73)	0.08-0.64
9	I rate myself as highly competent in the skills needed for university studies…..	3.56	(0.73)	0.51-1.12	4.22	(0.71)	0.77-1.32
10	I consider the most challenging areas during first semester will be…..	4.22	(0.79)	0.13-0.64	4.28	(0.83)	0.33-0.89
11	I consider that learning academic, library and clinical communication skills workshop extremely important…..	4.28	(0.58)	0.45-0.95	4.34	(0.76)	0.56-1.12
12	I am very likely to independently seek assistance with….	3.94	(0.79)	0.40-0.91	4.01	(0.66) *	0.43-0.88
13	I intend to enroll in APEX and/or GAP programs and practice academic…….	3.62	(0.67)	0.45-0.95	3.41	(0.75)	0.35-0.79
14	I intend to attend the Clinical Communication Workshops and practice independently to improve…..	3.84	(0.71)	0.13-0.64	3.89	(0.72)	0.39-0.79

Note. Items scored on a 5-point Likert scale: (1) strongly agree (2) agree (3) neither Agree nor disagree (4) disagree and (5) strongly disagree. $P < .001$ (* $P < .05$, ** $P < .01$).

Overall, responses were higher post program for questions 4, 5, 7, 9, 10, 12 (knowledge, communication, self-confidence) both pre (range = 3.69–4.28) and post (range = 4.05–4.34) program. Figures Two and Three describe the group summary and trends, with Figure 2 clearly showing the trends towards a positive response post attendance at the TM.

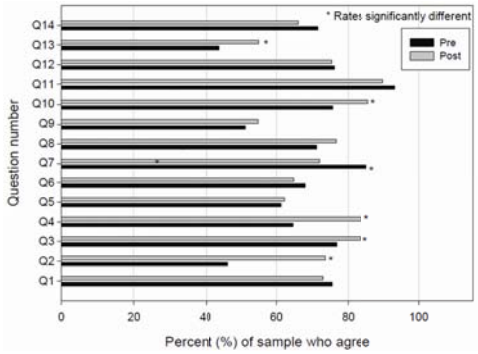

Figure 2. Summary of significant differences for Pre and Post

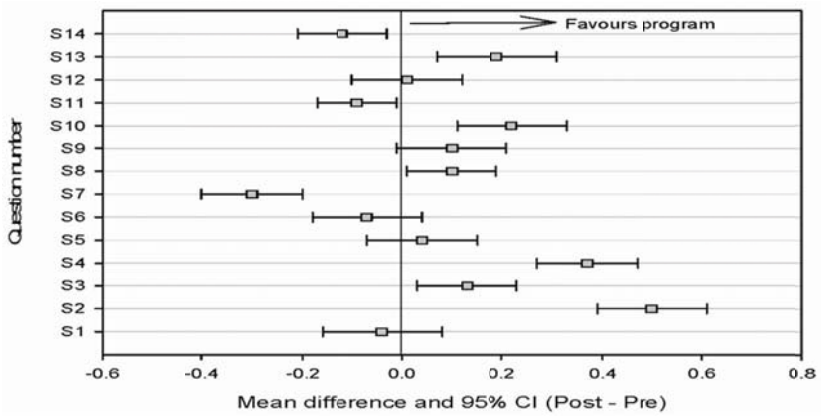

Figure 3. Significant trend changes of the post program evaluation of the group favour the program.

3.2 Qualitative findings from questionnaire comments

Table 3 illustrates that four overarching categories emerged from analysis of the students' written comments post TCPM: pedagogy issues; satisfaction; academic anxiety; and clinical skills. Apart from the final category – clinical skills – each category had several related subthemes. With respect to the clinical skills category, all the comments provided described a wish for more time being provided for 'hands on' preparation for the clinical environment of nursing. Academic anxiety was also a category that emerged from the feedback, in particular, with writing an academic essay: how to find appropriate references; how to paraphrase and critically reflect; and referencing. As well, several students voiced anxiety about time management.

Table 3. Post program categories and themes

Responses to Transition Program		
Categories	**Frequency (%)**	**Themes**
Pedagogy issues	35	Group sizes Timing/scheduling Technology focused Tutor consistency Compulsory vs elective
Satisfied	22	Quality teaching Useful/helpful
Academic anxiety	9	Essay writing Time management
Clinical skills	8	Increased focus

Although, 22 of the comments expressed satisfaction with the program, with respect to its usefulness and quality of the teaching, there were 35 responses which highlighted teaching and learning issues for the participants. These responses were able to be grouped into 5 main subthemes. First, there was concern that the group sizes were too large, thus opportunities for individual tutor-student interaction were lessened. Additionally, some were concerned at the lack of a consistent tutor from week-to-week. The third subtheme was around the timing and scheduling of the classes. Some thought the classes moved too quickly, that overall the program was too short, and for some that it was not well scheduled as it clashed with other classes. Several queried the usefulness of the IT components of the program, believing that they were already adequately prepared before entry to University and this should be an elective component rather than being a compulsory requirement. Finally, a number of students found the program too teacher focused. These students asked that the program be far more interactive, both in terms of interaction with the tutor and with fellow students.

4 Discussion

A 'good beginning' can positively impact on students' ultimate academic success [29] thus, a 'transition program' for first year nursing students, as described in this paper, can be integral in facilitating students' academic adjustment into nursing studies. Additionally, through the inclusion of discipline-specific literacies it not only supports students' successful engagement with their program of study, but begins the process of equipping graduates with the communication skills required by employers [23].

The results of the quantitative component of this study suggest that the TM has had a positive impact, particularly with respect to students rating of their confidence, knowledge and communication proficiencies post the program. However, the students' confidence in academic writing had not, at that stage, been tested through formal assessment processes so it is possible that some, as argued by Ofori and Charlton [29], "overestimate their academic capabilities may not become aware of this overestimation until their grades are known" (p. 514). The students in this study were generally young with 41.2% being 18-20 years of age, and a further 40.2% between 21-29 years of age, and Ofori and Charlton found younger age to be positively associated with a lower likelihood to seek academic support. Therefore, it is encouraging in the current study to note the positive trend with respect to 'use of academic skills being more likely'.

The results of the statistical analysis provide evidence of the overall value of the program, and the thematic analysis of the students' written comments found some students expressing satisfaction; variously describing it as useful and/or helpful, or as being satisfied with the quality of the teaching. Student beliefs about what constitutes good teaching "depends on the sophistication of their conceptions of learning" [30]. Therefore, the students' evaluation of 'quality', however, may be based more in the manner in which the teacher engaged them, and with them, and whether they made the course interesting rather than being able to address their particular proficiency issues. Murray [31] notes the significance of the quality of the teaching as many academics would not have the understanding of language required to address students' proficiency problems.

Thirty-five of the written responses highlight issues with the structure and conduct of the program; while this represents only 10% of the actual participants, it cannot be assumed that no response indicates satisfaction. The students expressed concern about the group sizes, the timing/scheduling of the program and the lack of teacher consistency, a focus on elearning, and the fact that all the content of the program was compulsory rather than also including some elective components. The impact of group size on student learning has been reported elsewhere in the literature. For example, according to Burruss *et al.* [32] the ability to promote active learning, ensure interaction and meet diverse learning needs is more difficult with a larger class. The comments with respect to it being technology focused and the lack of teacher consistency are interesting in light of the earlier findings of student satisfaction with the quality of the teaching. In contemporary higher education, students need to be equipped with the skills to undertake learning which may have a high component of ICT. It is possible that some students rating it poorly - with comment such as 'boring' - because they consider they have the necessary skills already. Alternatively, because it requires an active engagement with the material, it has been noted by Gibbs *et al.* [30] that:

> Inexperienced students studying introductory courses may well rate highly those courses which are educationally unsound and which foster a passive surface approach while rating poorly those courses which demand an active deep approach (p. 312).

Additionally, a number of these students have undertaken their pre-university studies in countries which are more likely to emphasise teacher directed learning; therefore, they may be struggling with the transition to a different teaching and learning style. For example, one student commented, "I suggest that we should have more face-to-face interaction i.e., the lecture and practical rather than online". Another wrote, "I am not satisfied [with] the way in which they teach us to be independent in studying … I prefer to have a lecture". There were students who continued to express anxiety with respect to the writing of essays and managing their time. One described more time being spent on academic essays as "desperately

needed". The finding that some students remain anxious about academic writing even following the transition module is not surprising given the plethora of research that attests to this being a significant obstacle for nursing students (for example: Gimenez [33]; Johansen & Harding [34]; Kaldor & Rochecouste [35]; & Whitehead [36].

Several of the students commented about needing help with time management; One commented, "I'm finding university really overwhelming – so much to do with little time. Falling behind in classes because there is so much content." Misra and McKean [37] found that aspects of time management have a mediating effect on academic stress, and that effective time management appeared to lower this. Ofori and Charlton [29] presented evidence that students using self-regulated learning strategies such as planning, monitoring and effort management are more likely to have a higher degree of self-efficacy, i.e., the ability to perform a set of actions to achieve a desired outcome. They found that a positive relationship between self-efficacy and increasing student age. Therefore, given the relatively young age of the students in this study perhaps time management is an area in which many lack proficiency, and possibly needs greater emphasis in future iterations of the program.

There was an also expressed need for increased focus on clinical nursing skills. For example, one wrote, "I want to have more chances for practising clinical skills" and another asked for:

> More activities with cases in a real hospital setting. Activities for handover, communicating to the patient and other health team members. Activities for proper documentation in a proper hospital setting.

The finding that some students wanted more emphasis on practical clinically-based nursing skills was unexpected in the context of evaluation of a program that was focused on the academic transition into nursing studies. Certainly, as Kim [38] discusses anxiety associated with clinical experiences is well documented; however, given that at this stage in their first semester of nursing studies students are engaged in learning foundational clinical skills in a simulated setting and the activities described in the student quote above would not be part of the curriculum at this point. It is possible that the request for a greater clinical focus might reflect the binary nature of the cohort with respect to their clinical experience: (1) students with no prior nursing experience; and (2) international students who are registered nurses in their countries of origin undertaking Australian undergraduate nursing studies in order to register as a nurse in Australia. It is possible that those with nursing experience would be more anxious with respect to mastering Australian clinical practice and the reestablishment of their professional identities.

5 Implications for the future

The expectations of both students and lecturers in relation to their learning –teaching encounters are reflective of their previous educational experiences, cultural values and personal beliefs [38]. Such expectations often cause a mismatch between teaching and learning approaches. It is evident from the findings of this study that this is a problematic area. There were those who found the program too didactic, while others wanted a more teacher-focused learning environment with less emphasis on the student as an independent learner. Although, there is a risk of generalizing and stereotyping, consideration needs to be given to catering to different learning styles by providing a stream where those who are used to a teacher-centred learning environment are provided with a more directive teaching-learning environment while being supported in the transition to a more student-focused learning environment.

The current study provided evidence that students have teaching and learning issues in terms of individual tutor-student interaction, lack of tutor consistency, timing and scheduling of classes and the program being too didactic. Future iterations of this program need to ensure that scheduling issues are addressed so that there are no timetable clashes, class sizes are reduced in line with best practice guidelines and that each group has a consistent tutor.

The finding that some students remain anxious about academic essay writing also reveals more focus is required on developing writing skills. Additionally, as effective time management can be a critical component in successful learning,

there will also need to be the incorporation of a component which addresses developing competency in this area to reduce the potential impact of poor time management on stress.

As noted earlier many academics might not have the requisite expertise to address students' academic proficiency problems, and this is likely the case for many nursing academics who are skilled teachers of nursing subjects but are not necessarily skilled in teaching academic literacy. While this is a collaborative program delivered by staff from the Academic Skills Unit and the School of Nursing, Midwifery and Paramedicine a plan of professional development needs to be implemented to ensure that all academic staff involved in the delivery of this program has the requisite skill set.

6 Limitations

Consistent with a prior study of Jordan *et al.* [27] the team recognized limitations within the evaluation process with response shifts defining changes in the meaning of a respondent's evaluation or conceptualization. Changes in perspective generate changes in construct with a flow-on effect on confidence [39]. Response shift can affect participants 'self-assessment of self-concepts. If a response shift occurs between pre-and post-assessment, a 'change' identified may not only relate to the transition unit but to a change of personal perspectives by the respondents [40, 41].

7 Conclusion

The study results suggest that the transition program was a successful and necessary program with most participants indicating that they would recommend it to others. Almost all attending commented favorably about how the program has helped them to gain confidence and in preparing them for their clinical practicum. Post assessment has highlighted that the wording of the assessment had not fully captured program intent. Alternative assessments, such as more specific tasks and transition questions may result in a more accurate reflection of the impact of such programs on participants. The results obtained highlighted the need for the questionnaire to be more focused on improvements such as specific wordings in the questions to reflect the changes. Many students had difficulty in understanding the meaning of the questions and the expectation of ACU Graduate Attributes.

A positive transition experience leads to opportunities for student nurses to exercise autonomy and control over their academic, professional practice and allows them to begin to define motivational factors that are likely to sustain career satisfaction. This in turn is likely to positively influence a sense of value and identity within the nursing profession, and may ultimately lead to improved retention rates of BN students.

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