Thomasian Nursing Education and Clinical Practice: A Gap Analysis

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Abstract:

Background: The highly-evolving and technologically-advancing nursing practice necessitates the employment of competent nurses in medical institutions and thus, compels nursing institutions to enhance strategies to address the needs of various stakeholders, particularly the employers and patients. Nevertheless, a continuously growing rift in the clinical application of theoretical knowledge has existed over the years across the globe. Hence, our study analyzed the gap between Thomasian nursing education and clinical practice through determining the extent of preparedness of Thomasian Registered Nurses during their first year of professional practice.

Methods: After ethics review exemption, we conducted a comparative-descriptive study among 35 purposively-selected appraisal reports of Thomasian nurses in a tertiary medical institution. Power analysis revealed a power of 0.91 and an effect size of 0.36. We utilized the performance appraisal report form which had a Cronbach's alpha of 0.93, 0.93, and 0.95 for the knowledge/skills, productivity, and personal attribute subsections, respectively. Attendance and conduct, however, depended on log records. Data were analyzed using MANOVA.

Results: Most subjects had less than 6 months clinical experience (65.70%), were assigned in Medical-Surgical wards (65.70%), and demonstrated above average clinical performance (85.70%). Comparatively, the over-all performance of Thomasian Registered Nurses did not significantly differ regardless of the length of clinical experience (F=0.36, p=0.84) or area of assignment (F=0.39, p=0.93).

Conclusion: Thomasian Registered Nurses are competent to enter the nursing practice and provide patient care. Further, the undergraduate program of UST has sufficiently prepared their students to be competent registered nurses. Nevertheless, it is imperative that nursing institutions constantly improve their strategies considering the ever changing nursing practice and standard.

Keywords: Thomasian Nursing Education, Thomasian Registered Nurses, Clinical Practice, Performance Evaluation

I. INTRODUCTION

A science-driven and research-grounded clinical practice is a major thrust in the nursing field (Dadgara, Parvizy, &Peyrovi, 2012; Baxter, 2006; Thomson, 1998). Nevertheless, an increasing rift between nursing theory and nursing practice has been presented by numerous studies over the years (Ajani &Moez, 2011; Scully, 2010; Gllagher, 2004;Spouse, 2001; Landers, 2000 Corlett, 2000; Severinsson, 1998). The clinical application of the theories and concepts taught during the baccalaureate nursing program remains a continuously perplexing objective, especially among new nurse graduates (Wolff, Pesut, & Regan, 2010; Ajani et al., 2011), and hence, the readiness among new graduate nurses in assuming professional practice must be critically attended, especially with the increasing demands of competent nurses in the healthcare industry.

Primarily, nursing education ensures professional clinical competencies and enhances the quality of nursing care (Forsberg, 2011; Tseng, 2011). Clinical learning is a key area that explicates the importance of a nursing student's performance in the clinical setting. Further, clinical learning provides the students an avenue to practice their skills, to develop their professional identity, to increase their knowledge, and to apply the theoretical and practical knowledge in the clinical setting (Peyravi, 2005; Atack et al., 2000; Kirkpartricketal., 1991; Wills, 1997).

In the Philippines, student nurses of the 4-year baccalaureate nursing programs can immediately apply for the nursing licensure examination within weeks after graduation and enter the clinical practice as licensed nurses. Berkow, Virkkstis, Stewart, & Conway (2009) even posited that around 10% of the current nursing work force in acute care settings are new nurse graduates. As a consequence, new graduate nurses are rapidly deployed into

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clinical areas requiring professional responsibilities and accountabilities potentially beyond their capacity (Burns & Porter, 2008; Del Bueno, 2005; Li &Kenward, 2006; Spector & Li, 2007).

Although newly licensed nurses achieved legal and professional requirements of minimal competence to enter nursing practice, researches indicated that they lack clinical skills, judgement (Del Bueno, 2005; Li &Kenward, 2006), ability to handle multiple patients (Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011), and problem-solving skills (Shin, Jung, Kim, Lee, &Eom, 2010) to provide safe and competent nursing care. Moreover, new graduate nurses themselves are conflicted with the various expectations demanded by their senior colleagues and employers (Parker, Giles, Lantry, & McMillan, 2012; Casey, Fink, Krugman, &Propst, 2004; Duchscher, 2001; Halfer& Graf, 2006). Employers even argued that new graduate nurses are not clinically-prepared (Mortiarty, Manthorpe, Stevens, & Hussein, 2011), and merely 10% of nurse executives believe in the readiness of new nurse graduates in rendering safe and efficient patient care (Berkow et al., 2009). However, this claim is contradicted by nurse educators, believing that their nurse graduates are professionally competent and ready for clinical practice (Wolff et al., 2010; Woods et al., 2014).

Discrepancies between employers and educators' pressed nursing institutions and administrators to investigate necessary improvements to fix gaps deriving from theory/practice transfers, embracing technology, medical progress and cultural differences (Kyrkjebø&Hage, 2005). Among these modifications for undergraduate nurses, studies highlighted important revisions to integrate evidence-based medicine (Scully, 2010), problem-solving and reflective activities (Scully, 2010; Kyrkjebøet al., 2005), with greater clinical placement (Woods, West, Mills, Park, Southern, & Usher, 2014). Several researches stressed the importance of support from preceptors, mentors, and programs for transitioning of newly graduate nurse, a concern echoed by the new nurse graduate themselves (Woods et al., 2014; Casey et al., 2011; Ehrenberg & Haggblom, 2007; Parker et al., 2012; Walker, Yong, Pang, Fullarton, Costa, & Dunning, 2013). Opposing perspectives of employers and employees made this transition phase more challenging, if not exhilarating but traumatic among newly registered nurses (Duchsher&Cowin, 2004). This is progressively confounded by increased patient acuity, reduced hospital stays, greater staff shortages and burn-out tendencies (Heller, Oros, &Durney-Crowley, 2000).

The successful transition of these novice nurses into the clinical setting is a crucial issue among nursing educators as they simultaneously address the employer and patient's demands. Nurse educators play a vital role in developing, implementing, and maintaining programs that provide an arsenal of supportive services among practicing nurses. Moreover, evidences stress the need of consistent preceptors and mentorship and extended orientations among new graduates to bridge the gap between theory and practice. Hence, this study was conducted to determine the extent of preparedness of Thomasian Registered Nurses in their first year of professional nursing practice. Specifically, our study aims to:

➢ Identify the demographic profiles of Thomasian Registered Nurses according to the their length of clinical practice and area of assignment;

➢ Determine the level of professional performance among Thomasian Registered Nurses according to their knowledge and skills and productivity;

➢ Determine the level of personal performance among Thomasian Registered Nurses according to their personal attributes and attendance and conduct;

➢ Comparatively analyze the level of professional performance among Thomasian Registered Nurses as to their length of clinical practice and area of assignment; and,

➢ Comparatively analyze the level of personal performance among Thomasian Registered Nurses as to their length of clinical practice and area of assignment.

Analysis of the gap between nursing education and practice ventures on the impact of the baccalaureate nursing program on the successful transition of new nurse graduates in the clinical practice. The findings of this study will not only provide a baseline information on the level of professional and personal performances of new Thomasian nurse graduates as they practice nursing, but will also generate valuable insights and inputs in the development and implementation of programs or strategies to provide support among new ThomasianRegistered Nurses during the transition period of their professional practice. Moreover, the results will serve as the groundwork for planning

future approaches to internationally align the College of Nursing's education and professional practice in lieu of the 2015 ASEAN Integration.

II. REVIEW OF LITERATURE

2.1. New Nurse Graduates Perceived Clinical Performance

Graduating student nurses and new graduate nurses are expected to exhibit the minimal competence level to provide nursing care; nevertheless, stakeholders require more than the minimal level of competence and thus, view new nurse graduates as unprepared and incompetent for clinical practice (Greenwood et al., 2000; Woods et al., 2014; Mortiarty et al. 2011). Work readiness, defined as the degree to which one has the attributes to prepare him or her for success in the workplace (Caballero et al., 2010; Walker et al., 2013), has four critical factors which are social intelligence, organizational acumen, work competence, and personal characteristics (Walker et al., 2013).

Although new nurse graduates perceive that they are competent and confident enough (Lima et al., 20113) in communicating with the family and the healthcare team, properly delegating tasks, and documenting patient care (Woods et al., 2014; Casey et al., 2011), they also experience difficulty in performing certain nursing activities such as prioritizing patient needs, recognizing changes in patient's status, handling multiple patients simultaneously (Woods et al., 2014; Casey et al, 2011), addressing ethical issues, documenting data using electronic medical record (Casey et al., 2011), and conducting certain nursing skills such as venipuncture, responding to emergencies or codes, and ECG monitoring (Casey et al., 2011; Woods et al., 2014). These difficulties are even aggravated by the immense expectations that new graduate nurses need to meet – expectations that are often unreasonable and still beyond their capacities (Parker et al., 2012), especially in an environment that lacks support (Casey et al., 2011; Parker et al., 2012; Woods et al., 2014) and nurturing (Kyrkjebøet al., 2005).

2.2. Employers' Expected Clinical Performance of New Nurse Graduates

From the preponderance of literature on the gap between nursing theory and practice, studies highlighted the perceptions and expectations of employers on new nurse graduates clinical performance (Shin et al., 2010; Mortiarty et al. 2011;Woods et al., 2014), which has been intriguing and conflicting because employers perceive that new graduate nurses are incompetent despite their objective assessments showing acceptably competent nurses (Shin et al., 2010; Mortiarty et al. 2011;Woods et al., 2014; Freeling et al., 2015). Wolff et al. (2010) identified three factors that influence a new nurse graduates' clinical performance expectations, namely (1) the educational preparation, (2) the clinical preparation and performance, and (3) the accountability and responsibility of the educational and private sectors.

Freeling et al. (2015) hypothesized that the new nurse graduates' incompetence is associated to the inadequate preparation during their undergraduate preparation. It has been argued that diploma-prepared nurses are more prepared to enter the clinical practice than the 4-year baccalaureate-prepared nurses primarily due to greater clinical exposure (Wolff et al., 2010); however, Shin et al. (2010) found that the 4-year baccalaureate-prepared nurses have a significantly greater competence evaluation from nurse supervisor than the 3-year associate-degree nurses. Regardless of academic preparation, Freeling et al. (2015) posited that the undergraduate academic preparation may have not concretely included materials to prepare graduating student nurses, particularly in specialized areas. In addition, roughly 11% of nurse supervisors believe that new nurse graduate of the new curriculum were more competent that those of the old curriculum and around 41.30% of the remaining new nurse graduates were less competent. These statistical findings further stress the importance of critically modifying the undergraduate nursing programs with the inclusion of greater clinical placement, reflective learning, and supportive mentoring (Casey et al., 2011; Parker et al., 2012; Woods et al., 2014).

The length of clinical practice or training has been identified to improve clinical skills (Zamanzadeh et al., 2011). It has been suggested to increase the duration of clinical practice and training for greater experience and case coverage (Zamandeh et al., 2011). Lima et al. (2005) even showed that although new nurse graduates have acceptably good clinical competence, they are still less competent than nurses with greater clinical experience. On the contrary, across work setting or ward assignment, nurse supervisors have greatest competence satisfaction in the over-all performance, care execution and problem solving skills, professionalism, and self-improvement capacities of new nurses in the psychiatric area and were least satisfied with new graduate nurses in the intensive care unit (ICU), outpatient department, and general wards (Shin et al., 2011). Furthermore, nurse supervisors were most satisfied with the responsibility and ethical abilities and the communication and collaborative skills of new graduate nurses assigned in the geriatric and hospice care unit; however, they were least satisfied with the clinical performance of nurses in the intensive care unit (ICU) and outpatient departments (Shin et al., 2011).

H_1: Clinical performance of Thomasian Registered Nurses differ according to length of clinical practice.

H_2: Clinical performance of Thomasian Registered Nurses differ according to the area of assignment.

2.3. Nurse Educators' Expected Clinical Performance of New Nurse Graduates

Nurse educators are primarily tasked of preparing undergraduate nurses for their clinical practice during their 4-year baccalaureate degree. The undergraduate program is greatly influential in the formation of clinical skills, competence, confidence and readiness for clinical practice (Chun-Heung et al., 1977; Woods et al., 2014). As such, nurse educators primarily contradict the employers' claim that new nurse graduates are clinically unprepared.

During this 4 years preparation, educators provide the necessary theoretical groundwork for clinical practice; however, the daily practice varies from one geographical area to another (Henderson et al., 2015). Although there is provision of sufficient clinical placement, interactive practice-based learning activities, and hands-on practice (Woods et al., 2014), an on-going debate between nurse educator and employers exists regarding the clinical readiness of new nurse graduates. An arsenal of published literatures identified that the undergraduate education program was inadequate to clinically prepare new nurse graduates (Casey et al., 2011; Parker et al., 2012; Woods et al., 2014), particularly in performing nursing skills and handling heavy workload (Casey et al., 2014). This continuing theory-practice gap pressures various nursing institution to address the predicament and produce competent new nurse graduates considering the changes in generation and technology (Kyrkjebøet al., 2005).

III. THEORETICAL FRAMEWORK

3.1. Patricia Benner's Novice to Expert Theory

Our study is theoretically grounded on the Novice to Expert Theory of Patricia Benner (1982). This theory posits that nurses acquire, develop, and master nursing skills as they become more experienced in their field of practice, and pass through five levels of skill proficiency, namely: novice, advance beginner, competent, proficient, and expert (Benner, 1982). This theory is fit for our study to comparatively analyze the clinical performance, both professional and personal, of new nurse graduates who are expected to exhibit an advance beginner's clinical proficiency.

IV. METHODS

4.1. Design

We utilized a comparative-descriptive design to describe and compare the variables under study (Burns et al., 2013). The aforementioned design allows us to compare the clinical performance of ThomasianRegistered Nurses according to their length of service and ward assignment.

4.2. Sample and Study Site

The study was conducted at a tertiary level institution that employs Thomasian new nurse graduates. We included the performance appraisal report of new Thomasian graduate nurses working in the institution for 1 year. A total of 35 eligible performance appraisal report forms were collected, yielding a power of 0.91 and an effect size of 0.36 at a significance of 0.05, indicating sample adequacy (Polit et al., 2012).

4.3. Instruments

We utilized the Performance Appraisal Report (Professional/Technical) sheet used by the study site's nursing services to critically-appraise a staff nurse's performance. The evaluation form has five sections although our study only utilized the first two sections, namely: the staff employment details and the appraisal on performance sections. The staff employment details entailthe nurses' employment record and over-all rating. On the other hand, the appraisal on performance section is divided into(1) the job expectation as to knowledge/skills and productivity, (2) the personal factors, and (3) the attendance and disciplinary records. Knowledge/skills, productivity, and personal factors were rated from $0 - 5$ (poor to outstanding) while attendance and disciplinary records depended on the nurses' actual records. Reliability testing showed excellent Cronbach's alpha of 0.93, 0.93, and 0.95 for knowledge/skills, productivity, and personal factors, respectively.

4.4. Data Gathering Procedure

Although our study entailed a review of records and thus, does not require ethics approval, we first submitted our proposal to the UST College of Nursing Ethics Review Board and requested for an ethics review exemption. After acquiring ethics review exemption, we sent a letter of request to the Human Resources Department of the study site and secured the consent of the medical director. After approval was sought, we coordinated with staff of the Human Resource Department to acquire the Performance Appraisal sheets of new Thomasian graduate nurses. The aforementioned department provided us with copies of the said instrument after omitting all personal identifiers of the staff nurse such as their name and identification number. After data were collected, data screening and analysis were conducted using IBM SPSS version 21.

4.5. Ethical Considerations

Although our study only involved a records review of the subjects' performance evaluation, we sought the ethics approval from the UST College of Nursing Ethics Review Board (ERB) and granted our study an exempted review. We properly coordinated with the institution and sought for the medical director's approval. The staff nurses' identifying data such as name or identification number were omitted; instead, control numbers were utilized.

4.6. Data Analysis

We utilized both descriptive and inferential statistics using IBM SPSS version 21 to analyze our gathered data. Descriptive statistics involved mean, standard deviation, frequency, and percentage. On the contrary, inferential statistics encompassed Multivariate Analysis of Variance (MANOVA) to determine the difference between the different measures of performance according to ward assignment and length of service (Polit et al., 2012).

V. RESULTS

5.1. Subject Demographics

Table 1 illustrates the subjects' demographic profile. Majority of the subjects worked in the study site for less than 6 months (65.70%), were assigned in the Medical-Surgical wards (65.70%), and exhibit above average performance (85.70%).

Table1. *Subject Demographics (N = 35)*

Profile	Frequency	Percentage	Mean (SD)
Length of Clinical Practice			7.23 (±3.27)
0 – 6 months	23	65.70%	
7 – 12 months	12	34.30%	
Area of Assignment			
Medical-Surgical Wards	23	65.70%	
Maternal and Child Wards	7	20.00%	
Operating Room Unit	5	14.30%	
Over-all Clinical Performance			3.62 (±0.34)
Poor Performance	0	0.00%	
Below Average Performance	0	0.00%	
Average Performance	2	5.70%	
Above Average Performance	30	85.70%	
Outstanding Performance	3	8.60%	

Comparison of Clinical Performance according to Length of Clinical Practice

As presented in Table 2, analysis revealed no significant difference ($F = 0.36$, $p = 0.84$) between the clinical performance of Thomasian Registered Nurses regardless of the length of clinical practice. Further, the professional performance of Thomasian Registered Nurses with less than 6 months clinical practice as to knowledge and skills (M = 3.47; SD = ±0.39) and productivity (M = 3.44; SD = ±0.39) were both not significantly different ($F = 0.02$, $p= 0.90$ and $F = 0.03$, $p= 0.87$, respectively) than the knowledge and skills (M = 3.45; SD = ±0.22) and productivity (M = 3.42; SD = ±0.22) of Thomasian Registered Nurses with more than 7 months practice. Finally, personal attributes

(M = 3.55; SD = ±0.47) and attendance and conduct (M = 4.89; SD = ±0.43) of Thomasian Registered Nurses with less than 6 months practice were not significantly different ($F = 0.3$, $p = 0.55$ and $F = 0.92$, $p = 0.35$, respectively) from the performance of Thomasian Registered Nurses with more than 7 months clinical practice.

Table2. *Thomasian RN Clinical Performance according to Length of Clinical Practice (N = 35)*

Variables	Length of Clinical Practice		*F*-value	*p*-value (two-tailed)	Partial η²
	0 – 6 months (*n* = 23)	7 – 12 months (*n* = 12)			
	Mean (SD)	Mean (SD)			
Professional Performance *Knowledge & Skills* *Productivity*	3.47 (±0.39) 3.44 (±0.39)	3.45 (±0.22) 3.42 (±0.22)	0.02 0.03	0.90 0.87	0.001 0.001
Personal Performance *Personal Attributes* *Attendance & Conduct*	3.55 (±0.47) 4.89 (±0.43)	3.46 (±0.23) 4.58 (±1.44)	0.37 0.92	0.55 0.35	0.01 0.03
Multivariate MANOVA Test, *Pillai's Trace* = 0.05			0.36	0.84	0.05
*Significant at 0.05 **Significant at 0.01					

Comparison of Clinical Performance according to Area of Assignment

Table 3 depicts the comparison of the clinical performance of Thomasian Registered Nurses according to their ward or area of assignment. The results indicated no significant difference ($F = 0.39$, $p = 0.93$) in the clinical performance of ThomasianRegistered Nurses regardless of their area of assignment. Moreover, the knowledge and skills (M = 3.48; SD = ±0.28), productivity (M = 3.45; SD = ±0.28), personal attributes (M = 3.56; SD = ±0.34), and attendance and conduct (M = 4.70; SD = ±1.10) of Thomasian Registered Nurses in Medical-Surgical wards were not significantly different from the knowledge and skills, productivity, personal attitudes, and attendance and conduct of Thomasian Registered Nurses in the Maternal-Child Nursing wards ($p = 0.95$, $p = 0.94$, $p = 0.97$, $p = 0.83$, respectively) and Operating Room ($p = 0.56$, $p = 0.55$, $p = 0.46$, $p = 0.78$, respectively). Lastly, the knowledge and skills (M = 3.52; SD = ±0.46), productivity (M = 3.49; SD = ±0.41), personal attributes (M = 3.53; SD = ±0.40), and attendance and conduct (M = 4.92; SD = ±0.19) of Thomasian Registered Nurses in the Maternal-Child Nursing wards were not significantly different ($p = 0.52$, $p = 0.50$, $p = 0.68$, $p = 0.99$, respectively) from the knowledge and skills (M = 3.30; SD = ±0.42), productivity (M = 3.27; SD = ±0.50), personal attributes (M = 3.32; SD = ±0.66), and attendance and conduct (M = 5.00; SD = ±0.00) of Thomasian Registered Nurses in the Operating Room.

Table3. *Thomasian RN Clinical Performance according to Area of Assignment (N = 35)*

Variables	Area of Assignment			*F*-value	*p*-value (two-tailed)	Partial η²	Paired Comparisons[a]		
	MSN Ward (*n* = 23)	MCN Ward (*n* = 7)	OR Ward (*n* = 5)				MSN – MCN	MSN – OR	MCN - OR
	Mean (SD)	Mean (SD)	Mean (SD)						
Professional Performance *Knowledge & Skills* *Productivity*	3.48 (±0.28) 3.45 (±0.28)	3.52 (±0.46) 3.49 (±0.41)	3.30 (±0.42) 3.27 (±0.50)	0.68 0.71	0.52 0.50	0.04 0.04	0.95 0.94	0.56 0.55	0.52 0.50
Personal Performance *Personal Attributes* *Attendance & Conduct*	3.56 (±0.34) 4.70 (±1.10)	3.53 (±0.40) 4.92 (±0.19)	3.32 (±0.66) 5.00 (±0.00)	0.73 0.33	0.49 0.72	0.04 0.02	0.97 0.83	0.46 0.78	0.68 0.99
Multivariate MANOVA Test, Pillai's Trace = 0.098, *F* (8,60) = 0.39, *p*=0.93, partial η² = 0.05 [a] Significance levels (*p*-values) using Tukey's HSD as post-hoc test *Significant at 0.05 **Significant at 0.01									

VI. DISCUSSION

The findings of our comparative-descriptive study indicated that newly graduate Thomasian Registered Nurses exhibit the acceptable clinical performance that employers require in their institutions. Additionally, Thomasian Registered Nurses even exceed the required minimum clinical performance, showing above average and sometimes, outstanding professional and personal performances.

Walker et al. (2013) noted that work readiness has four critical factors which are social intelligence, organizational acumen, work competence, and personal characteristics. Work competence, for this part, revolves on a healthcare professional's clinical skills, technical knowledge, experience, confidence, and responsibility (Walker et al., 2013). In our study, knowledge and skills refers to the understanding of the nature, details, and demands of the job and other job-related activities and the utilization of such knowledge to achieve the expected results. On the other hand, productivity is the quantity, quality, and timeliness of work output compared to the established acceptable standard.

New graduate nurses, being advanced beginners, are expected to display marginally satisfactory clinical performance (Benner, 1982); however, in our study, Thomasian Registered Nurses perform greater than the expected professional proficiency of an advanced beginner in terms of knowledge and skills and productivity which may be attributed to the extensive undergraduate preparation offered by the UST College of Nursing. The undergraduate programs of healthcare professionals are extremely vital in the foundation of sound knowledge and in the development of clinical skills (Walker et al., 2013; Pfaff et al., 2014); however, a plethora of literature suggested the critical revision of the undergraduate nursing curriculum bearing in mind the constantly evolving medical technology and practice (Kyrkjebø et al., 2005; Scully, 2010; Wolff et al., 2010; Ajani et al., 2011; Casey et al., 2011; Woods et al., 2014). Additionally, these studies rooted the lack of knowledge and skills of new nurse graduates from the inadequate preparation of their undergraduate programs (Kyrkjebø et al., 2005; Scully, 2010; Wolff et al., 2010; Ajani et al., 2011; Casey et al., 2011; Woods et al., 2014); however, this has been proven inapplicable among Thomasian Registered Nurses who exhibited above average professional performance regardless of the length of service or ward assignment, results which were contradictory to previous studies (Shin et al., 2010; Lima et al., 2013). Although greater length of clinical practice and experience logically yields greater competence (Lima et al., 2013), Thomasian Registered Nurses demonstrated above average or good clinical performance even with less than a year of clinical practice, a finding that is expected among experienced nurses (Lima et al., 2013). Moreover, the performance of Thomasian Registered Nurses did not significantly vary among ward or unit of assignment, even among specialized or highly advanced clinical areas. Shin et al. (2010) concluded that new nurse graduates are anticipated to perform less satisfactory in specialized areas due to the advanced roles and responsibilities they need to meet; however, the competence of Thomasian Registered Nurses in the Operating Room, a special and advance unit, was at par with others Thomasian Registered Nurses in different ciclinical unit.

The UST College of Nursing could have adequately prepared their nurses not only through its undergraduate curriculum, but also through the checks and balances it implements to polish the knowledge and skills of students nurses such as its clinical placement or R.L.E. duties, nursing skills enhancement program, enrichment classes, make-up duty, and intensive nursing practicum. Studies have connected the fundamental role of clinical placement or R.L.E. rotation in bridging the gap between nursing practice and theory (Woods et al., 2014) through rendering first-hand experience of the clinical setting. Among Thomasian student nurses, their clinical rotations are predetermined according to their year level and ensure adequate exposure in all clinical areas. Moreover, the undergraduate program of the UST College of Nursing immerses the students in these different ward settings more than once for a minimum of 2 weeks and a maximum of 6 weeks. This clinical exposure could have adequately prepared the student nurses to perform the expected roles and responsibilities in these clinical settings and have sufficiently informed them of the established standards in these clinical areas. The nursing skill enhancement program, on the contrary, is a 1-week skill enhancement of the senior nursing student's ability to perform focused assessment, airway management, intravenous line management, tube management, and wound and ostomy management. This program does not only give the senior nursing students an avenue to polish and improve the quality of their nursing skills, but also allows greater exposure and first-hand experience among student with less clinical experience on the aforementioned nursing skills. The enrichment classes and review classes are conducted to initially assess, clarify, and further enrich the graduate students on the concepts and clinical application nursing courses. These programs allow the student to strengthen their knowledge, clarify existing ambiguities, and maintain homogeneity of nursing action rationale. On the other hand, make-up duties are given to students as a repercussion of any violation stated in the UST College of Nursing Handbook. Although the said activity is perceived as a punishment, the program grants the students the opportunity to gain the lost or missed clinical exposure.

Finally, all graduating nursing students undergo the intensive nursing practicum course in which their previous clinical rotations are modified to mimic the role, responsibilities, and work environment of a staff nurse. Student nurses experience the changing duty schedule of nurses as well as their tasks during morning, afternoon, or night shifts. Furthermore, although the clinical instructors are present during rotations, senior nursing students are expected to work in close collaboration with their partner staff nurses.

On a separate note, the Thomasian Registered Nurses exhibited above average personal proficiency as to their personal attributes and attendance and conduct. In our study, personal attributes included the nurse's adaptability, responsiveness, cooperation, initiative, concern for growth and development, creativity, judgment, and attitude which are personal characteristics crucial in the transition and clinical performance of new nurse graduates (Rognstad et al., 2004; Kyrkjebø et al., 2005; Casey et al., 2011; Parker et al., 2012; Lima et al., 2013; Walker et al., 2013; Woods et al., 2014). Although literatures pointed that new nurse graduate lack critical thinking or clinical judgment (Del Bueno, 2005; Li &Kenward, 2006), Thomasian Registered Nurses demonstrated highly acceptable clinical judgment and other personal attributes, despite of their length of practice and ward assignment. The aforementioned characteristics are either a personality trait or a result of personality development over the years of practice. Focusing on the latter, Thomasian Registered Nurses could have developed their personal characteristics during their baccalaureate nursing program. The UST College of Nursing embeds in all of its course works the five core values it uphold – respect, excellence, leadership, innovation, andcompassion – and the three hallmarks of a Thomasian student – competence, commitment, and compassion. Further, the extensive clinical placement or R.L.E. rotation paved the way for the Thomasian students to experience the clinical setting; collaborate with the different members of the healthcare team (Kyrkjebø et al., 2005); adapt and cope with the demands of the unit and appropriately initiate activities to address these demands (Kyrkjebø et al., 2005; Parker et al., 2012; Walker et al., 2013); witness the protocols and even the pathways of clinical decision-making; and improve their personal attitudes, behavior, and conduct.

VII. Conclusion

We conducted this research project to analyze the gap between Thomasian nursing education and practice through the level of preparedness of new Thomasian Registered Nurses during their first year of professional practice. Evidently, new Thomasian Registered Nurses meet the acceptable clinical competence by medical institutions, and exhibit above average performance during their first year of practice. Moreover, new Thomasian Registered Nurses are acceptably competent, both professional and personal, regardless of the length of clinical practice or area of assignment.

In light of these results, it can be concluded that new Thomasian Registered Nurses were adequately prepared and competent to enter the nursing practice. The current undergraduate program of the UST College of Nursing is capableof preparing their future nurses to be professionally and personally competent in the clinical practice. Nevertheless, the UST College of Nursing must remain vigilant with the constantly evolving healthcare environment, practices, and technology to continuously improve their nursing program and to regularly produce Thomasian nurses who breathe excellence and competence. Further, our study was limited to a single medical institution and the results may not be applicable among other Thomasian Registered Nurses employed in other institutions. Finally, only three areas of assignment were included and thus, comparison with other ward assignment remains unveiled.

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