

WITHDRAWN: Ward based teaching in a specialised clinical area. The outcome of implementing an induction pack for nursing staff new to the ward setting. Pilot study.

Krzysztof Ciesielski

krzysztof.ciesielski@ggc.scot.nhs.uk

NHS Greater Glasgow and Clyde <https://orcid.org/0000-0001-6166-2364>

Research Article

Keywords: Nursing education, teaching, induction pack, questionnaire, patient safety, service evaluation.

Posted Date: February 21st, 2022

DOI: <https://doi.org/10.21203/rs.3.rs-942288/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

EDITORIAL NOTE:

The full text of this preprint has been withdrawn by the authors while they make corrections to the work. Therefore, the authors do not wish this work to be cited as a reference. Questions should be directed to the corresponding author.

Abstract

Background: This pilot study presents a summary and evaluation of results from an 18-month project undertaken in an inpatient ward in clinical haematology. It was recognised that the level of basic clinical haematology knowledge varied amongst new nursing staff therefore, to improve the experience and to provide the same background knowledge, the induction pack was introduced.

The aims of this study are to investigate whether the induction pack was useful to new nursing staff and to assess if more time is needed to complete the induction pack.

Methods: This quantitative pilot study included 10 registered nursing staff who were new to the clinical area. Quantitative data was collected with the use of a self-completion survey composed of 8 short questions. Data was analysed with the use of percent proportion formula.

Results: Final results are presented in a pie chart as percentages. Members of the staff participating in this study agreed with a total of 90% and disagreed with a total of 10% the induction pack was useful. The induction pack had a total of 60% success rate in being completed within the scheduled time frame.

Conclusion: Overall, the induction pack has made a positive impact and contribution to the ward-based teaching. The aims of the study were met and the results showed that there were strong agreement or agreement between participants that the induction pack was useful. The results also suggested that nursing staff who are new to the clinical area, may needed more time to complete the induction pack.

Background

Ward based education is a fundamental approach to clinical learning that is valuable for patients, learners, and healthcare providers (Hada et al., 2018). It is thought that most of the staff nurses, new to clinical areas, are uncertain of their roles, workload as well as the demands and expectations from their more senior colleagues. Nurses are highly dependent on the assistance and support of their supervisors and mentors therefore, they may feel unqualified and unvalued which could affect their motivation, performance, and overall learning (Hussein et al. 2017). Ward based education integrates the development of essential skills that can significantly contribute to the provision of acceptable patient care, improve patients' outcomes, and improve staff overall experience (Hada et al., 2018).

This project was commenced in 2018 as a response to a gap that was identified within ward-based education for new nursing staff in clinical haematology. Up to then, new members of staff were supported and guided by mentors, but there was not a formal education pathway established within the unit. New members of staff were learning on the job and by accessing additional information in their own time as guided by the mentors. The mentor is a trained member of staff with at least 3 years experience in clinical haematology. It was recognised that the level of basic clinical haematology knowledge varied amongst new nursing staff therefore, to improve the experience and to provide the same background knowledge, the induction pack was introduced.

This pilot study presents a summary and evaluation of results from an 18 month project undertaken in an inpatient ward in clinical haematology. The aim of the project was to develop an induction pack to guide and to support nursing staff new to the clinical area, by offering a structured education plan to provide the same level of basic knowledge of clinical haematology and to encourage and direct further reading during their induction period in a specialised clinical area.

Methods

There were two aims identified for this quantitative pilot study. First, to investigate whether the induction pack was useful to new nursing staff. Second, to assess of time frame provided was adequate to complete the induction pack.

This pilot study included 10 registered nursing staff who were new to clinical haematology in tertiary hospital. For this pilot study each member of the nursing staff had 8 weeks to complete the induction pack from the date of allocation. To collect quantitative data for this study, members of the staff who completed the induction pack were given an anonymous feedback form at the end. It was a self-completion survey composed of 8 short questions. The survey asked the following questions: was the induction pack useful, was the content easy to understand, did you understand more about the subject, was the material relevant to the clinical practice, was the material relevant to the role, was the pack the right length, did the pack answer all the questions and do you know where to get more information if needed. Participants were asked to score each of those questions by choosing one of the following: strongly agree, agree, neither agree or disagree, disagree, and strongly disagree. The results from the feedback forms are summarised in the table below (Table 1).

To monitor participants' progress and the total time required to complete the induction pack, the dates of allocation and completion were recorded (Table 2).

The type of statistical analysis process used for this pilot study was descriptive statistics.

The final results of this pilot study were presented in a pie chart as percentages (Figure 1). To calculate percentages, mathematical formula for percent proportion was used: $X = A / B \times 100$

Where capital "X" represents percent proportion of the number, "A" is representing part of the total number of participants (e.g. number of participants who did not complete induction pack on time), "B" is representing the total number of participants, "/" means divide and small "x" means multiply.

Results

The results showed that eight of the ten participants strongly agreed that they found the induction pack useful, one participant agreed, and another one disagreed with this statement. Of the ten participants, five strongly agreed, four agreed, and one neither agreed or disagreed for both that they understood more about the subject and that the material covered was relevant to the area of clinical practice. However,

eight of the ten participants strongly agreed and two agreed that the material covered was relevant to the role. Furthermore, of the ten participants, seven strongly agreed and two agreed that the induction pack answered all the questions about the topic, while one person neither agreed or disagreed with this statement. Lastly, all ten participants either strongly agreed (n=6) or agreed (n=4) that they know where to find further information.

The summary of the time required for each participant to complete the induction pack is presented in Table 2. It showed that four of the ten participants did not complete the induction pack within the allocated 8 weeks time limit, giving a total of 60% success rate in completing the induction pack within the allocated time frame. This was reflected in the evaluation feedback results, because three of the ten participants disagreed, the induction pack was of the right length, one person neither agreed or disagreed with this statement, and only one disagreed that the content of the induction pack was easy to understand (Table 1).

This shows that overall there was a strong agreement or agreement that the induction pack was useful, which makes a total of 90% of a positive feedback, 5% of neutral feedback, and 5% of a negative feedback. (Figure 1).

Table 1
Participants (n = 10) feedback of the induction pack, presented as numbers.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I found the induction pack useful	8	1		1	
2	I found the content of the induction pack easy to understand	7	2		1	
3	I understand more about the subject then I did before	5	4	1		
4	The material covered was relevant to my area of clinical practice	5	4	1		
5	The material covered was relevant to my role	8	2			
6	The induction pack was of the right length	5	1	1	3	
7	The induction pack has answered my questions about the topic	7	2	1		
8	I know where to go to get further information	6	3	1		

Table 2
Summary of the time required by each participant to complete the induction pack, presented in weeks.

Participant	A	B	C	D	E	F	G	H	I	J
Time in weeks	9	6	11	10	7	8	21	8	7	7

Discussion

This pilot study evaluated the implementation of the ward-based learning involving the completion of the induction pack. Findings demonstrated that a total of 90% of the participants in this short pilot study agreed that implementation of the induction pack was useful. Usefulness of ward-based teaching and learning has all been recognised by others in the literature. According to Attenborough et al (2019), ward-based teaching can help nurses in the clinical area to develop new skills. It provides the basis for a comprehensive and practical approaches to risk management, clinical management, and decision-making process. Hearn et al (2019) also agree that ward-based learning is critical to the development of interpersonal and clinical skills. It offers an essential background knowledge that nurses new to the clinical area can use to develop the necessary experience and skills.

On the other hand, one participant disagreed that the induction pack was useful. This short pilot study does not acknowledge the new staff nurses' level of experience (previous nursing clinical experience vs. newly qualified). As argued by Beynon et al (2017), they support this statement and state that the different educational and clinical backgrounds of learners are some of the detrimental impacts of ward-based education. Therefore, it could be argued that further research would be beneficial to identify if previous clinical exposure and education could influence staff perceptions on the usefulness of the induction pack.

The induction pack had a total of 60% success rate in being completed within the scheduled time frame. This was also marked in a feedback evaluation results, as three participants disagreed and one neither agreed or disagreed that the length of the pack was optimal. This findings suggest that nursing staff who are new to the clinical area, may needed more time to complete the induction pack. However, the reasons of the delay in completing the induction pack were not recorded. Furthermore, because the feedback forms were completed anonymously, it was not possible to link individual feedback forms to the members of staff who failed to timely complete the induction pack. Therefore, it is not certain that the same four members of staff who did not complete the induction pack on time, were also one to disagree the length of the pack was right.

This pilot study was considered successful as it showed an overall positive outcome following implementation of the induction pack in clinical setting. Furthermore, the project provided valuable experience and findings which can be used to develop the design and implementation of future ward-based learning interventions or to repeat the evaluation of the induction pack on a larger scale. However, apart from the above strengths, the limitations of this study lie with a small group of ten staff nurses and

the lack of a control group. Although such sample size was considered appropriate for a pilot study, it decreases the value of the study, therefore by including a greater number of participants within the future study group along with a control group will increase the validity and generalisability of the study findings. Finally, self-completion survey can be viewed as a limitation due to the inability to obtain in-depth information (Wood and Ross-Kerr, 2011).

Conclusion

This small pilot study showed a positive outcome of the implementation of the induction pack in the specialised clinical area on staff nurses new to the clinical setting. Members of the staff participating in this study agreed with a total of 90% and disagreed with a total of 10% the induction pack was useful. The aims of the study were met. Overall, the induction pack has made a positive impact and contribution to the ward-based teaching.

Declarations

Ethics approval and consent to participate: This pilot study does not require the United Kingdom National Health Service Health Board Research Ethics Committee (NHS REC) approval or participant consent as it is considered to be a service evaluation project.

The following tool was used: NHS Health Research Authority Decision Tool (it can be accessed through the official website: <http://www.hra-decisiontools.org.uk/research/>).

Consent for publication: Not applicable. No identifiable personal information has been disclosed within this study.

Availability of data and material: All data generated or analysed during this study are included in this published article. Please refer to Table 1, Table 2 and Figure 1.

Competing interests: The author declares that they have no competing interests.

Funding: The author received no financial support for the research, authorship, and/or publication of this article.

Authors' contributions: Krzysztof Dariusz Ciesielski independently carried out the pilot study, performed the analytic calculations and performed the numerical simulations, and wrote the final version of the manuscript.

Acknowledgements: Not applicable.

References

1. Attenborough, J., Abbott, S., Brook, J. and Knight, R.A., 2019. Everywhere and Nowhere: work-based learning in healthcare education. *Nurse Education in Practice*, 36, pp.132–138.

2. Beynon, Bhatt, Chiu, Webb and Zeitoun 2017. Maximise Ward-based Learning. University of Cardiff.
3. Hada, A., Coyer, F. and Jack, L., 2018. Nursing bedside clinical handover: A pilot study testing a ward-based education intervention to improve patient outcomes. *Journal of the Australasian Rehabilitation Nurses Association*, 21(1), p.9.
4. Hearn, J., Dewji, M., Stocker, C. and Simons, G., 2019. Patient-centered medical education: a proposed definition. *Medical teacher*, 41(8), pp.934–938.
5. Hussein, R., Everett, B., Ramjan, L.M., Hu, W. and Salamonsen, Y., 2017. New graduate nurses' experiences in a clinical specialty: a follow up study of newcomer perceptions of transitional support. *BMC nursing*, 16(1), pp.1–9.
6. Wood, M.J. and Ross-Kerr, J.C., 2011. Focused Ethnography, Basic Steps in Planning Nursing Research From Question to Proposal.

Figures

■ Strongly Agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly Disagree

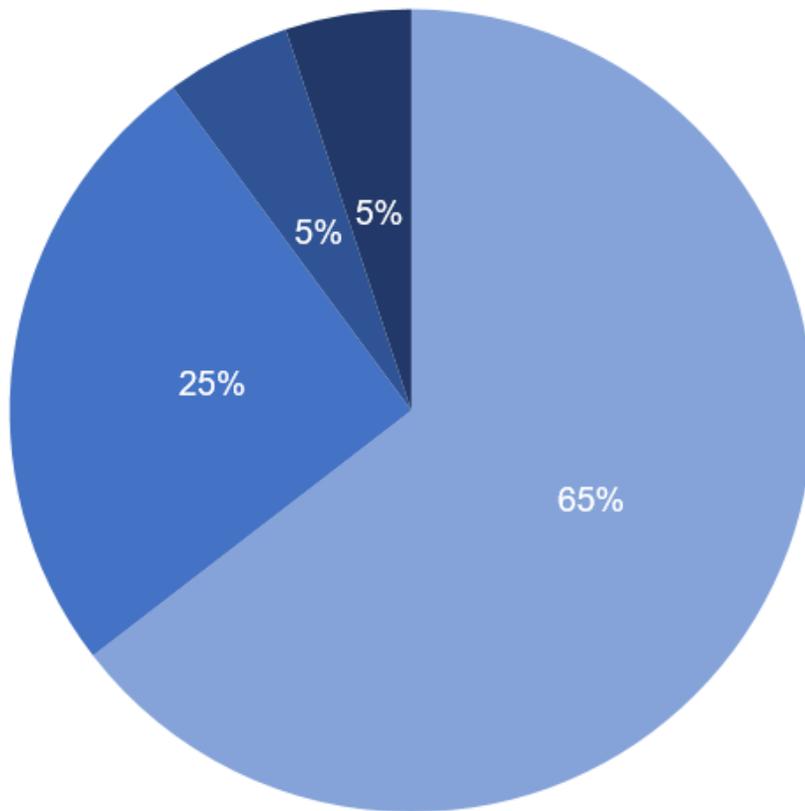


Figure 1

Graph presenting the total positive and negative feedback after completing the induction pack, presented as percentages.