

Expectations and perceptions of graduates' performance at the start and at the end of their graduate year

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This descriptive study reports on the expectations and perceptions of graduate performance by graduates themselves, their preceptors, and their clinical nurse consultants (CNCs) at the commencement of employment as a beginning level registered nurse, and near the end of graduates' twelve months of professional employment.

Findings indicate that graduates expected to be functioning at a higher level of performance at the beginning of their graduate year than did the preceptors and CNCs. There was little agreement between the three groups regarding the rating of their expectations of graduates' nursing performance. When agreement between pairs of groups was examined, preceptors and CNCs agreed most, followed by graduates and preceptors, and graduates and CNCs. When perceptions of graduates' performance were compared near the end of the graduates' employment period, graduates rated their own nursing performance higher than preceptors and CNCs. Once again there was little agreement among the three groups. Overall, graduates and preceptors agreed most.

On the basis of these results the question is begged, on what basis is the decision taken to terminate preceptorship support for graduates?

Key words: graduate nurse transition, graduate employment, program evaluation

Background to the study

Bachelor of Nursing (BN) graduates in their first nursing positions are usually matched with experienced registered nurses who act as preceptors to assist with the orientation and integration of the new nurses within a framework of graduate support activities. Graduates are normally offered these support activities until, in consultation with the graduate, preceptor, clinical nurse consultant (CNC - sometimes referred to as the clinical nurse manager or charge nurse) and often a member of the staff development department¹ (SDD), it is decided that the graduate no longer needs a formalised support structure. The time suggested in the literature for this activity varies from as little as three months to as long as 12 months (Nurse Education Review Secretariat 1994).

However, the evaluation of the nursing performance of graduates during their first professional year has rarely been examined within an Australian context. Madjar et al (1997) emphasised the need for homegrown research in this area, as overseas studies cannot always be applied to Australian conditions because of the different undergraduate educational and orientation programs that exist elsewhere, and the National Review of Nursing Education (Commonwealth of Australia 2002) has also noted that the transition process from student to registered nurse is problematic due to program variety in the quality/level of student support offered.

In this study the term graduate is used to denote a person employed for the first time as a registered nurse, after successful completion of a Bachelor of Nursing (BN) degree, for a period of up to 12 months.

Graduate transition support

The period of time a graduate is defined as a beginning level nurse is not universal in the literature. For Williams (1989) a beginning level nurse is one with less than one year's clinical experience in the area of nursing practice in which they are currently working. Benner (1984 p20) uses the term 'novice' to

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¹ The staff development department (SDD) coordinates the graduate program, including the selection and recruitment of new graduates, and the facilitation of graduates' educational and clinical program. During the time of the study each hospital had its own SDD or at least a staff member/members responsible for the graduate program.

refer to a nurse who has 'no experience of a situation' and the category 'advanced beginner' for a nurse 'with less than two years experience in a similar situation'. The present study's focus on evaluating graduates' performance near the end of their first professional year is consistent with the general understanding that the first 12 months is a significant period of time in a graduate's career and personal development as a registered nurse (Perry 1985, Horsburgh 1989, Moorhouse 1992, Buckenham 1994).

Preceptors

The benefits of preceptorship for graduates are evident from the literature. Zerbe and Lachat (1991) argue that preceptors strongly increase graduates' sense of independence in responding to patients' needs and with their clinical experience. Caty and Scott (1988) report similar findings from their study with students, preceptors, and clinical nurse managers. Their study found that four themes arose from the responses to the question: name three advantages of the preceptor-student experience. The themes were: increased student independence; increased acceptance of the student as a team member; the students' experiencing the realities of daily nursing practice; and the opportunity to apply knowledge and skills with preceptors who were also learning, relearning and role modelling these.

Clinical Nurse Consultants/Managers

In addition to preceptors, graduates are frequently in contact with CNCs. The CNC focus is normally on the overall clinical area management. However, the CNC plays an important part in graduates' feeling of acceptance and feeling part of a team. Story (1996 p7) indicates that graduates expect the CNC 'to be visible, to establish clinical standards and promote bureaucratic and organizational goals'. Story suggests that the CNC is crucial for new graduates' continuing education.

Graduate assessment

Since the transfer of nursing education to the tertiary sector, assessments of the new graduate's performance in practice have focussed on the changes that could be made or should be made to the three year BN course preparation prior to graduation. The report *Nursing Education in Australian Universities* suggested students needed a 'block' of practice at the end of Year Three to consolidate their nursing knowledge and skills prior to registration as a nurse (Nurse Education Review Secretariat 1994). Throughout the report the implication is that the health sector expects a level of 'experience' that is not possible for new graduates to achieve without having to consider an investment in graduate support by employers to achieve this level of 'experience'. The report emphasised the need for the education and service sectors to form closer working relationships to begin to iron out the perceived difficulties.

It is imperative we clarify with practice-based colleagues just what their expectations of graduates are at the completion of a BN course, and also identify their perceptions of graduates' performance near the end of their first professional year, if we are to begin to work collaboratively as per the recommendations of the

above report. This study aims to make public some of these expectations and perceptions of nurses' performance in Tasmania.

Along with preceptors and CNCs, graduates were asked to comment on their own expectations and perceptions of performance. Recognition of one's own abilities and level of professional competence is a requirement for all nurses (Australian Nursing Council Inc [ANCI] 1994), including new graduates. Therefore, a study on graduate performance should include the graduate's perspective. Graduates, preceptors and CNCs are an important representative group of the registered nurse population and together are the immediate stakeholders in the successful integration of graduates to the role of the registered nurse.

Method

The main focus for the study was the expectations and perceptions of graduate nursing performance. Comparisons were made between graduates, preceptors and CNCs with respect to their expectations of the level of graduate nursing performance at the commencement of the graduate year, and their perceptions of the level of graduate performance near the completion of the graduate year. In light of the study's focus a descriptive methodology was used. Descriptive methodology is ideally suited to situations that demand the technique of observation and/or questionnaires as the principle means of collecting the data.

Participants

All graduates of the Tasmanian School of Nursing in their first professional positions in Tasmania in a recent year, their preceptors, and the CNC of the clinical areas in which the graduates were working were invited to participate in the study.

Questionnaire

A specially designed questionnaire incorporating the ANCI competencies (ANCI 1994) was used for this study. The ANCI competencies are a set of nationally agreed upon statements of competency standards describing aspects of the registered nurses' role. Most/all nurses in the study were expected to be familiar with these statements or at least be aware of their existence in light of their previous engagement with undergraduate clinical assessment.

At the time of the study there were 18 ANCI major headings (see Table 1). It is recognised that the use of the ANCI major headings as criteria to judge the quality of a graduate's performance may be controversial for some. With reference to the literature (Girot 1993, While 1994, Sankey 1995), the researchers were not able to resolve all the ambiguities that exist with the use of the terms 'competence' and 'performance' where one term requires the other for its own definition. In light of this, the researchers of the present study concluded that the ANCI competencies could be used to assess both competence and level of performance. In the context of the study the ANCI competencies' major headings were termed Performance Criteria (PC) items and were graded for level of performance.

Each of the 18 PC items was rated according to the following

evaluation scale:

- I = independent - fulfils the RN role with minimal guidance;
- G = requires occasional guidance;
- A = requires guidance and assistance;
- S = requires assistance and direct supervision; and
- NA = not applicable or not observed.

The rating scale used was a simplified version of the tool developed by Bondy (1983). The Bondy scale is well known, generally reliable and valid (Bondy 1984) and has been utilised in clinical evaluation in Australia. The decision to use the descriptors independent, guided, assisted, and supervised followed feedback from colleagues who reviewed initial drafts of the questionnaire. In the final questionnaire the PC items were presented in a random order, as recommended by Schwirian (1978).

To ensure the content validity of the questionnaire items, a group of nurse colleagues were asked to comment on their relevance during the draft stage of the questionnaire's development. The colleague reviewers accepted the ANCI competencies' major headings as a set of criteria useful in gauging the nursing performance of graduates. The reviewers also agreed that it was appropriate to link the ANCI competencies' major headings with an ordinal scale of measurement. In relation to the ease of completion of the questionnaire, reviewers suggested the insertion of an abbreviated list of descriptors for each category used to rate the competencies.

Procedure

A postal survey was used to distribute the questionnaires to all graduate nurses, their preceptors, and the CNCs as per the names and addresses supplied to the researcher by a contact nurse in each agency. Permission to conduct the study was sought from relevant Directors of Nursing/Program Directors in each agency where new graduates were employed. The study received ethical approval from the University of Tasmania's Ethics Committee.

Data analysis

Answers to two questions were sought. First, what expectations do graduates, preceptors, and CNCs have regarding the level of graduates' performance at the completion of a three year nursing degree; and second, what perceptions do graduates, preceptors, and CNCs have regarding the level of graduates' performance near the completion of their first year of employment/graduate program. For each PC item a frequency chart of responses (independent, guided, assisted, or supervised) for each respondent group - graduates, preceptors, and CNCs - was constructed. From these charts modal responses were calculated in order for comparisons to be made regarding the level of agreement amongst the three groups of respondents for each PC item. Additionally, comparisons were made among respondent groups regarding the total number of PC items rated as independent, guided, assisted, or supervised.

In light of the small number of responses from individual groups it was considered inappropriate to calculate probability estimates for the findings.

Results

Response rate

A total of 176 questionnaires were sent to registered nurses (new graduates, preceptors and CNCs) in Tasmania. Sixty questionnaires were returned representing an overall response rate of 34%. The highest response came from CNCs (48.7%), followed by graduates (26.5%), and preceptors (34.8%).

Expectations of performance at the commencement of the graduate year

First, graduates and preceptors were more consistent regarding their expectations of graduate performance compared to CNCs. Inspection of their modal responses confirmed this. A single mode was found for graduates' ('independent') and for preceptors' ('guided') responses for 10 of the 18 PC items, whereas CNCs reported a single mode ('guided') for eight PC items (Table 1).

Second, graduates expected themselves to be functioning at a higher level of performance for more PC items than did the preceptors and CNCs. They expected to be functioning at an 'independent' level for 10-11 of the PC items (1*, 2, 3, 4, 9, 10, 12, 13, 14, 16, 17); whereas preceptors and CNCs expected this level of performance for six (1, 2, 9, 10, 13, 14), and 6-7 PC items (4*, 5, 9, 10, 14, 15, 16), respectively. (Note: PC items marked with an * above and below had more than one mode.)

Third, regardless of the expected level of performance rated for a given PC item, when all three groups were compared there was little agreement among them, agreeing on the expected level of graduate performance for only four (22%) of the 18 PC items (8, 9, 10, 14). When agreement between the three groups was examined, preceptors and CNCs agreed most, a total of 9-10 (50-56%) of the 18 PC items (3, 4*, 6, 7, 8, 9, 10, 12, 14, 17), followed by graduates and preceptors with a total of 8-10 (44-56%) of the PC items (1*, 2, 8, 9, 10, 11*, 13, 14, 15, 18), and graduates and CNCs with a total of 5-7 (28-39%) of the PC items (1*, 8, 9, 10, 11*, 14, 16). However, no pair agreed for more than half of the PC items.

Perceptions of graduate performance near the end of their graduate year

Graduates rated themselves as functioning at a higher level of performance for more items than did the preceptors and CNCs. Graduates evaluated their level of nursing performance near the end of their graduate year as 'independent' for 17 of the 18 PC items (PC item 5 was rated as 'guided'); whereas the preceptors and CNCs thought the graduates were functioning at this level for 10-11 and 3-5 (as some items for each group had more than one mode) of the PC items, respectively. Secondly, regardless of the actual level of performance rated for a PC item, when all three groups were compared there was, as before, little agreement among them, agreeing for only 2-4 (11-22%) of the 18 PC items (12, 13*, 14, 17*) (Table 2).

When agreement between the three groups was examined, graduates and preceptors agreed most, agreeing on a total of 10-11 (56-61%) of the 18 PC items (1, 2, 3, 4, 9, 10, 12, 13, 14, 17,

18*), followed by preceptors and CNCs who agreed on a total of 4-7 (22-39%) of the 18 PC items (5, 8*, 12, 13*, 14, 15, 17*), and graduates and CNCs, agreeing for 3-5 (17-28%) of the 18 PC items (7, 12, 13*, 14, 17*). As alluded to above, only the graduates and preceptors agreed for more than half of the 18 PC items.

Stability of perceptions

From Table 3, it can be seen that graduates and their preceptors were more consistent in their rating of graduate performance. Graduates and preceptors gave an 'independent' rating for more PC items than did the CNCs.

Discussion

The main findings of the study indicate that graduates expected themselves to be functioning at a higher level of performance for more PC items than did their preceptors or CNCs at the start of their graduate year, and near the completion of their graduate year, graduates perceived themselves to be functioning at a higher level of performance than did their preceptors or CNCs. Overall, there was little agreement among the three groups. The research findings do not suggest that any group's view is correct, only that there was a marked difference between the three groups with respect to graduate expectations and perceived performance. The emphasis in the following discussion is on trying to account for these differences, together with a comment on some of the implications of these findings.

Expected level of graduate performance on commencement of their graduate year

The difference among the groups regarding their expectations of graduates' level of performance at the commencement of their

graduate year might be accounted for in that both preceptors and CNCs were erring on the side of caution. Therefore they underestimated their expectations of graduates' abilities. This is, perhaps, especially likely where the matter had not, until this study, been given serious attention by either of these groups. Secondly, there is the possibility that the preceptors and CNCs are voicing their concerns regarding the ability of a university school of nursing to equip students with the basics that they believe a registered nurse requires for beginning level practice. There is much anecdotal evidence to suggest that there remains a reservoir of nursing opinion lamenting the demise of hospital nursing courses.

Graduates' higher rating of their own expectations might be accounted for by the fact that as a prerequisite for passing their BN degree they would have been deemed competent by clinical nurse teachers and academics in all of the ANCI competencies during the previous 12 months; thus, graduates had been party to previous independent positive assessments of their performance when answering the questionnaire.

Discrepancies between groups when expectations of graduate performance at the start of the graduate year were compared to perceptions of performance at the end of the graduate year

The shift for the preceptor group, from agreement more often with the CNCs when rating expected level of graduate performance at the start of the graduate year to agreement more often with the graduates regarding the level of their performance near the end of their graduate year, may have arisen as a result of a closer working relationship between preceptors and graduates during the year. If a preceptor-preceptee relationship is working well, according to the literature, a sharing of perceptions would be expected, and hence a closer agreement on ratings of level of

Table 1: Modal comparisons for the expectations of graduates' performance by graduates, preceptors and CNCs at the commencement of the graduate year

ANCI competencies' major headings /performance criteria items	Graduate	Preceptor	CNC
1 Demonstrates a satisfactory knowledge base for safe practice.	I & G*	I	G
2 Functions in accordance with legislation and common law affecting nursing practice.	I	I	G
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	I	G	G
4 Recognises own abilities and level of professional competence.	I	G	I, G, & A*
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	G	A	I
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	G	A	A
7 Implements planned care.	A	G	G
8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	G	G	G
9 Acts to enhance the dignity and integrity of individuals and groups.	I	I	I
10 Protects the rights of individuals and groups.	I	I	I
11 Assists individuals or groups to make informed decisions.	G & A*	G	A
12 Communicates effectively and documents relevant information.	I	G	G
13 Demonstrates accountability for nursing practice.	I	I	G
14 Conducts nursing practice in a way that can be ethically justified.	I	I	I
15 Acts to enhance the professional development of self and others.	G	G	I
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	I	G	I
17 Collaborates with health care team.	I	G	G
18 Effectively manages the nursing care of individuals or groups.	G	G	A

Key : I = Independent, fulfils the RN role with minimal guidance.
 G = Guided, requires occasional guidance.
 A = Assistance required.
 * Indicates more than one mode.

Table 2: Modal comparisons for the perceptions of graduates' performance by graduates, preceptors and CNCs near the end of the graduate year

ANCI competencies major headings /performance criteria items	Graduate	Preceptor	CNC
1 Demonstrates a satisfactory knowledge base for safe practice.	I	I	A
2 Functions in accordance with legislation and common law affecting nursing practice.	I	I	G
3 Maintains a physical and psychosocial environment which promotes safety, security and optimal health.	I	I	G
4 Recognises own abilities and level of professional competence.	I	I	G
5 Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	G	A	A
6 Formulates a plan of care in consultation with individuals/groups taking into account the therapeutic regimes of other members of the health care team.	I	A	G
7 Implements planned care.	I	G	I
8 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data.	I	G & A*	G
9 Acts to enhance the dignity and integrity of individuals and groups.	I	I	G
10 Protects the rights of individuals and groups.	I	I	G
11 Assists individuals or groups to make informed decisions.	I	G	A
12 Communicates effectively and documents relevant information.	I	I	I
13 Demonstrates accountability for nursing practice.	I	I	I & G*
14 Conducts nursing practice in a way that can be ethically justified.	I	I	I
15 Acts to enhance the professional development of self and others.	I	G	G
16 Recognises the value of research in contributing to developments in nursing and improved standards of care.	I	G	A
17 Collaborates with health care team.	I	I	I & G*
18 Effectively manages the nursing care of individuals or groups.	I	I & A*	G

Key : I = Independent, fulfils the RN role with minimal guidance.

G = Guided, requires occasional guidance.

A = Assistance required.

* Indicates more than one mode.

graduate performance should result. However, from the results of this study there was still a distance in terms of the number of PC items where the graduate and preceptor groups agreed. Horsburgh (1989) found the disparity between evaluations of performance by graduates and supervisors may have resulted from the lack of feedback on the graduates' clinical work and performance. Also, in the present study, it may be that while the preceptors and CNCs are aware of the existence of the ANCI competencies they remain poorly understood by these participants.

Implications arising from the findings

In Tasmania, in the public hospital sector, and in most of the private sector agencies, the new graduate is offered a 12 month temporary contract. At the completion of the graduate year, presumably, reports on the graduate's performance are submitted and considered with regard to an offer of continuing employment. The lack of a universal understanding of the period of time a graduate is considered as a 'beginning level practitioner', combined with an apparent lack of consensus on the expectations of beginning and end of first year achievement of graduates, raises the question, what performance standard is

used as the basis for a decision of offering continuing employment to a graduate? A follow-up question is, who should have input into the decision? Given the lack of agreement between the preceptors and CNCs regarding perceptions of the level of graduate performance, it is unclear as to whose evaluations/recommendations should form the basis for decisions regarding a graduate's future. Present results suggest that the preceptors' opinions should be given equal if not greater weight than the CNCs, as the preceptor group showed more consistency in their rating of expectations and perceptions of graduate performance.

As far as the researchers are aware of the public hospital sector in Tasmania, graduates' evaluation of their own level of performance, near the end of the graduate year, is not formally considered as part of any future employment decision. Up to the time of this study, the summative interview summary is written by the CNC, and although signed by the preceptor and graduate, the graduates are not in a bargaining position for employment consideration if they disagreed with the CNC's evaluation. (It was beyond the scope of the study to assess whether the graduates who participated were deemed to have successfully integrated into the workforce at the end of the graduate year.)

Table 3: Consistency of rating of graduate nursing performance by graduates, preceptors and CNCs where the 'independent' rating for the performance criteria was the single mode

Number of performance criteria items rated as 'independent'			
	Beginning of the graduate year	Near the end of the graduate year	Comments
Graduates	10	17	The 17 PC items rated as 'independent' in column 2 (near the end of the graduate year) included the same 10 PC items rated as 'independent' in column 1 (beginning of the graduate year).
Preceptors	6	10	The 10 PC items rated as 'independent' in column 2 included the same 6 PC items rated as 'independent' in column 1.
CNCs	6	3	The 3 PC items rated as 'independent' in column 2 included only 1 PC item rated as 'independent' in column 1.

On the basis of these results, the graduates were likely to be in a difficult personal and professional situation, where it appears that they were being evaluated against two implicit sets of criteria, those of preceptors and CNCs, that may conflict with their own expectations and self-assessments. Not only did preceptors and CNCs disagree with each other, there was little overall agreement among all three groups. The need for graduates to see themselves as competent and confident for their personal/professional integrity whilst working to achieve the different, and possibly conflicting expectations of others, could create a situation of 'cognitive dissonance' (Festinger 1957 cited in LeFrancois 1982 p187), resulting in graduates engaging in behaviour choices that induced stress. For example, a graduate may choose to conduct their nursing practice according to the wishes of the CNC, although this approach conflicts with behaviours that as a student they gained praise for from clinical teaching staff, in order to gain acceptance and a positive performance evaluation.

The findings from this study suggest that the recommendations for continuing employment appear to have no explicit criteria that would apply equally to all graduates ensuring an equitable and just opportunity to secure one of the limited continuing places. The development of consensus outcome criteria would assist future discussions between the university and health agencies in relation to the issues of preparation of, and transitional support for, graduates of nursing courses. In addition, careful evaluation of current review practices, whereby preceptors and CNCs assess graduate performance at three, six, and nine months, needs to occur.

The study's results indicate that the 1994 education review committee's comments (Nurse Education Review Secretariat 1994) are still very relevant where they suggest that the phase of transition from a student of nursing to a confident member of the nursing workforce requires more focus in the future, and that this work must involve the registered nurses most prominent in the transition phase, ie. the CNCs, preceptors, and graduates in collaboration with university lecturers. Similar concerns are raised in the National Review of Nursing Education report (Commonwealth of Australia 2002).

Limitations of the study

The overall response rate of 34% is low, although this is in keeping with response rates in postal surveys. Therefore, caution is required in assuming that those who returned the survey are 'typical' respondents, and it would be inappropriate to generalise these results to the study population. Also, this study relates to the Tasmanian perspective only.

The instrument's stability was not formally tested. However, the results indicate that each group held consistent though different views on graduates' expectations and performance. Also, the shift in preceptors' responses to be more in line with graduates' perceptions by the end of the graduate year is, as discussed above, in line with what might be predicted given their closer working relationship. However, it may be that greater preparation of all participants in using the questionnaire may have resulted in more

consistent reporting across the three groups of respondents.

Future research

The impact on expectations of graduate performance as a result of a combined university and clinical agency workshop, designed to clarify the role of clinical assessment in the undergraduate BN program, could be evaluated. An experimental study design could be utilised whereby one group of participants are involved in the workshop, with the other group receiving no additional information. This design would offer researchers the opportunity to discuss a cause and effect relationship between information provided in the workshop and the reaching of consensus of expectation among the three groups and their subsequent ratings/perceptions of graduate performance at the end of the graduate year. Clare et al (1996) comment that graduate transition programs tend to be described rather than critically evaluated.

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