

## ORIGINAL RESEARCH

# Using a developmental evaluation approach to create a supportive curriculum for first year students

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## ABSTRACT

**Background and objectives:** First year students experience a significant transition when entering nursing school. The purpose of this research was to explore first year nursing students' experiences to enhance and innovate the undergraduate nursing program at a large public Canadian university.

**Methods:** The Faculty of Nursing approached their curriculum redesign process utilizing a Developmental Evaluation (DE) framework. Nineteen first year students participated in semi structured interviews and focus groups where they discussed their personal experiences as well as the perceived strengths and weaknesses of the program. After thematic analysis of the data, recommendations were provided to the faculty administration to guide changes made to the new curriculum.

**Results:** Students appreciated opportunities where they could apply their knowledge to real-world situations. Students also expressed many sources of stress, such as inconsistency within and between courses, differing expectations, content, instruction style, and evaluation. They also voiced that there was a lack of communication and support from the Faculty and identified issues with grading systems.

**Conclusions:** The findings from this study highlighted the need to revise the nursing curriculum to provide more student support and foster a positive student-faculty relationship. The current structure of nursing programs has created competition among students, causing a greater focus on obtaining higher grades than on meaningful learning. Integrated learning with authentic experiences was best received by first year students and provided for a collaborative environment. Finally, the findings from this study highlight the opportunities created by utilizing a DE approach to evaluate and innovate nursing curricula.

**Key Words:** Nursing education, developmental evaluation, first year nursing students, curriculum design

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## 1. INTRODUCTION

First year students face unique challenges upon beginning their university studies. These challenges often include balancing paid work, extracurricular, and social activities with academic responsibilities. Combining all these factors results in students encountering multiple conflicts and stresses throughout their school year. Faculty members want to create programs that facilitate and promote student well-being to promote student retention and satisfaction.

The Faculty of Nursing (FoN) at a large, public Canadian university wanted to determine the reasons for low student satisfaction and strived to create a program that students, faculty, and stakeholders would be proud of and recommend to others. The purpose of this research study is to explore the perceptions and experiences of first year nursing students in the BScN program. Findings from this study contributed to recommendations for the redesign of the undergraduate nursing curriculum, and revision of professional development for

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faculty and the provision of services to students.

## 2. BACKGROUND

### 2.1 Review of literature

A successful transition to university is largely determined by the ability of a student to be resilient and manage the stress experienced within their program.<sup>[1]</sup> Nursing students often experience feelings of uncertainty, conflicting demands, and difficulty negotiating expectations.<sup>[1-4]</sup> They feel overwhelmed by their studies and are worried about failure. Students often experience high levels of stress, depression, or anxiety which interfere with their learning and academic achievement.<sup>[5,6]</sup> These students receive lower grade point averages and are more likely to drop out after their first year of study.<sup>[5,6]</sup> The success of health science students has also been shown to be associated not only with their academic performance, but also with their experiences of peer and social support.<sup>[5,7,8]</sup> Students who rated their programs as being of poor quality reported higher depression rates, and the retention of health science students was highly correlated to their perceived level of faculty support.<sup>[5,7-9]</sup>

Student retention is a measure of success for any university program, particularly in nursing where faculties are attempting to meet the demand for competent, knowledgeable, and well-prepared new graduate nurses.<sup>[7]</sup> Previous researchers have noted multiple key indicators for student attrition rates in nursing undergraduate programs.<sup>[10]</sup> These include prediction, personal, perception, and program factors.<sup>[10]</sup> Prediction and personal factors refer to demographic data, entry qualifications, and personal or family situations.<sup>[10]</sup> Perception issues refer to misunderstanding the requirements and role of the nurse.<sup>[10]</sup> Program issues relate to program structure, supports, expectations, and academic challenges.<sup>[10]</sup> Of all the mentioned factors, Faculties are only able to influence program factors to support students once they have begun their studies.

Previous researchers have commented on many program factors that affect the experiences of first year students. Students are dissatisfied with their learning experience when they face conflicting demands, feel overworked and unprepared for challenging environments, and are unsuccessful in seeking support and respect from faculty.<sup>[2-4]</sup> They have identified disconnects between theoretical and practical teaching, inconsistencies in expectations, and the prevalence of self-teaching through group work, leaving them in “survival mode.”<sup>[1,4,11]</sup> Students have advocated for more academic and technical supports from faculties. They experienced greater motivation and satisfaction when they received more support through encouragement from family, friends, and faculty, and expressed greater motivation and enjoyment when they felt a

sense of purpose and were exposed to authentic learning in collaboration with their peers and instructors.<sup>[3,12-14]</sup>

### 2.2 Purpose

Nursing educational programs in Canada must offer baccalaureate education to fulfil the Canadian requirement for all nurses to be degree-prepared for entry to practice, except in Quebec.<sup>[14,15]</sup> Programs are accredited by the Canadian Association of Schools of Nursing (CASN) based on quality standards and key elements while also incorporating flexibility for programs to be responsive to their unique contexts.<sup>[15]</sup> Not only must Faculties consider their regional and professional contexts, but they also face the challenge of mirroring the complexity of nursing practice. To ensure curricula continue to be relevant, Faculties must identify and integrate new evidence, technological advances, and pedagogical methods.<sup>[16]</sup> Nursing programs are evaluated frequently to ensure that program structure and educational practices are aligned with the intended goals, as they may require ongoing modification.

The FoN at one large, public Canadian university had last undergone a complete redesign of their Bachelor of Science in Nursing (BScN) curriculum in 1998, with changes being made in 2014 and aimed to create a curriculum that was responsive and adaptive to the ever-changing nature of the nursing profession. Upon evaluation, the academic administrators of this university found 38.6% of students were dissatisfied with their overall program experience and recommended more support from the Faculty.<sup>[17]</sup> The FoN acknowledged the high levels of dissatisfaction and decided to create a curriculum that prepared highly satisfied students who would be prepared to work in complex health care environments. To better understand the perspectives of all major stakeholders, a research study was conducted in 2016-2017. Students, staff, and external stakeholders were interviewed to provide input on the process and provide baseline data for the new curriculum. While the overall scope of the research study was to obtain the perspectives of all major stakeholders, this paper includes findings specifically derived from interviews with students in their first year of the program aimed to answer the primary research question “How can we create a curriculum that prepares highly satisfied first-year students?”

## 3. METHODS

### 3.1 Developmental evaluation

There is no consistent or widely accepted approach to nursing curriculum evaluation and re-design. The process requires high levels of commitment and buy-in from faculty, staff, and students, and must be based on a shared vision. Develop-

mental Evaluation (DE) is an evaluation strategy that allows the researchers to seek feedback in complex and dynamically changing environments, and it uses that feedback to develop recommendations and implement changes.<sup>[18]</sup> With DE's unique emphasis on complexity, there is great merit in adapting and adjusting programs to the circumstances of complex social environments which are situated within and around them; in this case, a university nursing curriculum.<sup>[18,19]</sup> The largest difference between a traditional evaluation approach and a DE approach is that a researcher using a traditional approach would ask "does the program work", whereas a DE researcher asks, "what is working, whom is it working for, in what ways is it working, and under what circumstances?"<sup>[18]</sup> DE researchers maintain that any intervention taking place within a complex context will cause numerous factors to interact and influence one another, making it impossible to predict what will happen as the intervention continues and advances.<sup>[19]</sup> This means that evaluation of such settings requires a focus on an interconnected web of interactions and relationships.<sup>[18,19]</sup> "... DE activates critical reflective practice by applying evaluation logic to formulate probing questions about whether the program is performing as expected and core program assumptions in light of program-relevant data".<sup>[20]</sup>

### 3.2 Sample

The sample in this study consisted of first year nursing students in the BScN program in March 2017-April 2017. Participants were included if they were currently enrolled as a first-year, full-time student in the BScN program, could communicate in English, and were at least 18 years old.

The researchers employed purposive, convenience, and snowball sampling to recruit participants. The primary means of participant recruitment was through an invitation e-mail distributed by the President of the Nursing Undergraduate Association, the group representing all students in undergraduate studies in the faculty. The researchers also made an in-person visit to a nursing theory course that every first-year student was enrolled in to introduce the study in person and recruit potential participants. Students who participated were encouraged to ask their peers to participate.

A total of 19 participants (n = 19) were interviewed. Of these, 18 were female, and one was male. The age of participants ranged from 18-26 years, with a median age of 19. Eleven students had no previous post-secondary education. Five students had one year of post-secondary education, one student completed 2 years of study at another university, one student had completed her practical nursing diploma, and another student had completed a medical lab assistant certificate.

### 3.3 Data collection and analysis

The researchers collected data via four focus groups consisting of between two and four students, and five individual semi-structured interviews lasting from 45 minutes to 90 minutes. Interviews occurred in a private room on campus. Participants were required to read an information letter prior to the interview and then provided the opportunity to ask questions prior to completing consent forms. Focus group members were also offered the option of an individual interview after the focus group. All interviews and focus groups were audiotaped for ease in transcription and analysis. Students were asked the following questions: 1) "How would you describe your experience in the program?" 2) "What do you see as strengths or weaknesses of the current curriculum?" and 3) "How can we create an outstanding curriculum?" Further open-ended questions were asked as follow-up as they pertained to the individual interview or focus group.

Within the DE methodology, the data compilation and analysis processes closely mirror a descriptive qualitative approach. To achieve this, a latent content analysis was used to analyse the data collected from the interviews and focus groups. This involved coding and categorizing, identifying repetitive or persistent words, themes, or concepts within the data to identify patterns based on internal and external homogeneity.<sup>[21]</sup> Then, the content was examined for the relationships between categories to find themes in the data. From this data, recommendations were formulated and given to the curriculum redesign team, who began making changes in real-time. The changes were then re-evaluated by the research team to form a feedback loop. This required the evaluator and evaluation method to be flexible and adaptable. These real-time changes were then followed by an entire curriculum revision. Utilizing a DE model, the research team worked collaboratively with the administrators and innovators to conceptualize and implement new approaches in an ongoing process of adaptation, change, and development.<sup>[18]</sup> In this way, the research team became part of the intervention team, and DE became part of the intervention.<sup>[18]</sup>

### 3.4 Rigour

It was essential that the researchers had a high tolerance for ambiguity and were very person-centred. As differing opinions were expected, it was critical to guard against persuasion during the interview process or during data analysis to accurately hear and understand what the students were saying. Multiple interviewers were present during most of the interviews to best collect and interpret the data. Journals were kept documenting peak experiences and observations about the context of the interview to increase success of replicating the data and to evaluate moderator effectiveness and

the wording of the questions. This allowed the researchers to determine what changes might need to be made for the next interviews. The researchers had regular debriefing meetings to mitigate continuing bias.

### 3.5 Ethical considerations

Ethics approval was obtained from the university's Research Ethics Board and approval was obtained from the FoN prior to beginning any research. The research was managed external to the FoN undergraduate administration to avoid conflict of interest and bias. Participating in this study may have had possible benefits: feelings validated by being listened to, a sense of ownership of the curriculum and insights as to what can be done to improve the curriculum. The researchers were sensitive to the cultural norms and diversity within the sample. No risks were anticipated, however if any participant had an emotional reaction to the interview process they would have been referred as appropriate to Student Health Services. Although anonymity cannot be guaranteed in a focus group, participants were instructed to protect confidentiality and participants were not referred to by name. Participants were allowed to withdraw at any time during the data collection phase of the study, and all data was password protected and/or encrypted.

## 4. FINDINGS

Eight major themes emerged from the data. These themes included: 1) transition from high school to university, 2) support and sense of community, 3) academic and career planning, 4) inconsistency, 5) practical application of knowledge, 6) clinical experience, 7) feedback, evaluation, and grading, and 8) interprofessional education.

### 4.1 Theme One: Transition from high school to university

Many students felt very overwhelmed in their first year of the program and said it was a year of significant transition for them. Moving away from home, having more independence, and less direct supervision from teachers were all listed as aspects requiring adaptation. One student expressed the perception that "university is supposed to be hard," and "high school doesn't prepare you for the workload in university." This experience was described as "demotivating." Many students described the focus of high school learning as primarily the memorization of information, therefore, students recommended faculty that teach first year should be aware of students' limited exposure to critical thinking. It was mentioned that some faculty members did this well by gradually introducing critical thinking activities that built on students' fundamental knowledge. Overall, students described this experience as a "big jump," that they felt was

exaggerated in the nursing program due to the emphasis on critical thinking.

### 4.2 Theme Two: Support and sense of community

Students enjoyed having consistent, small groups for seminar and lab courses. In these small groups, the students felt they were able to make friends and connections, and build a supportive group environment. One student who lived in residence and was part of a first-year nursing cohort explained she felt:

"lucky . . . I'm with first years all around and I live with a nursing cohort, so I'm around nurses and we go to class together, so it felt very comfortable transitioning into university because we had such a good support group there."

Most students felt that generally, their instructors were knowledgeable, caring and empathetic, stating, "you can tell that they care." They especially enjoyed their teaching assistants (TAs) who they felt were accessible and willing to "go the extra mile." They stated these TAs were relatable, approachable, and more flexible around the students' schedules, as they were younger and remembered what it was like to be a student. In contrast, some students experienced faculty members who "may not be able to get back to you for 3 or 4 business days," or refused to answer questions via email. One student said,

"we have busy schedules, so you can't always make their office hours, but you'll email them a question or ask to set up an appointment and they'll say 'sorry, I don't answer questions over email, you'll have to meet me during office hours.'"

Many students did not feel heard or well-supported by the faculty. One student said, "we want help, but where do we go to get our voice heard?" They felt that if they had an issue, they were unsure of who they could approach. They felt hesitant to speak to faculty members due to the concern of it affecting their grading or perception of the student. During an interview, one student asked, "who would you approach if you weren't happy with your instructor? If your lab instructor or course instructor wasn't being fair." Students also felt faculty were not accessible and were offended when concerns were brought up. One group described trying to speak to multiple faculty members, including their instructors, course lead, and an undergraduate advisor, but felt that everyone they spoke to seemed to say, "there's nothing I can do, you need to go contact someone else." They then stated that one

faculty member seemed “ticked off” that students had concerns, and when students explained that the self-study topic the faculty member had recommended was not part of their curriculum until second year, she replied, “well that’s too bad then.”

#### 4.3 Theme Three: Academic planning and support

Throughout most interviews, the participants expressed various concerns regarding academic and career planning. The students expressed interest in learning about future years in the program, as well as future career opportunities within the nursing profession. Students felt “in the dark” about how the future years in the program are set up. They were required to enroll in certain streams and courses for their future years without understanding the implications of each choice. They recommended that during one of their first-year courses, the faculty have someone speak to students, explaining the academic and administrative requirements as one student explained that “immunizations might take months to complete,” which creates stress due to limited time frames to complete these requirements.

Students recommended career planning help throughout the curriculum. They wanted to be introduced to the different areas of practice which they could specialize or work in. One student suggested, “even just having one lecture to learn about the different areas of nursing would be nice because maybe they expect us to come in with that knowledge, but I think a lot of people don’t know how broad the scope of nursing is.” This included wanting more information on nursing graduate studies as an alternative to clinical practice. These students called themselves “planners,” saying that they wanted to look into shadowing experiences, and would appreciate support in searching for these opportunities, even as early as the summer after first year. Students recommended more shadowing experiences be incorporated in the program so they can be exposed to higher acuity placements.

#### 4.4 Theme Four: Inconsistency

One specific first-year course was a significant topic of conversation in every interview and focus group as it was a large source of anxiety for students. Students were all enrolled in a common lecture and split into separate seminar and lab groups. The lecture content was described as “useless” and “boring”, as students felt they were not receiving new or supplemental information. Some sessions were provided by guest lecturers and although students appreciated their clinical stories, they felt they provided inconsistent information.

They felt the lecture was not well coordinated with the seminars, which led to a lot of repetition. Students emphasized the need for consistency in information and instructions given

among lab groups, as well as between lab and lecture. Students wanted to properly practice and study their techniques, however the instructions they received were inconsistent. For example, one group received instructions from their lab instructor to complete a Glasgow Coma Scale assessment for all patients, regardless of the patient’s history or current status. Their lecture instructor, however, said this assessment was only necessary if it was relevant for the patient, thus causing confusion for these students. Students appreciated learning about a concept in lecture, and then applying it in the lab right after. Students recommended seminar, lecture, and lab content be standardized and coordinated with the timing of each course to ease stress and anxiety, especially regarding expectations for exams. Students felt like the content of the curriculum was scattered, and recommended learning be organized so it is systematic and consistent.

Each seminar group had a different grading rubric, which left some students feeling disadvantaged. Not only were students graded differently, but they were also presented with different information. Some seminar groups had instructors who presented information in a lecture-style format, even giving additional notes, while others ran their seminar in a student-led format.

#### 4.5 Theme Five: Practical application of knowledge

Students found their foundational courses to be important for providing good background knowledge. Students stated they appreciated being presented with case studies, as they found these offered an interesting way to apply and integrate knowledge from lecture, lab, and seminar. They enjoyed having clinical experiences, cases, and scenarios to help them apply the information being presented, as they felt it made the information seem “real.”

Overall, the students enjoyed lab experiences and wanted much more lab time. They felt they did the most learning during lab time and appreciated the hands-on practice and practical application as well as the opportunity for feedback. Most students preferred having more opportunities to practice on standardized patients, as performing skills on their classmates rarely showed abnormal findings or allowed them to compare findings between different demographic groups, and these experiences mirrored more “real life” situations. For example, one student described the value of practical experience, “for pulses, I know that an expected finding is a 2, but what does that feel like compared to a 4 or a 1? I know what they are, but I don’t know what that actually is.” They viewed the lab as a “safe, healthy” space to practice skills, and an opportunity for hands-on application, which felt directly and practically useful.

Most students advocated for decreasing the size of lab groups. The groups were too large (at approximately 18 students per group) and students were unable to get the help they needed. One student was concerned regarding lab evaluation, saying:

“my teacher says she is going to make her rounds and see everybody do all the skills, but she’s actually only seen me do two skills out of the eight labs that I’ve done. She’s only watched me take one blood pressure. She has not seen my skills for anything else, and I get so worried. . . I’m actually doubting my skills.”

They mentioned some students do not use lab time to the fullest due to a lack of supervision, and instead wasted valuable time. They recommend having a more senior (third or fourth year) student or TA in the lab to be available to provide first year students with reassurance and assistance as necessary. For drop-in practice lab sessions, students suggested more lab tutors be made available during peak times to assist with supervision, and for the lab to offer students a larger variety of scheduling options to ensure all students get the opportunity to attend.

#### 4.6 Theme Six: Clinical experience

First-year students did not have any clinical courses in this curriculum. Students worried not having any clinical experience prior to second year would lead to them forgetting assessment and other clinical skills. As they did not have any experience in the clinical setting, they felt they relied on “horror stories” from more senior students, saying “they keep telling us that our clinical instructors are going to yell at us and that we will cry.” This led them to believe they would not meet expectations and that their instructors would be “against them”. One student explained that in conversations among students, “you can tell how scared people are to start clinical.”

Some students felt they would have been unprepared without having their foundational labs and appreciated having the knowledge base prior to applying it in a practical setting. They felt it would be overwhelming. Other students felt the opportunity to be in clinical earlier would be beneficial for their learning and may have helped assure them that they want to stay in the nursing program. Most believed having even small exposures to patients in the first year of the program would teach them foundational nursing skills such as bed baths, help their initial development of bedside manners, and help them overcome their fears of touching strangers. They recommended shadowing and practicing even once a week in the clinical setting to simply get comfortable interacting with patients and getting to know the

hospital environment.

#### 4.7 Theme Seven: Feedback, evaluation, and grading

Exams were a significant source of stress for students, and participants stated nursing exams are written in a new-to-them language. Not only was the style difficult, but they also experienced exams having incorrect answers considered correct due to instructor belief rather than the information in the required textbook. They recommended having sessions to teach students about how to approach these questions and allow for exam reviews. Students wanted to be able to learn from their mistakes and learn the nursing language, and they felt this was blocked by not being permitted to review their exams. One student said, “how can I improve and learn the nursing language if I can’t reflect on it and look back through the exams?” Students recommended introducing NCLEX-style questions early, and including discussion of study strategies, critical thinking strategies, and strategies to approaching these types of questions in the first year curriculum. Students wanted to be provided with extra resources such as readings, online quizzes, handouts, etc. for more information. They also felt clear expectations decreased stress and confusion.

The grading/evaluation system had created a culture of mistrust and animosity among students. The students were high achievers and very competitive, which led to them worrying more about how their instructor’s teaching method would affect their grades and not their learning. Although students liked working in small groups for learning activities, they felt group assignments created an environment where there was uneven effort, knowledge, and workload on each student, but they received the same grade. They felt this was unfair and would instead prefer to be graded individually. Students were concerned about the grade expectations and their effects on future schooling opportunities. One student pointed out that the grades received affected their self-esteem and made them question if they could truly make it through the program.

Students sought validation to ensure their competency in important skills. They did not receive a grade for their skill-based competency in their lab courses, however believed they should be able to perform skills very well. One group readily agreed with a participant when she said, “if you’re trying, good for you, but in reality, you have to know how to properly take a blood pressure.” Some students suggested creating pass/fail components based on the ability to perform specific skills, given a limited amount of opportunities.

Students stated they preferred a non-curved grading system. They felt it motivated students, as it was a representation of their individual efforts and did not compare them to others.

They felt it promoted collaboration and teamwork among students, as they were not worried about their own grade suffering because they helped someone else do well. They did recommend that the expectations for each letter grade on the fixed grading scale be carefully considered, as it was difficult to achieve a high grade due to the challenging nature of nursing exams and assignments.

#### 4.8 Theme Eight: Interprofessional education

All students commented on the value of the Interprofessional Health Team Development (InterD) course for clinical practice and learning to communicate in a professional manner. They recommended it continue to be included in the nursing program, but stated it was too early in their degree for it to be optimally beneficial. Students expressed they did not understand the role of the nurse in first year, nor had they even completed their pathophysiology or pharmacology courses, and yet these concepts were crucial knowledge for active participation in the InterD course. As a result, they felt intimidated because the other students in the related health professions (who were in later years of their programs) knew much more about disease processes, patient care, and their own roles within the health care team. Students did not feel like equals within their team, and one student shared that she “asked one stupid question on the first day because [she] didn’t know any better,” and her input was then dismissed in all subsequent team discussions. She stated this made her feel “like a follower and not a leader.” Each focus group commented on the need to have the InterD course taught in either third or fourth year.

### 5. CURRICULUM CHANGES

The FoN at this university chose to address the issue of student support by enhancing the role of the student advisor. The student advisor’s role was enhanced to include assisting students in accessing campus services, navigating academic planning and requirements, and being a go-to contact for first year students seeking support. Similar roles have been outlined in the research and have been shown to increase student motivation, retention, and perceived level of faculty support.<sup>[10]</sup>

The students in this study experienced high levels of inconsistency within their courses. First year courses were redesigned to coordinate concept learning among lecture, seminar, and lab formats within and between classes. For example, students would learn about the cardiovascular system concurrently in all classes to better integrate the knowledge. Utilizing concept-based learning provided the opportunity to optimize time spent in the lab as students were able to build on their existing knowledge with kinaesthetic learning

activities in ways similar to those noted in the research.<sup>[22]</sup> A previous literature review added that the practice in a lab environment must be integrated with clinical learning.<sup>[23]</sup> The FoN was unable to integrate additional clinical hours, so adjustments were made to optimize time spent in the lab, as students in this study recommended bridging the theory-practice gap through the use of simulation and standardized patients. Students in this study also recommended smaller student to teacher ratios, which has been shown to facilitate student participation.<sup>[7]</sup> One potential option suggested is utilizing peer facilitation in a lab setting to decrease student to teacher ratios without requiring additional faculty.<sup>[24]</sup>

The FoN recognized the issues that arose from the placement of the InterD course in the curriculum. Although these interprofessional collaboration experiences remain available to students in other formats throughout the degree, organized interprofessional education was moved to later years in the curriculum in order for nursing students to have more meaningful experiences.

## 6. DISCUSSION

This study offers important findings about curriculum inconsistencies, the impact of focusing on grades rather than learning, and the importance of faculty support.

### 6.1 The pursuit of grades over knowledge

One of the issues identified is a culture where students are more concerned about their grades than they are about actually learning nursing knowledge and skills. Students felt confused as they tried to compare their learning with that of their peers from different class sections. They were taught and evaluated in different ways, which led to distrust of the system in place. This was particularly evident when discussing the student-led format, which students in other studies have described as providing information that is superficial and untrustworthy.<sup>[11]</sup> Students in this study were self-described as “high-achievers,” and were hesitant to collaborate with their peers to further their learning for fear of their grade being affected. Similarly, students in other studies believed that grading of group assignments as a whole penalized “better” students.<sup>[25]</sup> Students themselves acknowledged that an essential part of nursing practice is the ability to be an effective team member, but the competition between students has created a barrier to the development of this mindset.<sup>[25]</sup> Not only does a focus on grades lean to competition over collaboration, but it has been suggested that removal of grades reduces stress and anxiety in students, increases group cohesion, and does not correlate with a decline in academic performance.<sup>[26]</sup> Students in this study described doing their “best learning” during lab and authentic learning

activities. They viewed it as a safe learning environment, which increased their motivation to learn. Interestingly, lab courses were graded based on completion, eliminating the competition between students, and students identified more willingness to collaborate with peers in this setting. When making curriculum changes, faculties have the opportunity to restore the focus on learning and reframe the goals for student success to be based on meeting learning outcomes instead of obtaining certain grade point averages (GPAs).

## 6.2 Student support

These changes are not likely to be successful if students do not feel well supported and empowered in their learning and academic journey. Students' perception of faculty support is crucial to their positive experience and to student retention.<sup>[3,4]</sup> The students in the study experienced negative interactions involving poor communication with some faculty members and expressed that they did not feel that their voices were heard and they did not know who to approach for support. Researchers have shown that other students have had similar experiences and have identified support and communication as key to a positive university experience.<sup>[7]</sup> Participants requested more communication regarding program structure, requirements, and the availability of support services. They wanted a greater understanding of how they should engage in academic and career planning. No other research was easily found documenting this finding and yet providing this information to students would have a direct impact on their satisfaction. As shown by this study, students want to be well informed and involved in their academic journey and would like to feel empowered to speak about their experiences in order to continue to enhance nursing curricula in the future.

## 6.3 Course sequencing and organization

Course sequencing can have an incredible impact on student learning and experience. For the students in this study, the placement of their InterD course caused significant distress. Students in other studies valued the interprofessional collaboration, confidence-building, and real-life learning opportunities they could learn in this style of course.<sup>[27]</sup> Although students in our study acknowledged these benefits, students were dismayed by their experiences in the InterD course as they felt they were not confident enough in their nursing knowledge to make credible contributions. This highlights the value of the course itself but more importantly, the placement of the course within the program for optimal benefit.

Students in this study perceived a high degree of inconsistency within their courses, which served to be a significant source of stress. This inconsistency was a result of the discon-

nect within teaching teams. This led to an awareness among the teaching team and course leads to ensure consistency and understanding among the faculty members.

## 6.4 DE process

Re-evaluation (as part of the DE process) will be crucial to effectively assess the team's success in meeting curriculum goals through their communication and coordination efforts.<sup>[16]</sup> The curriculum evaluation process requires buy-in from all parties involved to be effective.<sup>[16]</sup> Faculty members and administrators must be willing to accept and embrace the DE process in order to create real change and students need to be empowered to share their experiences for changes to be effectively evaluated.

## 6.5 Limitations

There was a risk for self-selection bias, as more opinionated students may have been more inclined to respond and participate in the focus groups. This sample was restricted to full-time students, so the findings may not be as transferable to the part-time student population. All participants in this study were 18 to 26 years old, therefore findings from this study may differ from the experiences of the mature student population. This study only focuses on the experiences of one population at this university and will likely contain some data that is relevant to other student populations or programs, however some data might also be too specific to be generalized to other settings.

## 6.6 Implications for nursing education

These findings reaffirmed findings from previous research about the experiences of first year students, strengthening the recommendations for increased personal, academic, and program support. Faculty members need to purposely use strategies identified in the literature to ease students into the university environment. Students transitioning into university require guidance and support in developing critical thinking skills. Clear instruction and the integration of content across labs, lectures, seminars, and the clinical setting is key to supporting this learning. Courses need to have standardized content and evaluation strategies to avoid inconsistencies resulting in student anxiety, and to promote a culture focused on learning and cooperation among students. These evaluation strategies need to reflect the ability of the individual student, and feedback must be given in a constructive manner to foster student confidence. To promote confidence and leadership, nursing students must have a solid knowledge base prior to participation in an interprofessional setting. The researchers found a need for increased support and communication regarding program structure, career planning, and graduate studies. Finally, all instructors and faculty members



must be conscious of their duty to support and accommodate students, in the hope that this will improve students' experiences in seeking faculty support. Finally, the findings from this study highlight the value of implementing a formal evaluation strategy, and the opportunities created by utilizing a DE approach.

## 7. CONCLUSION

First year students experience a significant transition from high school to university. This transition was described as being exaggerated for nursing students by an intense workload and a shift toward critical thinking. Students valued integrated course material and the application of knowledge in a lab or clinical setting to aid the development of these skills. Sources of dissatisfaction included inconsistency in instruction and a lack of communication. They felt this was partially

mitigated by having a supportive community of peers and a collaborative environment but recommended greater support from faculty. Their forward focus on career and academic planning led to concerns surrounding grades and evaluation methods, and recommendation of increased support in these areas. This study demonstrates how using a DE approach to evaluate nursing programs can assist in making meaningful change in nursing education to address persistent issues for first year nursing students.

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## CONFLICTS OF INTEREST DISCLOSURE

The researchers declare no conflict of interest.

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