

EFFECT OF THE DEDICATED EDUCATION UNIT ON NURSING STUDENT SELF- EFFICACY A QUASI-EXPERIMENTAL RESEARCH STUDY

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ABSTRACT

Few studies have examined student outcomes related to the use of the DEU (Dedicated Education Unit) as a clinical education model beyond student satisfaction.

The purpose of this study was to compare student outcomes from the traditional clinical education (TCE) model with those from the DEU model.

Students enrolled in a four-year baccalaureate program in nursing (*n*=193) who had clinical education activities in one of three clinical agencies participated in this quantitative, quasi- experimental study design. Participants were assigned to either the DEU or a TCE model. Pre-clinical and post-clinical self-efficacy scores were measured for each group using the Adapted Self- Efficacy Scale (ASE).

Both groups experienced a significant increase in self-efficacy scores post clinical education. The outcomes of this study support the quality of the DEU as a clinical education model.

PURPOSE

To compare student outcomes from the traditional clinical education (TCE) model with those from the DEU model

METHODS

- A convenience sample of students enrolled in a four-year baccalaureate program in nursing was recruited to participate in this quasi-experimental exploratory study.
- Participants were assigned to either the DEU or a TCE model. Pre-clinical and post-clinical self- efficacy scores were measured for each group using the Adapted Self- Efficacy Scale (ASE).
- Students who agreed to participate signed the informed consent, completed the ASE scale prior to and at the completion of the clinical rotation. Participants received a code number to use when completing the ASE scale pre- and post- intervention to facilitate pre/post analysis of scores.
- 193 participants:

 134 assigned to TCE
 59 assigned to the DEU

 Participants were predominately female, white, and younger than 30 years of age.
- The 10-item ASE scale was coded on a 4-point Likert scale with high scores indicate higher levels of self-efficacy.

RESULTS

Independent-samples *t*-test comparing the composite means for the entire ASE scale for both groups immediately prior to clinical experiences. No significant difference between the groups was found.

DEU group: Pre-mean = 3.04, SD 0.514TCE group: Pre-mean = 3.08, SD 0.356t = 0.547, DF = 83.61, p = 0.586

Independent-samples *t*-test comparing the composite means for the entire ASE scale for both groups immediately after the clinical rotation was significant. There is a difference in the ASE scores between the groups.

DEU group: Composite mean = 3.40, SD 0.383TCE group: Composite mean = 3.23, SD 0.372t = 2.93, DF = 189, p = 0.004

Paired t-test evaluating changes in the composite ASE scale for the DEU group. Results indicate self-efficacy increased significantly.

Pre-mean = 3.03 Post-mean = 3.40 Increased by 0.369, SD = 0.617 t = 4.56, DF = 57, p < 0.001

Paired t-test evaluating changes in the composite ASE scale for the TCE group. The results indicate that self-efficacy increased significantly.

Pre-mean = 3.08Post-mean = 3.23Increased by 0.142, SD = 0.388t = 4.21, DF = 131, p < 0.001

Independent-samples *t*-test calculated comparing both groups' self-efficacy scores indicates a significant differences between the groups. The increase in self-efficacy for DEU group was greater than the increase for TCE group.

t = 2.58, DF = 77.6, p = 0.012

CONCLUSIONS

Whereas both groups experienced significant increases in self-efficacy post clinical, the DEU students' scores increased more than the traditional students' scores.

The outcomes of this study support the quality of the DEU as a clinical education model..

LIMITATIONS

- Student outcomes using participants from one baccalaureate nursing education program
- Adaptation of the ASE adaptations may have had other unestablished effects
- The number of students participating in this study who were assigned to the DEU was smaller than the number of students assigned to units using the traditional clinical educational units. Although analysis supported the equality of the groups with respect to self-efficacy, prior to clinical activities and helped to control for this limitation.

REFERENCES

An example of the ASE tool and an extended reference list are provided on a separate handout.

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