Using Q Methodology to Evaluate Curricular Outcomes in a Baccalaureate Nursing Program
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Background: Measuring outcomes and using data for program improvement is an accreditation requirement. The weakness of data obtained on Likert scales is that it gives information based on the perspective of the person constructing the test (Brown, 1980). Q methodology offers an alternative person-centered method to objectively evaluate program outcomes (Ramlo, 2015). Through the sorting process participants assign meaning to stimuli (Simon, 2013). By-person factor analysis is then used to find participants with unique shared viewpoints (Watts & Stenner, 2012). Assessing how students integrated specific values into their professional identity is one example of how Q methodology has been used to evaluate achievements of nursing program outcomes (Hensel, 2014).

Purpose: The purpose of this Q methodology study was to evaluate how well our program prepared students to work in diverse healthcare environments before and after implementing a new concept-based curriculum with increased exposure to community health.

Methods: The recruited sample consisted of BSN students near graduation from the old traditional (N=34) and new concept-based curriculum (N=34). Students sorted 45 images of patients in diverse care environments printed on a deck of cards according to how much they agreed that they might care for that type of patient after graduation. Preferences were recorded on a -5 to +5 forced distribution sorting sheet. Data were analyzed using PQMethod software in a standard approach described by Watts & Stenner (2012) involving the generation of a correlation matrix, centroid factor analysis with varimax rotation, and calculation of factor scores for each group.

Factors from New Curriculum

Factors from Old Curriculum

References:

Discussion
The curricular change increased exposure to community health but also ceased teaching pediatrics as a separate course.
• A new perspective emerged for caring for older adults in community versus hospital settings.
• Preference for caring for pediatric patients was not retained with integration of content as concepts.
• Critical care remained a stand alone course and clinical hours spent in critical settings did not decrease.

Conclusion
Changing levels of clinical exposure can result in changes in students’ preferences for future work environments. Mindful changes in settings for clinical education may help to promote a more balanced workforce.