

THE CONCEPTION, UNDERSTANDING AND CONTEXT OF TRAINEE  
NURSES' COMPETENCE ACQUISITION AND INFORMAL LEARNING

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A thesis submitted in fulfilment of the  
requirements for the award of the degree of  
Master of Management (Technology)

Faculty of Management  
Universiti Teknologi Malaysia

MAY 2016

*SPECIAL DEDICATED*

To my revered and beloved father and late mother,

**Abd Samad Bin Mohammad Ali and Allahyarham Shairul Aliza Binti Mohd Ali**

Thank you for your support, love, scarifies and blessing that always makes me strong and mature to face the life and finish up my study

To my beloved brothers,

**Mohd Ezhwan, Mohd Nashrin, Muhammad Fadhley, Muhammad Ezhzaidy  
and Muhammad Shahrul Akmal**

Thank you for your supports and wish all your dreams become reality and have always been successful in everything you had done.

To my supervisor and co-supervisor,

**Dr. Norhalimah Idris and Dr Rabeatul Husna Binti Abdul Rahman**

Thank you for your guidance and patient in order completing this thesis

## ACKNOWLEDGEMENT

This thesis was made possible through funding by MYMaster (Mybrain15) and Zamalah Scholarship (Universiti Teknologi Malaysia) for my research. This thesis grew out with guidance and discussions with my supervisor Dr. Norhalimah Idris. My sincere gratitude for her informatics expertise, support, patiently, continuously guide and encourage me to complete my thesis and make me closer understanding the qualitative research. She selflessly dedicated numerous hours in the construction and success even though she is not in good health condition during my studies.

I would sincerely like to thank the officer of Clinical Research Centre of Hospital Sungai Buloh for the assistance and closely guidance in order to obtain several approvals to make this thesis happen. I am also want to take this opportunity to thank nursing department of Hospital Sungai Buloh as to allow me to conduct my research with involvement of staff nurses. Very thanks and appreciated to the staff nurses who are willing to participate in this study. Lastly I want to thank the nursing department of Allied Health Science College, Sungai Buloh in order to allow me to interview their nursing students.

## ABSTRACT

This study explores the meaning of competence as part of the understanding of trainee nurses' competence acquisition. This is achieved by eliciting the opinion and experience of the trainees with regards to their competence acquisition and informal learning during their 3 years of training period. Three main objectives of the study are to investigate issues relating to trainee nurses' competence acquisition and if appropriate to represent this through a suitable model, to obtain an understanding of trainee nurses' informal learning experiences by drawing on their experience of competence acquisition and to identify what tending to obstruct the development of competence and how work environment and training can be improved. Three focus group discussions were conducted at the exploratory stage with eighteen final year trainee nurses. The second stage involved in-depth interviews with five experience staff nurses and four non-participant observations at clinical area. Data from three qualitative techniques were collected and analysed using qualitative content analysis. These data were triangulated to compare findings for validation purpose. Five main themes emerged from trainee nurses' competence acquisition such as multiple understanding of competence, multi-facets of informal learning techniques and strategies, individual trainee nurses' problems associated with clinical placements, pre-conceptions of the staff nurses on trainee nurses' performance and challenges experienced by the trainees during their clinical placements. Issues relating to trainee nurses' competence acquisition with specific inferences to the informal learning experience were presented into 3 models. The first model describes the existing experience of individual's trainee nurses during their clinical placement with regards to their competence acquisition and informal learning. The second model shows the worst experience of individual trainees' problems and challenges and the third presents an ideal model for trainee nurses competence acquisition. It is concluded that, individual's understanding of competence, individual's informal learning techniques and strategies, the supportive environment and the implementation of continuous education during clinical placement contributed towards trainee nurses' competence acquisition in order to become competent nurses in the future. These results highlighted various significant issues for future recommendations for individual trainees, nursing educators and administration of the nursing colleges.

## ABSTRAK

Kajian ini mengkaji maksud kecekapan sebagai sebahagian daripada pemahaman perolehan kecekapan jururawat pelatih. Ini dapat dicapai dengan memperoleh pendapat dan pengalaman jururawat pelatih berkaitan dengan perolehan kecekapan dan pembelajaran tidak formal sepanjang 3 tahun tempoh latihan mereka. Tiga objektif utama kajian ini ialah untuk menyiasat isu-isu yang berkaitan dengan perolehan kecekapan bagi pelatih jururawat dan jika sesuai, menggambarkan isu ini melalui model yang bersesuaian, memperoleh pemahaman berkenaan pengalaman pembelajaran tidak formal jururawat pelatih melalui penarikan pengalaman memperoleh kecekapan mereka dan mengenal pasti kecenderungan yang menghalang pembangunan kecekapan dan bagaimana persekitaran di tempat kerja dan latihan dapat ditingkatkan. Tiga perbincangan kumpulan fokus dilakukan pada peringkat penerokaan yang terdiri daripada lapan belas pelatih jururawat tahun akhir. Peringkat kedua melibatkan temu bual mendalam dengan lima orang staf jururawat berpengalaman dan empat pemerhatian tanpa penyertaan di kawasan klinikal. Data daripada tiga teknik kualitatif ini dikumpul dan dianalisis dengan menggunakan analisis kandungan kualitatif. Data ini ditriangulasi untuk membandingkan dapatan bagi tujuan pengesahan. Lima tema utama terbit daripada perolehan kecekapan jururawat pelatih seperti pelbagai kefahaman kecekapan, pelbagai faset dan strategi pembelajaran tidak formal, masalah individu jururawat pelatih yang berkaitan dengan penempatan klinikal, pra-konsep staf jururawat terhadap prestasi jururawat pelatih dan cabaran dialami pelatih semasa penempatan klinikal mereka. Isu-isu berkaitan perolehan kecekapan jururawat pelatih dengan kesimpulan khusus pengalaman pembelajaran tidak formal dibentangkan dalam 3 model. Model pertama menggambarkan pengalaman yang dialami oleh setiap individu jururawat pelatih semasa penempatan klinikal yang berkaitan dengan perolehan kecekapan dan pembelajaran tidak formal. Model kedua menunjukkan pengalaman paling buruk masalah dan cabaran individu pelatih dan model ketiga menggambarkan model ideal untuk jururawat pelatih peroleh kecekapan. Disimpulkan bahawa elemen kefahaman individu berkaitan kecekapan, teknik dan strategi pembelajaran tidak formal, persekitaran yang menyokong dan pelaksanaan pendidikan berterusan semasa penempatan klinikal banyak menyokong pemerolehan kecekapan jururawat pelatih dan menjadi jururawat yang cekap pada masa depan. Dapatan kajian ini menonjolkan pelbagai isu-isu penting untuk disarankan pada masa hadapan kepada setiap pelatih, pendidik kejururawatan dan pentadbiran kolej kejururawatan.

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**LIST OF ABBREVIATIONS**

MOHE	-	Ministry of Higher Education
NMC	-	Nursing and Midwifery Council
CI	-	Clinical Instructor
OSCE	-	Objective Structure Clinical Examination
CNE	-	Continuous Nursing Education
CME	-	Continuous Medical Education
AHSC	-	Allied Health Sciences College

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## **CHAPTER 1**

### **INTRODUCTION**

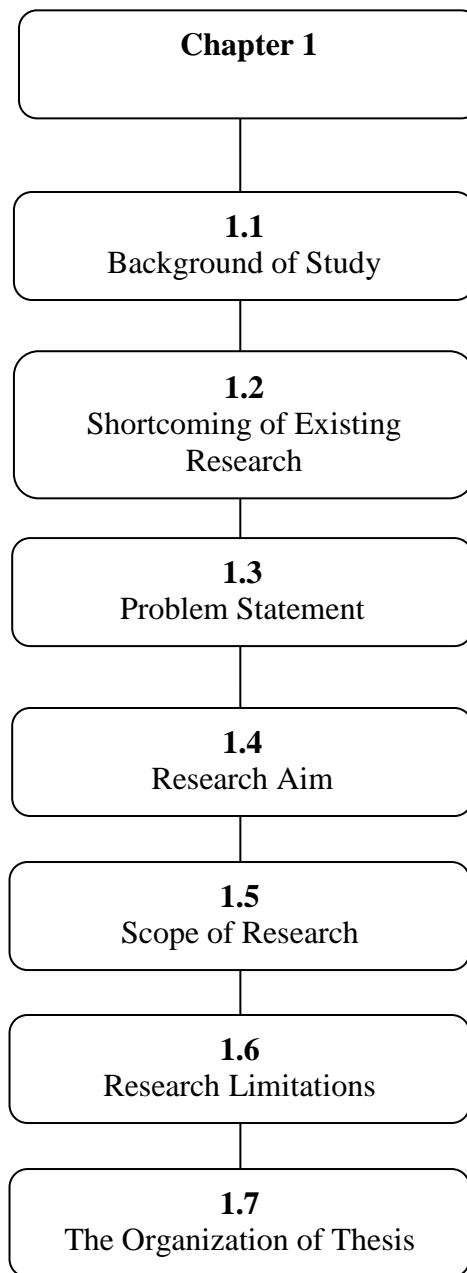
#### **1.1 Background of Study**

Recently, nursing education is poised for bringing about sweeping changes. The driving forces for these changes are numerous and difficult to isolate. These changes include the increasing multiculturalism of society, financial resources in education and health care, expanding technology, the need for lifelong learning and the increasing public and private nursing college which need for accountability of educational issues (Willis commission, 2012). Nursing programs were established with the implications of the rapid development of medical technology and increasing government and private hospitals that demand for competent qualified nurses which up to a critical level. The expansion growth and upgrading of public and private hospitals in Malaysia has led to the growth of nursing colleges to provide training for nurses.

It was reported in 2008, only 7% out of 75000 nursing students graduated with bachelor degree and postgraduate in the nursing (Rohani, 2008). These low percentages of graduates for the last eight years has put concern on the government in terms of supplying adequate number of graduate nurses in near future because currently most nurses who are working in hospitals are diploma holders (MOHE, 2010). There are several issues regarding nurses' in competencies and misconducts in delivering patients care (Nursing and Midwifery Council, NMC, 2010). Therefore, the Ministry of Health has outlined a specific mission of learning graduated nurses

with degree qualifications to services in hospitals by year 2020. Consequently, nursing colleges have anticipated this change by focusing training of nurses for degree program with more focus on competency and effectiveness. Nursing education nowadays plays an important agenda to produce quality nurses by providing good learning and training environment for trainees. Public and private training institutions are constantly improving the quality of trainee nurses in order to fulfil the demand of the job market (Bridgstock, 2009). This requires nurses to be flexible and responsible for their training in order to be professionally competent and adapt any critical situations and challenging job demand. In order to produce competent nurses, effective nursing education begins in the classroom and in clinical placements in order to equip them with theoretical knowledge as well as practical learning experience (Lisko and O'Dell, 2010). Thus, when they are qualified, nurses are able to apply knowledge and manage patients care effectively.

Previous Minister of Health Datuk Seri Liow Tiong Lai advocates that continuous challenging in nursing career require graduates to be equipped with varieties additional skills such as interpersonal skills, emotional maturity, patience and high motivation levels (Sinar Harian, 2012). Based on the current critical demand of competent nurses in the workplace this study sought for an understanding of how trainee nurses are trained at the college by investigating their experience of informal learning and competence acquisition. The organization of this chapter is organized as shown in Figure 1.1



**Figure 1.1:** The structure of chapter 1

## 1.2 Shortcoming of Existing Research

The Ministry of Higher Education (MOHE) has developed a plan for training and education of nursing programs (MOHE, 2010). In 2010, the statistics report that there are 98 nursing colleges in Malaysia. However, out of 98 colleges, 17 colleges are under the Ministry of Health, 10 public universities, 70 colleges are private nursing institutions and 1 is under the Ministry of Defense (MOHE, 2010). According to the statistic from MQA up until 2013, there are 43 colleges which are attached to public hospitals whereby only 13 nursing colleges which are attached to private hospitals for placing nursing trainees for their clinical placement (MQA, MOHE, 2013). Based on this statistics, there is a continuous increase in the number of nursing colleges in Malaysia which aimed at providing good nursing and healthcare education as to produce competent and quality nurses.

As an attempt to produce good quality of nurses, competence development becomes critical element and can be used as benchmarking the performance of nurses which distinguish a performer than a non-performer. Competence concept is earlier introduced by White in 1959 and later enhanced by David McClelland in 1973 under a consulting firm known as Hay Macber. However, the definitions of competence have received many arguments from scholars which lead to multiple-meanings and perspectives of the competence concept. Authors such as McClelland (1973); Boyatzis (1982, 2008); Schroder (1989); Spencer and Spencer (1993) define competence as a set of behaviours that describe the ability or capability and attitude of an individual which relates to effective performance. These authors view competence as a set of personal attributes which consist of knowledge, skills and abilities possessed by an individual in achieving effective performance. In the nursing area, authors such as Norman (1985); Ballantyne *et al.*, (1998); Zhang *et al.*, (2001); O'Shea (2002); Axley (2008) and Rhodes *et al.*, (2011) highlighted besides the personal attributes not only knowledge, skills and abilities, but include the problem solving, clinical and communication skills, critical thinking and intelligence that become potential component that nurses need in order to acquire competence at the workplace. The above authors argue that a behavioural approach to competence focused on individual interaction with job requirement and organizational

environment in a construct of a person's intent at different times and situations. The main focus of the behavioural approach to competence looked into individual characteristics. Another approach to competence is from the functional or standard approach (MSC 1986; Jessup, 1991; Crawley and Reay, 1992; Knasel and Meed, 1994; Cheetham and Chivers, 1996, 1998, 2005; Heidemann *et al.*, 1998; Winterton and Winterton, 1998 and Sanberg, 2000). These authors treat competence as a mastery of skills and understanding. The viewpoint of functional approach is on tasks or functions that need to be performed by individuals in a job role (Cheetham and Chivers, 2005). However, functional approach is more concern on developing competent job criteria which are narrowed down to list of job functions which are deemed to describe a competent person. Several authors have looked into the situational approach to managerial competence development (Stuart and Lindsay, 1997; Inversen, 2000) which considers the situational elements such as organizational and culture that influence competence development. The situational approach focuses on the environment of an organization that contributes to individual performance. In the nurses' competence development, Benner's study provides an understanding of nursing practice experience in various ranges of situations. Benner's study of professional skill of nurses had highlighted the importance of clinical placement where nurses informally learned from their practices which contributed to their competence. Benner also illuminated the nursing development from novice to competent nurses at clinical setting, clinical career development, and decision making in different stages of efficiency as well as transformation of knowledge into knowledge application. In her study, Benner produced the core competencies of nursing practice such as helping role; the teaching-coaching function; the diagnosis and mentoring; the effective management of the rapidly changing situation; administering and mentoring therapeutic interventions and regimens; monitoring and ensuring the quality of health care practices and organizational work role competencies. Benner's idea was followed by Meretoja *et al.*, (2001; 2003; 2004) and Istomina *et al.*, (2011) in differentiate competent nurses at the workplace.

Besides, competence development takes into account the meta-competencies approach (Hall, 1986; Linstead, 1991; Noordhaug, 1993; Reynolds and Snell, 1998; Cheetham and Chivers, 1998, 2005) which reviews the performance of managers which consist of communication, creativity, problem solving, self-development, mental agility and analysis. Authors such as Toohey (1995), Cheetham and Chivers (1994; 2005) define managerial competence acquisition as a holistic approach which leads as to deeper understanding of professional competence in the workplace. This approach claims that the understanding of professional competence is through behaviour, functional and meta-competencies. This approach takes into account the ethical component and has covered all aspects that need to be developed by professionals. The above approaches are focused on competence development of generic managers and has been successful determine the characteristics of competent generic manager. Thus, it is necessary to evaluate the nursing competence literature which the nursing context to understand the development of competence of nursing profession. However, the term of competence can have different meanings depending on the purpose and the contexts in which it is used.

Competence comes to the nursing literature when there are efforts made by nursing authors to argue nurses' competence development as to identify the need of well-trained nurses in the workplace. There is a concern in the literature for the need to improve the training and developments of nurses, very little of them, however, address the importance of competence acquisition at work. Authors such as Yura and Walsh (1967); Zhang *et al.*, (2001); Williams *et al.*, (2005) and Damron-Rodriguez (2008) highlight the need to concentrate on the development of interpersonal, intellectual, technical and moral among nurses as to confront with the current challenges of nursing practices. In different view, authors like Benner (1982), Papp *et al.*, (2003); Edwards (2004); Kim (2007) and Goddard *et al.*, (2010) highlight the importance of clinical practice and clinical placement for trainee nurses in order to acquire competence. Clinical competence introduce by the nursing authors with inspired by the McClelland (1973) as to evaluate nurse competency while performing a job in any clinical situations. However, the intelligence of an individual is not deemed necessary in the development of clinical competence which it only focuses on the ability of nurses' direct services to the patients. In addition, a moral

competency has identified as significant to the competence of nurses at the workplace (Taylor, 1994; Roach, 1987 and Jormsri *et al.*, 2005). Review the characteristic of competence development described by nursing authors heavily connected with situational factors such as the work environment, supervisors and peers. The nursing competence literature is successfully identified the competencies of competent nurses and other important elements that influence nurses competence development.

Becoming a competent nurse involves a gradual process where an ongoing transformation of identity takes place within the workplace environment. Nurses are conceptualized as social learners and their learning take place within a work context which referred to their clinical placements (Edwards *et al.*, 2004). Therefore, the relevant theory that can help to explain competence acquisition is the theory which particularly in the scope of informal learning which focuses of the learning outside the formal arrangement. The informal learning has been applied in the learning development studies as well as competence development Paloniemi (2006) and Chivers (2011). However, the different situation of individual posses in their learning provide the different agenda of informal learning at the workplace in which how they acquire competence at the workplace. The way of being competent involved the socialization process in which Cheetam and Chivers (2005) highlighted that the process of socialization becoming one of the strategies applied by manager to facilitate learning in order to gain competence. Socialization is the process by which an individual acquire the knowledge and social skills for integrate into the community (Cheetam and Chivers, 2005). An extension of social learning theory situated learning theory legitimate peripheral participation (SL: LPP) by Lave and Wenger (1991) reveals to a person socialization process. The theory explains that person learnt in a situation and influenced by experience people at work environment in order to acquire knowledge and skills within a non-professional and professional, this is a one of the key elements in facilitating learners' progression towards higher levels of competence (Lave and Wenger, 1991). This theory supports the idea of nurses learn at the workplace with wide exposure and gained experience at their working environment. As such Situated Learning: Legitimate Peripheral Participants (SL: LPP) theory goes well with the opportunities to get an experience in the

workplace which this theory emphasizes the learning and knowing are embedded in the relations and interactions of people engaged in such activities within their social and cultural situation. In similar vein Goddard *et al.*, (2010) argued that, when student nurses presents for the clinical placement, they were offered with opportunities to work in partnership and able to communicate and interact with the environment. As such, the informal and social learning theory is much contributed to the trainee nurses' competency acquisition and provides a different view of being competent within the period of practical training.

### 1.3 Problem Statements

Competence literature is massively explored by the authors around the world in order to identify the characteristics and behaviours of competent person in any profession. However, most of the literature on competence in management and nursing have successfully identified and investigate competence from the perspective of generic managers. In literature surrounding nursing and competence, Benner (1982) is one of the early authors whom explores competence among nurses. In her study, she successfully identified skills acquisition of every nurses in various level at clinical situations by applying 1986 Dreyfus Model. Other nursing authors such as Norman, (1985); Roach (1987); Ballantyne *et al.*, (1998); Zhang *et al.*, (2001); Meretoja *et al.*,(2002, 2003, 2004); O'Shea, (2002); Tabari-Khomeiran and Parsa-Yekta, (2007); Axley, (2008); Istomina *et al.*, (2011) and Rhodes *et al.*, (2011) identify list of nurses competencies and factors that influence nurses competence development at work which end up to developing generic competencies of nurses. However, these studies did not anticipate the views of the individual in terms of understanding their competence acquisition experiences in particular at the workplace. Thus, this study explored the understanding of competence and the process acquiring competence based on the trainee nurses' experience during their practical training. Studies on competence in nursing were mainly conducted in the west therefore a case study of a Malaysian context was deemed necessary to fill in gaps in the existing literature. There are the massive competence literatures focus on managers and nurses, but little researchers is put a concern and discuss how trainee



nurses acquire competence at the workplace with specific inference of informal learning during their practice. Besides, the lack of study on nurses' competence would be one of the underlying needs due to the incidents of medical misconduct that resulting in serious consequences among patients (Axley, 2008). Nursing and Midwifery, NMC (2010), reported that nurses nowadays are having difficulty in providing services to patients and also lack of competence at the workplace. From the past study, the lack of competence is highlighted as serious issues which is nurses continuing makes a mistake or misconduct and poor handling in their practice which involves lack of knowledge, skills, poor moral judgement, inability to work as part of a team and facing difficulty in communicating with colleagues and people in their care situation and lack of their mentorship and environment (Funk *et al.*, 1991; DiCenso *et al.*, 1998; Newman *et al.* 1998; Parahoo, 2000; Retsas, 2000; Estabrooks *et al.* 2003; Fink *et al.*, 2005; Kajermo *et al.*, 2008; Nursing and Midwifery, NMC, 2013). Thus, these issues was underlying as the need to be concerned of nurses competence development, especially among trainee nurses. It is worth to investigate and understand the process of trainee nurses' competence acquisition which based on their experience during their clinical placement.

Despite many studies about the competence and experience of trainee nurses during the clinical placement, many researchers report on the negative experience of nursing students during the clinical placement (Yen, 2012). According to Magobe *et al.*, (2010); Danbjørg and Birkelund (2011) nursing professions have received many criticisms over the issue which trainee nurses are less equipped to perform tasks after completing their completed training period due to the several factors influenced the training environment such as supportive environment and the overcrowded practical placement. The overcrowded practical placement can hinder nurses' learning as trainee nurses do not have enough experience during their clinical practice (Harrison, 2004). In reviewing nursing competence literature, there is still a death of due to lack on competence acquisition of trainee nurses with an exception of the work done by Harrison, (2004) and Magobe *et al.*, (2010) whom focused on the limited clinical area experienced by trainee nurses in the government sector. According to the statistic from MOHE (2013), there are 43 government nursing institutions which are currently attached to government hospitals that provide the clinical practice for

trainee nurse. Due to the large number of trainee nurses trained at the government hospital, it is worth to identify the issues of challenges among trainee nurses at the workplace in order to acquire the necessary competence.

Concerning of the above issues, government nursing institutions are currently planning to improve the skills, morality and provides an effective training. Trainee nurses are social learners and they learn best at the workplace and gain an experience while encounters their practice to enhance their skills especially clinical skills. The western scholars have few opinions on the issues of nursing development by pointing out which is informal learning and social learning is best takes place. The social learning theory of situated learning: legitimate peripheral participation (SL: LPP) focused on the non-professional and professional workers to become competent at the workplace. The theory explained the workers acquire their competencies by leaning closer to the situation and influenced by the experience people in the work environment that develops professional socialization process. This theory explained the acquisition of knowledge and skills in different case settings, which novices learned closely from experts in everyday activities and react to the working environment. The acquisition of knowledge and skills view in this theory is seen as a gradual process and needs repeated activities to becoming competent. Thus, it is questionable whether this theory would support the trainee nurses learning experience and fit into the Malaysia context. View of the literature concerning competence development in nursing, there is little empirical work done in any theoretical framework for competence development even though competence is highlighted by nursing authors as strong and importance elements in produce quality nurses in Malaysia. Hence, this study attempts to develop a simple conceptual model as to support further understanding of trainee nurses' competence acquisition at the workplace with specific inferences to informal learning.

In the nursing competence development, most of the researcher apply the quantitative approach rather than qualitative in order to assessed the nurses competence (Benner, 1982; Norman, 1985; Girot, 1993a; Taylor, 1994; Carlisle *et al.*,1999; Dunn *et al.*,2000 ; Zhang *et al.*, 2001; Lofmark and Wikblad,2001; Ramritu and Barnard, 2001; Meretoja *et al.*, 2002; O'Shea , 2002; Meretoja *et al.*, 2003;

Meretoja *et al.*, 2004; Edwards *et al.*, 2004; Lofmark *et al.*, 2004; Jormsri *et al.*, 2005; Tabari-Khomeiran and Parsa-Yekta, 2007; Istomina *et al.*, 2011; Rhodes *et al.*, 2011; Lejonqvist *et al.*, 2011). Thus, this study attempts to explore competence acquisition through qualitative methods that are much revealed to trainee nurses' experience at the workplace. Based on the relevant nursing competence literatures with this study, it is strongly evidenced limited use of FGDs among the nursing researchers as an exploratory tool and observation in order to inform an understanding of competence acquisition and how trainee nurses' acquire their competence at the workplace.

#### **1.4 Research Aim**

Based on the problem statement as discussed in the preceding sections, there is a need to address the lack of empirical research that focus on the competence acquisition at the workplace. The main purpose of this study was to explore the meaning of competence as part of understanding of trainee nurses' competence acquisition. These are achieved by eliciting the opinion and experience with regards to their competence acquisition and informal learning during their 3 years of training period. The next following section outlines four research objectives and corresponding research questions which have been formulated based on the review of the current literature.

### **1.4.1 Research Objectives**

This study is to inform on how trainee nurses acquire competence. The aim of this study achieved through the following research objectives:

Research Objective 1: To investigate issues relating to trainee nurses' competence acquisition and if appropriate represent this through a suitable model.

Research Objective 2: To obtain an understanding of trainee nurses' informal learning experiences by drawing on their experience of competence acquisition.

Research Objective 3: To identify what tending to obstruct the development of competence and how work environment and training can be improved.

### **1.4.2 Research Questions**

Based on the objectives outlined above, this research seeks to address the following research questions:

Research Question 1: What are the issues relating to trainee nurses' competence acquisition and how might this be modelled?

Research Question 2: How effective is the informal learning and how do trainee nurses acquire their competence?

Research Question 3: What are the difficulties of trainees in learning and how can the work environment and training be improved so that all trainees continually becoming competent within realistic time scale?

## **1.5 Scope of The Research**

The main focus of this study was to explore the understanding of competence and to make in-depth inquiry of trainee nurses' competence acquisition with specific inference to their informal learning experiences. Based on the purpose of this study, qualitative approach was applied to investigate the phenomena under the study. The respondent of this study consisted of final year trainee nurses from Allied Health Science College Sungai Buloh. This study involved interviews with five staff nurses of Hospital Sungai Buloh where those trainees undergone their clinical placements. The scope of the study was a single case setting applying multi-methods data collection that are focus group discussions, in-depth interviews and non-participant observations. The focus group discussions involved eighteen final year trainee nurses who were separated into three groups of six. Whereas, the in-depth interviews involved five experienced staff nurses who are having 4 to 9 years of working experience and from different departments and disciplines. The selection of those staff nurses contributed to better understanding of trainee nurses' competence acquisition at the hospital. This study incorporated four non-participant observations at selected wards that served as rich platforms of understanding trainee nurses' work actions. The purpose of non-participant observation provided room for research data concerning trainee nurses' on-the-job learning. The strategy of applying the non-participant observation was deemed right because the researcher not granted to participate directly due to ethical issues. Data from three sources of qualitative techniques (FGDs, in-depth interviews and non-participant observations) were analyzed using content analysis as provide a quicker analysis to the researcher and later the findings from three sources were triangulated for validity purpose.

## **1.6. Research Limitations**

The researcher acknowledges several limitations of this study. The single case study approach of a group of final year trainees of Allied Health Science Colleges Sungai Buloh does not reflect other Allied Health Science Colleges in Malaysia (AHSC Johor, AHSC Sultan Azlan Syah, AHSC Kuching and AHSC Kota Kinabalu). In addition the staff nurses involved in this study are from Hospital Sungai Buloh only. This qualitative study involved the selected trainee nurses and staff nurses of the relatively small group where the numbers of respondents were to eighteen final year trainees and five staff nurses of different department. The selections of the respondents have been determined by the Head of Nursing Department of the Allied Health Sciences Colleges at Sungai Buloh. The non-participant observations were limited to four wards and three time slots which one in the morning, during visiting hours and in the evening. This study did not involve in-depth interviews with the clinical instructor. Therefore, the clinical insight from the clinical instructor was missing in this study. Besides, the definition of competence and the issues relating to trainee nurses competence acquisition is limited in this study only where it is based on the trainee nurses experience during their clinical placement. Different trainees may have different experience according to clinical placement.

## **1.7 The Organization of Thesis**

The thesis is organized into seven chapters. The first chapter introduces the overview of the background of the study, the shortcoming of existing research, the problem statement, research aim, objectives, questions and the organization of this study.

The Chapter Two deals with the literature related to the concept of competence. Next the dominant competence debate from the elusive meaning of

competence discussed by looking at the understanding. An overview of five different approaches to understanding competence in the following sequence: the behavioural approach, the functional approach, the situational approach, the meta-competency approach and holistic approach. The second section of chapter two reviewed the literature on competence in nursing, the nursing curriculum framework in Malaysia and the conceptualization of competence in nursing. The conceptualization of competence in nursing outlines five approaches of understanding the concept that are behavioural, clinical, moral, holistic and talent approach. The third section is dedicated to Theoretical framework of competence acquisition and development and theory. Last sections discuss the proposed new conceptual model of competence development.

The Chapter Three explains the empirical research strategy employed in the study, the study applied multi-method of data collection techniques. The exploratory of FGDs took the first stage before conducting in-depth interview and non-participant observation. Each method is evaluated in details in terms of purpose, strengths and weakness. This chapter also outlines the modus operandi of conduct three data collection techniques. The last section explains the approach to data analysis of qualitative content analysis and views the in details the triangulation applied in this study.

Chapter Four presents the findings from focus group discussions in the exploratory stage. This chapter outline the issues surrounding trainee nurses' competence acquisition and next sections presents the organization of the focus group discussions findings.

Chapter 5 presents the findings from in-depth interview and non-participant observation. This chapter outlines the view of the staff nurses and non-participant observation regarding the issues of trainee nurses' competence acquisition and informal learning at the workplace.

Chapter 6 presents the triangulation and discussions of the findings from three sources of data collection. The next section discusses in detail the key findings relating to the trainee nurses' competence acquisition with specific inferences informal learning.

Chapter 7 focuses on answering the research questions of this study. The development of a new model for competence acquisition of trainee nurses was presented. This chapter completes the thesis with a conclusion including the recommendation for issues of this study and for further research. In addition, this chapter concludes with the contribution of this research to the field of competence acquisition.



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