Integrating a Career Planning and Development Program into the Baccalaureate Nursing Curriculum: Part I. Impact on Students’ Career Resilience

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Abstract: Student nurses often embark on their professional careers with a lack of the knowledge and confidence necessary to navigate them successfully. An ongoing process of career planning and development (CPD) is integral to developing career resilience, one key attribute that may enable nurses to respond to and influence their ever-changing work environments with the potential outcome of increased job satisfaction and commitment to the profession. A longitudinal mixed methods study of a curriculum-based CPD program was conducted to determine the program’s effects on participating students, new graduate nurses, and faculty. This first in a series of three papers about the overall study’s components reports on undergraduate student outcomes. Findings demonstrate that the intervention group reported higher perceived career resilience than the control group, who received the standard nursing curriculum without CPD. The program offered students the tools and resources to become confident, self-directed, and active in shaping their engagement in their academic program to help achieve their career goals, whereas control group students continued to look uncertainly to others for answers and direction. The intervention group recognized the value of this particular CPD program and both groups, albeit differently, highlighted the key role that faculty played in students’ career planning.

Keywords: career planning and development, curriculum, students, career resilience

Nursing education can play a significant role in fostering students’ development of the knowledge and skills related to the practice of nursing, and those skills that would give students the potential throughout their careers to adapt and influence changing scopes of practice, health care needs, and a dynamic health care system. Yet a paucity of attention has been directed to how nursing education curricula can incorporate strategies to ensure that the full potential of new graduates will be realized. Currently, undergraduate nursing curricula tend to focus on and convey a valuing of clinical skills development without sufficient guidance as to how to progressively build career planning skills within and across academic years to optimize those clinical skills within the ever-changing health care system (Donner & Wheeler, 2004; Donner, 1993). Consequently, students often embark on nursing careers with little knowledge of how to position themselves to take advantage of opportunities available to them, as well as with a lack of confidence in their ability to navigate their professional career, which may make them more vulnerable to stresses they encounter in a challenging health care system (Marsland, 1996; Waddell & Bauer, 2005).

Background

Career resilience

In relation to one’s career, resilience has been defined as the capacity and confidence to capitalize on change and
utilize professional knowledge, skills, and attitudes to create a work environment that is personally meaningful, productive, and satisfying (McGillis Hall, Waddell, Donner, & Wheeler, 2004). Specific characteristics of career-resilient individuals include professional autonomy, willingness to take risks, a sense of competence, self-efficacy, and an enhanced ability to adapt to changing and competitive environments (Chiaburu, Baker, & Pitaru, 2006; Taylor & Betz, 1983). Resilience has been found to positively impact self-efficacy, professional outcomes, and increased professional satisfaction (Glass, 2007; Taylor & Reyes, 2012). Career resilience has been identified as one attribute that may enable nurses to respond to and influence their work environment with the potential outcome of increased job satisfaction and commitment to the profession (McGillis Hall et al., 2004). In a healthcare system that is characterized by unpredictability and dynamic change, a career-resilient nursing workforce is essential to the provision of quality care.

Career planning and development

The ability to respond successfully to challenges in the face of adversity and stress, a characteristic of career resilience, can be enhanced by internal and external resources and by engaging in ongoing reflection related to one's practice (Hodges, Keeley & Troyan, 2008; Tusaie & Dyer, 2004). Career planning and development (CPD), which is proposed as being integral to fostering career resiliency in nurses, is an ongoing process of assessing one's strengths, interests, and values, as well as setting goals (Chiaburu et al., 2006; Kleinkncht & Hefferin, 1982). It is an iterative process that requires individual nurses to take control of their career by articulating their career vision, understanding the environment in which they work, assessing their strengths and weaknesses, and developing a career plan that is meaningful and realistic for them (Waddell, Donner, & Wheeler, 2009). Chiaburu and colleagues (2006) posited that career resilience is enhanced in environments that support and facilitate career development. Engaging in CPD activities allows individuals to self-manage their careers and take responsibility for their own future (Gowan, Craft, & Zimmermann, 2000; King, 2004). King suggested that outcomes of career self-management include career satisfaction and increased perceived self-efficacy and self-determination that may, ultimately, be of benefit for individuals seeking to adapt to a changing world. These outcomes have also been identified as factors that influence career resilience (Taylor & Reyes, 2012). Taylor and Reyes concluded that developing a greater understanding of the relationship between self-efficacy, resilience, and student success has the potential to inform nursing curricula and approaches to teaching and learning.

Presently, CPD is not a standard element of nursing curricula. CPD activities tend to be concentrated in the final months before graduation and are usually focused only on how to prepare for getting a first job. Yet nursing education may be the best place to introduce CPD programs that would help students begin long before graduation to develop the skills, confidence, and perspectives to comprehensively plan their career throughout all its stages (McGillis Hall et al., 2004; Waddell & Bauer, 2005). The lack of attention paid in nursing literature to this dimension of educational support suggests that students' career planning needs have been neglected in nursing education curriculum development. Rambur, McIntosh, Palumbo, and Reiner (2005) observed that processes and strategies to support early development of career building skills and "niche finding" (p. 186) benefit the individual in terms of competency in career development and overall career satisfaction. To achieve the societal goal of retention within a career, Rambur et al. encouraged policymakers to recognize the priority of career retention over job retention. Given that nurse recruitment and retention are priorities at the global, provincial and federal health care levels, devising educational strategies aimed at promoting career certainty and career resiliency is imperative.

Integrating CPD into nursing students' learning experience throughout their academic career is proposed so that students could be offered structured and progressive opportunities to develop career-resilient attitudes and competencies (Waddell & Bauer, 2005; Waddell et al., 2009). Therefore, a curriculum-based CPD program was designed to foster career resilience in baccalaureate nursing students. A longitudinal mixed methods study was conducted to determine the effects of the program on participating students and faculty. The results of the overall study's three components will be presented in a series of three papers. This first one is a report on the undergraduate student outcomes of the program. The second paper will examine new graduate nurses' (NGNs) experiences at 12 months post-graduation, and the third will explore faculty outcomes for those participating in the program.

Purpose of the study

The aims of the 3-part study were to: (a) analyze the impacts of a curriculum that included a CPD program compared to a standard curriculum which did not include
CPD, on the development of career resilience in baccalaureate nursing students throughout and at the completion of their academic program, (b) examine whether those impacts on baccalaureate nursing students’ career resilience were maintained at 12 months post-graduation, and (c) explore the impact of a career development intervention for nursing faculty on their career satisfaction and confidence in providing student career coaching and education.

**Methodology**

**Design**

A randomized control trial (RCT) design with repeated measures at pre- and post-test was used in the student component of the study to evaluate the CPD intervention with nursing students in a collaborative baccalaureate program. In addition to the quantitative measures, focus groups and telephone interviews were used to assess the CPD intervention. Focus group sessions were scheduled at each of the program sites and at various days and times. Given demanding class and practice schedules, individual telephone interviews with the same questions were offered to participants unable to attend a focus group. Eligible students who consented to participate were randomly assigned by means of a random numbers chart with allocation concealment, to one of two conditions: (a) a 4-year CPD group (intervention) or (b) a 4-year standard undergraduate curriculum group (control).

**Sample**

Following research ethics board approval, all students enrolled in a large collaborative baccalaureate nursing degree program delivered across three academic sites in an urban setting were invited to participate in the study. Two of the sites are situated in colleges; one in a university site. The collaborative program has an integrated curriculum delivered across all sites. Faculty teams with representation from all sites develop program and individual course curriculum collaboratively. Students, regardless of site, experience the same course content, overall teaching methodology, evaluation processes, and program policies. Since the university site grants the degree, in Year 3, students from the college sites engage in their theory courses at the university site; however, their clinical practice experiences are supervised by their college site faculty, who work closely with their university faculty colleagues within the clinical practice courses.

Participation in the study was voluntary, and upon completing the study consent and baseline quantitative measures, participants were randomized either to the control or intervention group. One hundred and twenty students in their first year in the program consented to participate (Cohort #1). Due to participant attrition in Year 2 of the program, a second recruitment phase was undertaken as the Year 2 cohort was beginning the third year of their program. A 2 to 1 ratio was used for randomization to balance out group sizes. A final sample size, after accounting for attrition, was an additional 22 participants (Cohort #2) for a total of 142 participants entering the third year of the program. The final sample for quantitative data analysis consisted of 50 participants from Cohort #1 (Intervention = 29, Control = 21) and 22 participants from Cohort #2 (Intervention = 4, Control = 18) for a total of 72 participants, 33 of whom were in the intervention group and 39 in the control group.

**Procedures**

**Recruitment**

The Research Assistant (RA) presented the study to potential participants during class time and during student information sessions held on campus. The study’s purpose, time commitment, risks, and benefits were discussed in detail. Advertisements were posted at each campus and on the nursing school’s website at each site to facilitate recruitment. Students were recruited in their first year of the undergraduate program; however, due to a labor disruption at two of the collaborative sites and to the integrative nature of the collaborative program curriculum, students across all three academic sites began their participation in the study in their second year of the program. As aforementioned, a second recruitment, utilizing the same procedure as described above, was undertaken as students entered the third year of their program.

**Outcome measures**

A sociodemographic data collection form was used to gather information about age, sex, previous university education, and previous formal CPD activities. The Career Planning Activities Measure (CPAM, McGillis Hall et al., 2004) was used to measure career planning activities in each phase of the model that guided the CPD
program. The measure’s five subscales (see Table 1) corresponded to the model’s five stages and reflected participants’ knowledge, attitudes, and behaviors related to CPD. A summative score was obtained for each participant based on the total score and scores from each subscale. A high score in a subscale indicated a higher degree of engagement in CPD in the correlated phase of the model. A high summative score reflected a higher degree of overall engagement in CPD. The CPAM has been used successfully by two of the current study’s investigators in previous studies of career planning and development with students and registered nurses, with reported Cronbach’s alphas of 0.66–0.92 (McGillis Hall et al., 2004) and 0.69–0.81 (Waddell & Bauer, 2005), respectively. Cronbach’s alpha for the subscales in this study were (a) career visioning (9 items ranging from 0.84 to 0.90); (b) self-assessment (8 items ranging from 0.74 to 7.8); (c) environmental scan (10 items ranging from 0.76 to 0.91); (d) career plan (15 items ranging from 0.82 to 9.5); and (e) marketing (11 items ranging from 0.84 to 8.7). The Career Decision-Making Self-Efficacy Scale Short Form (CDMSES-SF, Betz, Klein, & Taylor, 1996; Taylor & Betz, 1983), comprised of 25 items, was used to measure students’ perceived level of confidence related to career decision making. Participants were asked to indicate their perceived confidence in accomplishing different CPD activities necessary to make quality career decisions. Cronbach’s alphas of 0.96 (Betz et al., 1996) and 0.80 (Waddell & Bauer, 2005) have been reported in previous studies employing the measure. Cronbach’s alphas for this study ranged from 0.92 to 0.96. Following each year of the study, participants completed all but the demographic measures. In addition, after each year they were asked to participate in a focus group or phone interview facilitated by the study RAs, who used a guided semi-structured interview approach during the interviews. Focus group and individual interview questions concentrated on attitudes and behaviors reflective of the concept of career resilience, for example, on participants’ perceived confidence in their ability to take advantage of change, discover and create opportunities to advance their career, and to create and influence their academic and/or professional practice environment to make it personally meaningful and productive. The questions also probed participants’ level of engagement in CPD and their overall sense of career satisfaction.

### Intervention group

The CPD program employed as the intervention in this study was based on a standardized, multi-component CPD model (the CPD Model), (Waddell, Donner, & Wheeler, 2009). The study’s principal investigator (PI), who is an experienced career coach, introduced intervention group participants to the CPD Model in a 3-hour workshop in the first term of Year 2 of the 4-year BScN academic program. Following that introduction, the program included one 3-hour, year-specific intervention workshop session at the beginning of each academic term in program Years 2–4 for a total of 6 intervention sessions (18 hours). Faculty study participants with training and expertise in career coaching guided and structured the discussions. The coaches debriefed following each workshop to ensure consistency in approach to workshop facilitation.

Each intervention session began with a guided career-visioning exercise in which students were asked to imagine the “perfect day” in their “perfect career.” They were encouraged to give themselves the freedom to dream and imagine what is possible. With their career vision in mind, participants completed a self-assessment focused on (a) the values embedded in their vision that they determined to be most significant, (b) the areas of strength they believed they possessed in relation to the professional competencies required to “live” their vision, and (c) the areas they needed to develop in terms of the
professional competencies necessary to progress toward their vision. Participants then discussed specific career goals arising from their vision that would guide them to shape their academic work in the coming term to build on their strengths and work on identified areas for development. Finally, participants created a career plan that outlined activities, resources, timelines, and indicators of success for each of their identified career goals. Marketing strategies in general and in relation to participants’ career goals and plans were also discussed in each intervention session. Participants explored who and what within their program could help them actively participate in, and shape the curriculum to achieve their goals. They also investigated which marketing strategies would help them articulate their overall career vision and specific term goals to faculty, preceptors, peers, and mentors.

The CPD Model was applied consistently across the years of the program and was responsive to established year-specific curricular foci and unique student experiences within the context of their program year. Broadly, the curriculum foci for Years 1–4 are Knowledge of Self in the Context of Health; Knowledge of Others in the Context of Illness; Knowledge of Community in the Context of Primary Health Care; and Integration of Professional Self into the Health Care System. The different year-specific foci helped participants tailor the program and activities to their evolving needs and the academic context in each term.

Control group

The control group did not receive the CPD intervention during the 4 years of their academic program, but were offered it, along with individual career coaching, after the 12-month follow-up. Of note is that 2 years into the study, students from both the intervention and control groups lobbied nursing faculty to include the CPD Model in the nursing curriculum. In response, specific and limited elements of the CPD Model (career vision and career plan) were integrated into Year 3 of the program within a nursing leadership course. The following year, a similar CPD assignment targeting the career vision and plan components of the CPD Model was added to a Year 4 professional issues and trends course. Nursing faculty teaching in Years 3 and 4 of the academic program were aware of the study and sought advice from the PI regarding how they could build CPD into Year 3 and Year 4 courses without jeopardizing the integrity of the study. Since a student guide, *Building Your Nursing Career: A Guide for Students* (Waddell et al., 2009), was widely available to national and international nursing students and was a recommended text in the aforementioned two courses, it was decided that faculty teaching Year 3 and Year 4 courses would refer students to the guide as a resource but would not include the teaching of CPD in the content of classroom discussions. Specific faculty members teaching in these courses indicated that they did not have expertise in facilitating career discussions with students at either the individual or group level. Hence, this brief introduction to the aforementioned elements of the CPD Model was distinctly different in scope and breadth from the 6-session interactive CPD program in which intervention group participants were engaged.

Quantitative data analysis

Given that there were no significant demographic and baseline differences between Cohort #1 and Cohort #2, the data were collapsed for program Years 3 and 4 participants. Demographic characteristics of the study sample were determined as means and standard deviations for continuous factors (e.g., age) and as frequencies and proportions for categorical factors (e.g., sex). Scores for each subscale of the CPAM and total scores for the CDMSES-SF and CPAM were assessed. These data were summarized at each time point using means and standard deviations and were stratified by study group. To examine the relationship between subscales, a Pearson’s correlation was conducted at each time point, correlating all subscales with each other. All scales were moderately to highly significantly correlated to each other (Pearson’s correlation 0.47–0.88, *p* < 0.001 for all correlations). There were no systematic differences in correlation between the scales across study groups. Linear mixed models were used to model changes in total score and in each subscale over time by intervention group. In each model, the baseline score was controlled for in order to account for any differences that may have been present at baseline. When differences in scores between the intervention groups were found, Bonferroni-corrected *post hoc* tests using least-square means were performed to compare the intervention groups at each time point.

To determine any dose-response related to the number of workshops attended, the last available score for each of the total scores and its subscales was regressed on the total number of workshops attended, using linear regression. This model controlled for time since randomization. Only students in the intervention group were used in this analysis, as those in the control group did not participate in the intervention. Statistical significance
was considered to be $p < 0.05$. All analyses were performed using SAS v9.3 (SAS Institute, 2012).

Qualitative data analysis

Across the study years during which the students were in their academic program, a total of 60 student responses (Intervention = 32, Control = 28) were gathered from focus groups (18 participants) or individual interviews (42 participants). The distribution of participants at each data collection time period was as follows: (a) Time 1: Year 2 (Intervention = 8, Control = 9); (b) Time 2: Year 3 (Intervention = 7, Control = 11); and (c) Time 3: Year 4 (Intervention = 17, Control = 8). Four participants from the intervention group participated in all yearly focus groups and accounted for 12 of the 60 responses. The remaining 48 responses came from students who varied in how many yearly interview/focus groups they joined. Given that there were no significant differences between Cohorts #1 and #2, the data were collapsed for program Years 3 and 4 participants. All focus group and individual interviews were audiotaped. The research team transcribed and systematically analyzed the data. Thematic analysis was used to search for recurring themes (Morse & Field, 1995). Initial themes were developed based on the questions related to perceived career resilience that framed the focus group discussions. The initial themes were refined through an iterative process. First, a co-investigator, as well as two RAs, analyzed the data separately and then discussed their coding strategies and emergent themes. Afterwards, the PI completed a blind review to validate data interpretation and identification of themes. This data analysis process was repeated for each year of the student component of the study, which allowed for year-specific themes to emerge as well as the opportunity to analyze across-year themes.

Results

Quantitative findings

Characteristics of sample

The majority of the final sample of 72 study participants were female and between the ages of 18 to 22 years. Variance across different age categories was consistent. The majority of participants reported having no prior non-nursing post-secondary education. There were no significant group differences in terms of marital status (majority were single), number of children (majority were childless), registration with the Registered Nurses Association of Ontario (majority were not members), or employment status. Finally, there were no significant group differences in terms of previous CPD training/involvement outside of this study (most respondents reported no previous engagement in CPD activities).

Career resilience

Students who received the CPD intervention reported higher career resilience (participation in CPD activities and a higher career decision-making self-efficacy) at the end of their program than those in the control group. Mean career scores, including total scores ($p = 0.002$) and subscale scores, were higher for all intervention participants except at Time 1 (when baseline scores for the initial 142 participants were gathered prior to randomization where there were no significant between group differences). As shown in Table 1, there was statistical significance in intervention group effects, except for the marketing phase of the model ($p = 0.188$). The greatest significance between groups was found in self-assessment ($p = 0.001$), career plan ($p = 0.013$), and career decision-making self-efficacy ($p = 0.01$). These findings suggested that students reported a higher perceived level of confidence in their ability to conduct a self-assessment, develop a career plan, and make career-related decisions as a result of participating in the intervention.

Despite significant overall intervention group effects, there were only two borderline group by time interaction effects. That is, comparing the rate of change between the two study arms did not demonstrate statistical significance on any of the outcome measures. The total score for both CPAM and CDMSES-SF increased from a mean of 254 to 312 in the intervention group, compared to a change from 254 to 294 in the control group, which, however, was only a trend ($F[2,98], p = 0.071$), as shown in Table 1. Bonferroni-corrected post hoc tests demonstrated no significant difference at Time 2 ($T = 1.56, p = 0.369$), but revealed significant differences in the total score at Time 3 ($T = 3.42, p = 0.003$) and Time 4 ($T = 2.72, p = 0.023$), as shown in Table 2. These findings indicated that the more workshops the intervention participants attended, the higher their perceived career resilience became.
Table 2: Differences between control and intervention groups over time (n = 72).

<table>
<thead>
<tr>
<th>Measures</th>
<th>Time 2 difference</th>
<th>Time 3 difference</th>
<th>Time 4 difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>t-value</td>
<td>p-value</td>
<td>t-value</td>
</tr>
<tr>
<td>Total score</td>
<td>-1.56</td>
<td>0.369</td>
<td>-3.42</td>
</tr>
<tr>
<td>Scanning</td>
<td>-0.80</td>
<td>0.960</td>
<td>-2.28</td>
</tr>
<tr>
<td>Self-assessment</td>
<td>-2.12</td>
<td>0.110</td>
<td>-2.16</td>
</tr>
<tr>
<td>Career vision</td>
<td>-0.87</td>
<td>0.952</td>
<td>-3.15</td>
</tr>
<tr>
<td>Career plan</td>
<td>-0.90</td>
<td>0.948</td>
<td>-1.78</td>
</tr>
<tr>
<td>Marketing</td>
<td>-0.82</td>
<td>0.980</td>
<td>-0.79</td>
</tr>
<tr>
<td>Career decision-making self-efficacy</td>
<td>-1.63</td>
<td>0.319</td>
<td>-3.28</td>
</tr>
</tbody>
</table>

For intervention group participants, the last reported CPAM total and subscales scores (program Year 4) were regressed on the number of workshops taken by the student to that point to determine if there was a significant association between number of workshops taken and career planning scores. The increase in each score associated with each additional workshop (i.e., slope or beta coefficient), taken from the linear regression models, is presented in Table 3. All scores increased significantly as the number of intervention workshops taken increased. For example, for each additional workshop, the total score increased by 7.1 points, on average (p < 0.001). The smallest increases were seen in the self-assessment scores, with each additional workshop resulting in an increase of 0.5 points, on average (p = 0.002).

Table 3: Linear regression modeling career planning scores on number of workshops taken (n = 33).

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Slope for number of workshops taken</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Beta)</td>
</tr>
<tr>
<td>Total score</td>
<td>7.10</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Scanning</td>
<td>1.18</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Self-assessment</td>
<td>0.50</td>
<td>0.002</td>
</tr>
<tr>
<td>Career vision</td>
<td>1.01</td>
<td>0.002</td>
</tr>
<tr>
<td>Career plan</td>
<td>1.40</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Marketing</td>
<td>1.32</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Career decision-making self-efficacy</td>
<td>1.69</td>
<td>0.020</td>
</tr>
</tbody>
</table>

Qualitative findings

The major themes associated with the student outcome of career resilience emerging from the focus groups and individual interviews were relatively consistent across the years. However, the exemplars/quotes illustrative of the themes were unique to students within each year, and to each of the intervention and control groups. For each theme emerging from the intervention and control groups, one representative quote from across program years is presented.

Intervention group

Intervention group themes reflected attitudes and behaviors congruent with the attributes of career resilience. The five major themes that emerged were (a) internally focused and guided, (b) goal oriented, (c) confidence in the ability to make career decisions, (d) relevance of using the CPD Model’s phases in building confidence to achieve individual career goals, and (e) importance of faculty support.

Internally focused and guided

Participants described how the intervention helped them to be self-directed and active in planning and shaping their curricular activities with a focus on their career goals. They indicated that their involvement in the intervention enhanced their ability to reflect on their goals and to use them to guide their engagement in their academic activities:

For me it helped me focus on what I want... on what my weaknesses are and what my strengths are, so then those weaknesses I can build on. (Year 2 student)

Goal oriented

Participants envisioned and set goals in a thoughtful and intentional manner. They described examining their personal values and coming up with meaningful goals to work towards. As the following quote illustrates, they also spoke to how important self-reflection, guided by envisioning their career, was in helping them to develop their goals:
Just the visioning of your career goals and what you want to achieve in the future. Like I find that the imagery about where you want to be 5 years from now, and then you kind of picture your ideal job, your ideal home, where you would want to be working, in what field, how would your colleagues treat you, to achieve that goal and your motivation to achieve that goal. (Year 3 student)

Confidence in the ability to make career decisions
The students reported that the CPD intervention helped them develop a sense of confidence in their ability to develop goals and strategies to achieve their career aspirations. Participants also recognized the impact of the intervention in supporting them to realize that they had opportunities within their program to shape their academic work to help them progress toward their career goals:

Before I did not think very much about my career goals, or even my future. I just thought about passing and getting into work first. I did not think about specific units that I wanted to get into, I just thought that when I graduated, I could just work, to wherever and whatever was open. Attending the [CPD] workshops, I did realize that we did have choices and that there were opportunities. And I had not thought about the masters program until the facilitator mentioned it.... I realized that I had a sense of control over what was happening, and that the resources were available. (Year 4 student)

Relevance of using the CPD Model’s phases in building confidence to achieve individual career goals
Participants indicated that through engaging in various phases of the CPD process, particularly career-visioning, they could be active in building a meaningful career:

I find our career planning and development, when we attend those workshops,... kind of makes you realize that if you want to actualize your vision about your career, what paths you need to take and what you need to be doing now. (Year 3 student)

Importance of faculty support
According to participants, support from faculty and clinical instructors was integral to their sense of confidence. Although not involved in the CPD intervention itself, these professionals offered words of encouragement, guidance, and a wealth of experience that students found crucial to building their self-directed career planning experience:

But all the teachers I’ve had have really been good and they’ve explained stuff when I asked and you know even just having questions answered gives you more confidence as well because you have more knowledge when you go into the situation about somebody’s experience with that particular topic or whatever. (Year 3 student)

Control group
Themes from this group reflected attitudes and behaviors that were less illustrative of the attributes of career resilience. The three major themes that emerged from the data were (a) externally focused, (b) seeking answers, and (c) sense of uncertainty.

Externally focused
These participants emphasized the influence that others had on helping them to plan their career and the importance of facilitated career discussions to support their work with CPD. They described looking to other sources such as clinical preceptors, faculty, and program courses for answers and direction:

I struggled about whether or not to enter into mental health or bedside nursing and the faculty I spoke to had been through that. It helped me in knowing that I was making the right decision and not making mistakes.... It was mostly faculty that helped me to understand that there were several pathways of nursing. (Year 4 student)

Seeking answers
A predominant focus for these participants was seeking information that would help them decide what they wanted in their career and what their path should be. In the following, one can see how students expressed looking outside their program to help them plan their career:

I try to find more information about how to become more specialized and what I can specialize in like where I can take my career to and I can’t really find that much information on the Internet... I can’t really find that much information on where I can go, what I need to go there. (Year 2 student)

Sense of uncertainty
Lastly, participants in the control group expressed a sense of uncertainty with respect to how they could achieve their career goals:

In terms of getting a career path in the field, it kind of seems like a crap shoot like if you know someone who can maybe get you in the back door, you kind of stand a better chance than all the rest of us like it’s just putting your resumes out there and hoping that maybe you can connect with someone. (Year 2 student)

Discussion
Both quantitative and qualitative findings from this study demonstrate the potential benefit of integrating career planning and development capacity early in
undergraduate nursing curricula with the goal of enhancing students’ career resilience. Across the program years, intervention group participants expressed being internally focused, self-directed, goal oriented, and confident in their ability to shape their academic experiences to help them achieve their career goals – all attributes associated with career resilience. In contrast, the control group participants described experiences less illustrative of career resilience. They expressed a reliance on others to help them identify their career path, and sought answers as to how to define and create a career plan. Although they valued help with CPD and wanted it, they were frustrated over the nature and limited amount of it they received. Such experiences led them to express a pervasive sense of uncertainty across the years of their academic program. Looking externally for direction and uncertainty as to how to navigate their career may, as Donner (1993) suggested, negatively impact students’ ability to capitalize on career-building opportunities and develop confidence in navigating their professional career.

Participants in both groups highlighted the role of nursing faculty in relation to their perceived sense of career resilience. Intervention participants underscored the positive impact faculty had in facilitating their career planning and development activities and in supporting student activities to achieve self-defined career goals. Control group participants reported looking to faculty to inform them of career options and to provide them with information or support. Findings about these contrasting types of student–faculty interactions suggest that after the CPD program, the intervention group had the skills to assume a more active role in planning their career and use what faculty provided to become self-directed. Whereas the control group more passively received the information they could get from faculty without learning the skills that would enable them to take charge of their own planning. Other studies have found that the frequency and nature of student–faculty relationships have the potential to influence student outcomes such as satisfaction, self-concept, confidence, and academic skills (Cotten & Wilson, 2006; Kuh & Hu, 2001; Kuh, 1995). The results of the current study speak to the importance of faculty expertise in fostering students’ ability to take charge of their career planning and develop a sense of career resilience in their academic and professional practice career.

Besides acknowledging the importance of receiving a CPD program and the key role of faculty, intervention group participants also recognized the value of this particular program and process. Using the CPD Model in the intervention provided them with an interactive and iterative process that guided them to revisit their vision and all phases of the model within the context of each term of their program. Situating the CPD process within participants’ program years prompted them to consider how they could shape their work within each term to help them respond to their self-assessment and achieve their goals. Envisioning their ideal career motivated them to be creative and to dream. The findings in this study regarding the efficacy of introducing CPD early in the curriculum to develop career resilience are similar to those of Rambur et al. (2005), which suggested that early development of career-building skills had the potential to positively impact both career development competency and overall career satisfaction.

Nursing curricula should prepare students and graduates to achieve success within all domains of their professional role (Kalb, 2008). New graduate nurses are leaving their first place of employment much sooner than expected (Cheng, Liou, Tsai, & Chang, 2014). Moreover, instead of remaining in the profession for their lifetime, as most nurses had for decades, nurses in the twentieth century often have career lengths of 5 years or less (Hodges, Keeley, & Grier, 2005). Consequently, it behooves nurse educators to develop expertise to integrate innovative strategies into the curriculum aimed at fostering the capacity of students and graduates to survive and thrive at all stages of the career continuum.

Limitations

Findings from this study need to be cautiously interpreted due to limitations related to this pragmatic RCT. First, the high rate of attrition among participants over the 4-year course of this study, especially in the control group, presented a challenge. A large number of those randomized into the control group dropped out of the study after completing the pre-study measures and being informed of their assignment to the control group. The time commitment involved may have been a major factor that contributed to attrition in the intervention group. These participants were required to attend one 3-hour CPD workshop per term, per program year. The majority of students who withdrew from the study during its first year were in Year 2, which is considered by students and faculty to be the most demanding and difficult, as students’ clinical hours increase to 11 per week in addition to five classroom or online courses per term.

Furthermore, in response to students’ requests, limited elements of the CPD Model that were used in the intervention were introduced into the undergraduate
nursing curriculum for all students in Year 3 of the program at all collaborative nursing sites. Students were required to complete a career vision and individualized career plan as a class assignment. This partial exposure to some aspects of CPD in the nursing curriculum may have had an impact on participants’ reported sense of career resilience and resulted in the control group not being equivalent throughout the study. Given the introduction of CPD into the nursing curriculum, it is of particular interest that significant group differences still existed across all phases of the CPD Model, with the exception of the marketing phase, which, as aforementioned, is emphasized in the extracurricular offerings in senior years of the program.

The challenges in following up with student participants introduced a further limitation. The RA communicated with participants mainly through their university and personal emails, and additionally by phone. However, because participants did not regularly check their university email and sometimes changed their personal emails and phone numbers without informing the RA, some participants were lost to follow-up.

Implications

Study data support the contention that CPD should constitute an integral aspect of nursing curricula across all program years. These findings also demonstrate that nursing faculty can play an essential role in facilitating the learning of competent nursing students who are able to navigate their careers through the challenging health care environment. In order to have CPD become a successful component of nursing curricula, it is imperative that faculty acquire the knowledge and requisite skills to serve as effective career coaches/career educators for students.

Conclusion

Socialization into the nursing profession is an interactive process whereby professional identities are founded on values, meanings, and norms that students learn and adopt throughout their educational programs (Bandura, 1986; Clark, 1997; Thorpe & Loo, 2003). Establishing CPD as a priority in nursing education and equipping faculty with the means of successfully implementing CPD programs would ensure that students are both socialized and offered the tools and resources to become career resilient throughout their nursing career. Faculty and curriculum foci that inculcate the values and practice of career resilience can serve to foster individual career satisfaction as well as contribute to a stable and sustainable nursing workforce.

Building nursing capacity for career resilience has the potential to lead to greater success in retaining nurses provincially and nationally, especially in the case of new graduates, who are a vulnerable group in current health care environments (Donner & Wheeler, 2004). On an organizational level, career-resilient nurses are individuals who are committed to the organization in which they work, and who have the skills and flexibility to link personal effectiveness and satisfaction with achieving the organization’s strategic objectives (McGillis Hall et al., 2004). Findings from this study support the contention that providing structured opportunities for students to learn and apply CPD knowledge and competencies within their academic program fosters their development of a sense of career resilience.

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