

Graduate Evaluation of a Baccalaureate Nursing Programme in Hong Kong

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Abstract

Nursing education in Hong Kong has undergone a remarkable transition in the past decade, from apprenticeship hospital-base training to baccalaureate education. This study is to determine (1) the extent of the relevance of the programme objectives, and (2) the extent to which nursing graduates in Hong Kong demonstrate in their practice the main competencies in 6 months and 18 months after graduation. The evaluation results of the baccalaureate nursing programme from 2000 to 2005 were examined. All graduates of the programme employed in clinical settings who consented to participate in the programme evaluation were included. A 19-item questionnaire measuring the main competencies of the programme was used. The extent of graduates' demonstration of the main competencies was fair to moderate. Graduates reported highest score in maintaining a health promotion environment, followed by effective communication and ethical conduct. Items with the lowest competency scores were participation in research and leadership in nursing practice. The mean scores at 18 months evaluation were generally higher than the 6 months evaluation. Findings of this study provides direction for designing the baccalaureate nursing curriculum.

Keywords: Baccalaureate nursing education, competence, nursing graduates

Introduction

Nursing education in Hong Kong has undergone a remarkable transition in the past decade, from apprenticeship hospital-based training to baccalaureate education. It aims to prepare nurses to achieve autonomous and accountable nursing practice upon registration (Chan & Wong, 1999; Thompson, 2006). However, gaps between educational preparation and actual practice have been identified in the literature. There have been criticisms about baccalaureate nursing graduates being too theoretical and inadequately prepared for competently delivering quality nursing care (Watson, 2006). Nurse educators must determine the extent to which nursing graduates demonstrate the competencies expected of a newly qualified nurse in their nursing practice after graduation. This information provides direction for identifying the areas that require further strengthening in baccalaureate nursing education.

Background

Nursing competencies define the profession, establishes standards and expectations of the profession and identifies areas for developing the curriculum of the nursing education

(Nursing Council of Hong Kong (NCHK), 2004; Verma, Paterson, & Medves, 2006). A systematic review by Verma et al. (2006) defined competence as ‘a behavior or set of behaviors that describe excellent performance in a particular work context’ (p. 109). The review noted that competence is a multifaceted and dynamic concept that includes the understanding of knowledge, clinical skills, interpersonal skills, problem solving, clinical judgment and technical skills.

Nursing statutory authorities recommend a set of competencies for qualified nurses to ensure the quality of nursing care provided (Australian Nursing and Midwifery Council, 2006; Burns & Poster, 2008). Specific to newly qualified nursing graduates, there are certain competencies considered essential for entry into practice. In Hong Kong, the core competencies that a registered nurse (general) is expected to possess after graduation are in five areas – including professional, legal and ethical nursing practice; health promotion and health education; management and leadership; research; and personal effectiveness and professional development (NCHK, 2004).

Ability to demonstrate the essential competencies by the nursing graduates upon entry into practice is important for safe nursing practice. A study in the United Kingdom (UK) found that at graduation and 6 months afterwards, the competence constructs with the lowest mean scores were leadership and social participation. The constructs with the highest mean scores at both times were assessment and intervention (Bartlett, Simonite, Westcott, & Taylor, 2000). A qualitative evaluation by Lowry, Timms, and Underwood (2000) indicated that the graduates were least prepared in performing basic clinical skills and procedures, managing groups of patients, and had a lack of organizational and time-management skills, teamwork and leadership skills. These studies commonly showed the newly qualified graduates need further improvement in certain aspects of competencies. However all studies were conducted in Western countries. There have been limited studies in Hong Kong evaluating the self-appraisal of competencies by baccalaureate nursing graduates.

Aims

The aims of this study are to evaluate the extent of the relevance of the programme objectives and the extent to which nursing graduates in Hong Kong appraise the main competencies in 6 months and 18 months after graduation.

Objectives

The objectives of this study were:

- 1) To evaluate the relevance of overall objectives of a baccalaureate nursing programme to nursing practice.
- 2) To evaluate the graduates’ appraisals of main competencies after completing the programme.
- 3) To evaluate the graduates’ perceptions of the teaching and learning opportunities offered by a baccalaureate nursing programme.
- 4) To examine the differences in the programme evaluations among cohort years and follow-up times.

Methods

Design and Participants

The study was conducted as a part of the evaluation of a baccalaureate nursing programme (B. Nurs.) at a School of Nursing of a university in Hong Kong. Graduation from the programme will lead to the registration and qualification to practice as a registered nurse (RN) according to the Nurses Registration Ordinance of the Nursing Council of Hong Kong.

Data collected for the B.Nurs. programme evaluation from graduates of the academic years 2000 to 2005 was reviewed. All the graduates were qualified RNs and had been practicing as a RN at the time of evaluation. The settings where they were working included hospital, residential care, community, pharmaceutical, or other clinical settings.

Data collection

Data were collected by voluntary completion and return of a self-administered questionnaire by the participants. After 6 months of graduation from the B.Nurs. programme, the graduates were mailed the questionnaires and a cover letter to explain the purposes, nature and data-collection process of the study. The graduates returned the completed questionnaire using the enclosed stamped addressed envelope. The same process was repeated 12 months later (i.e. 18 months after graduation). Both the 6- and 18-month data-collection processes were conducted for all graduates of every academic year from 2000 to 2005. It was noted that for the graduates of the academic year 2002, only one evaluation was conducted at 8 months after their graduation due to outbreak of Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong in March 2003 (Lee et al., 2003). Therefore there was no data available for the 18-month follow-up in this academic year.

Measuring Instruments

The Programme Evaluation Questionnaire was developed according to the learning objectives of the B.Nurs. programme and the main competencies expected of a nursing graduate after completing the programme. Content validity of the questionnaires had been assessed by a panel of experts from the nursing academics of the School of Nursing.

The questionnaire consisted of three sections which elicited graduates' evaluation of the B.Nurs. programme. The first section evaluated the relevance of overall objectives of the B.Nurs. programme to their nursing practice as a RN in their clinical settings. There were eight items measuring the objectives about health promotion, provision of safe and comprehensive nursing care, demonstration of effective problem-solving and decision-making strategies, evaluation, effective collaboration, maintaining ethical conduct and legality, accept accountability, and display commitment to professional development. The items were rated on a 5-point Likert scale from 1 'Not relevant' to 5 'Very relevant'. The total score ranged from 8 to 40.

The second section evaluated the graduates' perceived extent to which they demonstrated the main competencies expected of a graduate of the programme in their nursing practice. There were 19 items rated on a 4-point Likert scale from 1 'Low extent' to 4 'Great extent'. The total score ranged from 19 to 76. Factor analysis identified two factors among these items namely disciplinary knowledge (Cronbach's alpha $\alpha=0.87$) and professional development ($\alpha=0.79$).

The third section elicited the graduates' agreements with statements about the teaching and learning opportunities, and facilities offered in the programme. It contained 20 items on a 4-point Likert scale from 1 'Strongly disagree' to 4 'Strongly agree'. The total score ranged from 20 to 80. Factor analysis identified two factors among these items, namely curriculum and learning environment ($\alpha=0.95$) and clinical practice ($\alpha=0.78$). Background information was collected including the nature and specialty of clinical settings where the graduates were working, the duration and type of wards or units they had worked for the past 6 or 18 months.

Statistical Analysis

Descriptive statistics including medians, means and standard deviations were performed to present the results of the data. Two-way analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) were performed for means of each cohort year (2000 to 2005), follow-up time (6- and 18-month) and their interactions for the graduates' data respectively. This was done to examine the differences among cohort years and follow-up times respectively, and the effects of interaction by cohort years and follow-up times. The statistical package SPSS version 16.0 was used to perform the statistical analysis. The significance level was set at $p<0.05$.

Results

For the academic year 2000 to 2005, there were 420 graduates of the B.Nurs. programme and 206 of them (response rate 49.0%) completed and returned the questionnaires at 6-month evaluation, and 120 (28.6%) at 18-month evaluation. Table 1 summarized the response rates of the graduates for the cohort years from 2000 to 2005.

Year	Graduate respondents (6 months)	Graduate respondents (18 months)
2000	32 (62.8%)	28 (54.9%)
2001	36 (76.6%)	24 (51.1%)
2002	35 (52.2%)	--
2003	30 (44.8%)	23 (34.3%)
2004	35 (41.2%)	18 (21.2%)
2005	38 (36.9%)	27 (26.2%)

Table 1: Response rates of graduates 2000 to 2005.

Relevance of overall objectives

Table 2 shows the results of the graduates' evaluations about relevance of overall objectives of the B.Nurs. programme to nursing practice as a RN in clinical settings. The mean scores (SD) ranged from 2.23 (0.52) to 3.89 (0.51) at 6-month evaluation, and from 2.15 (0.40) to 3.72 (0.43) at 18-month evaluation. Results of the two-way ANOVA showed significant differences in cohort years ($F=7.279$, $p<0.001$), follow-up times ($F=7.458$, $p<0.001$), and their interaction ($F=19.555$, $p<0.001$). On average, the adjusted mean score (2.79) at 6-month evaluation was higher than that (2.56) at 18-month evaluation. However a significantly higher mean score at 18-month evaluation was found in the cohort year 2003. From the Bonferroni test, the averaged scores in 2003 and 2004 were significantly higher than those of the other cohort years.

Achievement of main competencies

Table 2 also shows the results about the graduates' evaluations on their achievement of main competencies expected of a graduate after completing the B.Nurs. programme. The mean scores (SD) of the competency 'Disciplinary knowledge' ranged from 2.16 (0.42) to 2.81 (0.32) at 6-month evaluation, and from 2.08 (0.36) to 2.86 (0.35) at 18-month evaluation. The mean scores of the competency 'Professional development' ranged from 2.05 (0.49) to 2.87 (0.64) at 6-month evaluation, and from 2.17 (0.43) to 2.88 (0.46) at 18-month evaluation. Results of the two-way MANOVA of the two main competencies showed significant differences in cohort years, follow-up times and their interaction. Wilk's Lamda were 20.702 ($p<0.001$), 15.795 ($p<0.001$) and 33.002 ($p<0.001$) respectively. The competence 'Disciplinary knowledge' showed statistically significant differences in all cohort years ($p<0.001$), follow-up times ($p=0.001$) and interaction ($p<0.001$). The general trend was that the averaged score at 6-month evaluation was slightly higher than or about the same as that at 18-month evaluation. However the score at 18-month evaluation in cohort year 2003 was significantly higher than that at 6-month evaluation. The competence 'Professional development' showed statistically significant differences in cohort years ($p<0.001$), follow-up times ($p=0.046$) and interaction ($p<0.001$). The general trend was that the averaged score at 6-month evaluation was significantly slightly lower than or about the same as that at 18-month evaluation. However the score at 18-month evaluation in cohort year 2003 was significantly lower than that at 6-month evaluation.

Graduates' agreements

Table 2 shows the graduates' agreement with statements about the teaching and learning opportunities, and facilities offered in the B.Nurs. programme. The mean scores (SD) for the factor 'Curriculum and learning environment' ranged from 1.93 (0.39) to 3.06 (0.30) at 6-month evaluation, and from 1.99 (0.35) to 3.09 (0.27) at 18-month evaluation. For the factor 'Clinical practice', the mean scores (SD) ranged from 2.33 (0.57) to 2.74 (0.49) at 6-month evaluation, and from 2.00 (0.49) to 2.93 (0.35) at 18-month evaluation. Results of the two-way MANOVA of the two factors showed significant differences in all cohort years, follow-up times and their interaction. Wilk's Lamda were 20.054 ($p<0.001$), 8.530 ($p<0.001$) and 42.230 ($p<0.001$) respectively. The factor 'Curriculum and learning environment' showed statistically significant differences in cohort years ($p<0.001$), follow-up times ($p<0.001$) and interaction ($p<0.001$). Compared with the 18-month evaluation, the averaged scores at 6-month evaluation were lower in cohort years 2001 and 2003, but were higher in cohort years 2000, 2004 and 2005. For the factor 'Clinical practice', statistically significant differences were found in the interaction terms only ($p<0.001$). Compared with the 18-month evaluation, the averaged scores at 6-month evaluation were lower in cohort years 2001 and 2003, but were higher in cohort years 2000, 2004 and 2005.

Cohort year	Follow-up time	Relevance of overall objectives		Achievement of main competencies				Teaching and learning opportunities			
				Disciplinary knowledge		Professional development		Curriculum and learning environment		Clinical practice	
		Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
2000	6-month	3.54	(0.44)	2.68	(0.36)	2.05	(0.49)	2.98	(0.35)	2.50	(0.44)
	18-month	2.37	(0.55)	2.34	(0.31)	2.88	(0.46)	2.10	(0.38)	2.54	(0.67)
2001	6-month	2.40	(0.51)	2.16	(0.42)	2.67	(0.55)	1.96	(0.41)	2.49	(0.68)
	18-month	2.22	(0.46)	2.08	(0.36)	2.79	(0.45)	1.99	(0.35)	2.42	(0.53)
2002	6-month	2.33	(0.49)	2.17	(0.31)	2.75	(0.57)	1.97	(0.33)	2.37	(0.55)
	18-month	--	--	--	--	--	--	--	--	--	--
2003	6-month	2.23	(0.52)	2.28	(0.62)	2.87	(0.64)	1.93	(0.39)	2.33	(0.57)
	18-month	3.72	(0.43)	2.86	(0.35)	2.17	(0.43)	3.09	(0.27)	2.93	(0.35)
2004	6-month	3.89	(0.51)	2.81	(0.32)	2.19	(0.53)	3.06	(0.30)	2.74	(0.49)
	18-month	2.15	(0.40)	2.08	(0.33)	2.70	(0.44)	1.99	(0.21)	2.00	(0.49)
2005	6-month	2.37	(0.54)	2.29	(0.36)	2.83	(0.52)	2.18	(0.33)	2.63	(0.73)
	18-month	2.35	(0.50)	2.10	(0.41)	2.72	(0.45)	2.12	(0.29)	2.28	(0.61)

Table 2: The means and standard deviations (SD) of the nursing graduates' evaluations on the relevance of overall objectives of B.Nurs. programme to RN practice, achievement of the main competencies of the B.Nurs. programme, and perceptions of the teaching and learning opportunities offered by the B.Nurs. programme.

Remarks

- Relevance of overall objectives: the averaged scores in 2003 and 2004 were significantly higher than those of the other cohort years.
- Achievement of main competencies: the competence 'Disciplinary knowledge' showed statistically significant differences in all cohort years ($p<0.001$), follow-up times ($p=0.001$) and interaction ($p<0.001$); the competence 'Professional development' showed statistically significant differences in cohort years ($p<0.001$), follow-up times ($p=0.046$) and interaction ($p<0.001$).
- Teaching and learning opportunities: the factor 'Curriculum and learning environment' showed statistically significant differences in cohort years ($p<0.001$), follow-up times ($p<0.001$) and interaction ($p<0.001$). For the factor 'Clinical practice', statistically significant differences were found in the interaction terms only ($p<0.001$).

Analysis of graduates' achievement of main competencies

Table 3 shows the results of graduates' achievement of main competencies expected of a graduate after completing the B.Nurs. programme. The mean scores of the 19 main competencies ranged from 1.93 to 3.09. The five items with the highest mean scores rated by the graduates were items 14, 6, 19, 7 and 13. The five items with the lowest mean scores rated by the graduates were items 17, 12, 18, 5 and 15.

Main competencies		Graduates		
		Media n	Mean	SD
Item 14	Continuing education and personal development.	3	3.09	(0.65)
Item 6	Maintain a health promoting environment.	3	3.09	(0.68)
Item 19	Ethical conduct in nursing practice.	3	2.96	(0.59)
Item 7	Effective communication.	3	2.96	(0.76)
Item 13	Accountability for nursing decisions and practice.	3	2.94	(0.54)
Item 2	Plan nursing care.	3	2.93	(0.63)
Item 9	Promote wellness through health education.	3	2.87	(0.65)
Item 4	Implement nursing care.	3	2.76	(0.65)
Item 10	Evaluate nursing care.	3	2.75	(0.58)
Item 11	Coordinate nursing care.	3	2.72	(0.70)
Item 1	Assessment.	3	2.68	(0.78)
Item 8	Therapeutic use of self in health counseling.	3	2.66	(0.77)
Item 3	Proficiency in nursing techniques.	3	2.61	(0.73)
Item 16	Respond to contemporary health issues.	3	2.59	(0.75)
Item 15	Contribute to professional organization and community.	2	2.46	(0.81)
Item 5	Critical appraisal of research findings.	2	2.45	(0.72)
Item 18	Practice nursing according to legislation.	2	2.38	(0.90)
Item 12	Leadership in nursing practice.	2	2.26	(0.73)
Item 17	Participate in research.	2	1.93	(0.78)

Table 3: The medians (M), means and standard deviations (SD) of the nursing graduates' evaluations on graduates' achievement of 19 main competencies expected of a graduate after completing the B.Nurs. programme.

Remarks: items were sorted according to their mean scores

Discussion

This study revealed the extent to which the nursing graduates demonstrated the main competencies of the B.Nurs. programme was fair to moderate. It is comparable with the previous study by Lofmark, Smide, and Wikblad (2006). One key issue in nursing practice is the provision of safe and accountable nursing care (NCHK, 2004). Furthermore with increasing complexity and demands of the health care system, nurses are faced with challenges of ethical dilemmas in practice such as use of physical restraints (Gastmans & Milisen, 2006) and end-of-life nursing care (Matzo, Sherman, Nelson-Martens, Rhome, & Grant, 2004). It is encouraging that the graduates demonstrated to a good extent in the competencies of maintaining a healthy and safe environment, demonstrating accountability and maintaining ethical conduct.

Effective communication with health-care team members has been identified as a crucial quality for newly qualified RNs (Utley-Smith, 2004). The graduates perceived high

competency in this area. It may be attributed to the emphasis of developing communication skills throughout the 4-year baccalaureate nursing programme. They were provided with abundant opportunities to work with various disciplines across settings such as hospitals, elderly or rehabilitation centers, and community nursing services. In addition the diverse extra-curricular activities offered by the university may play a vital role. Students could learn the skills in compromising and resolving conflicts during organizing activities. They gained confidence and skills when interacting with different people.

Pursuing continuous professional education is inevitable for nursing graduates to advance their knowledge and skills. A study by Lee, Tiwari, Hui Choi, Yuen and Wong (2005) also found registered nurses in Hong Kong participated actively in continuous professional education. However, Lee et al.'s (2005) study revealed the major barriers for pursuing continuous education included high course fees, limited time, difficulty in requesting duty and unavailability of courses. Investigations are necessary to further facilitate continuing professional education by the graduates.

Despite the provision of a course about nursing research in the curriculum, the graduates' competence in critically appraising and participating in nursing research was only fair. The low score may be attributed to the graduates' stressful experience in transition from school to work (Oermann & Garvin, 2002). New nurses tended to focus on task and organizational demands of the workplace. Their abilities to perform evidence-based practice might be compromised by limited clinical experience and judgment (Ferguson & Day, 2007). Furthermore previous studies identified several major barriers to implementing evidence based nursing, including inadequate facilities, lack of authority to change nursing procedures, lack of time to read research, and difficulties in understanding statistical analysis (Hutchinson & Johnston, 2004; Thompson, Chau, & Lopez, 2006; Veeramah, 2004). With the emphasis on evidence based nursing, it is important to regularly review the curriculum to equip students with adequate knowledge in research including searching, critically appraising, applying research findings and statistical analysis. More collaboration with clinical partners, such as joint research seminars and research projects may provide more research opportunities for graduates.

Fair extent was indicated in the graduates' demonstration of 'Function in accordance with legislation and common law'. Nurses nowadays are legally accountable to their care provided. They need to keep updated the patient care policies of the health institutions and the current legislation governing nursing practice (Austin, 2008; Pappas, Clutter, & Maggi, 2007). Furthermore the roles of nurses are expanding rapidly. Nurses are no longer only the care provider in clinical settings, they participate actively in health campaigns or health policy formation in the society (Tarrant & Chan, 2002; Toofany, 2005). Ability to keep abreast of and respond to contemporary health issues enables nurses to contribute their professional knowledge and skills to the health needs of the society. Support to the nursing professional organization not only enables these movements, but also guards the profession's rights (Alotaibi, 2007). The nursing curriculum offers courses in health issues of the contemporary society and legal issues. More opportunities should be provided throughout the programme to encourage students' participation in activities of the nursing professional organization. Strategies such as organizing a legal seminar or online collaboration with practicing nurse attorneys (Pappas et al., 2007; Priest, Kookan, Ealey, Holmes, & Hufeld, 2007) were found effective in enhancing students' legal knowledge.

The graduates during the first 6 months after graduation were adapting themselves to the work environment. They might also not have the skills and opportunities to assume leadership roles (Schoessler & Waldo, 2006). Benner (2001) suggested that it generally required 2 to 3 years for nurses who had been on the job in the same or similar situations to advance from novice level to competent level. Bartlett et al. (2000) found that the mean scores for the competence constructs of leadership, assessment, planning and intervention improved at 12 months after graduation among the baccalaureate nursing graduates in UK. In order to further strengthen the graduates' competencies in these aspects, it is suggested to enhance graduates' experience during clinical placement in working as a team member with staff nurses, and increase their opportunities in leading and organizing care of a larger group of patients.

Results of the current study show that the differences of programme evaluation among cohort years and follow-up times were quite random. However, the 2003 (18 months) and 2004 (6 months) evaluations were exceptionally good, possible due to the post-SARS effects on the general morale of nursing professionals. Nevertheless, it is worthwhile to perform similar evaluation in future cohorts and in different follow-up times.

The study results were limited by the low response rates of the graduates (46.6%) and social desirability response bias by the graduates. Future evaluation of competency of baccalaureate nursing graduates should focus on increasing the response rates and thus minimizing the selection bias. A multi-component method involving both quantitative and qualitative measurement is suggested. Furthermore competency in computer literacy and cultural perspectives are becoming more important nowadays (Smedley, 2005; McGee, 2001; Ornelas, 2008). Future evaluation of these competencies is recommended. Further research is also needed in reaching a consensus about the measuring tools of nurses' competence to facilitate comparisons across studies.

Conclusion

With the ever-changing and demanding health-care environment, it is critical for the schools of nursing in universities to prepare competent nurses. Continuous and comprehensive evaluation of nursing graduates' competence should be performed. This study suggested the enrichment of baccalaureate nursing curriculum in nursing research, health counseling, contemporary health and legal issues. Considerations should be made to increase graduates' clinical experience in team work and care of a larger group of patients.

References

- Alotaibi, M. (2007). Factors affecting nurses' decisions to join their professional association. *International Nursing Review*, 54(2), 160–165.
- Austin, S. (2008). Seven legal tips for safe nursing practice. *Nursing*, 38(3), 34–40.
- Australian Nursing and Midwifery Council. (2006). *National competency standards for the registered nurse* (4th ed.). Retrieved from <http://www.nmb.nsw.gov.au/Competency-Standards/default.aspx>
- Bartlett, H. P., Simonite, V., Westcott, E., & Taylor, H. R. (2000). A comparison of the nursing competence of graduates and diplomates from UK nursing programmes. *Journal of Clinical Nursing*, 9(3), 369–379.
- Benner, P. E. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall.

- Burns, P., & Poster, E. C. (2008). Competency development in new registered nurse graduates: Closing the gap between education and practice. [Erratum in *Journal of Continuing Education in Nursing*, 2008, 39(4), 148] *Journal of Continuing Education in Nursing*, 39(2), 67–73.
- Chan, S., & Wong, F. (1999). Development of basic nursing education in China and Hong Kong. *Journal of Advanced Nursing*, 29(6), 1300–1307.
- Ferguson, L. M., & Day, R. A. (2007). Challenges for new nurses in evidence-based practice. *Journal of Nursing Management*, 15(1), 107–113.
- Gastmans, C., & Milisen, K. (2006). Use of physical restraint in nursing homes: Clinical-ethical considerations. *Journal of Medical Ethics*, 32(3), 148–152.
- Hutchinson, A. M., & Johnston, L. (2004). Bridging the divide: A survey of nurses' opinions regarding barriers to, and facilitators of, research utilization in the practice setting. *Journal of Clinical Nursing*, 13(3), 304–315.
- Lee, N., Hui, D., Wu, A., Chan, P., Cameron, P., Joynt, G. M., ... Sung, J. J. (2003). A major outbreak of severe acute respiratory syndrome in Hong Kong. *New England Journal of Medicine*, 348(20), 1986–1994.
- Lee, A. C., Tiwari, A. F., Hui Choi, E. W., Yuen, K. H., & Wong, A. (2005). Hong Kong nurses' perceptions of and participation in continuing nursing education. *Journal of Continuing Education in Nursing*, 36(5), 205–212.
- Lofmark, A., Smide, B., & Wikblad, K. (2006). Competence of newly-graduated nurses. A comparison of the perceptions of qualified nurses and students. *Journal of Advanced Nursing*, 53(6), 721–728.
- Lowry, J. S., Timms, J., & Underwood, D. G. (2000). From school to work: Employer perceptions of nursing skills. *Journal for Nurses in Staff Development*, 16(2), 80–85.
- Matzo, M. L., Sherman, D. W., Nelson-Marten, P., Rhome, A., & Grant, M. (2004). Ethical and legal issues in end-of-life care: Content of the end-of-life nursing education consortium curriculum and teaching strategies. *Journal for Nurses in Staff Development*, 20(2), 59–68.
- McGee, C. (2001). When the golden rule does not apply: Starting nurses on the journey toward cultural competence. *Journal for Nurses in Staff Development*, 17(3), 105–114.
- Nursing Council of Hong Kong. (2004). *Core-competencies for registered nurses (General)*. Retrieved from http://www.nchk.org.hk/en/core_competencies_and_reference_guides/registered_nurses_general/index.html
- Oermann, M. H., & Garvin, M. F. (2002). Stresses and challenges for new graduates in hospitals. *Nurse Education Today*, 22(3), 225–230.
- Ornelas, I. J. (2008). Cultural competency at the community level: A strategy for reducing racial and ethnic disparities. *Cambridge Quarterly of Healthcare Ethics*, 17(2), 185–194.
- Pappas, I. E., Clutter, L. B., & Maggi, E. (2007). Current legal changes: Innovative legal seminar for nursing students. *Journal of Nursing Law*, 11(4), 197–209.
- Priest, C., Kookan, W. C., Ealey, K. L., Holmes, S. R., & Hufeld, P. (2007). Improving baccalaureate nursing students' understanding of fundamental legal issues through interdisciplinary collaboration. *Journal of Nursing Law*, 11(1), 35–42.
- Schoessler, M., & Waldo, M. (2006). The first 18 months in practice: A developmental transition model for the newly graduated nurse. *Journal for Nurses in Staff Development*, 22(2), 47–54.
- Smedley, A. (2005). The importance of informatics competencies in nursing: An Australian perspective. *Computers, Informatics, Nursing*, 23(2), 106–110.

- Tarrant, M., & Chan, S. S. (2002). Integrating health promotion into nursing curricula in Hong Kong. *Journal of Community Health Nursing, 19*(2), 93–103.
- Thompson, D. R. (2006). Nursing in Hong Kong: Issues and challenges. *Nursing Science Quarterly, 19*(2), 158–162.
- Thompson, D. R., Chau, J. P. C., & Lopez, V. (2006). Barriers to, and facilitators of, research utilisation: A survey of Hong Kong registered nurses. *International Journal of Evidence-Based Healthcare, 4*(2), 77–82.
- Toofany, S. (2005). Nurses and health policy. *Nursing Management (Harrow), 12*(3), 26–30.
- Utley-Smith, Q. (2004). 5 competencies needed by new baccalaureate graduates. *Nursing Education Perspectives, 25*(4), 166–170.
- Veeramah, V. (2004). Utilization of research findings by graduate nurses and midwives. *Journal of Advanced Nursing, 47*(2), 183–191.
- Verma, S., Paterson, M., & Medves, J. (2006). Core competencies for health care professionals: What medicine, nursing, occupational therapy, and physiotherapy share. *Journal of Allied Health, 35*(2), 109–115.
- Watson, R. (2006). Is there a role for higher education in preparing nurses? *Nurse Education Today, 26*(8), 622–626.