UNIVERSITI TEKNOLOGI MARA

MODELLING KNOWLEDGE TRANSFER OF NURSING STUDENTS DURING CLINICAL PLACEMENT

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ABSTRACT

The current study explored factors affecting behavioral of knowledge transfer and the antecedents predicting this within the Theory of Planned Behavior (TPB) framework. This study made an attempt to incorporate knowledge transfer-related variables (articulability of knowledge, credibility of knowledge source, gap of theory-practice, embedded knowledge and environmental uncertainty) into the framework. The premise of the model is to provide guideline of necessary conditions that are influential to knowledge transfer behavior in the clinical placement. It is hoped that by holistically understanding and paying closer attention to these predictors, a more comprehensive strategy can be devise beforehand to alleviate any problems that might negatively hinder activities of acquiring and applying new knowledge at the point of clinical placement, which subsequently maximize required clinical experience and in turn increase the levels of clinical competence. The posited model was validated quantitatively using field surveys to one of key stakeholders of clinical placement; the nursing students. The influence of the variables selected for this study was tested on two distinct samples of Lower Semester Group, LSG (semester 1- 3) and Higher Semester Group, HSG (semester 4-6) separately. A total of 2880 questionnaires were distributed to nursing students from all government-affiliated nursing institutions throughout the country. A total of 2779 (96.5%) was returned and only 2638 were usable for analysis. Data analysis statistical technique of Partial Least Square (PLS) was conducted to analyze the hypothesized relationships and to test adequacy of the proposed model. For LSG, eight (8) of ten (10) hypotheses were supported. For HSG, with excerption to three (3), all of the hypothesized paths are in the direction hypothesized. The Model show reasonably good fit supported by the acceptable level of the *GoF* indices of 0.389 (LSG) and 0.383 (HSG). The finding of this study which is solely focuses on knowledge transfer from the recipient of the knowledge perspective, is contributing to the existing TPB framework and knowledge transfer literature with new measures, constructs and structural paths added in rarely tested context; clinical placement. The study could provide direction for nursing authority in directing appropriate resources that are conducive to knowledge transfer at clinical placement when developing nursing curriculum structures in the future.

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CHAPTER ONE

INTRODUCTION

1.1   INTRODUCTION

In this chapter, the overall structure of the study is presented. Section 1.2 presents the backgrounds of this study. Section 1.3 explains the statement of problem. Section 1.4 presents the research questions of this study. Section 1.5 presents the research objectives of this study. Section 1.6 describes the study scope of this study. Section 1.7 explains the significant contributions of this study. Section 1.8 exhibits the definition of key terms used in the study structure and 1.9 presents the overview of dissertation.

1.2   BACKGROUND OF THE STUDY

This sub-section explains matters regarding nursing education in relation to the preparedness to practice, the clinical experience and the stickiness of knowledge transfer at the point of clinical placement.

1.2.1   The Preparedness to Practice

Workers in the health care sector around the world have been experiencing great challenges of globalization, technological advancement, cost hike, patient safety variance, poor patient care quality and patient demographic changes (De Jonge, 2000; Heller, Oros & Durney-Crowley, 2000; Detmer, 2003). The demand for health care and nurses is growing due to "ageing populations, increased consumer activism and rapid evolution of medical technologies" (Simoens, Villeneuve & Hurst, 2005), "growing population and the associated liability of disease" (Barnett, Namasivayam & Narudin, 2010) and increasing burden associated with chronic disease management (Tower, Cooke, Watson, Buys & Wilson, 2015). Other than expansion in technology, decreased length of stay in hospitals and ageing of the population, changes of "increasing complexity of modern healthcare, technology prolonging an individual