Reasearch on education needed to be a nurse

Contents

- Education in nursing

Types of Studies

Studies that were considered thoroughly and scrupulously for the current systematic review included the following; case-control studies randomized controlled trials (RCTs), prospective and retrospective cohort studies, non-randomized controlled trials (nonRCTs), quasi-experimental studies and before and after studies.

Types of participants

The current systematic review assessed and evaluated male and female nurses alike, their ages being eighteen years and above and they had to be caring and looking after patients in hospitals and healthcare settings. Basing on that, nurses considered were those caring for patients at their bedsides, nurse educators and all the nurse executives. There was one exclusion; nurses who had retired and were no longer serving in the nursing field.

Types of intervention (s)

The current systematic review assessed the effect of educated nurses, those with BSN degree or higher, on the outcomes of the patients. Studies which provided a comparison between the BSN Degree to the non-BSN degree were put into consideration as well. Any nurse who was a holder of BSN degree was included, without necessarily focusing on the path used to getting the degree. There are some channels through which one may be able to obtain a bachelor of science in nursing; these include; licensed practical

nurse (LPN) to BSN, Associate Degree Nurse (ADN) to BSN, second-degree bachelors to BSN, and the 4-year degree in Bachelor of Science in Nursing. There are also higher levels than the degree; these are master's level and the doctorate's level. Non-BSN was described as the associate degree in nursing (ADN) or Diploma in the same field.

Types of outcomes

The current systematic review entails studies which contain the following outcome measures: length of duration, readmission rates, 30-day mortality, this refers to death of a patient within 30-days of admission hospital-acquired conditions, length of hospitalization, failure-to-rescue which can be explained as death due to the development of a complication, embolism of the pulmonary and post-surgery mortality in healthcare setting.

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2. 2. 1   Analysis of search outcomes

Fig. 1 depicts the summary of search results will all inclusion or exclusion criteria. Search result analysis was divided into two steps: 1) title and abstract view, 2) full article review.

Using library informatics, a pre- established search strategy and a list of keywords, 190 and 125 articles were retrieved from Pub Med and peer review articles, respectively. After the title and abstract review, the following articles were excluded: 60 articles were excluded because they were the wrong study type, primarily because they were review papers; 9 articles were excluded because the studies were conducted in the outpatient

settings, such as communities and outpatient clinics; 10 studies were excluded because the included nurses were not explicitly stated by the survey to be baccalaureate- educated nurses; 20 studies were excluded because they did not report patient outcomes. Following this exclusion process, 36 articles remained to be considered by the full-text review. During the full-text review, six studies were excluded because the full text of the article could not be found; one study was excluded because it was not explicitly stated in the text that the nurses in the study held a bachelor's degree, and four studies were excluded due to duplication. After the two-step selection process, twenty-five studies remained for further analysis.

2. 2. 2   Quality appraisal

Study quality was assessed using a modified scale informed by the Jadad scale.

2. 2. 3   Data extraction

Key information, including title, design, sample size, research focus and study outcomes were extracted from the selected articles. Characteristics of the included studies are depicted in Table 5.

3.   RESULTS

The results of the twenty-five papers can be divided into six major categories: lower readmission rates; shorter lengths of stay, lower rates of post- surgery mortality, lower congestive cardiac heart failure rate, and lower hospital-acquired decubitus ulcers and failure to rescue. The results of the papers were grouped based on the content and illustrated separately.

The initial search produced a total of one thousand, four hundred and eighty results; even the replicates were not excluded. However, after removing them, a total of one thousand four hundred and thirty-eight studies were removed, with the criteria of removing them being the information presented as shown in Table 4. Twenty-nine articles were reviewed and studied to see if they had passed the inclusion criteria and of these, four of them were excluded as they could not meet all the inclusion criteria or were not directly related to the subject topic. Only twenty-five remained, and these were included for assessment and evaluation. These articles had met all the inclusion criteria.

Table 3: Study search outcomes

Database searched	Records
Medline & PubMed	190
CINAHL	125
ProQuest	49
ProQuest Dissertations and Theses	365
Google	582

Scholar

Online Library	140
Reference list	29
Total	1480

Table 4: Stages of the search process and the inclusion and exclusion of studies until the final figure

The total number of records through database searching	1450
The total number of additional records that were retrieved from reference	30

lists

Number of articles removed due to duplication	(39)
The number of articles that were evaluated and screened	151
The total number of articles that did not meet the inclusion criteria as stipulated above	1420
The total	29

number of

articles

that were

retrieved

for

appraisal

The

number of

articles

that had to

be   4

excluded

with

specific

reasons

The total

number of

studies   25

that were

included

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Methodological quality

The current systematic review tried to ensure that all the articles included in the study were of the highest methodological quality. To enhance this, three reviewers assessed and evaluated each and every study independently; these three were KP, EH, and SH. For the systematic comment on the repercussion of bias on the outcomes of the articles that were included, a standardized important appraisal tool was used; this was from the JBI-MAStARI.

From the twenty-five studies that met the inclusion criteria, five of them were comparable cohort studies while the rest of the others (twenty) were of descriptive cross-sectional nature analyses.

Study features and characteristics

A total of twenty-five studies were included in the systematic review. A summary of some of the studies is as shown in the Appendix. Most of the origin of the studies is the United States of America and others from Europe. Some of the authors from the United States included; (Aiken et al., 2005; Aiken et al., 2011; Kendall-Gallagher, Aiken, Sloane, & Cimiotti, 2011; Kutney-Lee & Aiken, 2008; Kutney-Lee, Sloane, & Aiken, 2013), there were also some from Canada and these were (Estabrooks et al., 2005; Tourangeau et al., 2007) All these studies and articles used in the current systematic review were published between the years 2005 and 2015.

Many of those who were study participants in the articles used were nurses who were employed in acute general care hospitals. However, no distinction is given between the nurses, and other nurses were working in their respective locations (Aitken, et al., 2004; Aitken, et al., 2009; Carney-L et al.,

2009, Sloane, & Aitken, 201). The overall numbers of participants from the twenty-five studies were 200, 989.