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“Perceptions of a Dedicated Education Unit in the Mississippi Delta”

Abstract

The highest health care disparities in the country plague the Mississippi Delta. A weakened economy, minimal access to healthcare and an outdated traditional clinical learning environment place enormous strains on nursing education in this area to provide more nurses. The office of Nursing Workforce reported a 14% to 16% nursing turnover in the Delta compared to the national average of 13.5%. As a result, the health care organization has encountered high nurse turnover, increased staffing shortages, and a decrease in nursing quality indicators. As an effort to improve clinical education and bridge gaps between education and practice, several schools in the Mississippi Delta formed partnerships that created dedicated education units. These partnerships build an opportunity for an amalgamation of education, practice, and research by utilizing the expertise of each organization. An alliance between nurses in clinical practice and academia guarantees research is practice based and scientifically defensible (Pittman, Warmuth, Garder, and King, 1990; Ousey & Gallagher, 2007)). The goal of this project was to evaluate participant’s perceptions on the effectiveness of a dedicated education unit as a collaborative clinical learning model between education and practice to bridge the gap between theory and practice thereby improving health care delivery in the Mississippi Delta. The capstone project used a mixed study design to evaluate qualitative and quantitative data. The capstone project evaluated the perceptions of participants on the dedicated education units about the effectiveness of the model addressing the theory practice gap. The project will examined the benefits and the level of satisfaction for staff nurses, faculty, administrators, and students on the dedicated education units provide. The results of this project provide support of the DEU as a strategy that can be useful to bridge the theory practice gap, improve practice readiness, decrease faculty shortage, cut orientation costs, and reduce nurse turnovers.