

ESTHER CHANG  
DEBORAH HATCHER

# Transitions in Nursing

Preparing for  
professional practice

SIXTH EDITION



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Preparing for  
professional practice

SIXTH EDITION

EDITED BY

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# CONTENTS

Preface	vii
Contributors	ix
Reviewers	xiii

## SECTION 1: FROM STUDENT TO GRADUATE

1	Managing the transition from student to graduate nurse <i>Esther Chang</i>	3
2	Becoming a competent, confident, professional registered nurse <i>Jill White</i>	17
3	Becoming part of a team <i>Tracy Levett-Jones and Lorinda Palmer</i>	29
4	Understanding organisational culture in the community health setting <i>Anna Williams and Deborah Hatcher</i>	45
5	Understanding organisational culture in the hospital setting <i>Ritin S. Fernandez</i>	59
6	Preparing for role transition <i>Sara Karacsony and Melanie Eslick</i>	81
7	Processes of change in bureaucratic environments <i>Susan Alexander</i>	95

## SECTION 2: SKILLS FOR DEALING WITH THE WORLD OF WORK

8	Caring for self: the roles of collaboration, healthy lifestyle and balance <i>Katherine Cooper and Shyama G. K. Ratnayake</i>	115
9	Managing approaches to nursing care delivery <i>Vicki Drury</i>	135
10	Dealing with ethical issues in nursing practice <i>Megan-Jane Johnstone</i>	157
11	Communication for effective nursing <i>Jane Stein-Parbury and Joel S. Zugai</i>	173
12	Evidence-based practice/knowledge translation: a practical guide <i>Tiffany Conroy</i>	191
13	Infection prevention and control in the healthcare setting <i>Lesley Andrew</i>	209

## CONTENTS

- 14 Perspectives on quality in nursing 233  
*Steven A. Frost*
- 15 Managing emotional reactions in yourself, patients, families and colleagues 251  
*Leah East*
- 16 Leadership in nursing and clinical practice 265  
*Nathan J. Wilson and Julia Morphet*

### SECTION 3: ORGANISATIONAL ENVIRONMENTS

- 17 Technology and the registered nurse 279  
*Caleb Ferguson*
- 18 The challenge of bullying in nursing 299  
*Lauretta Luck and Kath Peters*
- 19 Establishing and maintaining a professional identity: portfolios and career progression 317  
*Jane Frost*
- 20 Critically reflective practice for the graduate 337  
*Carey Mather and Helen Almond*
- 21 Mentoring for new graduates 355  
*Stephen Neville and Denise Wilson*
- 22 Professional career development: development of the CAPABLE nursing professional 371  
*Jane Conway and Emily Baxter*
- 23 Transition into practice: the regulatory framework for nursing 395  
*Leeanne Heaton*
- 24 Understanding primary healthcare 411  
*Jane L. Phillips, Louise D. Hickman and Priyanka Vandersman*
- Index 427

## PREFACE

Welcome to the sixth edition of *Transitions in Nursing: preparing for professional practice*. This book has been developed to assist preregistration students, new registered nurses and other professionals interested in issues and challenges associated with the transition from higher education to practice in various health environments. For most new graduates, this rite of passage is associated with a degree of stress, strain and culture shock. These are issues that have existed in nursing for decades. The literature continues to show that this transition is a multidimensional and complex process. Intensive socialisation brings to the surface many challenges and opportunities for new registered nurses as they assimilate into their professional work roles. Research through the years has shed much light on the issues associated with transition, including strategies that can be useful in negotiating the process.

The book provides comprehensive information on the key issues associated with transition. You will find viewpoints that are challenging and sometimes disconcerting, but at the same time motivating and thought-provoking. The sixth edition is divided into three sections. Section 1 examines issues relating to the transition from student to graduate nurse. Section 2 looks at skills for dealing with the world of work. Section 3 discusses the organisational environments that we work in. This edition also includes new contributors and two new and important chapters: chapters 13 and 18. Chapter 13 examines infection prevention and control in the healthcare setting. It helps you to understand your nursing and public health role in the prevention and control of infectious disease, especially in the climate of the COVID-19 pandemic. It also encourages the importance of patient participation and empowerment in infectious disease prevention and control. Chapter 18 discusses the challenge of bullying in nursing. It describes the features and different categories of bullying. It further explores the consequences of bullying on the nurse, bystanders, the organisation and patient care, as well as strategies that can be employed following an incident.

*Transitions in Nursing: preparing for professional practice* shows you how to be a successful graduate and at the same time how to care for yourself. The exercises and learning activities that appear throughout the book offer you a range of helpful suggestions for understanding the nursing context, managing stress and caring for yourself. In addition, each chapter includes recommended reading, case studies and reflective questions for further exploration. In this new edition, most of the chapters have new and/or updated case studies, and additional case studies and media can be accessed on Evolve.

Our intention in developing this book was to involve clinicians and academics in the creation of a resource that is scholarly, accessible, reality-based and practical. More

## PREFACE

importantly, it is a resource that every student, practising nurse, educator and administrator can use to understand the issues that transition raises for new registered nurses. By reading the book, reflecting on the issues and proposing possible answers, you should be able to gain a comprehensive view of the issues, challenges and opportunities that lie ahead of you. The journey during this period can be rewarding, with implications for a long-term and hopefully enjoyable career for you, particularly when educators, administrators and clinicians collaboratively anticipate and manage the socialisation process.

We extend our most sincere appreciation to all the contributors to the book for their shared interest in and concern for the issues and challenges of transitioning from student to registered nurse. **This book would not be possible without them.** They have stood by us (Professor Daly and Professor Chang) for more than 20 years. We would especially like to thank and acknowledge Emeritus Professor John Daly for his substantial contribution to previous editions of the book. We would like to express our gratitude to the late Emeritus Professor Judith Lumby for her commitment to this book through the years. Our thanks also go to Natalie Hunt, Kritika Kaushik and the rest of the team at Elsevier for their encouragement and support, as well as to Carol Natsis for her careful editing of the text of this edition. Elsevier Australia joins us in thanking the reviewers for their feedback on the manuscript. This book is dedicated to all our amazing students through the years.

Esther Chang and Deborah Hatcher

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## CHAPTER 1

# Managing the transition from student to graduate nurse

Esther Chang

### LEARNING OBJECTIVES

When you have completed this chapter, you will be able to:

- ▲ describe the process of transition from student to graduate nurse
- ▲ appreciate a range of factors and issues that influence the transition from student to graduate nurse
- ▲ consider strategies to ease the tension associated with adjustment to the realities of nursing practice for new registered nurses
- ▲ recognise the importance of a positive, proactive approach to managing transition on an individual level
- ▲ identify and access resources which have been shown to facilitate adjustment to nursing practice for new registered nurses.

**KEYWORDS:** transition, role stress, strategies, students, new graduate nurse

### INTRODUCTION

Nursing attracts people from many walks of life, motivated largely by a concern and a desire to understand and help people who are confronted by a range of actual or potential health problems and challenges. Many of these experiences cause major disruption in people's lives – for example, illness, suffering, loss, grief and trauma. According to Englert,<sup>1</sup> 'such experiences are both the privilege and burden of nurses and of others who share the drama, the humor, and the tragedy of other people's lives' (p 1). Englert, a leader in the administration of nursing services, encouraged members of the nursing profession to 'reflect for a moment ... to recall some of those high and low points of the beginning years as a registered nurse' (p 1). She went on:

*I believe that the situation of our nursing students and new graduates today is not so very different. Their motivations in entering nursing are much the same as were ours. They too share an idealism based on the desire to help their fellow human beings, an apprehension*

*that they will be found wanting when the crisis occurs, a certain awkwardness in accepting advice, however kindly given, and an admiration for those whom they see as epitomising the best of nursing. (p 1)<sup>1</sup>*

At the time of writing this chapter, the COVID-19 pandemic continues. Many of those in Australia's healthcare workforce are on the front line and continue to be impacted in many ways.<sup>2</sup> COVID-19 requires graduates to be ready to participate in the workforce and assist in the increased demands on healthcare delivery.<sup>3</sup>

The nursing profession in Australia and elsewhere continues to be concerned with the process of transition for graduates of undergraduate nursing courses upon their entry into the world of clinical practice.<sup>2-7</sup> This concern exists for several reasons: (1) it has remained an issue of concern in nurse education in Australia because of ongoing changes in the clinical practice environment; (2) research data continue to show that this period of transition can be stressful; (3) professional, service and economic issues can impact recruitment and retention; and (4) there are related questions about adequate preparation of new graduate nurses.

One continuing key issue here is the relevance and quality of clinical education in undergraduate courses. Indeed, in recent times, access to an adequate number of quality clinical placements has become a serious challenge to educators in nursing, medicine and allied health. This has fostered several innovations, including the development of effective simulation-based nursing education for clinical simulation teaching and learning environments.<sup>8</sup> The impact of such innovations on the clinical competence of graduates in the health professions will require ongoing research and evaluation.

These challenges are international, particularly in developed countries that are struggling with health sector reforms, cost containment challenges, the growing burden of chronic disease, ageing populations and human resources for health issues. It is imperative to develop transformative healthcare changes for which nurses can play an important role in contributing, driving and taking a lead. In the United States, a provocative and scholarly report for the Carnegie Foundation for the Advancement of Teaching and several research studies have called for a reinvention of preregistration nursing education.<sup>9-11</sup> The author's argument is based on several factors, one dimension being the relevance of current models of undergraduate nursing education in the present-day context of health system re-engineering. In 2010 the Council of Australian Governments established Health Workforce Australia (HWA), which had a role to play in creating solutions to clinical education challenges.<sup>12</sup> However, the Australian Federal Government closed HWA in 2014 and transferred its role and functions to the Commonwealth Department of Health. Undoubtedly, challenges will persist with supply of and access to quality clinical placements across health professional education, including undergraduate nursing.

In addition, recruitment and retention of new graduates are issues from time to time, both nationally and internationally. Demand for, and supply of, registered nurses is cyclical, and occasionally healthcare systems are confronted by a shortage of nurses. Such shortages can reach crisis proportions, a global challenge and phenomenon that is occasionally seen because of an ageing nursing workforce and the undersupply of graduates.<sup>13</sup> HWA predictions pointed to a likely workforce shortage of 109,225 registered nurses by 2025 as a result of demographic changes in society and the profession of nursing. There were more than 642,000 health practitioners working in their registered professions in Australia in 2020, including 105,300 medical practitioners, 350,000 nurses and midwives, 21,500 dental practitioners and 166,000 allied health professionals.<sup>14,15</sup>

Other reasons for this concern with the experience of transition include changing attitudes in society towards nursing as a career, a decline in the number of people choosing to enter undergraduate nursing courses and the need to create sustainable nursing. It also appears that healthcare system reform has created an environment that has a negative impact on the quality of work life for nurses and other health professionals and on the quality of patient care.

There is a large amount of literature on the process of transition from senior student to graduate nurse. It is clear from this literature that transition is multifaceted and complex, and that problems often described and discussed in relation to the process are not new<sup>7,11,16</sup> and continue to evolve.<sup>4</sup> In Australia, nursing education has undergone rapid transformation since the late 1980s. The system of basic nurse education (BNE) is now university-based, with three-year degree programs leading to eligibility to register as a nurse. In addition, the national healthcare system has undergone radical change in the last two decades. Much of this system change has been driven by the shift to an economic model for designing and managing health services. This has led to changes in the nursing practice environment that have implications for new graduates entering employment.

Preregistration nursing courses today need to prepare graduates for a work environment that has undergone enormous change in the last two decades. The practice environment is constantly changing, as has been seen with the COVID-19 pandemic, and this has implications for the type of knowledge and skills that new graduates will require.<sup>3</sup> University schools of nursing are constantly challenged to ensure their courses are designed to give graduates the best possible preparation for entry to nursing practice as new registered nurses, and to optimise their ability to move through the transition process confidently and successfully. Experience has shown that this is best done in cooperation with nursing service leaders and providers. Preparation of new graduates in nursing is best viewed as a shared responsibility between the university and nursing service sectors;<sup>11,17</sup> universities should act as facilitators of learning in collaboration with healthcare service partners.<sup>18</sup>

University schools of nursing aim to prepare flexible, critical thinkers for the practice of professional nursing. They emphasise individual client- or person-centred holistic care and lifelong learning as key values. All preregistration nursing courses are required to provide a clinical education component to ensure that course graduates meet the clinical competency expectations of beginning registered nurses. However, in many surveys, new graduates report that the clinical practice and clinical education components of their undergraduate course were too short and that the course was too theoretical.<sup>16</sup> Other research work has found that, on entry to the workforce, graduates perceive that employers do not understand what they know and can do.<sup>19</sup>

Nursing service providers often report that new graduates 'are inadequately prepared for clinical practice in that they are deficient in certain skills' (p 17).<sup>17</sup> This reflects a clear mismatch in expectations of new graduate nurses between the education and service sectors. Preregistration nursing courses do not aim to produce expert practitioners on graduation. Research has demonstrated that development of clinical expertise requires some years of constant immersion in clinical experience following entry to nursing practice as a registered nurse.<sup>20</sup> It would be ideal if newly registered nurses could meet all expectations required by the healthcare settings immediately following entry to the workforce. Experience has shown that few individuals are able to perform at this level, and for most new graduates this is an unrealistic and difficult expectation. Benner's model and Duchscher's theory clarify skill acquisition and the role transition process undertaken by new graduate nurses.<sup>21</sup>



It is important that new graduates are patiently provided with support, tolerance and encouragement as they learn to assimilate the values, beliefs and practices acquired in their undergraduate education with the practice values and beliefs that are dominant in the clinical working environment. It is no surprise that, in this context, the transition process presents many challenges and potential rewards for the new graduate in nursing. The first 3–6 months as a new registered nurse have been identified as potentially the most challenging and stressful period in their professional adjustment.<sup>11,21,22</sup> This period is ‘crucial in determining new graduates’ commitment to nursing as well as their acquisition of technical, clinical and patient management skills’ (p 20).<sup>17</sup> Perhaps the keys to successful negotiation of this phase are anticipation and psychological preparation. This requires you to be adequately informed of what is known about the process and what you can do to ease your transition into practice as a new registered nurse. In addition, nurses in service need to realise the increasing importance of learning as a lifelong process in healthcare.<sup>23</sup>

A survey of the table of contents of this book will show that component chapters are concerned with preparation for entry into the nursing workforce and the development of a successful, sustainable and rewarding career in nursing. Chapter topics can be classified according to several themes: managing self in clinical practice; caring for self; understanding the forces that shape the practice environment and infection; learning to manage different approaches to nursing care delivery; collaborating and working with colleagues and patients/clients; and professional development strategies.

## TRANSITION: A PROCESS

The transition from student to graduate nurse is characterised by a period of intense socialisation into the culture of the clinical work world. Socialisation, in this context, may be defined as ‘a complex process directed at the acquisition of appropriate attitudes, cognition, values, motivations, skills, knowledge, and social patterns necessary to cope with physical, cultural and social environment’ (p 30).<sup>24</sup> Corwin<sup>25</sup> believes there is a ‘turning point’ between graduating from a nursing school and induction into employment for students. This turning point in a career produces role conflict between professional (idealised) role conceptions and bureaucratic (actualised) role conceptions in the working environment. Consequently, a sense of conflicting loyalties towards bureaucratic and professional systems of work organisation emerges.

The gap between what students are taught to expect and what is actually experienced in the early stages of work has been termed ‘reality shock’.<sup>26</sup> Marlene Kramer, a nurse researcher, first recognised the problem in 1966. Although the phenomenon of reality shock has been substantiated as part of the new graduate nurse transition for decades, there is confirmation to indicate that the problems with the transition into practice are more serious today.<sup>26</sup> The difference between professional and bureaucratic role conceptions is a source of conflict for the nurse.<sup>21,25,26</sup> The strong dissimilarity in the expectations of these two systems often gives rise to nursing role conflicts.

Most studies of transition for new registered nurses have shown that there are challenges and difficulties associated with the process.<sup>11,21,25–27</sup> Common problems that surface during transition include the theory–practice gap<sup>11</sup> (where theory learnt in the

classroom does not match the theory said to be required in clinical practice),<sup>27</sup> limited proficiency in managing and executing technical procedures, time management, drug administration, patient assessment and report-writing skills.<sup>1</sup> Other issues include:

- managing nursing care responsibilities for a number of patients simultaneously
- working in teams
- coping with a beginning level of skill as a new registered nurse relative to job demands and workload
- the acceptance of accountability
- independently taking action and making decisions
- coping with unexpected events
- supervising other nurses
- shift work
- learning how to collaborate with other nurses and health professionals, including liaison and discussion about the total care of patients
- developing competence in planning and organising
- impact of COVID-19 on new graduate nurses as they transition to practice.<sup>4,11,27-30</sup>

In some research studies, heavy patient loads were found to create excessive tiredness in many new graduate nurses because they were often allocated high-dependency patient loads. This was further affected by low staffing ratios, which resulted in additional stress for the graduates as they attempted to adjust to their new culture.<sup>31</sup> A common issue for new graduates in many studies was having inadequate staff and time to complete all client care.<sup>11,30,32</sup> Many new registered nurses were also having to adjust not only to their own role, but also to the health service organisation. New nurses today often work in specialty settings with complex patients whose care requires high-level decision-making skills.<sup>22</sup> Because of the pressures in hospitals, many new nurses felt they lacked a receptive climate in which to enact many of the aspects of what they perceived should comprise a professional nurse's role, such as having autonomy and more responsibility to assess and plan care. As Dyes and Sherman<sup>22</sup> explain the role, 'new graduate nurses want visibility and transparency from their nursing leadership' (p 7).

### Role Ambiguity and Role Overload

Role ambiguity and role overload have also been identified as sources of stress during role transition and have been linked to organisational dynamics and subsequent job dissatisfaction and turnover. Many research studies, as far back as the 1970s, show a relationship between role ambiguity and voluntary turnover.<sup>32-35</sup> According to some authors, role ambiguity was more influential than role conflict in an individual leaving the organisation. In general, 'role ambiguity occurs when people are unclear or uncertain about their expectations with their role in a job or workplace or lack of clear, consistent information about the behaviour expected in a role' (p 23).<sup>36</sup>

There are two types of role ambiguity in relation to the uncertainty felt by the individual: (1) objective ambiguity, which arises from lack of the information needed for role definition and role performance; and (2) subjective ambiguity, which is related to the social-psychological aspects of role performance. This occurs where individuals are concerned about how others perceive them in relation to attainment of their personal

goals.<sup>35</sup> Studies with registered nurses have shown, in all relationships, that role conflict or role ambiguity was a basis of negative influence, causing decreased job satisfaction.<sup>11,32,34,36</sup>

Role ambiguity is often increased by the fact that each ward is a specialty unit in an organisation and has different personnel and unique patient management. New graduates not only have to adjust to the nursing role, but also adapt to the transition within complicated social networks. Role ambiguity can be further compounded by role overload, when graduates lack skills in handling role demands, establishing priorities and allocating their time wisely.<sup>11,32,35</sup>

The author of this chapter conducted two longitudinal surveys on role stress in her dissertation.<sup>11</sup> The first survey showed that role overload and ambiguity were negatively related to job satisfaction in the first few months of employment. However, in the second survey, role overload was not significantly related to job satisfaction. Despite the overload prevalent in the role of registered nurses, many of the graduates did not relate this to job satisfaction after 11–12 months of employment. It appears to be easier for graduates to deal with role overload after the first year of employment. This may be a reflection of the graduates' coping abilities and experience gained in their role, which can ultimately make a difference in dealing with problems in the work environment.<sup>11,37</sup>

### Factors Affecting Role Transition

According to a major Australian study undertaken by Madjar and colleagues<sup>28</sup> in 1997, but which is still relevant today:

*how well and how quickly newly graduated nurses are able to demonstrate mastery of their new role, acting in a safe, competent, sensitive, and confident manner, depends on a range of factors. In broad terms these may include:*

- *personal qualities of each beginning registered nurse, including age, maturity, previous work experiences, motivation, aspirations, and availability of personal supports;*
- *the quality and extent of the educational preparation, including the nature and duration of structured clinical experiences during the pre-registration course, and the quality and rigour of formative and summative assessments within the course;*
- *the quality and duration of orientation/transition programs for new graduates provided by employing institutions;*
- *the expectations, attitudes, reactions, and behaviour of more experienced clinical nurses, nurse managers and other staff toward new graduates, the role modelling of expected behaviour by more senior nurses, and the prevailing ethos of the institution;*
- *the exigencies of clinical situations, staffing levels, and other demands placed on the registered nurse. (p 3)*

The complexity of the process of transition is illustrated by the many factors that can influence individual experience. For most new graduates, this is a time of stress and strain, learning and assimilation. It is also a time of upheaval and adjustment, affecting all aspects of life.<sup>27</sup> During this time, decisions are made about a long-term commitment

to nursing. However, it is reassuring to note that the majority of participants in a study by Kramer<sup>27</sup> reported that the transition process was worthwhile and culminated in 'a sense of satisfaction and personal achievement' (p 79).<sup>27</sup>

## NEW GRADUATES: SKILLS AND STRENGTHS

Against this background of challenges and difficulties, it is important to acknowledge the skills and strengths that new graduates have on entry to the workforce.<sup>11,36</sup> In a major longitudinal study of new graduates this author<sup>11</sup> conducted in New South Wales, Australia, both nursing unit managers and graduates believed that the graduates were well prepared in three main areas: (1) communication skills with patients; (2) psychosocial assessment skills; and (3) accountability for their actions.

These areas of strength were consistent with the findings of several other researchers, who found that graduates excelled in identifying patients' psychological needs and in communicating with them. Even though greater competency was thought to be needed in the development of technical and clinical skills, both graduates and their managers considered the overall performance to be adequate and felt that their education had been quite sufficient in preparing them for the job. Over time, graduates felt more confident and demonstrated significant improvement in performance. This may well have been expected, but strong significant improvement was observed across all areas of their role. In addition, nursing unit managers rated the overall performance of the graduates more positively compared with hospital-trained nurses. The graduates had mostly positive feelings about their tertiary program and perceived that it had provided them with a theoretical background to care for the multidimensional needs of their patients – not only physical needs, but economic, spiritual and psychosocial needs as well.<sup>11,31,36,37</sup>

Other research studies<sup>11,29</sup> show that, over a period of time, graduates were working more autonomously, establishing relationships with their clients, and coping with their new role. They saw the importance of their professional role, including as a health teacher, a provider of care, a communicator, an advocate, a coordinator of care and a decision maker as well as being able to make suggestions for changes in practice. These values are consistent with findings from studies in Australia and overseas that have examined the professional or value systems of graduates.<sup>11,31,36,38,39</sup> Skill acquisition was an important issue for many graduates as they progressed from novice to advanced beginner.<sup>20</sup>

## STRATEGIES TO FACILITATE TRANSITION

Several strategies have been shown to be of use in easing the transition from student to new registered nurse. Cooperation between service and education plays a key role in the success or otherwise of many of these strategies. Many experts in nursing believe that:

*the key to bringing respective expectations [i.e. those of providers of BNE and clinical nursing services] into line with each other ... [is] the establishment of a more cooperative framework in which higher education and health agencies both contribute to improvements in clinical practice and in the graduate's transition to work. (p 5)<sup>39</sup>*

In relation to specific strategies, a positive preceptor relationship, adequate support systems and assignment congruence have been shown to have positive outcomes in the first 6 months of employment as a new registered nurse.<sup>40,41</sup> Preceptorship programs are one practical strategy offered to reduce culture shock and to assist new registered nurses in the integration of theory and practice. There is extensive literature on preceptorship programs.<sup>40,41</sup> One version of this strategy is called the professional nurturance preceptorship program, which can be jointly sponsored by healthcare and tertiary institutions. Reports of graduate nurse preceptorship programs have demonstrated that these programs are an effective means of facilitating the transition process for new graduates, including clinical learning. Such programs could also be incorporated as a subject in the final year of undergraduate nursing courses. During the preceptorship experience, the student is guided by the registered nurse preceptor in caring for appropriate patients. Initially, preceptor and student work closely together; as students develop greater confidence and competence, they are given more autonomy in patient care. A similar approach can be used with the experienced nurse preceptor and the new registered nurse.

Many important variables make the work environment either positive or negative for graduates. The key factors that appear to facilitate successful transition include a supportive environment that accommodates incremental development in clinical skill acquisition and patient management skills.<sup>5,22</sup> A graduate nurse who is assigned too many patients within a short timeframe may not be proficient enough to provide for patients' physical and psychosocial care. It is crucial that the workload is structured to provide opportunities for newly registered nurses to see the effective outcomes of their work.<sup>11</sup>

In the practice environments that accept new graduates in nursing, there needs to be ready recognition of, and support for, the fact that learning, especially clinical learning, is a lifelong process. Another positive influence on transition is preparedness and commitment by experienced registered nurses to value and nurture new registered nurses as they move through the transition process.

The first national Review of Nurse Education carried out in Australia (in 1994) made specific recommendations about transition support for beginning graduates of nursing. Relevant recommendations include that:

*graduates be provided with employer-funded assistance for transition to employment, including appropriate induction and orientation activities, peer support and mentoring as appropriate, and introduction to specific clinical requirements ... [and] where relevant infrastructure is not available (for example in rural and remote areas), funds be made available to provide appropriate levels of support. (p 21)<sup>40</sup>*

Some employers appear to be high performers in the way they manage new graduates entering employment. Consequently, several hospitals and community settings appear to function as 'magnets' for new registered nurses because of the reputation they have built up for supporting and developing new graduate nurses. Other research has found that the attitudes of staff and a welcoming and positive environment also encourage graduates to adjust to the workplace.<sup>42,43</sup>

Knowing how to provide patient care is not enough for new graduates, although this is a complex process requiring appropriate exposure and clinical learning. It is important that nurses can manage job stressors successfully. Health professionals, including nurses, need to learn how to care for themselves in order to care effectively for their patients. This requires a balanced approach to all facets of life and stress management skills.<sup>2,11,37</sup>

It is important to raise issues of concern during transition with appropriate colleagues and support systems. Discussion of these issues will lead to the identification of appropriate ways of managing problems early. This approach can be invaluable in reducing anxiety and stress and facilitating successful adjustment to nursing practice.

Quality of work life is a concept that is gaining currency, and health service providers need to address it to ensure adequate recruitment and retention of nursing staff. Sources of dissatisfaction in clinical nursing have been found to include inadequate staffing patterns, conflict with other healthcare providers, lack of support in dealing with death and dying, unresponsiveness in leadership, poor communication among staff and poor administration.<sup>44-47</sup> There is a clear need for leaders in nursing education to work with leaders in nursing service to develop short- and long-term strategies to promote and ensure sustainable nursing. This will require attention to a number of factors and processes that influence commitment to nursing; for example, socialisation programs affect the general satisfaction of staff and their feelings of autonomy and personal influence.<sup>11</sup>

It is important that senior students in undergraduate nursing courses and new registered nurses anticipate the issues and challenges associated with transition. By building knowledge and understanding of these phenomena, it is possible to plan to manage the transition period.<sup>27</sup> Managing involves the selection of a range of strategies designed to facilitate positive adjustment to the professional registered nurse role.

## CONCLUSION

All graduates of nursing courses will experience a degree of culture shock on entry to the world of clinical practice. This experience is complex and multidimensional. Research has uncovered several issues and challenges that confront new graduates on entry to the workforce as registered nurses. In addition, several strategies have been found to be useful in easing the stress and strain associated with transition. Careful planning and use of resources in the practice environment can also facilitate positive adjustment to employment as a registered nurse. Nursing education and nursing service need to monitor the transition process continually to optimise the number of new registered nurses who manage this phenomenon successfully and go on to enjoy fulfilling, rewarding careers in their chosen profession.

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### CASE STUDY 1.1

William Michaels, who just completed his Bachelor of Nursing program, has been accepted to undertake a graduate program in a public teaching hospital in a few weeks' time. He has been informed that his first placement will be in a respiratory medical ward. He is very excited, but at the same time apprehensive and anxious, about starting his new role as a registered nurse. He knows he could draw on his tutorial notes at university as well as the literature and other resources available to him. In this situation, William considers the following questions in preparing to develop his plan for transition to registered nurse.

#### REFLECTIVE QUESTIONS

1. What do we know and understand from the literature about factors influencing transition?
2. What strategies have been found to be successful in assisting a new registered nurse to adjust to practice?
3. What types of resources can be accessed to facilitate individual transition?

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### CASE STUDY 1.2

Alannah Bella, a clinical specialist in a surgical ward, has two new registered nurses starting work in her clinical area. She was asked by her nursing unit manager to develop an orientation program that will assist them in adjusting to their new roles and responsibilities.

#### REFLECTIVE QUESTIONS

1. What advice could you give Alannah Bella to assist the new registered nurses regarding their overall needs?
2. What topics would be helpful to the new registered nurses in the orientation program? What is the rationale for your choice?
3. How could Alannah Bella prepare her senior and junior registered nurse colleagues to meet the support needs of these new registered nurses?

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### CASE STUDY 1.3

Geraldine Lynn is a new registered nurse who has worked in aged care for over a year. She is keen to extend her learning in the dementia care unit. She wants to have a better understanding of dementia in aged care facilities and there are many residents diagnosed with mild and moderate dementia.

#### REFLECTIVE QUESTIONS

1. With whom should she discuss her possible change of placement to the dementia care unit?
  2. What skills and competence does she need in this area?
  3. How can she develop her knowledge and skills in this area?
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