

The strengths and weaknesses of transitional support programs for newly registered nurses

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KEY WORDS

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ABSTRACT

Objective

The transition experiences of new graduate nurses from university to the workplace have not changed since the transfer of nurse education to the tertiary sector despite the implementation of transition support programs. This study aimed to determine the strengths and weaknesses of transition support programs for newly registered nurses.

Design

A qualitative descriptive design using face to face interviews was chosen. Theme extraction was used to analyse the data and quotes from the interviews were chosen to illustrate and support the themes.

Setting

The study was carried out in seven hospitals in area health services in and around Sydney, representing both small and large facilities with bed numbers ranging from 195 to 530.

Subjects

Nine newly graduated registered nurses and 13 experienced registered nurses participated in the study.

Main outcome measures

This was an evaluative study designed to gather data about established transition support programs for newly graduated nurses working in New South Wales.

Results

Three themes arose from the analysis; *Programs operate in a clinical environment which results in unsupportive behaviour toward new graduate nurses; Nurse unit managers influence the experiences of new graduate nurses in their workplace; and, Transition support programs are provided to redress the perceived inadequacy of university preparation for registered nurses.*

Conclusions

The support afforded and the experience gained by the new graduates was an obvious strength of the programs. Weaknesses of the programs included the times when new graduates worked without support and the unrealistically high expectation of what can reasonably be expected of newly registered nurses.

INTRODUCTION

The transition process from one phase of life to another has been clearly identified in the literature by Schumacher and Meleis (1994) and this paper seeks to describe the process of transition from student to registered nurse. The experiences that await the new graduate nurse on commencement of work in the health care system have been reported by Casey et al (2004) and Gerrish (2000) and identified by Reid (1994) as the enormous clinical workload; the toll of shift work; and the disparity between the delivery of optimal and realistic nursing care.

One of the mechanisms designed and implemented to support new graduate nurses in the workplace is transition support programs which are offered by most hospitals in various formats. The support comes from a range of sources depending on the resources of the hospital offering the program and may include preceptors, clinical nurse educators, study days, and peer support groups. Although a variety of programs have been implemented, there is currently little valid and reliable evidence to support them (Jordan 2000; Clare et al 1996). The transition experiences of new graduate nurses from university to the workplace have not changed since the implementation of transition support programs (Casey et al 2004).

This study aimed to determine the strengths and weaknesses of transition support programs for newly registered nurses.

METHOD

A descriptive design using face-to-face semi-structured interviews was chosen to provide a rich source of contextual data. The plan for this project linked a number of information sources with a model of impact evaluation (Owen 1999) and was divided into three phases. Phase one analysed data from documents published by the sample hospitals, the national competency standards for registered nurses (Australian Nursing Council Incorporated 1993 which is now the Australian Nursing and Midwifery Council 2006) and the published literature. Phase two represented the data collected by interview and

phase three, the results of impact evaluation. This paper reports the findings from the interviews.

An interview schedule was developed to explore the perceived strengths and weaknesses of the transition support programs provided in the workplace. The interview schedule was pilot tested for credibility with a number of registered nurses at one hospital. Following the pilot test the interview schedule was modified slightly to allow the participants to respond more fully to the interview questions.

Participants were registered nurses in New South Wales and were either a new graduate nurse ($n = 9$) who had completed a transition support program within the past 12 months or an experienced nurse ($n = 13$) who worked with new graduate nurses during their transition support program.

The study was carried out in seven hospitals in and around Sydney, representing both small and large and public and private facilities with a variety of clinical specialty areas. Each hospital conducted a specific transition support program that aimed to meet the needs of the employing institution, however a common pattern for all 12 month programs involved three to four rotations to different clinical areas; a number of programmed study days; and varying staff support mechanisms. During the transition support program it was usual for the newly registered nurses to be assessed in clinical competencies appropriate to the ward and have regular performance appraisals.

The interviews lasted approximately one hour and were audio taped and then transcribed verbatim as soon as possible after they were conducted. Theme extraction was used to analyse the data using the 'pile on the kitchen table' method as described by Roberts and Taylor (2002 p.430). This method called for the researcher to cut any section of text that had a connection with a theme and arrange them in piles. When there are several piles the researcher tries to reduce them into fewer piles while keeping the meaning intact. When the piles of text represent a group that cannot be subsumed into any of the other categories a word should be found that captures the

key idea in each pile. These separate piles of text become the themes. Examples from the verbatim transcripts were selected to support the identified themes.

Ethics approval was gained through the appropriate committees prior to the commencement of participant recruitment. Consent was gained from each participant prior to interview and a pseudonym chosen to maintain anonymity of the data. Confidentiality was maintained through accepted methods of securing the data.

FINDINGS

The analysis from both the new graduate and experienced nurses was found to be similar and data have been combined for this report. Three themes emerged and quotes from the study participants are presented to illustrate each one. Quotes are followed by either EXN (experienced nurse), or NGN (new graduate nurse) to identify the source of the quote.

Theme One: Programs operate in a clinical environment which results in unsupportive behaviour toward new graduate nurses.

The first theme arose from the participant's beliefs that the hospital environment presented many challenges and difficulties that were described as the presence of bullying, inequitable staff rosters, the failure by the hospital to provide an adequate number of nursing staff and the way in which support was provided to new graduate nurses. The participants believed their sense of identity and self esteem were influenced by the way they were viewed and subsequently treated in the workplace, and that the negative impact of the working environment could have far reaching effects on their professional and personal lives.

Most of the nurses interviewed spoke of bullying or horizontal violence among their peers and knew of the wards in each of the hospitals where bullying was known to regularly occur. One new graduate nurse reported they were not the only nurses to experience bullying in the workplace with trainee enrolled nurses and agency staff also frequent

recipients. It seemed that anyone seen as having a lower status in the hierarchy, or more commonly, someone not permanently rostered to the ward was somehow 'not up to scratch' in the eyes of the bully and thus became a likely target.

The consequences of bullying resulted in two of the interviewees not working in their chosen specialty due directly to the bullying of the staff already working in that area. Both nurses had been rostered to their area of choice as part of their transition support program, but when considering permanent work, chose to work in other areas. One new graduate nurse reported that when the feelings of disaffection were too great it could prompt them to leave the profession altogether.

Neither experienced nurses nor the new graduate nurses themselves viewed the new graduate nurses as permanent staff members on any ward due to the rotating nature of the transition support program. This led to feelings of not belonging or being accepted as part of the team. The sense of belonging was raised by another new graduate nurse who felt the transition support programs did offer a feeling of belonging; however belonging to the program rather than the ward where the new graduate nurse was rostered. This reinforced the identity of the new graduate nurse as undertaking a program rather than a new graduate nurse working as a member of the ward staff.

Shift work was a new experience for many new graduate nurses however they were less concerned about working shift work than they were about the inequity of the shift work roster. They considered they were unfairly treated with the rosters in that they worked more weekends and 'unpopular' shifts (afternoons and night shifts) than other registered nurses on the ward which is illustrated by the comment:

Invariably you end up doing all of the weekends. Invariably. I think everybody would say that (Marianne NGN).

There was usually provision for nursing staff to request days they would like to have off prior to the roster being written and also to swap shifts on

the roster that had already commenced. Although this sounds a fair system the new graduate nurses explained they could only swap with another new graduate nurse and since there may be only one other new graduate nurse rostered to the ward, there was usually little chance of that occurring.

One of the new graduate nurses had an unofficial way of coping with inadequate rosters explained to her by her peers.

Don't ask for the day off, just be sick! (Marianne NGN).

There was widespread agreement from both groups of registered nurses that a major reason for offering transition support programs was to provide the hospital with nursing staff. The staffing requirements of the hospital seemed to dictate the number of positions available in transition support programs which could increase each year to meet the demands of the hospital. One of the experienced nurses referred to the new graduate nurses as:

fodder... and there is never enough. It's like if you have a bucket with a hole in the bottom, no matter how many or how much you put in the top, the bucket never gets full (Penny EXN).

Wards often had to rely on large numbers of junior nurses to staff the shifts and although the number of staff rostered may have been adequate, there was a lack of experienced nurses which reduced the opportunity for new graduate nurses to seek advice from more experienced nurses. Sometimes when a more experienced nurse was rostered to work with large numbers of less experienced nurses, they became the sounding board for all the new graduates and found it difficult to get their own work completed.

The support available to new graduate nurses differed from ward to ward. One ward in the study chose not to provide preceptors for new graduate nurses because the nurse unit manager did not consider it was in the best interest of the ward. It was considered that some of the problems in the development of the preceptor-new graduate nurse relationship were caused by lack

of appropriate staff to act as a preceptor or the new graduate nurse being rostered on different shifts. The effect this had on new graduate nurses was that they were expected to work without adequate support, particularly evening and weekend shifts. Although other registered nurses sometimes offered to help them, the registered nurses' heavy workloads frequently prevented them from assisting the new nurse as much as they would have liked.

Theme Two: Nurse unit managers influence the experiences of new graduate nurses in their workplace.

The nurse unit manager was depicted as being a very powerful character in the ward setting by nurses in this study. The nursing unit manager had responsibility for the budget, rosters, creating and maintaining the general feeling or character of the ward and for staff appraisal. While it was acknowledged that the role of the nurse unit manager was multifaceted, the impact they had on the ward is worth further mention. One new graduate nurse said that each ward had its own particular milieu and it was the responsibility of the nurse unit manager to influence the milieu. She said:

The NUM (nurse unit manager) sets the tone [of the ward]. So it is very important that they set a nice tone (Marianne NGN).

For the most part it seemed that new graduate nurses were not really acknowledged by the nurse unit manager as a team member. New graduate nurses were very sensitive to this, possibly because they were unsure where they wanted to work on completing the program and so were keen to make a good impression with all of the managers. A common complaint from new graduate nurses was that some of the nurse unit managers did not even say good morning to them.

It was also noted that most nurse unit managers did not get to know the new graduate nurses and when appraisal time came around they had to rely on others to inform them about the nurse they were to appraise. This was most disconcerting to the new graduate nurse who was having an appraisal written

about them by someone who had little if any first hand knowledge of their clinical and professional practice.

Theme Three: Transition support programs are provided to redress the perceived inadequacy of university preparation for registered nurses.

Both new graduate and experienced nurses expressed dissatisfaction with the preparation of nurses by universities in several different ways. Concern was expressed about the relevance of some aspects of the course material and also the degree to which new graduate nurses were able to function as a registered nurse on graduation. Some of the course content of the undergraduate nursing degree was seen as irrelevant, being too theoretical for the practical skills required of a nurse.

Only one of the new graduate nurses in this study felt confident to work as a registered nurse on graduation from university. More commonly nurses expressed feelings of being vulnerable in the workplace:

The first four months was pretty bad, feeling unsafe and you just didn't like going to work. I think most nurses are like that (Kathy NGN).

One response from the hospitals to this perception of inadequate preparation or lack of confidence by the new graduate nurses was to provide various education packages for the new graduate nurse to complete. When asked whether more education was required, one new graduate nurse said:

I don't think they do [need more education]. I think, I think we need to understand what we are doing (Lyn NGN).

This illustrates the difficulty the new graduate nurses had in applying their knowledge to everyday situations. It seemed that the nurse must make a major effort to advance from knowing how to do tasks to understanding why they were doing them for the patient now in their care. At other times it was not just the application of knowledge that needed to be nurtured but there were clear shortfalls in the knowledge that had been acquired. Although the transition support program had not been designed

to assist or address these problems, it became the hospitals' problem once the nurse was employed. The following quote describes this lack of knowledge:

We can't fix up all of the problems that people come out of university with. For example we had people with huge knowledge deficits, absolutely huge. They have got through the exam at university in first year and they have never revisited that [content or concept] (Cathy EXN).

Once a knowledge deficit had been identified, the nurses were usually given extra materials and learning contracts to address their learning needs, working in a mutual arrangement with a nurse educator to redress the problems.

DISCUSSION / CONCLUSIONS

Strengths of the Programs

When support was available and provided to the new graduate nurses it was an obvious strength of the programs. This was beneficial for the new graduate nurse embarking on a career who needed to feel accepted and be able to work as a valued member of the team. When the nurses felt accepted and valued, the workplace stood to benefit by having more satisfied workers who were less likely to leave their place of work. However new graduate nurses described many occasions where they felt isolated from other members of the nursing team and were left to work alone. This was particularly the case when they were rostered to work weekends and evening shifts as the usual support staff of preceptors and clinical educators did not often work these shifts.

It was important for the new graduate nurse to feel part of the ward team and to have a sense of belonging to enable the development of the confidence and competence required of a registered nurse. One method of providing support for new graduate nurses that has been widely used and cited in the literature is the use of preceptors (Makepeace 1999; Oermann and Moffit-Wolf 1997).

When implemented in the intended manner, the role of the preceptor was considered to be a strength of the programs. Preceptors were valued by the new

graduate nurses when they were rostered to the same shifts and able to work side by side; when the preceptor had a choice about accepting the role; and when the personalities of the preceptor and the new graduate nurse were compatible. Unfortunately, it was not uncommon for the new graduate nurse's preceptor to be rostered to work different shifts or for one not to be allocated at all and many new graduates had only one or two days of preceptorship at the beginning of a new clinical rotation. While all programs advertised preceptorship as a supporting mechanism, in reality, it was a rare occurrence. Unfortunately the preceptors gained little recognition or reduction of workload in exchange for assisting the new graduate nurses in this way which did not encourage them to undertake this role.

The 12 months duration of the transition support programs was considered another strength as this time gave the new graduate nurse a chance to adapt to the role of the registered nurse and develop the necessary confidence to perform in that role. Student nurses are protected in various ways from the full responsibilities of the registered nurse even in their final year of university so it is not surprising that when new graduate nurses suddenly find themselves in a position of authority, they require a period of time to adapt.

Weaknesses of the programs

The times that new graduate nurses spent working without support remained a weakness of the programs. As a result of nursing staff shortages it was often necessary for new graduate nurses to be in-charge of a ward before they felt comfortable with the responsibility of the role and it often occurred when there was little clinical support available. The feelings of anxiety and apprehension that this role engendered added to the vulnerability the new graduate nurses.

Another weakness of the program was the bullying and horizontal violence directed at the less experienced or casual nurses in the wards which served to undermine the new graduates' confidence and make the transition period stressful and

unpleasant. The literature reports behaviours such as excessive abuse or criticism, threats, ridicule and humiliation, making excessive demands on any one person, inequitable rostering or a misuse of power to encourage other people to exclude the victim as indicative of bullying (Farrell 1997; Patterson et al 1997). However bullying seems so common and ingrained in nursing culture that Dunn (2003) considered that it has become an accepted part of behaviour for many nurses and as such, is unnoticeable to them.

The unrealistically high expectation of what could reasonably be expected of a new graduate nurse may also be considered a weakness of the program. Although new graduate nurses are beginning practitioners, they were frequently rotated to clinical areas during the transition support program that required highly specialised nursing skills where they were expected to be able to work as competent registered nurses. The programs were designed to assist new graduate nurses to adjust to the role of registered nurse, however in reality these nurses were expected to function in the role immediately and with as little support as possible. In lieu of adequate clinical support, learning packages and additional educational materials were provided in an attempt to redress the perception of inadequate preparation of registered nurses by universities. The new graduate nurses themselves identified that they needed the opportunity to practise their skills and apply their knowledge in practice, but this was difficult to facilitate in a busy environment where suitable role models were not available.

Although the new graduate nurses indicated they enjoyed the rotational aspect of the programs, it was also seen as a weakness as the new graduate nurses required a period of time to develop confidence in their clinical practice. As they developed this confidence they were rotated to a new area and had to relearn how to work in this new specialty area. This undermined the confidence of the new graduate nurse and reinforced the notion that they were unable to cope with the work on the wards.

RECOMMENDATIONS

As a result of this study a number of recommendations are made for future research:

- Support mechanisms need to be found and individually tailored to each new graduate nurse in an effort to meet their needs. New graduate nurses work in a variety of highly specialised nursing areas as part of their transition support programs and it is unrealistic to expect them to be able to work independently immediately.
- Schools and faculties of nursing need to provide student nurses with more clinical experience in real work situations where they have some responsibility for patient care to gain a realistic understanding of the role of the registered nurse.
- A process for providing a channel of communication between hospitals and schools and faculties of nursing regarding the perceptions of undergraduate university courses needs to be identified.
- Hospitals need to develop and implement realistic and practical ways to eradicate bullying in the workplace. Nurse unit managers were shown to play a key role in condoning the behaviour of nurses in their wards.

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