

Final-year student nurses' perceptions of role transition

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Abstract

Role transition can be both challenging and exciting. This study presents the findings of phase one of a two-part study conducted by Deasy et al (2011), which explored final-year student nurses' (n=116) perceptions and expectations of role transition. The students were registered on four-year BSc nursing programmes at an Irish university. Data was analyzed using SPSS (version 16). A response rate of 84% was achieved. Over half of respondents said they were adequately prepared for the post of registered nurse. Respondents generally perceived themselves to be competent across a range of domains: managing workloads; prioritizing care delivery; interpersonal skills; time management skills; ethical decision making; and providing health information and education. In contrast, not all were confident about their knowledge and many expected the transition to be problematic. Most expected to be supported and to receive constructive feedback. Recommendations include nurturing supportive work environments to reduce stress and increase confidence.

Key words: Student ■ Graduate ■ Newly qualified ■ Role transition

The transition from student to registered nurse has been discussed and debated over the years and is seen as complex and multidimensional (Delaney, 2003). This period of transition can be both challenging and exciting. Many factors need to be considered when examining the transition period, such as the stressful nature of the process, feelings of preparedness, confidence in clinical skills and decision making, and the need for support and socialisation into the role.

The transition from student to nurse can be stressful (Duchscher, 2009). This stress can be attributed to the need for support at registration, the need for final-year planning and inconsistencies in preceptorship programmes (Ross and Clifford, 2002). More recently, Duchscher (2009) suggested that newly qualified nurses experience 'transition shock', when they experience feelings of anxiety, insecurity, inadequacy and instability.

Stress, anxiety and uncertainty may be attributed to not

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feeling prepared and lacking confidence. New graduates are often unaware of the level of responsibility required of them as nurses and lack confidence in their ability to make clinical judgement (Etheridge, 2007). Graduates need time and experience to develop confidence, learn responsibility and think critically (Etheridge, 2007). Frequently, students underestimate the preparation required for their new role and need assistance to reduce stress and develop confidence (Newton and McKenna, 2007). Students need to be more prepared for the realities of being a nurse (Mooney, 2007).

The need for support during the period of adjustment has been identified (Whitehead, 2001). Structured preceptorship or mentorship programmes have been recommended to help nurses through the transition period (Nash et al, 2009; Strauss, 2009). Both education and health service institutions have a responsibility to provide preparatory education on transition, structured orientation and mentoring programmes (Duchscher, 2008). Such programmes should include: clinical, organizational and management skills; support from nurses; constructive feedback; socialization; and role development (Strauss, 2009).

This paper presents an in-depth discussion of preregistration students' perceptions of becoming registered nurses.

Methodology

This study explored the perceptions of final-year student nurses on role transition. The sample consisted of fourth-year student nurses (n=116) on BSc nursing programmes (mental health, general and intellectual disability) at an Irish university.

A 28-item survey developed by the researchers gathered data on demographic details, role preparation, role competence, organization and support issues. The questionnaire included both closed questions and five-point Likert rating scales. Reliability and validity of the instrument was addressed by a pilot study and statistical testing of the instrument. An expert panel verified the face validity of the instrument and the pilot study assisted the researchers to determine the ambiguity/clarity of the instrument (Ryan et al, 2006). Cronbach's alpha coefficient was computed to ascertain the internal consistency of the instrument; (.972) was achieved, representing an acceptable degree of reliability.

A self-administered anonymous questionnaire was distributed to the students at the beginning of a scheduled lecture midway during their final year. Direct contact with potential participants enhances response rates (Prymachuk and Richards, 2007). Before the questionnaires were distributed, students were given an invitation letter, information leaflet and an opportunity for questions. Students not present were

invited to participate via mail; a stamped addressed envelope was enclosed to increase response rates. Ethical approval was granted from the university's ethics committee and consent was implied via return of the questionnaires.

Data was analysed with the assistance of SPSS version 16. Descriptive analysis was conducted and statistical summaries were presented e.g. of age group, gender and programme of study.

Findings

Demographics

The response rate of 84% was comprised of 60% general students, 21.4% intellectual disability students and 16.2% mental health students. There were 5 men and 93 women, with 69% of the respondents aged 20–23 years and 28.6% over the age of 23 years. Mature entry students (alternative entry route) accounted for 21% of the respondents. Three respondents did not identify their demographic details, accounting for 2.6% of the sample.

Role preparation

As *Table 1* shows, over half (53%) of respondents agreed that they were adequately prepared for the nurse role. Of the intellectual disability students, 66.6% agreed that the programme of study had prepared them adequately. This contrasts to just fewer than half (49.1%) of general students and only 35% of mental health students. The majority (62%) of students agreed that the course content was relevant (intellectual disability, 76%; general, 62.7%; mental health, 43.7%).

In relation to opportunities to develop the skills required of a nurse, 63% agreed that the course provided them with such opportunities (*Table 1*). A concern is that 14% disagreed and the remaining 21% were undecided. There were marked differences between the student groups—85.7% of intellectual disability students agreed, compared to 61% of general students and only 37.5% of mental health students. There were also differences between age groups; 63% of students aged 23 years and under agreed that they had had these opportunities, compared to 43% in those aged 24 and over.

Only 29.6% agreed that they were provided with sufficient

opportunities to develop management skills. Considerably more students on the intellectual disability programme (76%) than on the general (16.9%) or mental health programmes (12.5%) agreed that they had sufficient opportunities to develop management skills.

Just over one third (34%) disagreed with the statement that they were afforded the opportunity to discuss the transition from student to nurse (*Table 1*). Yet the majority of students had reflected on the transition; this included 81.25% of mental health students, 66.6% of intellectual disability students and 66% of general students. Not surprisingly, many students (61%) disagreed with the statement that the transition would be unproblematic. The highest level of disagreement was among the mental health (81.25%) students, followed by the general students (69.49%) and intellectual disability students (28.57%). More mature-entry students disagreed (90.4%) than standard entry applicants (59.2%).

Role competence

Most respondents perceived themselves as competent across a range of domains. The majority (85.7%) agreed that they worked effectively within the multidisciplinary team. Many (75.5%) agreed they could successfully manage their workload and most (80.6%) felt proficient in prioritizing care delivery. Most considered that they had effective interpersonal skills (92.9%) and good time management skills (80.3%). Fewer (56.1%) said they would feel confident in delegating aspects of patient care to colleagues upon registration.

In relation to working with clients/patients and families, over half agreed that they felt competent in providing health information and education on health issues (53% and 51% respectively) (*Table 2*). The majority of respondents (71.4%) felt competent in their ability to make ethical nursing decisions. While many respondents were confident in their clinical abilities, 39% lacked confidence in their level of knowledge.

Organisation and support

On support, 69.4% believed that they would be supported by nurses in the ward/unit; this was higher than the number who agreed they would be supported by the clinical nurse manager (CNM) (61.2%) and the multidisciplinary team

Table 1. Role preparation

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am adequately prepared for taking up a post as a registered nurse	0.0	16.3	30.6	46.9	6.1
The course content is relevant to my future role as a registered nurse	1.0	17.3	19.4	51.0	11.2
I am afforded the opportunity to develop the skills required of a registered nurse	1.0	13.3	21.4	57.1	6.1
I have had sufficient opportunities to develop management skills	9.2	38.8	22.4	24.5	5.1
I am afforded the opportunity to discuss the transition from student to registered nurse	7.1	26.5	23.5	37.8	5.1
I expect that the transition from student to registered nurse will be unproblematic	13.3	48.0	28.6	10.2	0.0

Table 2. Role competence

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I work effectively within a multi/interdisciplinary team	1.0	3.1	10.2	69.4	16.3
I have good time management skills	0.0	8.2	23.5	47.9	20.4
I am confident that I can successfully manage my workload	0.0	4.1	20.4	63.3	12.2
I am proficient in prioritizing care delivery	0.0	2.0	17.4	68.4	12.2
I will feel confident delegating aspects of patient care to colleagues upon registration	0.0	16.3	27.6	49.0	7.1
I have effective interpersonal skills	1.0	6.1	0.0	76.6	16.3
I feel competent in my ability to make ethical nursing decisions	0.0	8.2	20.4	71.4	0.0
I am competent in providing relevant health information to clients/patients and families	2.0	14.3	30.7	52.0	1.0
I am competent in educating clients/patients and families regarding health issues	1.0	12.2	35.8	49.0	2.0

Table 3. Organization and support

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I will be supported by the registered nurses in the ward/unit	0.0	5.1	24.0	55.1	14.3
I will be supported by the clinical nurse manager(s) (CNMs) in the ward /unit	0.0	6.1	30.6	49.0	12.2
I will be supported by the multidisciplinary team	1.0	34.7	27.6	29.6	5.1
I will receive constructive feedback from registered nurses on the ward/unit	1.0	20.4	21.4	45.9	10.2
I will receive constructive feedback from the CNM(s)	1.0	12.2	21.4	46.9	16.3
My contribution to the nursing team will be valued	0.0	3.1	18.4	65.3	12.2
My contribution to the multidisciplinary team will be valued	0.0	7.1	20.4	62.3	9.2
I will be facilitated to introduce new evidence-based initiatives	3.1	26.5	35.7	27.6	6.1
I will feel respected	2.0	17.4	25.5	49.0	5.1
There will be open and supportive communication channels in the ward/unit where I work	3.1	24.5	24.5	41.8	5.1
There will be open and supportive communication channels in the hospital/organization where I work	4.1	22.5	24.5	41.8	6.1
Working hours will be flexible	11.3	36.7	26.5	21.4	3.1
I will be orientated to the ward/unit	1.0	16.3	15.4	55.1	11.2

(MDT) (34.7%). In addition, 65.3% expected to receive ongoing formal support from other nurses (61.2%), CNMs (27.6%) and others (6.1%). More expected to receive constructive feedback from CNMs (63.2%) than from nurses (56.1%). Most (74.5%) expected to be orientated to their new role and supported to develop their potential as nurses (77.6%). Of the 15 (15.3%) students who expected to be assigned a preceptor, two thirds expected to be supported and receive constructive feedback from this person.

A majority of respondents (66.3%) agreed that they would be orientated to the ward/unit. Fewer than half agreed that there would be open and supportive communication channels in the ward/unit (46.9%) and in the hospital/organisation (47.9%) where they would work. When asked from whom they would seek guidance, 96.9% would ask

for guidance from their peers, 69.4% from the CNM, 59.2% from a preceptor, 42.9% from MDT members, 27.6% from the organisation and 7.1% from others. Many respondents agreed that their contribution to the nursing team (77.5%) and the MDT (71.5%) would be valued. Just over half (54.1%) perceived they would be respected. There were diverse views on whether they would be supported to introduce new evidence-based initiatives—34% agreed, 29.6% disagreed and 35.7% were undecided.

Discussion

These findings are considered in the light of the following limitations.

This study investigated the perceptions of one cohort of students in one setting so the findings are not generalizable

but do add some insight to the transition from student to nurses.

Students of different disciplines had contrasting views on their opportunities to develop managerial skills and the problematic nature of the transition. It would be useful to gain a more in-depth insight into the reasons for these differences.

Newly qualified nurses often feel poorly prepared for the role of staff nurse (Ross and Clifford, 2002). Feeling unprepared for the role can cause stress so supportive measures are needed to reduce stress during the transition period (O'Shea and Kelly, 2007).

To facilitate/support their transition, students in this study expected to be orientated to their new role and to receive regular feedback from colleagues and line managers. Constructive feedback during the transition period creates awareness of one's ability in different areas (Lofmark et al, 2006) and enables the novice to be successful in role transition (Swanson and Wojnar, 2004; Goodwin-Esola et al, 2009). As newly qualified nurses lose the support systems that were in place during their undergraduate education, they may develop feelings of isolation and self-doubt (Duchscher, 2009). While few respondents in our study expected to be assigned a preceptor, most expected that they would be supported and given regular feedback.

As the first few months can be the most challenging and stressful for newly qualified nurses (Chang and Hancock, 2003; McKenna et al, 2003), a preceptorship programme could be useful to identify and meet learning needs, and provide timely and constructive feedback. In the UK, the Department of Health (2010) launched a 'preceptorship framework for newly registered nurses, midwives and allied health professionals' to set clear standards for preceptorship. This development shows recognition of the importance of the transition period for healthcare professionals and a vital step towards easing the transition and providing a formal support system for the graduate. The development of national standards for preceptorship or the adoption of the UK standards is worthy of consideration in other countries.

In the absence of such support, newly qualified nurses may well need to rely on skills developed during their education. The ability of nurses to learn from clinical experiences and advance their practice is enhanced through reflection (Johns, 1995; Braine, 2009). The majority of respondents in this study had reflected and thought about their impending transition to becoming a nurse. The ability of nurses to engage in reflective practice has benefits for care and this is acknowledged within undergraduate nursing programmes in Ireland (McCarthy et al, 2011). The development of reflective practice skills is fostered with 'specific periods of protected time ... identified for reflection during ... placement to enhance clinical learning' (Government of Ireland, 2000: 71). While it is unlikely that such protected time will be made available to nurses, these valuable skills may be used by the participants (once qualified) to assist them in making sense of their new roles.

This study supports previous Irish research (Health Service Executive, 2010), which found that 93% (542) of BSc undergraduate nurses who graduated in 2008 reported that

their programme prepared them for their initial position as a nurse. The finding that many of the students in this study were confident in their clinical abilities while a minority lacked confidence in their knowledge may reflect the stage in their programme when data was collected. Students had completed the clinical skills training and practice placement element of the programmes but had not completed the theoretical component when surveyed. The students' perceptions and expectations of the transition must be considered in light of the continuing lack of consensus between nurse educators and healthcare providers on what is expected of new graduates (Greenwood, 2000; Heslop et al, 2001).

Ellerton and Gregor (2003) question employers' assumption that new graduates can operate at the level of a more experienced nurse. Yet, because of workforce shortages and fiscal constraints, new graduates may be expected to make the transition seamlessly (Wolff et al, 2010) and take on increased responsibility prematurely (Bates, 2005). Given this, graduates may have little access to support and preceptorship (Morrow, 2009; Etheridge, 2007). They may lack the recommended multiple clinical experiences (Etheridge, 2007) and the time to practise skills, adapt to the new role and gain confidence (Thomka, 2001).

The five distinct nurse education programmes introduced in 2002 (general, psychiatric and intellectual disability nursing) and 2006 (midwifery and integrated general/children's nursing) are under review to establish their efficiency and effectiveness in preparing nurses and midwives to practise in the evolving Irish healthcare system. This review is taking place in the context of changes within the Irish healthcare system, the wider economic and political situation and the need to ensure value for money from public expenditure. Given the economic downturn, one may be concerned that the specific needs of graduates might be overlooked in review of undergraduate nursing and midwifery degree programmes (Department of Health (DH), 2012) and that improved outcomes for graduates may not be valued against financial savings.

Conclusion

As the context and environment in which nursing and midwifery graduates are prepared to practise is evolving (DH, 2012), there needs to be cooperation and collaboration between health service providers and education institutions to reach a consensus on the expectations of the newly registered nurse. Such agreement is fundamental to deciding what support mechanisms are required for nurses in transition.

The absence of national graduate transitional guidelines to support newly qualified nurses and the lack of national trainer guidelines for nurses involved in the preceptorship of newly qualified nurses must be addressed. Having a recognised preceptorship programme in place would foster a supportive work environment for newly graduated nurse which influence their satisfaction, retention and improve patient care. BJN

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KEY POINTS

- The transition from student to nurse can be both exciting and challenging.
- Students generally feel competent in many areas but expect problems during the transition.
- Students expect to receive regular feedback from colleagues and line managers once they start work as nurses.
- A preceptorship programme for newly qualified nurses could help reduce stress, identify and meet learning needs, and ensure constructive feedback is provided.
- Because of workforce shortages and financial pressures, newly qualified nurses often have to take on the responsibilities of more experienced nurses prematurely and with little support.
- Employers and universities need to agree on support mechanisms for nurses during transition.