INVESTIGATING THE PERCEPTIONS OF NEWLY QUALIFIED REGISTERED NURSES REGARDING THE TRANSITION FROM STUDENT NURSE TO REGISTERED NURSE

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Abstract

Aim
A qualitative approach was used to explore the perceptions of newly graduated nurses around positive and negative factors that had influenced their transition period from student nurse to professional registered nurse.

Methodology
Focus group interviews were held with participants meeting sampling inclusion criteria (n=5) and transcriptions analysed.

Results
Dominant themes describe the participants' feelings of insecurity, apprehension and lack of competence, with positive and negative factors related to orientation, mentoring and support from colleagues. Participants reported an improvement over months to a more positive experience.

Conclusion
Acknowledging the novice status of newly graduated nurses and implementing programmes to orientate and mentor will assist with the natural development of a graduate to an effective registered nurse.

Key words
Perceptions, newly qualified nurses, transition, student nurse, registered nurse

Introduction
Nursing education systems and health care delivery systems function in a symbiotic and dynamic relationship. Within this dynamic environment the neophyte registered nurse must make a change from a student within an education system to a professional nurse participating in health care delivery. Internationally newly graduated nurses are described as experiencing the transition in role from student nurse to professional registered nurse as complex and challenging (Thomka, 2001; Pigott, 2001; Bowles & Candela, 2005).

South African nursing students complete a four year education programme presented by a university or nursing college. The programme combines theoretical and clinical learning experiences that result in a graduating nurse able to register with the South African Nursing Council. Shortly after graduation the individual recently positioned as a 'student' now enters the health care environment as a professional nurse. The accompanying changes in responsibility
and function are described anecdotally as exhilarating, daunting and terrifying. Anxiety and feeling overwhelmed are commonly experienced by new graduate nurses due to a fear of making mistakes (Oermann & Garvin, 2002). These feelings are also linked to the graduate’s feeling that expectations of them were unclear (Thomka, 2001) and awareness that she/he is not living up to her/his own values and principles (Kelly, 1998).

An Australian study by Pigott (2001) identified the concerns of student nurses, graduate nurses and health care professional that nurse training does not adequately prepare student nurses with the clinical skills to function in the 'real world'. Long shifts, mandatory overtime, high expectations and negative attitudes of experienced colleagues (Pigott, 2001; Bowles & Candela, 2005) compound the feelings of self-doubt leading to disillusionment, disappointment and detachment experienced by newly graduated nurse (Duchser, 2001).

Researchers have identified that the challenges of transition begin in the orientation period (Thomka, 2001; Kelly, 1996; Troski, 1991). Graduate nurses reported inconsistent structure and implementation of orientation programmes, specifically identifying variable teaching across documentation practices, patient care and equipment. Inconsistent implementation of orientation programmes leads to the graduate feeling lost without a structured support system in which she/he may develop. Benner (1984) notes that any nurse entering a clinical setting where she/he has no experience may be limited to novice level of performance; this implies that the novice needs to work within rule-governed behaviours. The orientation programme should provide the graduate with these ‘rules’ to guide their practice and facilitate their development in the professional and clinical context. Troskie (1991), in a South African study, reported that the orientation of graduates as well as their placement in an institution influences the competency of these novice professional nurses.

Further aspects identified as influencing the transition period include the interaction of the graduates with experienced personnel and the perceived support received from higher levels of management. Thomka (2001) describes both positive and negative reports of interaction between newly graduated nurses and experienced staff. The data reveals a lack of consistency regarding the way newly graduated nurses are assisted in professional development and role socialisation irrespective of practice setting.

Work by Kelly (1996) identified that graduates experienced a lack of support from senior management. This was re-emphasised by Bowles and Candella (2005) where a majority of graduates believed they received sufficient support from their peers and unit level management, but they had negative perceptions of support from higher administration. Participants reported management issues, failure to provide needed support and guidance as some of the reasons why they left their first position.

A major contributor to transitional stress identified by Chang and Hancock (2003) is role ambiguity. This arises from a lack of information for role definition and performance (objective ambiguity) as well as for social and psychological aspects of role performance. Chang and Hancick (2003) reported that the psychological stress generated by the lack of clear and consistent information regarding the expected behaviour of the new role fuels this role ambiguity.
There is limited research that has been reported within this context in South Africa, thus the question raised is how the transition from student nurse to registered nurse is perceived by newly qualified nurses in South Africa.

Methodology
The purpose of this study was to explore the perceptions of newly graduated nurses regarding their transition from student nurse to professional registered nurse. The goal was to identify and describe perceived positive and negative factors in the transition of these newly graduated nurses. A qualitative research approach was used with phenomenology as the appropriate design from which to describe the experiences of the newly graduated nurses.

Permission for the study was obtained. Participants were included in the study on a voluntary basis, were informed of their right to withdraw at any time and were assured that confidentiality would be respected. Informed consent was obtained from each participant prior to the focus group interviews.

Non-random convenience sampling was used to identify registered nurses who had completed a university nursing programme in December 2005 and were working in both private sector and state sector hospitals within the Cape Metropolitan area. These nurses were approached individually by members of the research group and invited to participate in the study. A sample of five participants (n=5) was obtained in this way.

Interviews were conducted at a time and place convenient to the participants. Rapport was established with the participants and the interviews were conducted in a calm and private environment.

Two members of the research group were present to facilitate the process.

The research question was posed as follows to the participants:
“What factors have you experienced as positive or negative in helping you adjust in the transition from student nurse to registered nurse?”

The interview session lasted approximately 40 minutes. The interviews were audio recorded and transcribed verbatim. Each member of the research team reviewed the transcription and audio tapes were destroyed once the transcription had been completed and checked. The data was subjected to phenomenological analysis.

Limitations of the study include the small sample size. This resulted from the complexities influencing availability of potential participants, such as transport and shift responsibilities, as well as the time limitations of the research group. Bias resulting from the researchers and participants having previously been students together may have influenced the data collected.

Discussion
The participants identified many aspects that had an effect on them in this transition period, they tended to focus on more challenging experiences and made use of ‘war stories’ to illustrate the points they were making. The discussion in both focus groups tended to describe a journey from a complex, overwhelming place to a complex, manageable place. This is supported by the findings of Newton & McKenna (2007) that despite the struggles faced by graduates in understanding organisational culture and asserting their position, by the end of the first 6 months a component of confidence emerged within the
graduate recognising that knowledge growth and skill improvement had occurred.

Themes identified from analysis of the transcribed data included the following:
1. Role paradox
2. Chaos of reality
3. Growing up

Within each identified theme, participants described both positive and negative experiences that influenced their transition period.

Role paradox

Role paradox refers to the dichotomy of the new graduate being skilled, but inexperienced. The new graduate wants the understanding and guidance of more experienced colleagues, but also wants to be part of the multidisciplinary team as a professional nurse and no longer a student.

Within this theme the participants differentiated between aspects related to 'others' expectations of them (doctors, ancillary assistants, patients, nursing colleagues) and 'self' expectations.

Role paradox seems to have roots for 'others' in the lack of physical identification of the new graduate as a registered nurse (or sister) in the form of epaulettes. During the waiting period between completion of studies and registration by the South African Nursing Council the new graduates do not have epaulettes, the traditional visible symbol of professional registration that 'physically' identifies their new role. This seems to cause confusion amongst medical and ancillary personnel as well as patients. The participants were also unsure how to manage this situation.

'or you know what is the worst, the porter who has to take a patient to the scan and says nurse you must come with – then I want to say I'm a sister and I'm not going with, but I don't have epaulettes so he can't see I'm a sister, so then I just say that I really can't go with now.'

'and the other problem are the epaulettes, that was the biggest thing. So the people don’t know you’re a sister, everyone looks at you funny. When you are standing in on a doctor’s round they look at you as if to say -well you’re a very keen student (sarcastic)'

'look, when they are looking for a sister and I say I am a sister, then they ask where my 'thingys' are - where are your wings, have you got your wings yet -'

'the one patient said to me – sister, you are not putting my needles in if you don’t have epaulettes yet.'

Role paradox also exhibits in the uncertainty the new graduates have in delegating activities to other staff members. The ability to delegate had to be learned as the new graduates began by doing everything that had to be done themselves. Most of the participants indicated that this took a while to learn and implement. The difficulty was compounded by their role as a junior professional nurse where the older enrolled nurses disregarded or contradicted the delegated tasks. This type of undermining behaviour has been identified by other researchers (Pigott, 2001; Thomka, 2001; Kelly, 1996 & Kelly, 1998) and descriptions by participants of the effects include feelings of uncertainty and insecurity that negatively influences their performance.

'in the beginning I was scared to ask some-one to do something for me.'
You are the sister, you can’t delegate – I got very angry, your rank gets taken away from you.’

A perception that emerged from the participants is that the older members of staff took advantage of the new graduates because of their youth and ability.

‘I’ll also say that if you allow everything, the old nurses will exhaust you. They watch you working and they tend to abuse you.’

The role paradox is reinforced by the expectations the new graduates have of themselves within their new role. After four years of studying nursing, the participants had high expectations of their ability to perform in the clinical situation. In all the participants’ experiences they found this was untrue and spoke about difficulty in ‘keeping it all together’ and the feelings of inadequacy and incompetence this generated. This is supported by Duchser (2001) where study participants reported their disillusionment, disappointment and detachment when confronted with the challenge that what had been learnt did not necessarily directly correlate with clinical realities.

‘It was all greek to me, I didn’t know much about what was happening so I just stood by the bed and watched what they were doing and if anyone asked me anything I felt so stupid, I wanted to run away from that place. You feel just like a little student, you can hardly believe you are a qualified sister.’

‘You know nothing; I started to learn the day I started to work’

Similarly to the participants in a study by Chang & Hancock (2003) where graduates reported difficulties in prioritising task and time management, the participants spoke of having to learn how to prioritise – a skill they thought they had learned during their studies.

‘and I think like, in the ward, the one thing I didn’t quite know, is how to organise a day, like what to do first. Like if you’re working in the unit, you have to check the emergency trolley, you have to get stock up, you’ve got to see to all the patients, ok – so now what do I actually do first?’

Chaos of reality

The participants expressed a feeling of not knowing where to begin - feeling rushed, overwhelmed, lost, unwelcome, nervous and unfamiliar. These expressions began with the orientation period in the hospital and appeared to be most acutely experienced during the first three months of the transition period.

Lack of needed support and guidance was indicated by participants as the main reason for these feelings. Aspects contributing to this include variability in orientation programmes, unstable mentoring programmes, and personnel shortages.

Orientation has been identified as a crucial building block to successful transition from student nurse to registered nurse (Ashcroft, 2004). In the absence of a planned orientation programme that provides correct information on which the newly graduate nurse can build her/his clinical practice, she/he is forced to find their own way. This contributes to the feelings of being overwhelmed and lost. The participants
experienced their orientation period as unsuccessful with limited time and inconsistent information provided across ward or unit orientation...within the same hospital.

'They didn't put in any extra effort, the orientation wasn't special or anything, we came there, uhm, they were first arguing who's going to take us now for orientation and she just took us through the unit, very fast and quick ...'

Mentoring was another aspect identified by the participants as having played a less positive role in their transition. While mentoring has been identified previously as valuable to the successful transition of newly graduated nurses, the mentoring received by the participants was piecemeal and affected by personnel shortages and resignations.

'We were promised to get mentors for 3 months and we would not have to work on our own. We were going to work with this mentor and her patients, but after two weeks I got my own patients in the unit.'

'...because when I went into the unit, then the people started to resign. It was a big problem because the sister who was my mentor also resigned. She was supposed to help me with things I didn't understand.' Guidance and support from experienced personnel was highlighted by participants. Some of these had experienced positive input from their colleagues whilst others had had negative experiences. Thomka (2001) has also reported this variability in guidance and support from experienced professional nurses towards new graduates.

'In my first three months it was also the personnel. They can make it easier or more difficult to adapt. It depends on how accommodating they are and how helpful'

'...they don't have time to explain things over and over. These times you just feel you want to leave that unit, you aren't working nicely. These people say you must just carry on, on your own.'

'I always ask and then they give me a short talk, about why you do something and what you should look out for...But you must ask, they won't explain to you out of their own ...'

Growing up
The participants' discussion included many comments about how 'things got better'. It appeared that the first 3 months were the most challenging and was the time within which the participants felt at their most vulnerable. After this it appears that although the circumstances of their working world had not altered, they (the participants) felt better able to manage their role.

'Yes, in the beginning I was in tears, I just cried – it felt to me I should just leave. I'm finished with nursing. And then I realised, understood that I must just get myself together and begin at a point and carry on through the day'

Initially the participants experienced frustration within the limitations of their knowledge and environment and experience. At the beginning of the year they were unsure and nervous to undertake certain activities – almost as if they were not yet 'big enough', this was also influenced by their realisation that they had not built up a relationship of trust with their colleagues. The participants speak about having initially having avoided 'difficult situations' with patients and family, for example – a patient complaint or speaking to a family member of a deceased patient.
'in the beginning it's a scary phase. You are just scared and overwhelmed'

'but I mean, I often felt, I can't do this'

'I am so scared of schedule drugs, my hand shook the first time I opened that cupboard'

'because we are new in the ward it is also this thing of trust – the people in the ward don't know us so they don't completely trust us'

The participants then commented about how their ability to manage their new role settles after about 3 months and they felt less nervous and frustrated. They reflected on their approach to the clinical environment and how this had developed over 5 months from feelings of inadequacy and being overwhelmed to feeling that they were able to begin to make sense of and manage their environment.

'yes, it takes a little while not to be nervous any more. You learn still, all the time; that's the way it works.'

'you mustn't be too hard on yourself in the beginning, I stressed myself out so badly when I started in the unit, because I felt I knew nothing ... but a person must just take things one day at a time'

Conclusions and recommendations
This study explored the perceptions of newly graduated nurses regarding the positive and negative factors that influenced their transition from a student nurse to a registered professional nurse. The previous discussion highlighted these identified factors within themes that emerged from the analysis of focus group interviews.

The important conclusion to be drawn from the study is that the most common negative experiences and feelings described are related to a disregard by graduates, nursing practitioners and management, as well as consumers of nursing services, that a newly graduated nurse is a novice practitioner (Benner, 1984). It is important to recognise the limitations of this level of development and implement orientation and mentorship programmes as well as professional guidance to facilitate learning and development through this phase. Acknowledging this developmental phase through implementing concrete plans and encouraging appropriate discrete behaviours will enable the new graduate to adapt to her/his role change and function effectively in the new role and environment.

This study provided insight into a small group of newly graduated nurses' experiences during transitioning, further research into the reality of transitioning within South Africa's diverse, multicultural and dynamic health care delivery system will provide valuable insights for nurse educators and managers, as well as those about to graduate. Further study into the complexity of the experienced registered or enrolled nurses' responses to a new graduate will also be useful.

References


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IASTAM encourages papers from scholars from all science and humanities disciplines as well as from practitioners of traditional Asian medicine (Unani, acupuncture, Sowa Rigpa, Ayurveda etc.). Proposals on any theme or topic are welcome, but papers that address the themes of cultivation and globalisation will be given preference, as will proposals for organized panels over individual papers. Panel and paper abstracts of not more than 250 words should be sent via e-mail attachment to Emma Griffin by August 1st, 2008 (iastam.org@hotmail.com).

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