



## Review

## Graduate nurse experiences of support: A review

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## SUMMARY

The first year of practice as a nurse is recognized as stressful. Graduate nurses (GNs) report gaps in their education, reality shock, burnout and other negative experiences that influence their intentions to remain in nursing. Objectives: The aim of this literature review was to gain a greater understanding of the experiences of GNs. Review methods: It included thirty-six articles that focused on GNs and their transition to nursing, as part of a graduate nurse program (GNP), from 2005 to present. Result: The review identified three main themes that influence the transition from student to registered nurse. These themes included, 1) feeling stressed and overwhelmed by nursing responsibilities, 2) the amount of support from senior nurses and 3) the importance of feedback on their performance as nurses. Conclusions: Further research that is focused on the support and feedback provided to new nurses is needed.

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## 1. Introduction

Nursing is recognized as a demanding profession and the transition from student nurse to registered nurse can be a challenging time. The first year and initial experiences of nurses have been shown to influence their intention to remain in nursing (Scott et al., 2008). In Australia, (and other countries including United Kingdom and Canada), first year nurses who have completed a university degree are referred to as Graduate Nurses (GNs). A bachelor of nursing is a three-year degree that includes practical and theoretical classes at a university and clinical placement at hospitals. GNs are fully qualified registered nurses, however there have been concerns raised over the adequacy of their education in preparation for work readiness.

GNs have reported marked discrepancies between what they were taught at university and the reality of nursing (Duchscher, 2009; Evans et al., 2010). This has been shown to cause stress and a reality shock for new nurses (Martin and Wilson, 2011). Reality shock is experienced when after years of preparation for specific employment a new employee suddenly discovers they are not prepared at all (Harwood, 2011). Such negative experiences potentially stem from, and are influenced by, the theory–practice gap. The theory–practice gap refers to incongruence between theoretical content taught in university and the realities of clinical practice (Harwood, 2011; Scully, 2011). This gap was identified when nursing education was moved from hospitals to universities in the 1980s (Evans et al., 2010; Harwood, 2011; Kelly

and Ahern, 2009). Clinical placements in hospitals form part of the university curriculum, and are often the only opportunity for students to perform patient care and practice clinical skills in a non-simulated setting prior to registration. For many Australian students their total clinical placements over a three year degree make up approximately 25 weeks (Phillips et al., 2014). Furthermore, with universities reporting issues in providing appropriate and high quality clinical placements for students, it is possible to see how gaps in learning can arise (Andre and Barnes, 2010; Harwood, 2011).

To overcome this gap, many hospitals offer a non-compulsory graduate nurse program (GNP) to assist and support GNs in their transition (Andre and Barnes, 2010). GNPs are often twelve months in length. They are run at the discretion of the organization and offer varying amounts of support and opportunities. These programs are designed to be supportive and to build the confidence and competence of GNs as they develop professionally.

Despite these programs being in place for a number of years, GNs continue to report high levels of stress, emotional exhaustion and disillusionment in their chosen profession (Haggerty et al., 2013). GNs have reported lack of support and supervised learning opportunities during GNPs. This is concerning as skills performed without support dramatically increase the chance of an error occurring (Australian Nursing Federation, 2009; (Saintsing et al., 2011)). These errors can cause various complications that may lead to longer patient stays and potential morbidity, which are costly for patients and hospitals. Factors influencing GN errors include, stress, gaps in education, low confidence and poor communication with other health professionals (Andre and Barnes, 2010; Saintsing et al., 2011). In addition, GNs have reported low confidence in their clinical ability and have reported concerns for the safety of patients in their care. Managers and organizations share these safety concerns (Australian Nursing Federation, 2009). There is a dearth of

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literature regarding the implications of these safety concerns and associated consequences for patients and also nurses.

To assist transition many GNP often commence with an orientation followed by a variable number of days working with a senior nurse. After this workplace introduction, the GN is given a full workload of patients, along with the accountability, liability and responsibility for their care (Andre and Barnes, 2010). Added to this responsibility is the observation that patient acuity is increasing due to the growing number of patients with complex comorbidities as well as the expanding and aging population (Andre and Barnes, 2010; Needleman, 2013; Tschannen and Kalisch, 2009). GNs are confronted with new and complex medical interventions as part of their everyday patient care, which can be overwhelming. This can lead to stress, if stress is not addressed and managed, it can lead to burnout of GNs. Burnout and job dissatisfaction have been found to increase turnover and reduce staff retention (Rudman and Gustavsson, 2011). Furthermore, GNs report professional relationship problems with other nurses. Some report negative cultures of bullying and unsupportive workplace environments (Laschinger et al., 2009).

Newly qualified nurses are the future of the profession and are central to health care delivery. With GNs continuing to feel isolated and excessively stressed, there is a growing need to understand their experiences in order to ascertain what can be done to improve GN transitions and retention of nurses.

This literature review aims to address some of these concerns by answering the following questions:

- What is currently known about the experiences of graduate nurses?
- What does the literature indicate regarding support provided to nurses undertaking graduate programs?
- What factors have been shown to assist graduate nurses in their transition to practice?
- What methods have been used to study graduate nurses' experiences?

## 2. Method

The search terms were extracted from the above questions. The search terms used are presented in Table 1, along with alternative search terms, including truncation as indicated by \*.

A search was undertaken using CINAHL, Medline, PSYCHinfo and Scopus with the search terms presented in Table 1. No significant results were found from gray literature, however, 4 additional articles were identified from the final selected articles' reference lists. The results were exported into endnote where they were screened by title and abstract. They were evaluated using the inclusion and exclusion criteria in Table 2. Fig. 1 shows the selection process of the final 36 articles that were analyzed in this review.

**Table 1**  
Search terms and alternative terms.

Search term	Alternative terms
#1 graduate nurse	"graduate nurs*" OR "new* nurs*" OR "new* registered nurs*" OR "novice nurs*" OR "first year nurs*" OR "new* qualified* nurs**"
#2 support	support* OR program OR "graduate year" OR "first year" OR orientation OR residency OR transition OR preceptor* OR supervis* OR clinical
#3 experience	experience* OR feedback OR practice OR learn* OR stress* OR "reality shock"
#4 NOT	medical OR patient* OR family OR carer
#5 #1 AND #2 AND #3 NOT #4	

**Table 2**  
Inclusion and exclusion criteria.

Included	Excluded
<ul style="list-style-type: none"> <li>• Published in English language</li> <li>• Published 2005 – present</li> <li>• Peer reviewed</li> <li>• Full text</li> <li>• Qualitative and/or quantitative methods of studying graduate nurse experiences</li> <li>• Studies focused on graduate nurse programs and nurse training that are comparative to Australia e.g. USA, and Canada</li> </ul>	<ul style="list-style-type: none"> <li>• Studies focusing on participants who were not graduate nurses e.g. Student nurses or nurse managers</li> <li>• Single participants of personal reflections or editorials</li> <li>• Studies focused on graduate nurse programs different from Australia</li> <li>• Not directly related to the research questions</li> <li>• Not published in English</li> </ul>

## 3. Results

The studies that met the inclusion criteria are summarized in Table 4.

It can be seen from Table 3 that the most common method of studying GN experiences was individual interviews, followed by the use of surveys and questionnaires. It is interesting to note that mixed method approaches have also been utilized.

## 4. Discussion

Three dominant themes that were relevant to the research questions emerged from this literature review. These were firstly, stressful experiences, secondly, the need for a supportive environment and thirdly, constructive feedback during the transition to practice.

### 4.1. A Stressful experience

Stress was a common experience of GNs. This section will discuss three themes that influenced stress. They include incidence of burnout, feeling unprepared and overwhelmed by responsibility, and finally, bullying amongst nurses.

The most frequently reported experience of GNs during their first year of nursing was stress (Horsburgh and Ross, 2013; Johnstone et al., 2008; Kelly and McAllister, 2013; Laschinger, 2012; Lavoie-Tremblay et al., 2008a,b; Parker et al., 2014; Phillips et al., 2014). GNs reported high levels of physical and psychological stress, which can lead to burnout (Duchscher, 2009; Kelly and Ahern, 2009; Lavoie-Tremblay et al., 2008a, 2008b; Martin and Wilson, 2011; Parker et al., 2014). Burnout is defined as emotional exhaustion resulting from sustained stress (Rudman and Gustavsson, 2011). Sources of stress for GNs include, but are not limited to, feeling unprepared, overwhelmed, unsupported and concerned for their patients' safety. High levels of emotional exhaustion have been found to correlate with an intention to resign leading to increased nurse turnover (Cleary et al., 2013; Laschinger, 2012; Laschinger et al., 2009; Lavoie-Tremblay et al., 2008a; Rudman and Gustavsson, 2011). Rudman and Gustavsson (2011) estimated that at least one in five nurses will experience high levels of burnout at some time during their career. A further concerning finding was that the highest levels of burnout were reported by younger nurses (<35 years), (Rudman and Gustavsson, 2011).

Many GNs report excitement and enthusiasm on commencement of their GNP. However, these feelings can change to anxiety and dread (Duchscher, 2009; Dyess and Sherman, 2009; Kumaran and Carney, 2014). GNs report feeling unprepared, lacking confidence, knowledge and skills to perform adequate patient care (Danielson and Berntsson, 2007; Duchscher, 2009; Evans et al., 2008; Ferguson, 2011; O'Shea and Kelly, 2007; Parker et al., 2014). These fears are heightened by the GNs' knowledge of new responsibility and accountability for their patients (Lavoie-Tremblay et al., 2008a; Lavoie-Tremblay et al., 2008b; O'Shea and Kelly, 2007).

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