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## Graduate nurse practice readiness: A conceptual understanding of an age old debate

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### ABSTRACT

The growing demands of an aging population, a looming nursing shortage, widespread fiscal constraints and the growing complexity of a dynamic healthcare landscape means that graduate registered nurses (GRNs) are increasingly expected to be practice ready. This term, also known as fitness to practice, has long been used to describe a concept that is actually unformulated. Indeed, what does being practice ready actually mean and who are the appropriate stakeholders to define it? The prevalence of the ongoing debate about practice readiness, which has now been around for decades, indicates the issue is still at the fore of nursing discourse. Such debate is partly reflective of a difference in opinion between nurses in education and those within clinical practice sectors, as to whether new GRNs are in fact practice ready.

This paper describes the findings of a grounded theory (GT) study, which examined the notion of practice readiness from the perspective of Nurse Unit Managers (NUMs) from the acute care practice sector and Bachelor of Nursing Program Coordinators (BNPCs) within the Australian context. Semi-structured interviews were undertaken with sixteen BNPCs and NUMs from across the country. Findings suggest that as a result of contextual influences and varying system drivers, BNPCs and NUMs in Australia inhabit disparate realities. When it comes to practice readiness, these cohorts view new graduates through different lenses and as such, have different perspectives and expectations of what it means to be practice ready.

Practice readiness is indeed a nebulous concept. There is no clear definition and the concept means different things to different people. These findings have implications for policy, education and practice to consider a new world where all stakeholders involved in preparing the future nursing workforce have an equal say and a shared understanding of what practice readiness means.

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### Summary of relevance

#### Problem or issue

- A long standing debate indicates a difference in perspective of practice and education sectors regarding graduate registered nurse practice readiness in the Australian context.

#### What is already known

- GRNs do not transition easily into the role of registered nurse and many express a willingness to leave the profession.
- They are expected to be able to hit the floor running, despite this being unreasonable for novices.
- There is dissatisfaction with the level of preparation of nursing students.

#### What this paper adds

As a result of contextual influences and varying system drivers, nurses in education and practice sectors appear to be *Inhabiting Disparate Realities* and therefore, have different perspectives and expectations of what it means to be practice ready.

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A perceived lack of meaningful collaboration and authentic partnership between faculty at universities and clinicians at health services contributes to their varying perspectives.

## 1. Introduction

Preparing graduate registered nurses (GRNs) who are able to seamlessly integrate into the workforce is an age old concern within the profession of nursing. The discourse surrounding practice readiness is not new. Despite its longitudinal narrative, the discussion is not becoming any less audible. In fact, and perhaps it is because GRNs have to enter a profession that sits within a progressively complex healthcare system, the discourse appears to be increasingly vociferous. GRNs are expected to be practice ready and contributing to this is the growing complexity of an ever changing healthcare system, widespread fiscal constraints, the growing healthcare demands of an aging population, and a projected looming nursing shortage.

Health Workforce Australia (HWA, 2012) in their report *Health Workforce 2025–Doctors, Nurses and Midwives* warn if current trends continue, Australia will suffer from a shortfall of over 100,000 nurses by 2025. As a result, a significant number of GRNs will increasingly be required to join the workforce each year to respond to growing healthcare demands (El Haddad, Moxham, & Broadbent, 2013). Each graduate is expected to be able to hit the floor running, despite this perhaps being unreasonable for a novice, and so the debate about practice readiness remains palpable across the globe. The discourse happens in many countries, for example Australia, (El Haddad et al., 2013; Missen, McKenna, Beauchamp & Larkins, 2016; Parker, Giles, Lantry, & McMillan, 2014; Usher, Mills, West, Park, & Woods, 2016), and Canada (Romyn et al., 2009; Rush, Adamack, Gordon, Janke, & Gherent, 2015; Wolff, Pesut, & Regan, 2010). Further to this, the debate occurs in the UK (Clark & Holmes, 2007; Monaghan, 2015), and in the USA (Oermann, Poole-Dawkins, Alvarez, Foster, & O'sullivan, 2010; Spector et al., 2015; Williams, Kim, Dickson, & Woo, 2014). Much of the debate surrounds the issue of what is termed the 'theory-practice gap' and in contemporary nursing education this applies to university prepared graduates (Monaghan, 2015). Such longstanding debate highlights what appears to be a tension between the health industry and the higher education sector in Australia, and indeed globally, as to whether GRNs are, in fact, practice ready (Numminen et al., 2014).

Driven by the desire to understand the reasons for such enduring tension within the Australian context, a PhD study explored the notion of practice readiness from the perspective of Nurse Unit Managers (NUMs) from the acute care practice sector and Bachelor of Nursing Program Coordinators (BNPCs) within the Australian context. The findings, which are illuminated in this paper, suggest reasons as to why the debate has had such longevity.

## 2. Background and context

Studying in an Australian Bachelor of Nursing (BN) program provides students with opportunities to develop knowledge and skills at a beginning practitioner level (Moxham, 2015). To that end, comprehensive nursing education curricula prepare GRNs with broad based clinical knowledge and skills, said to enable practice in a wide range of healthcare settings (Nursing and Midwifery Board of Australia [NMBA], 2006). As such, GRNs commence nursing practice at a beginning practitioner level and with the award of registration, they are expected to provide safe and effective clinical care (NMBA, 2006), but notably at a novice level (McGrath et al., 2006).

Prior to the transfer of nurse education en masse to the tertiary sector in the mid 1980s in Australia, student nurses were recruited

directly by hospitals where they undertook their training and usually resided in nurses' quarters, which were located on the hospital campus (McGrath et al., 2006). This was known as 'hospital based training'. Mannix, Wilkes, and Luck (2009, p. 60) suggest that these student nurses 'grew to know the ways and the idiosyncrasies of their training hospitals . . . and were accepted as being an integral part of hospital life and central to the nursing workforce'. Given the extent then, of clinical exposure undertaken during hospital based training, one might expect practice readiness not to be an issue. Not so, with Sax (1978), over three decades ago, reporting that the theory-practice gap and the inadequate preparation of nurses were perceived as limitations associated with hospital based training programs in Australia.

The notion then of a theory-practice gap, is not new (Monaghan, 2015). The theory-practice gap is said to be the difference between the theoretical knowledge of what 'should' happen and the reality of 'actual' performance (Clark & Holmes, 2007). If Sax's original assertion that the theory-practice gap was related to hospital based training, one could assume then, that given nurses are now educated in universities, the theory-practice gap debate can be relegated to history. However, the theory-practice gap and the subsequent perceived limitations of GRNs continue to be prominent in nursing discourse nationally and internationally (Missen, McKenna, & Beauchamp, 2016; Missen, McKenna, Beauchamp, & Larkins, 2016; Monaghan, 2015). Even though, the discourse about a theory-practice gap continues, the underlying assertions appear to have changed. University graduates are perceived to have a theory-practice gap because they have too much theory and not enough practice (Monaghan, 2015), hospital trained nurses supposedly had too much practice and not enough theory (Sax, 1978).

Multiple Australian studies have identified dissatisfaction with the perceived level of preparation of nursing students and their ability to function as RNs upon graduation (Evans, Boxer, & Sanber, 2008; Usher et al., 2015). Some studies from the USA also report that GRNs are perceived as inadequately prepared for the challenges of clinical practice, particularly from the perspective of nurse managers (Oermann et al., 2010) but also from the perspective of GRNs themselves (Cheeks & Dunn, 2010). Recent studies in Canada also report on the perceived lack of practice readiness of GRNs as they enter the workplace (Rush et al., 2015; Wolff et al., 2010). To that end, Romyn et al. (2009) suggest that the perceived lack of practice readiness of GRNs is of concern to all stakeholders including educators and employers in Canada and that GRNs need to 'hit the floor running'; an expectation reflecting the urgent need in the practice settings, but one that places unrealistic expectations on GRNs. The International Council of Nurses (2009, p. 6) also contends that the perception of employers generally, is that GRNs are not 'prepared for the realities of practice nor do they have the competencies needed by current health care services'.

Expectations on GRNs within contemporary, complex and "resource stretched" health service systems are high, and many express a willingness to leave the profession (Flinkman, Isopahkala-Bouret, & Salantera, 2013). Despite the conjecture that new GRNs are not practice ready as a result of their educational preparation, Cowin and Jacobsson (2003) caution against blaming the high attrition of new GRNs on the education system for their purported lack of work-readiness. High attrition rates suggest that GRNs do not easily transition into the role of RN, having to come to terms with not only clinical issues and time management but also assimilating with their professional identity (Evans et al., 2008).

To support the move from student to RN, healthcare organisations consider graduate transition programs as an effective strategy for providing support to GRNs during their first year of practice (Rush et al., 2015). Transition programs are considered necessary by health services to bridge the perceived theory-practice gap (Rush et al., 2015) and 'to redress the perceived inadequacy of univer-

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