



Role transition from student nurse to staff nurse: Facilitating the transition period



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ABSTRACT

Background: Undergraduate nursing programmes are designed to equip student nurses with the skills and knowledge necessary for their future work as professional nurses. Influences on the role during the transition period from student to staff nurse are unclear.

Purpose: This paper explores the experience of role transition for newly-qualified nurses from an Irish perspective.

Methods: A Heideggerian Hermeneutic approach was the research method adopted. Ten newly qualified nurses from one of Dublin's Academic Teaching Hospitals were interviewed. Data were analysed using Van Manen's thematic analysis. Influences on the transition period were explored in the context of Chick and Meleis's Transition Concept.

Findings: Newly-qualified nurses initially felt excited upon qualification. However, professional responsibility and accountability associated with the new role were overwhelming for participants. They felt frustrated when they didn't receive adequate support during transition.

Conclusion: Newly-qualified nurses need support while they incorporate their knowledge into clinical practice. Hidden influences such as education levels and scope of practice should be considered before nurse educators begin to develop education programmes for undergraduate nurses.

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Introduction

Different countries around the world are at different stages in the development of education, scope of practice and clinical preparation for the roles of the registered nurse. Growth of nursing research, a constant striving for evidence-based practice and cultural and educational changes has imposed increased demands on the profession. At the same time resources for clinical nursing education are limited due to financial constraints whilst simultaneously nurse managers are pleading for graduates who can hit the ground running (Ellerton and Gregor, 2003). With such diversity in preparation for nurse education at European level can nurse educators be confident that education for nurses is similar or comparable across Europe, when in essence nurses are expected to deliver similar care to patients? These influences have the potential to distort undergraduate nurse education and training as the aim of education is to equip student nurses with the skills and knowledge

necessary for their future roles as professionals. Influences are rarely discussed in educational preparation for nursing even though these influences may impact on nursing care. Hidden influences discussed here are education, scope of practice, transition period and preparation for preceptorship.

Literature review: education for the role

Theoretical and clinical education components are the bedrock of good nursing practice, yet the educational preparation for nursing differs across countries and various interpretation of EU law relating to student nurse education exists. Educational qualifications and training requirements range from certificate to bachelors, with many countries delivering nursing education at diploma level Zabalegui et al. (2006) have written on changes occurring in nursing education in the European Union. The difference in care delivered by a diploma educated and a bachelors trained nurse remains unclear.

In Ireland, nursing education is at bachelors level and registration education programmes allow nurses and midwives to register in a particular division of the register maintained by NMBI

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(previously An Bord Altranais) and thus practice in that discipline (An Bord Altranais, 2000). A similar situation exists in Denmark (Nursing Education in Denmark, 2006). Nurse education in Finland is based in the polytechnic sector which trains professionals in response to labour market needs. Exit qualification is the Bachelor in Health Care (OECD, 2006). In France, the nursing profession is in discussion with government about reforming nurse education and hopes to see the introduction of an academic, higher education based approach to training with greater emphasis placed on evidence-based practice. There is no specific nursing discipline in France (OECD, 2006). In Germany there is no registration system and the term “registered nurse” is not used. The first level of nursing is based on a 3 year course based in a school of nursing attached to a hospital and organised comparably to an apprenticeship. This is the route by which all but a very small proportion of nurses qualify and is described as regular nurse education and is regarded as further and not higher education. Exit qualification is normally a nursing diploma (OECD, 2006). In Italy, general nursing is a three year programme which takes place in universities and is based in faculties of medicine. In the Netherlands the MBO (secondary professional education) and the HBO (higher professional education) are provided (OECD, 2006). In Norway, nurse education is provided at university and most colleges are managed by state education authorities (Krykjebo et al., 2002; ICN, 2008). In Spain the nursing course is of 3 years duration with the diploma as the exit qualification. However by 2006, 47 universities were offering the bachelor of nursing science and in Switzerland nursing education is being introduced in most universities at Bachelor of Science level (OECD, 2006; ICN, 2008).

As described above the level of education for nurses is increasing and this is bringing workforce issues that impact on care delivery. Improving retention is a key issue in many countries. Imbalances in registered nurses' supply and demand are global due to movement of nurses across borders. This trend will continue and is likely to result in newly registered nurses moving to another country to work. It is important that the education they receive during training prepares them to work in new environments. With such diversity in preparation for nurse education at European level can nurse educators be confident that education for nurses is similar or comparable across Europe, when in essence nurses are expected to deliver similar care to patients? A degree programme is designed to provide nurses with the theoretical knowledge and skills needed to respond to future challenges in health care. Newly-qualified nurses often being pushed to take on more responsibilities than they are ready for (O'Shea and Kelly, 2007; Gerrish, 2000).

Scope of practice for nurses

Nurses are advised to practice within the limits of their training, education and competence and within their scope of practice (An Bord Altranais, 2000). In Ireland, the scope of nursing practice is defined as the range of roles, functions, responsibilities and activities, which a registered nurse is educated, competent, and has authority to perform in the context of a definition of nursing (An Bord Altranais, 2000). There is no universal method of describing a nursing activity or the scope of nursing practice. Scope of practice, where it exists, varies greatly across international borders, although criteria for practice are broadly similar. The main focus is on nurses considering their own accountability and duty of care as they practice and make decisions with due regard to their individual scope of practice. Generally Scope of Practice frameworks seek to empower nurses, as professionals, to make decisions about their scope of practice (An Bord Altranais, 2000). One would expect that scope would be similar across

countries as the outcomes for practice should be broadly similar. This does not appear to be so.

Empowering frameworks, such as that of the UKCC are perceived as having a positive influence on practice by providing liberation for nurses in relation to role development and in enabling the development of skills (Department of Health, 2004). In Australia, there is no uniform method of describing a nursing activity or scope of nursing practice. The nursing board of Tasmania (Australian Nursing and Midwifery Council, 2006 ; Queensland Nursing Council, 1998) produced scope of practice documents to augment nursing acts and to define scope of practice. Similarly, in Canada, there is no uniform method of describing a nursing activity or scope of nursing practice. The Canadian Nurses Association (2006) states that a profession's scope of practice encompasses the activities its practitioners are educated and authorised to perform. The scope of practice developed in Scotland (Skills for Health, 2009) includes key nursing areas such as level of knowledge, competence, clinical skills and patient care. In Singapore, the scope of practice is enshrined in the Regulations for Nursing (Singapore Nursing Board, 2012) and allows for ethical and safe acts. In the United States, a nurse through graduate level education can further develop abstract and critical thinking and the ability to assess patients. It is easy to see how scope can influence practice from positive or negative perspectives (American Nurses Association, 2010).

Transition period

Transition theory offers a model or framework in which the transition process can be studied. The notion of the transition period for nurses is explored here in the context of Meleis Transition Theory. Meleis has written extensively on the subject of transitions and she describes transition as periods in which change takes place (2000). Meleis et al. (2000) define transitions as periods in which change takes place in an individual or an environment and which possess certain commonalities. These are disconnection from previous social connections and supports, absence of familiar reference points (objects or persons), the appearance of new needs, the inability to meet old needs in accustomed ways, incongruence between former sets of expectations and those that prevail in the new situation. This broad transition concept has several implications for this study of student nurses.

Preceptorship

Students are supported in the clinical areas by preceptors, mentors or clinical placement coordinators (CPC's). CPC is a preceptor role that is unique to Ireland, although similar roles are named differently in other countries. Drennan (2002) in an evaluation of the role found that CPC's have a positive effect on student learning. Luhanga et al. (2010) in their study of preceptor preparation in Canada, concur, saying that nurse preceptors fulfil a primary role during the education of nurses in their final year. Drennan et al. (2009) found that newly-qualified nurses feel isolated and unsupported as this supportive role is withdrawn upon qualification. This may be due to the perception that the role of the preceptor of student nurses remains ill defined. Omansky (2010) in a study undertaken in the United Kingdom found that staff nurses experienced considerable stress and responsibility associated with preceptoring and mentoring. Skills required for teaching and assessing are not innate and need to be developed in newly qualified nurses. Increased knowledge of current issues in clinical teaching and learning will provide the student with the knowledge and skills necessary for teaching and assessing in clinical practice and expand development and growth. Thus, on completion of the

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