



## The theory of organisational socialisation and its potential for improving transition experiences for new graduate nurses



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### SUMMARY

**Background:** Graduate nurse transition continues to remain a difficult time for many new graduate nurses, with significant numbers of graduates being dissatisfied, ultimately considering leaving or exiting the profession. Currently, many graduate nurse programs within Australia and internationally reflect a homogeneous nature pertaining to content and program delivery. A refinement of graduate nurse transition programs through an adaptation of a model of organisational socialisation supports a more individualised approach to transition, improving graduate outcomes and addressing attrition rates.

**Objectives:** To propose a model which supports the accommodation of new graduates within a health service improving both new graduate and health service outcomes through; greater levels of job satisfaction, increased commitment to an organisation and decreased turnover of new staff.

**Design:** Theoretical paper based on a program of research.

**Methods:** An adaptation of a model of organisational socialisation was applied to the process of transition for newly qualified graduate nurses. This adaptation was informed by a larger 2012 Australian study (findings reported extensively elsewhere) with 459 newly qualified graduate nurses reporting their transition experiences of the first year of practice.

**Results:** Newly qualified graduate nurses reported effective socialisation with transition based on the following; enduring and continuous orientation throughout the first year of practice, allocation of patient responsibilities reflecting a level of acuity commensurate with a beginning skill set to meet care needs, and feedback of a respectful nature to improve confidence and competence in practice. Negative transition experiences were noted by many new graduates if these factors were not considered.

**Conclusions:** Graduate nurse turnover is costly and destabilising for health services. One means of addressing this is the creation of positive working environments which appropriately socialise new graduates into health services. Accommodating new employees through; individual recognition, modelling of behaviours and developing positive transition outcomes will improve graduate nurse satisfaction and importantly retention.

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### Introduction

In this article an adapted model of socialisation is presented that describes the transition of newly qualified graduate nurses to registered nurse practice. Drawing from this model we make recommendations for policy and practice. The model is informed by our recent Australian program of research that examined the relationship between undergraduate student nurse paid employment and transition to practice for newly qualified nurses (Phillips et al., 2012, 2013, 2014a, b). Our data sets included focus group interviews ( $n = 67$ ) and a survey questionnaire ( $n = 392$ ) with newly qualified graduate nurses. Key

findings indicated that socialisation of new graduates into beginning practice is more important than prior work experiences. Our exploration of theories of socialisation resulted in consideration of Bauer and Erdogan's (2011) model of socialisation. This model has not previously been applied to graduate nurse transition. Drawing from our research findings, and the broader literature, we adapted this model and argue that it provides a useful framework to inform policy and practice related to graduate nurse transition, through a greater focus on individual transition experiences of each new graduate nurse to the workplace.

### Transition to Practice

In many countries, nurse education has been transferred from hospital-based schools of nursing to the higher education sector. On the completion of a Bachelor of Nursing degree (or equivalent), new

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graduates enter the nursing profession with a beginning skill set, reflecting a comprehensive education (Cleary and Happell, 2005). Recognition that new graduates have an adjustment period to enhance and develop skills is important (El Haddad et al., 2013). However, health services usually expect graduates to ‘hit the ground running’ (Kenny et al., 2011), with an expectation that they can immediately assess and manage a myriad of situations that they are not necessarily prepared for (Cubit and Ryan, 2011).

### The Importance of Transition to Graduate Retention

Newly qualified nurses indicate that their intention to remain within the nursing profession is linked to their satisfaction with transition (Parker et al., 2014). Our studies (Phillips et al., 2014a,b) support others within the Australian and international context that state if new graduates are valued and supported in beginning practice, their experiences of transition are positive, and subsequently, retention rates increase (Krugman et al., 2006; Johnstone et al., 2008; Lavoire-Tremblay et al., 2008; Laschinger and Grau, 2012). Researchers suggest that positive outcomes depend on consistent new graduate support, where new graduates are valued and respected (Lavoire-Tremblay et al., 2008; Salt et al., 2008; Johnstone et al., 2008). Nursing graduates work in a multitude of settings, and studies have shown that new graduates do not always find practice environments supportive. New graduates who are dissatisfied with the support they receive and do not feel valued and respected are not retained within the profession (Cowin and Hengstberger-Sims, 2006; Rhéaume et al., 2011; Anderson et al., 2012; Laschinger and Grau, 2012).

Retention of newly qualified graduate nurses is a key component of workforce planning (Levett-Jones and FitzGerald, 2005; Department of Health Victoria, 2012). Internationally, attrition rates of new graduate nurses in their first year of practice range between 30 and 60% (Krugman et al., 2006; Pellico et al., 2009; Goode et al., 2013), with major impacts on workforce sustainability (Parker et al., 2014). Education of nurses through the higher education system is costly (Fink et al., 2008; Winfield et al., 2009), with new graduates who leave the profession early in their careers experiencing major financial and emotional impacts (Krugman et al., 2006; Rush et al., 2013). Attrition is costly and destabilising for health services (Casey et al., 2004), and heightens risks to patient care (Rienvold, 2008), through reduced staffing numbers and increased workforce instability.

### Transition Experiences

Whilst the central focus of our recent research was on paid employment during undergraduate studies, and the impact on transition to practice, our findings indicate that undergraduate paid employment, is not central to overall transition success (Phillips et al., 2012, 2013, 2014a,b). In our studies, participants described transition success as being effectively socialised into, and supported by health services. The quality of transition was primarily associated with employer factors related to how effectively health services welcomed and supported new graduate nurses in the initial weeks of practice. We found that the nature of support and workplace factors were paramount. Workplace factors related to assumptions about prior experiences, the orientation of new graduates to their workplace, the appropriate allocation of patients or clients with care needs that could be explicitly met by a neophyte practitioner, and respectful and meaningful feedback on performance, particularly from senior colleagues (Phillips et al., 2013, 2014a,b).

### Assumptions About Prior Life Experiences

In our studies, we found that new graduate nurses are subject to assumptions made about prior life experiences, relating to their backgrounds and previous work history. This often influenced the

level of support offered to them by senior nursing staff. Assumptions were made that new graduate nurses who had experienced prior paid employment within health services, required less support in transition, than new graduates with no employment healthcare experience. Participants who had been previously employed in healthcare suggested that the expectation was that their previous experience meant that they were already socialised into the healthcare environment and could transition into a new role with minimal support. They were often left to flounder (Phillips et al., 2013, 2014b). Winfield et al. (2009) argues that new graduates need time to develop proficiency and mastery of skills to expand their knowledge base. Drawing on our findings, we argue that this time is an imperative for all graduates irrespective of their prior experience.

### Orientation and Appropriate Work Allocation

A key finding from our studies (Phillips et al., 2013, 2014a,b) was the impact that the lack of a comprehensive orientation, when entering a new practice setting, had on new graduate confidence, irrespective of graduate background. Work allocations that do not match the emerging and developing critical reasoning skills of a beginning graduate nurse have a major impact on socialisation and engagement into the workplace. To support transition we suggest that comprehensive orientations are provided; with new graduate nurses initially placed in situations that potentially require less complex decision-making. Other researchers have argued that the allocation of people with complex needs to new graduates requires careful consideration (Rush et al., 2013). Allocation of people with high needs may exacerbate feelings of stress and anxiety (Olson, 2009). Increasing complexity of patient or client allocation should only occur following initial practice consolidation (Phillips et al., 2014b).

### Respectful and Meaningful Feedback

In our studies (Phillips et al., 2014a,b), it was clear that graduate nurses often did not receive quality feedback, and even when received, they lacked time to utilise feedback to improve their confidence and competence in practice. Shortened orientation times (Pellico et al., 2009), constant emotional pressure to ‘fit-in’ (Malouf and West, 2011), and lack of time to provide quality patient care (McKenna and Green, 2004) have been cited as increasing graduate stress and anxiety.

New graduate nurses in our studies expressed difficulties with the structure of their transition programs. They felt that programs were overtly prescriptive, limiting the opportunity for them to gain information on an ongoing basis, leaving them feeling disempowered (Phillips et al., 2014b). This contributed to their disillusionment, ultimately resulting in them questioning and leaving the profession.

### Programs to Support Transition to Practice

Internationally, graduate nurse, transition to practice, or nurse residency programs are designed to enhance and complement transition (Chang and Hancock, 2003), facilitate and support the development of skills to meet care needs (Pellico et al., 2009), and assist new graduates with socialising into a new culture and environment (Higgins et al., 2010). Authors argue that the supportive nature of transition programs largely determines the positive experiences of new graduate nurses (Cubit and Ryan, 2011; Chandler, 2012) and that such programs are an effective means of addressing attrition rates (Krugman et al., 2006).

Whilst proponents of graduate nurse programs contend that they offer a solid educational, clinical and supportive platform for transition (Goode et al., 2013), and address the so called ‘theory–practice’ gap (El Haddad et al., 2013), our studies (Phillips et al., 2013, 2014a,b) and

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