



## Clinical education

## The transition to practice of Direct Entry Clinical Nurse Leader graduates

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## ABSTRACT

This study looks at Direct Entry Clinical Nurse Leader graduates and how their transition to practice experiences develops over time as well as factors influencing their transition. Graduates were surveyed at graduation, three, six and 12 months. Seventeen participated; eight completed all surveys. Most were from the Millennial generation. The survey consisted of two parts: school satisfaction and the Casey-Fink Graduate Nurse Experience Scale. The results showed the Casey-Fink total score at 12 months was 0.75 points higher than at three months; suggesting a positive transition. The highest score occurred at six months which conversely had the lowest levels of satisfaction with both educational experience and intent to stay in their current role. Despite having 850 precepted/mentored clinical hours, 57.1% of these graduates stated they felt unprepared for the reality of nursing after 12 months. Regardless of feeling unprepared, the results suggest these students displayed a positive transition to practice. At 12 months, 88.2% were still with their first employers which contrasted the results of Casey-Fink and other studies of Millennial graduate nurses, which showed higher actual and intent to leave results. This study suggests that Direct Entry Clinical Nurse Leader students do indeed transition to practice more positively than traditional nursing graduates.

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The World Health Organization (2013) reports that while there is no universal definition of a worldwide nursing shortage, there is increasing evidence the nurse supply/demand imbalance exists in many countries. This is especially true for developing countries; where the nursing shortage has reached epidemic proportions (Buchan and Calman, 2013). High income countries are also feeling the effects of the nursing shortage brought on by aging populations and an increased demand for healthcare. The Center for Workforce Intelligence (2014) is reporting that the National Healthcare System (NHS) in the United Kingdom will face a chronic nursing shortage by 2016 and the Canadian Institute for Health Information (CIHI, 2015) confirmed that more nurses left the profession in 2014 than entered (CIHI, 2015). New Zealand reported the highest nursing turnover rates of any high income country at 44.3% (Duffield et al., 2014). In the United States (U.S.), the Bureau of Labor Statistics (BLA, 2012) stated that the total number of job openings for nurses will reach 1.2 million by 2020 due to growth within the industry and the retirement of nurses. This number is more than

triple that of any nursing shortage ever experienced in that country. An Australian study of 640 nurses found that 15% of nurses were “likely to leave the nursing profession during the next year” due to heavy workloads and lack of respect within their organizations (Holland et al., 2012).

Compounding the nursing shortage are the costs associated with nursing turnover. The National Healthcare System (2015) reported that 485 million British pounds was spent on agency nurses in 2014, Australia stated turnover costs at \$48,790 per nurse (Duffield et al., 2014) and the average registered nurse orientation in the U.S. cost \$62,000 (Greene, 2010).

Casey et al. (2004) also found that the median turnover rates for graduate nurses during their first year of employment in the U.S. ranges from 55% to 61%. Various studies (Andrews, 2013; Thomas et al., 2012; Zinsmeister and Schaefer, 2009) have shown that the most stressful and challenging time for new nursing graduates is within the first few months of practice, when they are transitioning from student into the nursing role. Transitioning to any new role is difficult, but it is especially important for healthcare organizations to increase retention of graduate nurses in order to reduce costs, combat nursing shortages (both current and future), and help

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increase positive patient outcomes. This study looks at the first cohort of a unique type of direct entry new nursing graduate—the Clinical Nurse Leader in a medium sized university in the United States. It explores how their transition-to-practice experiences develop over time as well as what factors are associated with their transition.

## 1. Background

More individuals are choosing nursing as a second career choice (Moore et al., 2011). Penprase and Koczara (2009) states that second degree nursing students are self-directed, motivated, and have higher academic expectations than the traditional nursing students. They are adult learners who are seeking greater employment opportunities with a desire to help people and to make a difference in society. According to the American Association of Colleges of Nursing (2005), accelerated students are desirable to employers due to their maturity, drive, and intelligence. Raines and Sipes (2007) even showed that direct entry graduates were committed to nursing as a long term career.

The first direct entry nursing program was introduced in the U.S. in 1975. Since that time, many accelerated second degree programs have emerged internationally (Stacey, 2014). One such program is an accelerated direct entry Accelerated Master's in Nursing program (AMSN). This program focuses on those individuals who have a degree in another discipline but want to achieve both RN licensure and Clinical Nurse Leader certification (Allan, 2011). Clinical Nurse Leader is a new certification that was developed in 2005 by the American Association of Colleges of Nursing in response to the Institute of Medicine (2001) report on the failing state of healthcare in the U.S. The role focuses quality and bridging the gaps between all members of the fragmented healthcare team. The Clinical Nurse Leader is a Master's prepared nurse generalists who provide leadership at the bedside and help with the improvement of health care outcomes (AACN, 2007).

Even though direct entry Accelerated Master's of Science in Nursing Clinical Nurse Leader programs have existed since 2005, there is little research on how effectively these graduates transition to the role of new registered nurse. A search of the Cumulative Index to Nursing and Allied Health Literature, Objective View Interaction Design and Scopus databases revealed only two published research studies, and only one of those focused on the actual transition of the Direct Entry Clinical Nurse Leader graduate and ended one year post graduation. The search terms “accelerated nursing”; or “direct entry” or “second degree” and “clinical nurse leader”; and “transition to practice” were utilized for this study.

## 2. Literature review

Schoessler and Waldo (2006) created a developmental transition model specifically designed for the new graduate nurse. They attached approximate time frames to each of the three stages that occur during the first 18 months of employment. The “ending stage” transpires 0–3 months after the new nurse has begun their first nursing job. During this phase, everything is seen as a challenge - from struggling with organizational skills to dealing with their first error or patient death (Schoessler and Waldo, 2006). The “neutral zone” stage occurs 4–9 months into employment. The fear of physician communication and patients asking questions is still a problem, but organization and knowledge has become less of a stressor. Finally, the novice nurse reaches the “new beginning” stage in 10–18 months, which is marked by comfort with procedures, noticeable improvement in organization, and the ability to complete their shifts in a timely manner. The nurse may even begin to take on charge nurse responsibilities and become a preceptor for

newer nurses (Schoessler and Waldo, 2006).

Numerous articles have been published looking at work environment and transition to practice (Andrews, 2013; Casey et al., 2004; Duchscher, 2009; Kelly and Ahern, 2009; Rhéaume et al., 2011; Thomas et al., 2012; Zinmeister and Schafer, 2009). Several themes emerged: A positive and healthy work environment, free from “bullying” and negativity, seems to be the most cited reason for a positive transition from college to practice. Supportive preceptors and clear role expectations were also important, followed by life-long learning, and then career advancement opportunities. All of these findings speak to the reality that the graduate nurse turnover rate ranges from 55% to 61%, and that it costs healthcare millions of dollars each year (Casey et al., 2004).

To understand how the new graduate nurses positively or negatively transition into practice, it is important to understand who these new graduates are. The majority of new graduates entering practice today are from the Millennial generation. This group is anyone born from the early 1980's to the early 2000's. There are currently 2.5 billion Millennials worldwide accounting for 24% of the population in the European Union and 23% in the United Kingdom (Pew, 2015). These people are vastly different from previous generations because they were born during a time referred to by Howe and Strauss (2000) as the “Era of the Child.” They were raised by Baby Boomer parents during a period of prosperity throughout the world, increased spending on children, and a focus on family values (Olson, 2009). They are frequently characterized as “high maintenance,” but they have very high levels of productivity (Martin, 2005).

Millennials do not define themselves by their work; rather, they believe it is just a single aspect of their identity. Many of this generation watched their parents lose their jobs to “downsizing”. Therefore, Millennials believe that job security is a myth, and feel they need the necessary skills and education to make themselves as marketable to employers as possible (Lavoie-Tremblay et al., 2010).

To see how Millennial students transition to the workplace, Andrews (2013) did a qualitative study that looked at a group of nursing students' expectations two months prior to their graduation. The study identified some key contrasts in work ethic compared to the other two generations. Only 18% of Millennials expect to stay with their first employer for long-term employment. In fact, his findings cited that 25% of the participants expected to change jobs six or more times during their lifetime. This is in sharp contrast to previous generations, who sought stable, long-term employment (Andrews, 2013).

Millennials are the largest generation in the world today, surpassing the Baby Boomers by about three million. This gap will continue to grow, and, by 2030, they will outnumber the Baby Boomer generation by 22 million. It will be critical for both educators and employers to understand how this generation functions to impact their transition to the workplace.

### 2.1. Transition and the accelerated direct entry Master's graduate

In 2011, Moore, Kelly, Schmidt, Miller, and Reynolds looked specifically at Direct Entry Clinical Nurse Leader graduates and their transition-to-practice. In general, these direct entry graduates voiced the same concerns as any new graduate nurse: fear of making mistakes, fear of hurting someone, or fear of missing something. However, the findings suggest that these concerns diminish quickly and are replaced by the need to work within a unit, one that has an atmosphere of respect and positive collegial relationships (Moore et al., 2011).

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