A secondary data analysis examining the needs of graduate nurses in their transition to a new role

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ABSTRACT

This paper describes the views of new graduate nurses on what factors they believe are important contributors for successful transition to registered nurse practice. Transition from student to new graduate nurse is challenging and stressful, with health care providers expecting graduates to "hit the ground running". The reality is that most graduates experience role adjustment difficulties and require support from senior colleagues within health care organisations. Drawing on a larger Australian study that examined pre-registration paid employment and its impact on graduate nurse transition, findings in this paper suggest that successful transition is linked to post-registration or employer factors and less so to pre-registration paid employment factors. Utilising interpretive description of two qualitative data sets; three organising themes were identified: a matching skill set, the beginning foundation and a job well done. The global theme, valuing beginning practice describes newly qualified nurse's views on being valued by the nursing profession and how they were accepted into the work environment. Despite the stressors faced by the majority of new graduate nurses adjusting to the rigours of practice, graduate transition can be improved by supportive institutional practices and fostering collegial respect. Successful graduate nurse transition improves job satisfaction and is an effective strategy to address the ongoing pressures of recruitment and retention of new graduates.

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Introduction

For almost two decades, researchers from a number of different countries have documented the transition from undergraduate nursing student to registered nurse as a tumultuous and difficult time (Holland, 1999; Johnstone et al., 2008; Nash et al., 2009; Cho et al., 2012) with health services demanding that new graduates "hit-the-ground-running" (Morrow, 2009). Much of the research to date on transition in nursing focuses on changes from education to service, role stressors of neophyte clinicians, transition programs, and orientation and preceptorship considerations (Clare & van Loon, 2003; Johnstone et al., 2008; Scott et al., 2008). Less emphasis has been placed on the views and expectations of graduates.

This study addresses the research question; *what factors do graduate nurses believe will assist them in successful transition to registered nurse practice?* Two pre-existing data sets from an earlier Australian study were analysed, using a secondary analysis approach. The original study (Phillips et al., 2011, 2012) included eight focus group interviews and 392 completed responses to open-ended questions from a survey instrument and was designed to answer the research question, '*does any particular pre-registration paid employment choice make a difference to successful transition to registered nurse practice?*' During the analysis of the original study, there were extensive data collected that described graduate nurses perception of what assisted with their transition. These data were outside the scope of the original study but were deemed important enough to warrant a new study question, and secondary analysis.

Background

Transition is defined as a process of changing from one state or condition to another (Oxford English Dictionary Online, 2012). In a nursing context, transition defines a period where new graduates

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undergo a process of learning and adjustment, and socialisation to a new culture, the work place. This is viewed as a "rite of passage" in becoming accepted in the profession (Fox et al., 2005), or as Malouf and West (2011) describe "fitting in" to a new environment. Graduates from teaching (Cherubini, 2009), medicine (Brennan et al., 2010), and economics and business (McIlveen and Pensiero, 2008; Wendlandt and Rochlen, 2008; Drake et al., 2009) all experience significant adjustments in assimilating into employment. Perrone and Vickers (2003) observe that for many new graduates transition is about "life in a very uncomfortable world" (Perrone and Vickers, 2003, p. 72).

Australian undergraduate nursing students typically complete a 3—4 year Bachelor of Nursing (BN) degree, and new graduates begin their practice primarily in acute care settings (Olsen, 2009). They spend approximately 1000 h of supernumerary time over a three to four year degree in health services, fulfilling professional placement requirements, with the rest of the time spent in university (Kenny et al., 2012). Prior to 1992, nurse preparation was progressively changed from an apprenticeship, service type model, where students completed all of their training in hospitals, to a university model, which created a transition phase where new graduates move from being a student at university to the new role of registered nurse.

In the two decades, since Australian nurse education moved to universities, transition for graduates, academics, health care institutions and health service staff remains problematic (Greenwood, 2000; Levett-Jones and Fitzgerald, 2005). Chang and Hancock (2003) note that graduates have difficulty in moving into the role of professional nurse, subsequently experiencing role stress and role ambiguity. Expectations are unclear, with new graduates overwhelmed by role overload (Newton and McKenna, 2007). Fox et al. (2005) contend this stress relates to graduates prior perceptions and expectation of their work environment and this is often different to the reality of the work place. Duchscher (2009), building on the seminal work of Kramer (1974), described the shift of culture from student to registered nurse (transition) as *transition shock*, where new graduates have heightened anxiety, despair in their new surroundings and disillusionment with the registered nurse role.

Levett-Jones and Fitzgerald (2005) contend that despite the plethora of graduate nurse programs in Australia and internationally there is conjecture regarding the effectiveness of these programs. Graduate nurses are situated in a hierarchical structure, classed as junior and are supervised by more senior colleagues. The level of supervision and support may contribute to transition stressors, through the lack of a civil environment (Clark and Springer, 2012), cultural differences between the student experience and a hospital setting (Gerrish, 2000), and new graduates lack of confidence in their clinical ability and critical thinking (Deasy et al., 2011). Other factors include inferior working conditions; heavy workloads, inadequate staffing numbers and skill mix, inappropriate allocation of high acuity patients (Johnstone et al., 2008) and unprofessional behaviours of violence, bullying, undermining and victimisation (Casey et al., 2004; Kelly and Ahern, 2008).

As new graduates are one of the largest sources of nurses entering the profession (Pellico et al., 2009), concerted efforts need to be made to support them during the transition phase (Johnstone et al., 2008; Wangensteen et al., 2008). Despite some evidence in Australia, (Australian Bureau of Statistics, 2011) and internationally, (Auerbach et al., 2011) that new graduate numbers are increasing, so too are levels of new graduate attrition (Halfer and Graf, 2006; Cowin and Henstsberger-Sims, 2006; Scott et al., 2008; Dulcoss-Miller, 2011), with attrition contributing to ongoing nursing shortages (Aiken et al., 2009; Cho et al., 2012).

Supportive environments during transition are essential to address costly graduate turnover (Rhéaume et al., 2011).

Researchers argue that new graduate nurses, whether they be the youngest members of the profession (Generation Y), or people entering nursing as mature aged, have expectations, needs and demands (Olsen, 2009; Drury et al., 2009; Cummins, 2009), which they expect will be afforded to them by future employers. Creating a conducive environment for positive transition is made difficult by the ageing workforce, increasing levels of job dissatisfaction, fatigue and burnout (Miller, 2011; Rudman and Gustavsson, 2011; Laschinger and Grau, 2012), and nursing vacancies (Riensvold, 2008; Valdez, 2008). How new graduates are supported and socialised into the profession influences their long term views, expectations, and satisfaction, and ultimately their retention (Duchscher and Cowin, 2004; Schumacher, 2007; Kelly and Ahern, 2008; Scott et al., 2008).

Given the importance of new graduate transition, in an international context, (Santucci, 2004; Gamroth et al., 2006; Feng and Tsai, 2011), and acknowledgement that the challenges that new graduates face are common across many countries, (Rydon et al., 2008; Vittrup and Davey, 2010; Wolff et al., 2010), increased knowledge of graduate nurses views on transition is needed. The aim of this study was to identify the factors that graduate nurses believe assists them in successful transition to registered nurse practice.

Methods

Design

This study is a secondary analysis of an existing dataset. Secondary analysis involves the re-use of qualitative data derived from pre-existing research studies (Heaton, 2008). Heaton describes secondary analysis as a tool to investigate new or additional research questions that are generated from the data. Thorne alludes that: "secondary analysis provides a mechanism for extending the contexts of which researchers are able to use and interpret qualitative research data" (Thorne, 1998, p. 548).

Data sets

The two qualitative data sets (8 focus group interviews ($n = 67$) and participant responses to opened-ended questions from an electronic survey ($n = 392$)) with new graduates are from a larger Australian study that examined the concept of undergraduate paid employment choices and the relationship to transition to registered nurse.

Data analysis

During the analysis process of the original study, it was evident that much of the qualitative data collected pertained to factors that impacted on transition. The richness of the data provided the rationale to explore the new research question; *what factors do graduate nurses believe will assist them in successful transition to registered nurse practice?* Drawing on Thorne's (2008) model of interpretive description, an inductive approach was utilised to analyse the two qualitative data sets. Interpretive description is particularly valuable to identify straight answers to questions posed and enables researchers and readers to draw conclusions that are informed by closeness to the data (Thorne, 2008). Sandelowski (2000) describes interpretive description as an approach that facilitates meaning, relevance and depth to give the story richness and purpose.

The original transcripts from the focus group interviews and the qualitative data from the open-ended survey questions were read independently by two of the authors (CP and AK). Through a