



## Original research

## Supporting graduate nurse transition to practice through a quality assurance feedback loop

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## ABSTRACT

This mixed-method study focused on new graduate nurses and their transition to practice. Transition to practice can be a time of heightened stress and anxiety, leaving many new graduates disillusioned and dissatisfied with their work. The study explored how satisfaction levels with transition may improve during their first year, using a unique approach of a continuous quality assurance feedback loop. This assurance framework is utilised in hospitality, automotive and supply chain logistics and in health, primarily to monitor patient outcomes. However, an association with graduate nurse satisfaction has not been previously reported. Graduate nurses from two health services completed a short survey questionnaire every four weeks for 12 months. De-identified aggregated data was sent to health service management, giving them an opportunity to integrate the findings with the objective of potentially increasing graduate satisfaction ratings. Quantitative findings showed no statistical significance of graduate nurse satisfaction scores between health services, however, one health service consistently outperformed the other. Qualitative findings drawn from a seminar and interviews confirmed that one health service took a more proactive stance with the monthly reports, communicating the results to ward managers. Outcomes reflected a greater commitment of support and an overall increase of satisfaction scores.

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## 1. Introduction

This four stage multi method study focused on newly qualified nurses' transition to practice. Transition to practice is a time of challenge, heightened stress and anxiety (Nash et al., 2009). Graduates enter the nursing profession with a beginning skill set, but health services often expect graduates to 'hit the ground running' (Draper et al., 2014, p. 1307). Whilst some argue that health service expectations are unrealistic (Kelly and Ahern, 2008), numerous studies indicate that many graduate nurses feel disillusioned in their roles, anxious, burnout and consider leaving the profession (Duchscher, 2009; Laschinger et al., 2010).

Whilst numerous authors document the need for a period of adjustment for graduates to settle into their registered nurse role (Bisholt, 2012; El Haddad et al., 2013; Phillips et al., 2014), little consideration has been given to specific strategies to support the

transition process. In this article we address this gap, and include exploration of a unique approach to supporting graduate nurse transition, using a quality assurance feedback loop.

## 2. Literature review

Transition to a registered nurse role can be onerous, difficult and anxiety provoking (Hart et al., 2014). Student nurse experiences might be quite different to the realities of a qualified role, resulting in frustration and disillusionment (Phillips et al., 2015). Health services often expect graduates to practice at an advanced level, in a diverse range of clinical settings (Morrow, 2009), whilst simultaneously grappling with high patient throughput (Pellico et al., 2009), increasing patient acuity, staff shortages and skill mix considerations (Ellerton and Gregor, 2003; Phillips et al., 2014). New graduates are initially pre-occupied with developing their own confidence and skills in practice (Kelly and Ahern, 2008). Role confusion and ambiguity is common (Chang and Hancock, 2003), and many have an inability to cope with constant stressors of fitting in (Malouf and West, 2011). They seek socialisation and support

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into workplace culture (Higgins et al., 2010), whilst dealing with physical and mental fatigue (Rhéaume et al., 2011).

New graduate wellbeing and confidence building should be important considerations in the transition process (Wangenstein et al., 2008; Phillips et al., 2014). Provision of frequent, respectful and constructive feedback and the appointment of a preceptor or support person can alleviate transition stress (Johnstone et al., 2008; Anderson et al., 2012; Phillips et al., 2013, 2015).

Globally, most health services have adopted and implemented a variety of transition programs as a formal mechanism to support new graduates (Cubit and Ryan, 2011; Chandler, 2012; El Haddad et al., 2013; Marks-Maran et al., 2013). The objective of these programs is to socialise graduates to the registered nurse role using varied educational, clinical and support frameworks (Goode et al., 2013). Whilst these programs have been in existence internationally for two decades (Zinsmeister and Schafer, 2009; Cubit and Ryan, 2011; Whitehead and Holmes, 2011), questions remain about their efficacy in facilitating a smooth transition (Levett-Jones and FitzGerald, 2005). Critics argue that graduate nurse programs are too homogenous (Anderson et al., 2012), limit informal learning opportunities (Levett-Jones and FitzGerald, 2005), and that there is enormous variation in the duration and structure (Anderson et al., 2012; Whitehead et al., 2013).

Despite health services offering these programs, factors such as the allocation of high acuity patients, where care needs are incongruent with a beginning skill set (Cowin and Hengstberger-Sims, 2006), limited orientation time (Pellico et al., 2009), not feeling valued or respected (Rhéaume et al., 2011), and being repeatedly exposed to behaviours of bullying and violence (Laschinger et al., 2010) all contribute to graduate burn out. As a consequence, many graduate nurses consider or do leave the profession in the first year of practice, or shortly thereafter.

Graduate nurse attrition is a significant international problem. Researchers from the United Kingdom (Higgins et al., 2010; Morgan et al., 2012), United States (Messmer et al., 2011; Wu et al., 2012), Canada (Lavoie-Tremblay et al., 2008; Rush et al., 2013), and Australia (Walker and Campbell, 2013; Phillips et al., 2014) link new graduate transition issues with attrition. In the United States, graduate nurse attrition rates of 30–50% are reported (Beecroft et al., 2001; Casey et al., 2004) and in Canada (Rhéaume et al., 2011), replacement costs of nurse turnover is estimated at upwards of \$USD 80 000 for each new graduate (Goode et al., 2016). Aside from fiscal considerations, attrition is destabilising for a health service (Casey et al., 2004), it impacts on workforce sustainability (Parker et al., 2014) and ultimately patient care through lost productivity (Boamar et al., 2017) and staff upheaval (Walker and Costa, 2017). For the individual graduate, a decision to cease employment can have major financial and psychosocial ramifications (Flinkman and Salanterä, 2015).

Other strategies to support graduate nurse transition have been proposed including: a rigorous orientation and supernumerary period (Malouf and West, 2011; Phillips et al., 2015), appointment of a preceptor or support person (Clark and Springer, 2012) and educational packages and study days (Marks-Maran et al., 2013). Whilst many of these strategies are implemented by health services, less is known about the impact on levels of job satisfaction. Job satisfaction is important in graduate retention (Missen et al., 2014), through improved working environments (Kenny et al., 2016), recognition of performance (Lin et al., 2014) and fostering supportive work places (Pineau-Stam et al., 2015).

Whilst there is a growing body of literature that identifies issues associated with transition, few move beyond the issues to propose interventions to facilitate a positive transition experience.

### 3. Research design

Our initial aim in this study was to survey newly qualified nurses in two major health services at the end of their first year of practice about their transition experiences (Phase one of the study). The survey was a modified version of a pre-existing instrument developed and tested by the authors (reference to be added following review). The results and findings in each stage prompted us to expand the work, into a multi phased study (phase two, three and four) underpinned by a pragmatic methodology. (Creswell 2003, p.11) describes pragmatism as an ideal approach where the research problem is central, and data collection methods are chosen to answer the question unencumbered by a single philosophical stance. Pragmatism is commonly used in multi method studies, and for our study, was appropriate because of the emergent four phase design.

#### 3.1. Phase one of the study

The aim of phase one was to explore transition experiences of new graduate nurses at the end of a one year graduate program. The sample were newly qualified nurses in two publically funded, Australian metropolitan health services. Graduates had completed a one year transition program that included an orientation, supernumerary periods, a series of study days and formal performance reviews. The ten-item online survey, using Survey Monkey<sup>®</sup>, was administered at the end of their first year of practice in February 2015. Questions included employment during their tertiary studies, skills developed, the importance of support from experienced nurses during their transition to practice, and a self-reported transition index which asked them to rate their transition on a 10 point scale, (1 = very poor transition through to 10 = excellent transition). This question included an open ended field about why they chose that answer. The final questions were open ended and related to what they liked best and least about their transition programs, and how they thought it could be improved.

#### 3.2. Phase two of the study

The results and findings from phase one prompted a discussion on how feedback could be provided to health service staff on the perceptions of newly qualified nurses working within their services. We explored the literature and became interested in continuous quality assurance feedback loops. Continuous quality assurance feedback loops are used in marketing and management (Brewer, 2007; Meirovich and Bahnan, 2008), supply chain management in the automotive industry (Ramish and Aslam, 2016), hospitality, retail and convenience food (Michel et al., 2009), and the higher education sectors (Nair et al., 2010; Venkatraman, 2007). Organisations use this process to ensure customer loyalty, retention and growth. Whilst similar measures are used in healthcare related to patient satisfaction (Davies and Cleary, 2005; Hewitt and Chreim, 2015; York and McCarthy, 2011), continuous quality assurance feedback loops have not been used in studies exploring graduate nurse transition. Studies on graduate nurse transition traditionally use a single point for feedback (Casey et al., 2004; Fink et al., 2008).

The aim of phase two was to determine whether a continuous quality assurance feedback loop to hospital management would improve transition to practice experiences of newly qualified graduate nurses in their first year of practice. The 2015 sample were newly qualified nurses in the same health services as phase one. The study purpose was outlined at the commencement of their program, with interested graduates invited to contact the researchers. Links to a monthly survey were emailed over a ten-month period. The five items in the survey were: (1) How

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