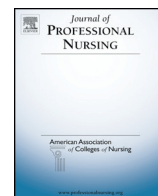




Contents lists available at ScienceDirect

Journal of Professional Nursing



Are new nurses work ready – The impact of preceptorship. An integrative systematic review

Karen-leigh Edward^{a,b}, Karen Ousey^c, John Playle^c, Jo-Ann Giandinoto^{a,*}

^a St Vincent's Private Hospital (Melbourne), Nursing Research Unit, Australia

^b School of Health and Human Sciences, University of Huddersfield, UK

^c University of Huddersfield, School of Human and Health Sciences, R1/29, Ramsden Building, Queensgate, Huddersfield HD1 3DH, United Kingdom

ARTICLE INFO

Article history:

Received 11 April 2016

Revised 6 March 2017

Accepted 22 March 2017

Available online xxx

Keywords:

Work readiness

Newly registered nurse

Student nurse

Preceptor

Mentor

ABSTRACT

The aim of this integrative systematic review was to systematically search, critically appraise, and summarise reported research related to readiness to practice and types of clinical support offered to newly registered nurses and preregistration nurses (such as, mentoring, preceptorship, or clinical facilitation). The review was undertaken in February 2017. The databases of Medline, CINAHL, Academic Search Complete, and Cochrane Library were searched. The search returned 137 articles. The final number of papers (after screening and exclusions) was 15 articles related to the topic. Key findings that influence work readiness for newly registered nurses were – Importance of Preceptors for Facilitating Work Readiness with the sub themes of *Positive relationships between the preceptors and the student or newly registered nurse*, *Preparing and supporting the preceptor for the role* and *Using a model to guide preceptorship of students*, the second theme was related to Clinical exposure, including a sub theme of *Adequate clinical exposure and clinical competence*. Work readiness has been attributed to many factors and this review has revealed a number of key factors that contribute to newly registered nurses' work readiness such as preparation of the preceptor, positive relationships and adequate clinical exposure.

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* Corresponding author at: St Vincent's Private Hospital Melbourne, Nursing Research Unit, 59-61 Victoria Parade, Fitzroy VIC 3065, Australia.

E-mail addresses: karen-leigh.Edward@svha.org.au (K. Edward), K.J.Ousey@hud.ac.uk (K. Ousey), J.F.Playle@hud.ac.uk (J. Playle), jo-ann.giandinoto@svha.org.au (J.-A. Giandinoto).

<http://dx.doi.org/10.1016/j.profnurs.2017.03.003>

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Please cite this article as: Edward, K., et al., Are new nurses work ready – The impact of preceptorship. An integrative systematic review, *Journal of Professional Nursing* (2017), <http://dx.doi.org/10.1016/j.profnurs.2017.03.003>

Author contribution	0
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Introduction

The impacts of the shift in nursing education from a hospital based apprenticeship to university education have been considerable, despite this occurring many years ago in most countries. Now-a-days, it may be considered that newly registered nurses are more knowledgeable, however this may come at the cost of their work readiness. Most preregistration nurses are at least gaining some clinical exposure through either practical placement or simulation, however the number of workplace experience hours and exposure to a diversity of healthcare settings can be varied. This seemingly limited clinical exposure that contributes to the work readiness of newly registered nurses (RNs) continues to be an area of much debate.

Work readiness is the extent to which new RNs are perceived to possess the knowledge and skills to work autonomously (Levett-Jones, Gersbach, Arthur, & Roche, 2011). Understanding the work readiness of new nurses and the impact of any support offered in the workplace to these new nurses may have the potential to inform models of clinical support offered. It may also be useful to understand the impact of clinical practicum and supports offered to the undergraduate nurse in achieving work readiness. Rebeiro, Edward, Chapman, and Evans (2015) have argued that the development of work readiness relies upon the type and quality of clinical preceptorship or mentorship at the undergraduate level. Further Warne et al. (2010), found that the duration of clinical placements at the undergraduate level influenced nursing students' overall satisfaction with the clinical placement and in a longer placement (i.e. > than 1–2 weeks) they obtained a more holistic experience of nursing care.

Background

Work readiness is commonly known as the ability to *hit the ground running* (Romyn et al., 2009). However, new RNs are often perceived by more senior staff as unable to readily link theory to practice and unable to work autonomously even though they are now registered to do so. This point is important given that due to limited graduate year positions, not all new RNs are supported in the first year post completion of their degree. In addition to hitting the ground running, work readiness is a concept that comprises more than a mere focus on competence, skills, and ability. The term is also used to assume the new RN will also possess generic industry related skills including: team work; time management; communication skills; social skills and; emotional intelligence (Walker & Campbell, 2013). Nursing curricula has recently identified the importance of integrating opportunities (such as clinical immersion with effective mentoring and exposure to clinical experiences) that can facilitate the preregistration nurse to better understand the socialisation process of the profession (Hegney, Eley, & Francis, 2013).

Globally there exists a lack of uniformity regarding the amount of clinical practicum hours required to successfully complete a nursing degree, suggesting a lack of consensus about the amount of clinical exposure necessary to ensure work readiness. In Australia, a minimum of 800 h of work experience in a range of healthcare settings is required (Health Workforce Australia, 2014). Arrangement of clinical practicum are varied, for example, a block placement or an integrated (flexible) placement. Previous research has examined the various impacts related to clinical practicum including: workplace socialisation (Clayton, Broome, & Ellis, 1989), clinical experience satisfaction levels (Lee & Lee, 2006) and the benefits of mentorship (Pataliah, 2002). There is

however, little information examining the overall impact of clinical practicum on the work readiness of newly registered nurses.

The aim of this integrative systematic review was to report research related to work readiness of new RNs, in regards to the clinical practicum they have experienced at the preregistration level including any transitional supports they receive as new RNs. This is an important consideration given that globally, student nurses experience a varied number of clinical practicum/field experience and may not have necessarily experienced a variety of clinical exposure in diverse healthcare settings. Additionally, this is of significant concern given the expected healthcare requirements of a burgeoning global population and the increased need for a nursing workforce to care for people across the illness-wellness continuum in a range of settings. The following research questions guided the review - Are newly registered nurses considered work ready? And what ensures newly registered nurses are work ready?

Methods

Design

We conducted an integrative systematic review in accordance to the Cochrane Collaboration Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart (see Fig. 1) (Liberati et al., 2009). The integrative review method allowed for the inclusion of diverse studies that investigated this phenomenon (Whittemore & Knafl, 2005).

The primary outcomes of interest for this review were: work readiness and how it related to newly graduated nurses and supports that facilitate this in both the pre and post-registration levels. The review included any paper reporting primary research that related to work readiness of newly graduated nurses, including (a) and the types of resources required to facilitate the work readiness of newly graduated nurses following registration and (b) papers that considered work readiness and supports provided at the preregistration level.

Literature searching and data sources

The literature search was undertaken in February 2017. The literature search was conducted using the electronic bibliographic databases of Medline Complete, CINAHL Complete, Academic Search Complete and Cochrane Library. The databases were searched using a well defined search strategy with search terms shown in Box 1.

Inclusion and exclusion criteria

Articles were initially included in this review if they were (a) peer-reviewed scholarly papers (b) published between 1980 and 2017 (this time parameter was determined as it coincides with the move to higher education for nurses in most countries around the world) (Altschul, 1987; Duffield, 1986) and (c) quantitative or qualitative research papers. Papers were excluded if they were (a) not written in English (b) unpublished work such as theses and (c) papers not reporting primary research such as literature reviews, commentaries, letters to the editor and grey literature.

Data evaluation

The returned papers were screened for eligibility based on title and abstract (by authors JG and KE), if considered suitable they were collected for a full read and evaluation. The researchers developed an

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