



Faculty of Medicine and Health Sciences

THE EXPERIENCE OF NEWLY GRADUATED NURSES ON THEIR TRANSITION TO STAFF NURSES

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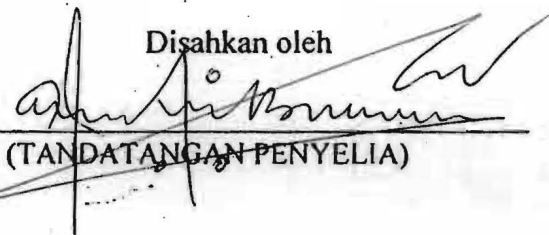
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ABSTRACT

Within the nursing profession, the transition from being a student to a graduate nurse is a common rite of passage experienced by all graduates. The purpose of this study is to explore the transition experience of the novice or newly graduated nurses (NGNs). A qualitative approach employing semi-structured interview questions was adopted. Seven newly graduated nurses from Universiti Malaysia Sarawak (UNIMAS) volunteered in this study. The participants worked as registered nurses from seven months to two years in various clinical settings in Malaysia and Singapore. Six major themes emerged from analysis of the data. The themes include 'varies feelings', 'poor work organization', "stressor associated with the role transition", 'support and communication with other health professionals', 'from novice to expert', and 'transition experience contributed to professional development'. Other than that, this study also examined the sufficiency of the nursing educational program. Results of this study have important implications for nursing education, organisation, practice, knowledge and research to ensure a successful transition among NGNs.

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KEY TO TRANSCRIPTIONS

Keys or Symbols

Meaning (s)

Name	Pseudonyms were used for the study participants to maintain confidentiality throughout the study.
<i>"Except(s)"</i>	The excerpts in the study were in italic with open close bracket that can be word, phrases or sentences.
...//...	This symbol in the excerpts indicated next event that are stated by the same participants at different times during interview.
...	This symbol represented unrelated words, phrases or sentence in the excerpts by the participants, and/or a pause during interview.

(Adopted with permission from Zabidah, 2010)

CHAPTER 1

INTRODUCTION

The purpose of this study was to explore the transition experience of the novice or newly graduated nurses (NGNs) from Universiti Malaysia Sarawak (UNIMAS). In addition to that, this study also identified the sufficiency of nursing educational program in UNIMAS.

The momentum to the study

My interest to do this study derived from a senior who always shared with me about her learning and experience in the clinical settings. At that time, she was expected to graduate a year earlier than me. She was worried that she might not be able to cope with the stress in the workplace. Through our sharing, we shared about some difficulties experienced by our seniors. Some of our seniors who worked as registered nurse in various clinical settings in Malaysia told me how stressed they were when they entered the workplace initially. They complained that they did not receive proper guidance from the mentor and institution itself. They had to “restart” everything as what had been taught during their nursing educational program. They realized that their clinical learning was not sufficient. Besides, I heard that there were seniors who changed places of employment during their first year and some of them even choose to leave the profession. At the end of the day, they either need to search for new vacancy or work outside the nursing profession.

Then, I started to think what they said as I would be working in the same environment soon. Many questions lingered in my mind every time my seniors shared with me about their personal experiences: “Why most of my seniors complained of not being able to cope with the stressful environment?”, “How come some of the seniors were able to enjoy their work even though they were equipped with the same educational system?”, “Does our nursing educational program equip us enough with the knowledge and skills?”, “Why did some of them chose to leave the profession even though they had already studied for four years?”, “What can be done in order to smoothen the process of role transition?” Hence, the idea of embarking into this qualitative study on transition experience among newly graduated nurses was initiated. I wanted to help the health professional like me to understand the process of role transition. Furthermore, the findings can be published and disseminated through journal articles and seminar presentations to help more health professionals to understand and thereby able to facilitate in the role transition.

Background of the study

Medical services in Malaysia had shown vast improvement especially with services in the clinical settings, as more graduate nurses are serving at these facilities (Chief Secretary to the Government of Malaysia, 2010). The Ministry of Health is working closely with the Ministry of Higher Education to produce about 2,000 undergraduate nurses under U41 annually from public and private universities (Chief Secretary to the Government of Malaysia, 2010). Overall, this collaboration enables the Ministry of Health to upgrade the quality of services by producing more graduate nurses as the bachelor program prepares the nurse for theory and clinical skill (Chief Secretary to the Government of Malaysia, 2010).

Within the nursing profession, the transition from student to nurse is a common rite of passage experienced by all graduates. The transition from an educational focus to professional practitioner has long been acknowledged as the most challenging period in nurses' career (Lee, Chitpakdee, & Chontawan, 2011). Similarly, Petterson (2006) agreed that the first years of professional practice is the most stressful time and NGNs rely on peer nursing support for longer than a year of initial employment. Trassare (2011) also explored the sources of stress experienced by NGNs within the first two years of professional practice who worked in any unit of the Sharp Healthcare System Hospital. The study stated that NGNs not only lack clinical competency, but are also influenced by several stressors: role stress, unrealistic expectation by clinical staffs, lack of support and tension within the social climate of the workplace.

Problem statement

Nursing workplace demographics are changing as more and more new nurses are being hired and experienced nurses are retiring. Within the complex health care, many of them are being hired in more specialized area. At the same time, there is increased patient acuity level. Therefore, new nurses especially those with bachelor qualification are expected to be competent over short period of time. As a result, they are facing greater challenges and stress than the diploma graduates. Insufficient coping to the role transition stress lead to increased numbers of NGNs changing places of employment during the first year and some of them even chose to leave the profession (Delaney 2003; Halfer & Graf, 2006). Studies showed that NGNs had less potency to remain in their current position if they possessed a negative perception in the beginning of their employment (Bowles & Candela, 2005; Maben, Latter, &

Clark, 2006). Subsequently, losing nurses would negatively impact the healthcare organizations in a variety of ways including decreased quality of patient care due to staff shortages, increased nursing workload, increased staff expenses where institutions are forced to rely on contract nurses, increased staffing costs on recruitment, hiring and training of new staffs. Furthermore, lack of research looking specifically at the transition period from student to registered nurse had contributed to the phenomenon (Simpson-Cosimano, 2010). NGNs cannot imagine what would happen in the future due to lack of resources regarding the expected experiences they may go through. Therefore, it is essential to explore the new nurses' transition experience in helping the NGNs to cope with the changes and other health professionals to understand and help in the NGNs' needs. In addition, most of the related studies were done in overseas, and no research regarding transition experience of NGNs has ever been published in Malaysia. What about the transition experience among newly graduated nurses in Malaysia? Does the educational program prepare NGNs enough for clinical practice? Thus, in relation to the above statement, I would like to conduct a study to assess the transition experience among UNIMAS newly graduated nurses.

Research question

The research questions were:

1. What are the experiences of NGNs during the transition period?
2. How does the educational program prepare NGNs for clinical practice?

Research objectives

The objectives of this study were to:

1. Explore NGNs' experiences during transition period.
2. Explore the strategies of the educational program in preparing NGNs for clinical practice.

Purpose of the study

The purpose of this study was to explore the experiences of NGNs within the first two year of professional practice and educational preparation for clinical practice.

Significance of the study

It is expected that the findings of this study would become point of reference for nurses and Ministry of Health to gain better understanding of the responses and the needs of graduates during role transition. This study can increase awareness among new nursing graduates in facing challenges by promoting better understanding and offering some coping strategies which can help to reduce their anxiety related to the most stressful time in nurses' careers. By understanding transition, it helps to improve nursing practice and to increase the quality of health care services (Kralik, Visentin, & Loon, 2006).

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviews previous researches on the experiences of the NGNs during their transition from student to professional nurse and educational preparation for clinical practice. Those studies discussed NGNs' transition experiences by determining their adjustment and management towards increased responsibilities, including their perceptions of professional accountability and responses to the challenging care situations.

Transition is about a starting with an ending, where a person will go through a period of confusion and distress before leading to a new beginning (William, 2009). Within the nursing profession, the transition from student to nurse is a common rite of passage experienced by all graduates. The transition experience can be challenging to any new employee who is entering the workforce. In early 1970s, Kramer had identified the challenges among novice or newly graduated nurses (NGNs) by naming the transition as "transition shock" (Kramer, 1974). According to Kramer (1974), transition shock is defined as the response of new workers where they realize that they could not function as what they had learnt in their program. This is further emphasized by a study conducted by Godinez, Schweiger, Gruver, and Ryan (1999), who stated that transition shock experienced by NGNs were embedded within the first 3

months of employment. It is the most stressful time in nurses' careers where graduates' understanding about nursing from their education is different from the "real" world (Harwood, 2011).

2.2 Transition experience of newly graduate nurses

The literature suggests that there are several experiences of transition in a broad range and scope of emotional, physical and physiological as well as intellectual level changes.

2.2.1 Emotional responses

There are several studies showing that NGNs experienced excitement, confidence, fear and felt insecure regarding successfully completing school and obtaining their first nursing job (Delaney, 2003; Dyess & Sherman, 2009). Those feelings emerged as a result of educational program had equipped them with the knowledge and clinical practice but there seem to experience an anticipation of the unknown on patient situation as well (Dyess & Sherman, 2009). They feared of making mistake or missing a sign or symptom that would delay or compromise patient's recovery and safety (Pettersen, 2006). On the other hand, these issues often correlated with inadequate and insufficient functional and emotional support for their professional role, lack of practice experience and confidence, insecurities to interact with new colleagues, loss of control and having to rely on others (Duchscher, 2009; Halfer & Graf, 2006).

Initially, NGNs would be introduced to their new professional practice environment that began with some form of orientation to the workplace. When NGNs began with some orientation to their practice, they were excited with the hope that they were able to practise

independently. However, Delaney (2003) stated that NGNs were shocked by the change they experienced once orientation completed and they were expected to carry out the responsibilities independently within several weeks. They transformed from an excitement state to another overwhelming fear, doubt and all-consuming stress. Furthermore, some health institutions shortened the orientation periods for NGNs due to staff shortage and with the assumption that they are able to work independently (Dyess & Sherman, 2009; Harwood, 2011). The situation became worse when NGNs are required to take over the leadership roles early in their careers or work in specialized areas that need higher level decision-making skills (Cowin & Hengstberger – Sims, 2006). The orientation could affect one's job satisfaction and workforce retention. Therefore, it is suggested to gain the collaboration between hospital and nursing colleges in order to improve the orientation process for NGNs.

During the transition stage, both the introductory clinical experiences and the individuals with whom the graduates interacted significantly influenced their response to the existing stressful experiences. A study done by Duchscher (2009) stated that NGNs found difficulty in building rapport with both physicians and nurses. They felt stressful in supervising and delegating the job as most of the staffs were senior nurses and had more practice experience than they do (Duchscher, 2009). NGNs also reported that they frequently experience less than ideal communication with the intra-interdisciplinary team members (Dyess & Sherman, 2009; Halfer & Graf, 2006). Dyess and Sherman (2009) agreed that unsupportive and unkind staffs in the clinical setting made them scared to ask question as they did not know if the person was having bad mood that day.

Meanwhile, researchers stated that social support and clinical practice stimulation had positive correlation to self-confidence and job satisfaction (Delaney, 2003; Stirling, Smith & Hogg, 2012). However, Higgins, Spencer, and Kane (2010) informed that the overall availability and standard of support system was limited and inconsistent. Nobody was there with the graduates to explain the possible transition experience they might be facing throughout those initial months and to support their emotional needs. As a result, NGNs are often unprepared for the unexpected emotions that are often encountered with this transition (Simpson-Cosimano, 2010). In addition, they experienced lack of access to their previous educators and peers to provide intellectual counsel, emotional support, or practice consultation (Duchscher, 2009). According to Duchscher (2009), they also experience inadequate colleague support as they were working different shifts or were employed in other institutions. This caused NGNs to feel that they were alone as there is no one there to guide and to be concerned about their psychological needs (Dyess & Sherman, 2009). Studies acknowledged that NGNs need support and guidance in their first few months in practice (Casey, Fink, Krugman, & Propst, 2004; Godinez et al., 1999; Mitchell, 2011). NGNs expected to receive feedback from either their senior colleagues or ward manager (Duchscher, 2009). Those feedbacks helped them to learn and improve their knowledge and practice.

2.2.2 Physical and physiological responses

While entering to the clinical setting, NGNs were required to make adjustment of their daily living in order to perform their roles such as modified living arrangements, terminated or advancing intimate relationships, and the acquisition of debt through the purchase of cars and homes (Duchscher, 2009). Besides that, their roles strain increased due to uncertain

expectations from other staffs, poor relationship with other colleague and physical as well as emotional demands of adjusting to work shifts.

Duchscher (2008) claimed that many of the NGNs were asked to perform their responsibilities independently for the first time and it is problematic as the responsibilities are very much different as compared to being a student. As a result, NGNs are required to spend all their energy and time in completing tasks like clinical routines and patient management while they were still adjusting themselves to the new roles and responsibilities (Duchscher, 2008). O'Shea and Kelly (2007) reported that stress in nursing had caused disturbance to both physical and psychological health such as insomnia and weight loss. They kept on reflecting on the events that had happened in the last shift and thinking the things that need to be prepared for the next shift, and this reflective also appeared in their dream (Duchscher, 2009).

Overall, stressful job situations, having to spend time beyond their shift to complete their work, and inadequate staffing limited their abilities and opportunities to provide patient with quality care as they were taught in the nursing program (Bowles & Candela, 2005). Thus, Duchscher (2008) stated that allowance should be given to the NGNs for a reduced workload in order for them to have enough time to get familiar and comfortable with the changes.

2.2.3 Intellectual level

During the transition period, NGNs claimed that they were 'slower' than their senior staffs in making decisions and completing their daily routines (Duchscher, 2009). According to Duchscher (2009), due to the lack of clinical experiences, time was being used up on relating

what have been learnt throughout their undergraduate program to their practice. In simple word, they found it difficult to integrate knowledge to practise. Other than that, new graduates felt that they would be able to care for the patient more and able to be sure there is no error in medication administration or negligence in patient care if they had more experience. However, Duchscher (2008) stated that NGNs' sense of self-trust and competence increased when they were able to clarify and confirm on their actions during the fourth to fifth months of their practice.

According to O'Shea and Kelly (2007) NGNs still lack competency in practical and managerial skills where they felt poorly prepared for the staff nurse role and lacked of clinical practice during educational program. Although NGNs had fulfilled the professional requirements to practise, studies showed that many of them were still lacking of the clinical skills and capability to make appropriate and accurate judgment to provide safe patient care (Cowin & Hengstberger- Sims, 2006; Del Bueno, 2005; Dyess & Sherman, 2009; Li & Kenward, 2006;). During those initial months, NGNs were trying to integrate their theoretical knowledge into practice (Duchscher, 2009). Although they had previous health care experience, they assumed responsibilities were beyond their capabilities (Dyess & Sherman, 2009). In a survey conducted by the Advisory Board Company (2009, cited in Berkow, Virkstis, Stewart, & Conway, 2009), only 10% of health care institutions believed that their new nurses were fully prepared to provide quality care.

Duchscher (2009) stated that most of the hospital staffs appeared to have a limited understanding on the new graduates practice capabilities and assumed that they would be able to handle the responsibilities. Studies showed NGNs had varied duration to be able to cope

and to be confident. According to Halfer and Graf (2006), NGNs took at least 12 months for them to cope with the new working environment and felt confident to practise. However, Kramer (1974) found that graduates took at least 18 months to feel comfortable in the work environment. Kramer (1974) classified the change into three phases: honeymoon phase, phase of shock, and the phase where conflict is resolved while job satisfaction improved. Kramer (1974) stated that after the graduates completed their orientation and began to work independently, they experienced numerous conflicts and shocks before they were able to adjust themselves to the professional roles. Similarly, Trassare (2011) agreed that NGNs still having uncomfortable and uncertain of critical thinking and clinical skills even if they desire to be independent.

2.3 Educational preparation for clinical practice

Throughout the nursing program, students are attached to different clinical settings over short periods of time and work under the supervision of a registered nurse. The clinical attachment provides students an opportunity to be immersed into the nursing role and experience in doing clinical assessment and skills (Simpson-Cosimano, 2010). Students are exposed to patient care, medication administration, and routine assessment and intervention. After completed four years of undergraduate degree, graduates are expected to have mastered critical thinking and decision making skills in providing nursing care (Harwood, 2011). Other than that, Madsen, McAllister, Godden, Greenhill, and Reed (2009) claimed that tertiary education is a medium of socialization, so that nursing students are familiar to the professional environment. Unfortunately, short clinical placements results in graduates who spend much time in learning the environment and the daily operations (Hodges, Keeley, & Troyan, 2008; Newton & McKenna, 2007). In 2007, Mooney had raised an issue on “Why staff nurses exclude students

from clinical practice?" Mooney believed that nurses seem to have no time to supervise student nurses in the clinical settings because they have lots of managerial and care role.

As a result of the advancement of science and technology, NGNs were required to have more focus on the new technologies (Johnstone, Kanitsaki, & Currie, 2008). According to Cowin and Hengstberger-Sims (2006), this is in contrast with the past research findings, where the nursing education was emphasized more on the patient outcomes than educational knowledge. In the past, knowledge and skills were evident in practice settings and students could experience themselves in a real world (Newton & McKenna, 2007). Meanwhile, due to the increase of students undertaking nursing courses, hospitals had problems in arranging the clinical placement of students (Nicol & Young, 2007). In consequence, they need to compete with each other to get the opportunity to practise certain procedures in the clinical setting in order to fulfil their targets as required. However, when there is limited procedure, some students may have no chance to perform it. Maben, Latter, and Clark (2006) articulated that the educational program had too much emphasized on the theory and not adequately emphasized enough on the aspect of clinical practice skill. These problems had caused a large gap between theory and practice. Similarly, Newton and McKenna (2009) also claimed the continued existence of the gap where the NGNs became less competent in clinical skills that are necessary for the professional practice.

Fetherstonhaugh, Nay, and Heather (2008) claimed that tertiary nursing education is to facilitate development of knowledge and safe practice through theory and research. Therefore, health care services should collaborate with higher education institutions to ensure nursing education is able to meet the workforce development requirements. Besides, higher education