



Transition from Student to a Registered Nurse – Facilitators Perspective Narrative Literature Review

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Abstract

Newly graduate nurses has to join as a workforce to shoulder roles and responsibilities according to their standard practice guidelines. They are expected to demonstrate better nursing skills. Yet their competency to work in a professional and ethical way is a phenomenon inadequately explored in Pakistani context. This review article is prepared to understand the basic concept of role transition as a newly graduate nurses to a competent professional. Their expectations and experiences shaping journey. The types of challenges are also explored through various original and systematic review articles. Further, theoretical concepts are also examined to understand its application for practice and future research.

Keywords: Workforce; Graduates; Research

Introduction

Role transition is a concept needing prompt attention. Role transition stands for change in “existing roles, or part of existing or multiple roles, held singly or with others [1]. Role change is an inevitable, constant, and dynamic process. It is conceptualized as centering identity (ies) of self or group, focusing role (s), enacting role (s) and shaping role (s)” [2]. The transition from a student to a registered nurse starts with experiential learning. Experiential learning is a process of learning through acting, reflecting, conceptualizing, and experimenting. It helps in the acquisition of technical skills and self-confidence. Experiential learning became exciting when group cooperation transformed into a norm. Colleagues and more experience nurses become vital resources through teaching and supporting in difficult situations. Colleagues' assistance paved the way for developing critical skills for new graduate nurses [3]. They found in themselves a development of self-belonging as through the years of graduate studies, they were being rotated through a variety of clinical settings. Once

they became graduated, they moved towards the socialization process. Senior nurses already working as registered nurses started accepting new graduate nurses as their colleagues [4]. This journey became an exciting venture as peer supportive behaviors opened doors of further career enhancement opportunities for new graduate nurses. The creation of more learning opportunities helped them to attain professional autonomy and independence. They felt confident and their self-esteem increased, one they were valued as productive team members [5].

Transitioning from nurse student to preparing for work as a registered nurse can be thought-provoking for new graduate nurses [6]. It is evidenced that the problems faced by new graduate nurses in their transitional period from a student to a registered nurse are graver today. They are testing and remained unheeded in this corner of the world [7]. Nevertheless, going through international literature search; multiple angles of the issues had been unearthed. Those issues can be found below through the sub-categories of

NGNs and transitional shock; NGNs and work environment; NGNs and their level of knowledge and skills to be an effective registered nurse; NGNs and their relationship with patients; NGNs and internship programs to solve their transitional difficulties; and NGNs and theories of role transition.

Newly graduate nurses and transition process

The descriptions of NGNs' experiences about their transitional process are very inspiring and substantial. This journey is not a honeymoon for many of them. For NGNs' role transition was a complex and multifaceted phenomenon. Recently graduate nurses illuminated their first-year experience as a nurse after graduation as challenging and demanding. They were more than confident that they will overcome that challenge. For an NGN, then the initial phase of becoming a nurse was hectic with feelings of uncertainty, confusion. They felt a strong need to be recognized as a member of a healthcare team. They accepted that they were new to the job, but not useless. They possessed a sense of increased responsibility. They believed that the support of senior nurses would enable them to overcome the challenges of transition. For them, learning was a lifelong process and they would step further towards growth and development. They will be confident professions if their seniors collaborated with them¹. Multiple types of challenges had been identified. Functional disability, communicative and managerial challenges made their transition period difficult. Nurses voiced their concerns related to flaws in basic/primary as well as complex/specialized nursing skills performances. They found difficulties in locating veins, adjusting serum drops, administering medications properly, switching tracheostomy, venous cut-downs, and cardiopulmonary resuscitations [8]. This functional disability theme [7] is further explored as inadequate preparation for transition. Inadequate preparation for transition resulted because novice nurses were delegated work at a very quick pace. It made them confused and astounded. Novice nurses alleged that their educational preparation for the role of a registered nurse was below par. They were not familiarized with role transition challenges. They assumed that their teachers and mentors were less qualified. Unproductive education and training linked to developing skilled liaisons caused a great loss for apprentice nurses as they miscarried to cope with transitional problems meritoriously. It posed a basic responsibility for the shoulders of policymakers (including teaching institutes) and nurse managers

to cultivate calculated plans for removing barriers and smoothing nurses' coping with transition [9].

Newly graduate nurses and transition shock

NGNs encounter an exciting and challenging responsibility with uncertainty and insecurity when they progressed from a sheltered educational milieu to unaccustomed clinical practice settings. During their initial phase of three to four years, they strived for the physical, cognitive, emotional, intellectual, and sociocultural adjustment process. It was difficult to cope with the situation because they were charged with new roles and responsibilities, for which, they believed that they were not fully prepared. They became physically exhausted as they were burdened with the workload without considerations of their capabilities to perform at an expected level. That resulted in a terrifying situation for NGNs. The anxiety and emotional outbursts became the norm for them. Some of the NGNs faced difficulties in making critical thinking decisions as they viewed their ability to get on task slower than expected [10]. This transition shock is also called reality shock. Novice nurses' learning needs were examined through their eyes. The researchers included NGN preceptors and nursing leaders to explore and understand the angle of this issue from multiple sources. Novice nurses were confident as well as fearful about their work experiences as new nurses. They were confident and excited because they were embarking on a new job and role and responsibilities. They thought that they were more accountable and responsible towards their new assignment of direct patients care than their previous standing of being a student nurse. On the other hand, they were fearful because they were entering a new role. There was expectation upon them to prove their knowledge and skills for the betterment of patient care and professional growth. They feared that failure to achieve desired results is tantamount to their professional growth and development. In brief, reality shock was constructed as the difference between anticipations of new nurses and the real situation on the ground [10].

New graduate nurses and work environment

NGNs must be content with the work environment. The professional and ethical work environment is a keystone for job satisfaction and personal and professional growth [11]. The factors were identified that impact NGN efforts to provide safe care to their patients in the context of clinical work, they were engaged in. NGN explored that they have two distinctive problems about their level of preparedness from student nurse to NGN. One problem was

related to the practice environment. The practice environment was elaborated as difficulties in providing patient-centered care, several older aged patients and their co-morbidities, difficulties in managing different types of drugs, task-oriented nature of work, and managing the assigned responsibilities in a due and limited time frame. All those aspects of the organization's work environment characteristics were pivotal in understanding the facilities and constraints towards the growth of the professional practice [12]. A favorable work environment is a determinant of reducing reality shock for NGNs. NGNs are projected with high expectations for a safe work environment. They connected the availability of a good working environment with the increased chances of providing quality nursing care. They related a favorable clinical work environment as a place where an opportunity to work autonomously and collaboratively with senior nurses, physicians, and members of other disciplines could be available. But, the reality they met was in contrast to their expectations. A second distinctive feature of a healthy work environment was "a place of work, where the patient comes first." Competent and sufficient numbers of staff members are vital to a good practice environment. Competent staff members were defined as health care personals, who knew their patients, system, and environment [13].

Health work environments make a difference. This difference can be achieved by reducing reality shock. Reality shock is the match between expectations of a role in line with role conception as a registered nurse [14].

New graduate nurses and their level of knowledge and skills to be an effective registered nurse

The other factor that impact NGN's efforts to provide safe care to their patients in a clinical work context was "preparedness for the new role as a nurse". In the context of preparedness for practice, poor physical assessment skills of nurses made them confused and a feeling of inadequacy remained vibrant in their minds. Those kinds of feelings caused low confidence and low self-esteem among them. Although they felt that learning was a lifelong process, lack of proper guidance in their initial days was determinant and they were forced to change their job. They believed that the availability of proper guidance and support from their seniors could have proved different. They could have their job-related problems solved effectively [15]. NGNs need both psychomotor as well as critical thinking skills to tackle their transitional difficulties

effectively. NGNs lacked mastery in difference six areas including communication, leadership, organization, critical thinking, dealing with specific situations, and stress management. Poor communications with seniors, physicians, patients, and family members were found in an area where NGNs struggled. This led them towards a failure of organizing, prioritizing, time management issues in patients' care. They possessed little critical thinking skills; therefore, handling novel situations produced stress among NGNs. Finally, NGNs failed to resolve conflicts among team members and patients and their families amicably [16].

New graduate nurses and their relationship with patients

Establishing a trusting relationship between nurse and patient is a cornerstone of holistic and patient-centered care. Building a nurse-patient trusting relation is conceptualized as "building a rapport, communication, being professional, having confidence" [17]. NGNs faced the daunting challenge of the increased number of patients with different health conditions as they enter the workforce. In the initial period, NGNs developed stress and anxiety due to workload. Difficulties dealing with patients as well as their relatives posed an extra cognitive burden for and NGNs' life became difficult. Lack of competencies in knowledge and skills became a hindrance to providing safe and secure patients care. The matters turned from bad to worse when ineffective communication among team members failed to resolve conflicts amicably [18]. Developing a trusting relationship between nurse-patient is a dynamic and relational process. Dynamic in a sense that once, it develops and then, there are chances of its malfunctioning. That's means a new necessity to develop it again. Secondly, it is a relational process means that the relationship is a two-way process. One is based on nurses' diverse thoughts, perceptions, and feelings. "The NGN's insights are based on their ability to interact with others. It is influenced by the way; how NGNs saw themselves and how they noticed that others perceived them [19,20]. The second issue was related to a patient's conditions and thoughts. Patients were vulnerable and their vulnerability made that relationship fragile. NGNs should be able to recognize both vulnerabilities: of the patient as well as of the relationship. Once nurses become aware of those multiple angles then they had to develop necessary caring attributes and professional competencies, and endure and linger the relationship till the resolution of patients' problems [20].

New graduate nurses and internship programs to solve their transitional difficulties

As a new graduate RN embarking on a professional nursing career, it was crucial to find an ethical work environment and culture committed to professional development [11]. To allay NGNs' fears, a comprehensive nurse orientation program must be in place. This program should concentrate on long-term support with clinical skills enhancement concerns. Timely debriefing and feedback mechanisms were supposed to be the instrument in enhancing the clinical judgment of novice nurses [8]. The environment will have a structured orientation program that has ongoing communication regarding the challenges NGNs faces as professional RNs. Assessing personal and professional strengths guides the NGNs in selecting an environment where they can excel. An environment that values NGNs' strengths leads to positive outcomes for the individual and institution. Positive outcomes will foster professional work increasing the NGNs' retention and decreasing shortage. It would lead the new generation of the nursing workforce more satisfied with their jobs [11]. Due to their limited work experience and reality shock, they lose self-confidence. That is the reason that NGNs should receive a structured clinical program that could develop enough competencies to deliver patient care in a safe manner [19]. It was elaborated that a well-structured mentoring program (internship) could be an effective measure to solve problems of this cohort. NGNs' frequent rotation from one ward to another ward has been diagnosed as a hindrance to establishing a healthy working relationship with senior members of staff. Frequent rotations were identified as a hindrance to developing an effective working relationship between different members of the team. The curriculum of undergraduate programs should focus on the contents about ways to develop nursing students' effective communication skills with patients. Teaching strategies should be in line with increasing knowledge and skills. The factors impending in building an effective nurse-patient relationship and possible solutions must be taught through role modeling [16]. Evidence supports that structured internship programs help NGNs in their transition process from student to registered nurse. These programs are an essential component to increase NGNs' job satisfaction and retention. The study supports nursing academia to advocate for and receive funding for designing, implementing and evaluating a transition to work programs [22].

New graduate nurses and theories of role transition

The substitutive role transition theory elicited through NGNs' experiences called this journey "sailing forward". This journey encompassed four major themes of "stepping into a new role, initial adjustment, support system, and resolution phase. The theory represented this journey as "efforts to reach a desired destination through the sea". The first step of "sailing forward" theory was "stepping into a new role". It resembles like "getting on the board of a ship in the sea". This step started with feelings of joy that they were embarking on a new journey of independence; with feelings of anxiety that they might lack necessary experiences for that unknown journey. They feared that an error in accomplishing responsibilities could turn their journey into disaster. The second step of 'initial adjustment' resembled the concept of 'sailing through a rough sea'. Heavy workload and difficulties in managing time and resources disturbed their personal life. It interrupted their social contacts badly. They found little time for their care. Working in double shifts distrusted their sleep pattern resulted in exhaustion and spiritual distress. The third step of 'finding a support system' was the same as 'struggling to find and cling with lifesavers'. They started to find and build a working relationship with their senior nurses. They started getting the required support and their anxiety and stress started to reduce gradually. NGNs valued family support as a very important asset in tackling this issue at this step. At the final step of the 'resolution phase', NGNs verbalized that they reached the shore, safely. Reaching the shore was conceptualized as getting independence through mastering the knowledge and skills necessary to provide safe and effective care. Moreover, they developed the confidence to solve the conflicts with mutual understanding. They developed an ability to speak for their rights. The sailing forward journey started with feelings of excitement and anxiety and ended with maturity and adjustment [23].

A theory of role transition is named as 'a journey to becoming a nurse' encompassing three phases of doing, being, and knowing. This theory tells about a journey in which nurses' advanced from NGNs' students towards a full-fledged registered nurses. In this journey of 'doing, knowing, and becoming'; nurses travel through the stages of anticipating, learning, performing, concealing, adjusting, questioning, revealing, separating, rediscovering, exploring, and engaging. In the first phase of doing, they were expected to perform their responsibilities with some degree

of confidence. It became a challenge for them as they felt that they were not adequately prepared to discharge their role and responsibilities up to the mark. It became an uphill task for them to adjust themselves accordingly. The gap between their idealistic anticipations and realistic situations on the field posed a threat to their initial excitement and aspirations. They blamed it for their inadequate role preparation during academic courses. The heavy workload and expectation of managers to carry out non-nursing tasks made them depressed. They enunciated concerns about poor feedback and disappointing behavior of the managers for not appreciating their contribution. This phase lasted for about 03 months. The next 05 months were marked with a change. The feelings of worry and the tense situation gradually shortened as NGNs made advancement through the attainment of knowledge, skills, and attitudes necessary to deal with routine work efficaciously. It was time for the establishment of their professional identity. The main strategy to cope with the difficulties in their clinical practice was handled through separating themselves from professional engagements towards personal life. At the last stage of knowing, NGNs came back and regrouped with their professional bands. Their continued recovery efforts made them more capable and confident. They engaged with support groups. At this stage, not only did they come close professionally but some of the members developed intimate relationships with each other. The balance in their professional and personal spheres curtailed many problems and helped them to adjust themselves more professionally [10].

Conclusion

This narrative review based on original qualitative and quantitative articles is an evidence-based effort and it is expected to assist policymakers (including teaching Institutes) to initiate innovative strategies to make clear and objective guidelines for developing knowledge and skills for nurses during their study duration as well as the internship period. Without the implementation of these guidelines in the true spirit, the desired outcomes will be difficult to accomplish. Policymakers should heed the concerns of the target cohorts, before finalizing the policies. For this, it is necessary to listen to them [15]. It means there is a knowledge gap that needs to be connected. Honestly speaking, there is little awareness and enthusiasm to fill the gap through original work. Nurse academia and researchers have a responsibility on their shoulders to take the task into their hands. They have to fill the gap

of knowledge and practice among nurses needed to support them through documenting responses based on their own experiences and in their language. This could be authentically done by rigorous, systematic, unbiased and trustworthy, nursing scientific research [21,22]. Secondly, relying on internationally conducted studies to understand the phenomena is not a suitable approach, although, these studies are a valuable source of evidence. It is necessary to conduct new research with new participants within new settings, as it is a strong source to confirm the already available evidence [25].

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