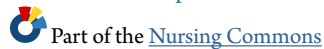

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Graduate Nurse Transition Programs in Western Australia: A Comparative Study of their Percieved Efficacy

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CHAPTER 1: INTRODUCTION

1.1 Preface

This chapter provides the context for the present research. It discusses the current shortfall in the global, national and local nursing workforce, and the factors that have contributed to this situation. The impact that insufficient numbers of proficient nurses have on the delivery of safe patient care are described; as is the nature of, and the need for this research. A brief discussion of ethical considerations related to the research is provided, and the research questions conclude the chapter.

1.2 Background to the Study

A significant issue faced by the healthcare industry today is the ongoing shortfall of experienced nurses in the nursing workforce. The issue is world-wide with most international health organisations and all Australian states reporting a widening gap between demand and supply. There is a wealth of literature describing the global nursing shortage, and much written on causes of reduced tenure in the nursing workforce. Some research has been conducted into methods for enhancing work satisfaction, with the intention of improving retention rates, but little of this is empirical. In a global survey of nurses from 11 countries, the International Council of Nurses (ICN) found the main concern amongst the world's nurses was the burden of workloads, remuneration and minimal professional recognition (International Council of Nurses [ICN], 2010).

Current research clearly demonstrates the negative impact on patient safety when the number of RNs allocated to a unit falls below prescribed levels (Duffield, et al., 2009; Tourangeau, et al., 2006; Twigg, Duffield, Bremmer, Rapley & Finn,

2011). In Australia, the State of Victoria is alone in having mandated a minimum five nurses per 20 patients (Gerdtz & Nelson, 2007). Much has been discussed in the literature regarding increasing RN-to-patient ratios, but little has been undertaken to define such ratios (Curtin, 2003; Duffield, et al., 2010, in press; Gerdtz & Nelson, 2007; Twigg, Duffield, Thompson & Rapley, 2010).

Failure to ensure the safety of people accessing health care adds extensively to the costs of that care in many ways, and in some cases may lead to permanent injury or even death (Twigg, et al., 2010). A higher level of education and appropriate transitional experience for the novice practitioner has been shown to have a positive impact on nurse led indicators of care and patient safety (Duffield, et al., 2009; Holden, et al., 2011; Tervo-Heikkinen, Partanen, Aalto, & Vehviläinen-Julkunen, 2008; Tourangeau, et al., 2006; Twigg, et al., 2011). Studies in the United States and Canada have shown that the higher the level of education a nurse has, the more positive the impact on nursing-related outcomes. Studies have also shown that a 10% increase in tertiary educated nurses was correlated with a 5% reduction in rates of “failure to rescue” (Aiken, 2008; Newbold, 2008; Tourangeau, et al., 2006). Aiken, Clarke, Sloane, Sochalski and Silber, (2002) also indicated that as the ratio of patients to nurses increased, so too did the nurses’ levels of dissatisfaction and emotional exhaustion. These issues and the impact upon patient care are discussed in greater detail in Chapter 2.

A prime contributor to the nursing shortfall in Australia is the steadily increasing older population and the impact this will have on the demand for health care services in regards to associated age-related diseases, disabilities and chronic illnesses (Australian Bureau of Statistics [ABS], 2011). Preston (2006) suggested

this demand on the nursing workforce was expected to increase by almost 4% annually over the next few years. Most countries, including Australia, are experiencing a slowing in their birth rates, which means there will not be sufficient younger populations to replace, fund and care for the aging populations. An additional factor contributing to the shortfall of nurses in Western Australia (WA) is the resources industry boom that has resulted in a shift of a portion of workers from traditional roles, including nursing, to higher paying roles in the mining industry (Access Economics, 2008).

Healthcare in Australia is a large budgetary item, which is predicted to almost double in the ensuing years from 4% of the Gross Domestic Product to 7.1% (Commonwealth of Australia, 2010). As nurses form the largest group in the healthcare workforce, delivering the most efficient and effective nursing service possible makes absolute sense. Systems of nursing education, training and retention must be considered and constantly monitored to ensure the most contemporary and innovative continuum of nursing care is provided.

One measure of improving the ratio of RNs in Australia has been to recruit already trained nurses from overseas countries such as the United Kingdom (UK), India, the Philippines, Malaysia, Indonesia and more recently, sub-Saharan Africa. This practice has required review in light of the recent resolution from the World Health Organization (WHO) calling for a voluntary code of practice for recruitment of health personnel from countries where loss of such skills would be highly detrimental to their own health system sustainability (World Health Organisation [WHO], 2010). In 2008, WA recorded 29% of RNs as having received their first qualification from overseas and, of these, 19% from areas considered to be at risk of

losing vital nursing resources to overseas migration (Australian Institute of Health & Welfare [AIHW], 2010b).

In an endeavour to improve the number of Australian trained nurses available to the workforce, the Federal Government has increased funding for additional student places in universities' Schools of Nursing (Bishop, 2006; Department of Health & Ageing [DoHA], 2005). However, the combination of the increase in undergraduate numbers and the impending retirement of the older cohort of clinical instructors is creating further pressure on the system to enable the provision of suitable and necessary practical training opportunities during the nursing students' program (National Health Workforce Taskforce, 2008). Figures from the Australian Institute of Health and Welfare (AIHW) Nursing and Midwifery Labour Force Survey (AIHW, 2010b) show that despite these additional places, the percentage of completions related to commencements in RN undergraduate programs continues to decline, with up to 85% completing in the years 2003 and 2004 but decreasing to 65% completing in 2008, with slightly fewer the year before. In addition to the Federal funding of additional university places, the WA Government provides funding assistance to health care organisations to offer transitional programs and support for the newly graduated nurse.

University level programs of education for Australian RNs and formal transition programs have only been available in the last few decades with the last of the hospital based programs completing in 1987. The transfer of nurse training to the tertiary arena is seen as affording nursing a greater degree of professionalism and credibility (Francis & Humphreys, 1999). As a result, the undergraduate curriculum and graduate programs are still being adjusted and improved, with the intention to

provide an excellent basis of theoretical training with which to ultimately deliver evidence-based health care to the populations who require it.

There is a dearth of literature available to demonstrate the influence of the undergraduate experience on longer-term retention in the nursing workforce. In a framework from the ICIN (2009) to “address concerns about the perceived gap between new graduates’ educational preparation for practice and the expectations of service providers” (p. 5) it was noted by McElmurry & Lee (2007) that:

...nursing today stands at the intersection of powerful forces. The increasingly complex technology growth, an aging population, dramatically changed work environments, and rapid growth in scientific knowledge require substantially expanded nursing roles and responsibilities. In the face of such pressures, there is the important question of how to better educate a competent global nurse workforce for the future (in, International Council of Nurses [ICN], 2009, p. 5).

Despite measures to improve staffing levels, there are concerns that the future nursing workforce will not be sufficient to meet the predicted demand upon it with relevant authors urging ongoing recruitment and retention measures to be researched, refined and implemented (Aiken, 2008; Council of Deans of Nursing & Midwifery, 2005; Thorgrimson & Robinson, 2005; Woods & Craig, 2005). Nationally, there have been several nursing workforce reviews and resultant recommendations to improve recruitment and retention, including continued enhancement of graduate nurse transition programs (Heath, 2002; Karmel & Li, 2002; Pinch & Della, 2001; Queensland Nursing Council, 2001). A selection of such measures is summarised in Table 1.1.

Table 1.1. Summary of Transition Program Recommendations

Heath, 2002, p.22

Recommendation 14 – Standards for transition programs

To ensure consistency and quality in the development and delivery of transition programs:

- a) A national framework should be developed for the transition programs to provide guidelines and standards for institutions
- b) State and Territory nursing registration boards should credit transition programs
- c) Employing institutions should be responsible for meeting the standards.

Heath, 2002, p.23

Recommendation 17 –Transition to workforce: funding

The Commonwealth, States and Territories should establish a system to allocate dedicated funds to (public and private) health and community care institutions to assist registered nurses and enrolled nurses in making the transition into employment, including the transition into employment of those nurses who have completed a re-entry program.

- a) Allocations should attach to the individual employee or registrant (and should be made on their behalf) to institutions whose programs have been accredited for transition
- b) Transition programs should be encouraged in areas such as mental health, aged care, community nursing, and rural health, as well as hospitals.

Pinch & Della, 2001, p.64

Recommendation 19

- a) That health services ensure preceptors are allocated specific non-clinical time with graduates.

Recommendation 20

- a) That health services develop ways of selecting and rewarding preceptors to enhance the role and ensure their importance and status are recognised.

Recommendation 21

- a) That the health industry develops standards of support and settings required for graduate clinical placements and a mechanism for ensuring the standards are maintained.
-

Table 1.1. Summary of Transition Program Recommendations (cont'd)

Pinch & Della, 2001, p.66

Recommendation 35

- a) That continued funding for graduate transition programs be provided and key performance indicators be developed for reallocating funding based on successful programs.

Recommendation 37

- a) That partnerships between university, industry and other key stakeholders be strengthened to ensure that graduates receive a smooth transition.

Queensland Nursing Council, 2001, p.254

Recommendations for Practice

- a) All organisations should provide some form of transition support for new graduates. No specific recommendations can be given about the length, structure and content of the transition support but composite programs that include both didactic and clinical elements should be considered.
- b) Clinical support should be provided by an experienced individual who is known for their clinical and teaching expertise and they should receive training and support to provide them with additional skills and knowledge of the requirements of the new graduate.

Recommendations for Future Research

- a) Considering the cost implications of most transition support strategies perhaps the greatest need is for cost effectiveness studies. These are difficult to conduct and require considerable expertise, however ultimately in the current economic environment there is sufficient motivation to attempt these.
-

While some of these recommendations have been adopted, many have been only partially implemented and are discussed further in relation to the research findings in later chapters. It is a widely held belief that formal programs to assist the transition of the newly graduated nurse into their workplace reduce the shock and stress of becoming responsible for one's own clinical practice, and the reality of being responsible for the wellbeing of others (Clare, White, Edwards & van Loon, 2002). There has been little research in Australia to evaluate the effectiveness of

these programs and their impact on turnover of graduate nurses in their first years of practice (Clare, et al., 2002).

Following the introduction of a Graduate Registered Nurse (GRN) transition program in WA, the Chief Nurse within the WA Health Department commissioned a study through the University of Western Australia (University of Western Australia [UWA], 2000). In the context of this research, transition refers to the transfer of the student nurse from the theoretical learning environment to the workplace as a newly licensed RN with the expectation that they have developed the ability to put theory into practice. The purpose of the UWA (2000) study was to evaluate the programs in public hospitals and to determine the level of support provided to the graduates during their transitional year. The results of that research indicated areas requiring consideration for future transition program planning. Of note was that the level of support that graduates received during the program was perceived to be unsatisfactory; and, that unfair work allocations and incompatible preceptors were concerns. Program structure and specialty placements were also described as a negative experience by some of the study respondents.

In a review of Australian nursing education Johnson and Preston (2001) expressed concern at the rate of nurses who leave the workforce within their first year of employment. Demonstrating a link between undergraduate nursing education, transition to the workforce and influences on longer-term retention in the nursing workforce may assist in identifying strategies for maximising retention of novice nurses. This in turn, is likely to assist in reducing the deficit of nurses in the health care system, and ultimately, provide higher quality health care to the West

Australian population. These issues will be discussed in the review of the relevant literature.

The intent of the current research is to replicate the UWA (2000) study to determine if there is any difference in findings reported 10 years ago and to identify any ongoing concerns. In addition, the perceived efficacy of current programs, and their influence on novice RN career intentions will be examined. The research has the potential to enhance existing transitional programs and to identify resourcing priority areas for neophyte nurse retention within the healthcare workforce.

1.2.1 Global Nursing Shortfall

A reduction in the supply of nurses and an increase in demand for nursing services has been described by the International Council of Nurses as “a global crisis” (Outlon, 2006, p. 34S). The adverse impact of the shortfall is being felt by nations around the world (Buchan & Aiken, 2008). Many developing countries have the added pressure of trained nurses migrating to more affluent nations where they will benefit from improved work conditions but, in doing so, exacerbate their home country’s health system shortfalls (Buchan & Aiken, 2008).

In a World Health Organisation (WHO, 2010) global survey of member states’ nursing and midwifery services, up to 92% of respondents reported extensive nursing shortages, which the surveyors believed clearly implied a need to focus globally on education, training and retention of a viable nursing workforce. An important finding from this survey found a direct relationship between improvements of nursing work conditions, such as safety and security, working hours and entitlements, and a corresponding reduction in infant mortality. Such findings are

significant given that reduction of infant and under-five mortality is a key goal of the United Nations Millennium Declaration (WHO, 2010).

Buchan (2006) discussed the difficulty in assigning uniformity to perceptions of nursing shortages given that there are such wide differences between countries' descriptions of what they consider a deficit. He gives the example of the extreme difference between the United States of America (USA) with 7,000 nurses to each 100,000 population and Uganda having 60 nurses per 100,000 population. Note though, that the data presented by Buchan are from a range of sources and time periods and the levels of nurses are not always clear. Nevertheless, the disparity is cause for concern. Levels of nurses for Australian data are, unless stated otherwise, for RNs only. Some jurisdictions are less clear regarding the inclusion, or exclusion, of other designations of nurses such as Midwives, Licensed or Enrolled Nurses (ENs), and Assistants in Nursing (AINs).

Woods and Craig (2005) reported an expectation that the nurse shortage in the USA would have grown to over one million by 2020, while the supply of nurses is predicted to decline by 40% over the next two decades. Staff turnover costs, which include advertising, recruiting and training, were cited as between US\$30,000 and US\$49,000 per nurse. Such a trend is worrying given that within four years of qualifying more than 40% of nurses were predicted to leave the profession (Woods & Craig, 2005). In an earlier report, Andrew and Dziegielewski (2005) claimed that the deficit would grow to a critical level by 2015, with 20% fewer nurses being available than required. The same authors reported that by 2020, almost 30% fewer nurses than needed would be available to the workforce. Janiszewski Goodin (2003) reported a trend of fewer enrolments in undergraduate nursing programs in the USA;

possibly due to the greater opportunities now available for women in alternative careers. Such a trend is particularly concerning, given that women typically form the vast majority of the nursing workforce.

Europe also has an ageing population and a decreasing nursing workforce, with considerable range between countries of approximately 100 to 2,150 nurses per 100,000 population (Buchan, 2000). The numbers in the Latin American countries also show a broad range with 11 to 512 nurses per 100,000 population (Malvárez & Castrillón, 2005). In describing a policy framework for improving the European nursing workforce, Buchan (2000) stresses the importance of ensuring that approaches to change are evidence based, and inclusive of all facets of workforce planning. The UK is also struggling to maintain a sufficient nursing workforce. Finlayson, Dixon, Meadows and Blair (2002) did not provide data in a per capita format to enable comparison with the data cited above; they did, however, quote nation-wide vacancy rates of up to 22,000 nurses in the National Health Service in the year 2000, with a turnover rate ranging between 11 and 38%. An additional finding from this report was that while undergraduate places for nursing students has increased significantly, approximately 20% will leave prior to completion of their program, and 34% of graduates will not register with the UK registering authority. Reasons cited for problems with retention of nurses in the international workforce are similar to those in Australian literature, that is, low remuneration, not feeling valued and changes in the nursing workload due to factors that will be further discussed in the review of the literature (Bowles & Candela, 2005; Commonwealth of Australia, 2002; Preston, 2006).

Mrayyan (2005) compared job satisfaction and retention of nurses in Jordanian public and private hospitals and alluded to a correlation between diminished quality of care and a declining nursing workforce. Dissatisfaction was shown to be caused by low remuneration, stressful work environment and a lack of career opportunities. With 270 nurses and midwives per 100,000 population, poor professional image and cultural attributes were some of the reasons cited as cause for the declining participation in the Jordanian nursing workforce, particularly among the 30-plus age groups (Abualrub, 2007).

1.2.2 National Nursing Shortfall

The international nursing workforce decline is mirrored in Australia. Nursing workforce issues in Australia have been the subject of many reviews at both industry and government levels, with a major concern being retention of experienced nurses within the system (Council of Deans of Nursing & Midwifery, 2005; Department of Health & Ageing [DoHA], 2005; Nowak, 2000; Senate Community Affairs Committee, 2002).

Factors affecting the nurse shortage in Australia include:

- An ageing workforce – the average age of the Australian nurse has increased from 41.2 years in 1999 to 43.2 years in 2004. In comparison, the average age of West Australian nurses in 2004 was 45.1 years (AIHW, 2006).
- Workforce composition – the cohort identified as the “Y” generation, generally considered to be born between 1981 and 1994 (Walker, 2007), is the future workforce. It is widely recognised that this group has different work concepts and ideals to those of earlier generations. Workforce

planners need to remain cognisant of such differences (National Health Workforce Taskforce, 2009).

- Health population – the demographics of the population to which nurses provide health care is changing and, as such, adding to the pressure on the nursing workforce. The combination of a larger proportion of the population being in the 60-years and older category, and the increase in the life-span of Australians, has resulted in a significant proliferation in the number of chronic illnesses and co-morbidities with which patients present to health care facilities (ABS, 2006).
- Technology – as in many industries, the rapid expansion of technological advances has resulted in changes to the way that health care is delivered. These changes not only impact on health budgets, creating competition between salaries and other system costs (Eggert, 2005), but also on the way health care is delivered (Joseph, 2008). There is also a requirement on practitioners to maintain skills and education with regards to technology, thus creating further industry-based pressures (Foster & Bryce, 2009).
- Health care recipients are more treatment savvy and disease aware than their predecessors and, as a consequence, are more demanding of the latest techniques for diagnosis and treatment. Nurses need to have the education, evidence-based knowledge, and ability to think critically in order to respond appropriately; a skill that will generally synthesise more fully with experience (Health Workforce Australia, 2011b).
- Patient acuity (intensity of illness) has increased as a result of the demand by health care policy makers to reduce Length of Stay (LOS) in hospitals. Traditionally, patients provided a mix of those who were acutely ill at the

beginning of an admission, and those who were moderately or minimally ill prior to discharge and thus, required fewer occasions of nursing care. The net result of reducing LOS, is that the mix of acute and less ill patients no longer occurs, leaving a patient mix that requires more intense occasions of nursing care. In addition, the recent introduction to Emergency Departments (ED) within WA of the 'four hour rule', whereby patients must be attended to within four hours of presentation to an ED, has added to the pressure to move patients more quickly to the ward areas (Forero, McCarthy & Hillman, 2011). These increases in the intensity of the health care providers' work-load add to the pressure on those available to provision it.

These points, and the impact that they have upon the transition experience of the graduate nurse, are discussed more fully in the review of the literature, and in later chapters in relation to the findings of the current research.

In 2004, the Australian Government, Department of Health and Ageing (DoHA, 2005) announced an increase in funding for 4,000 additional nursing undergraduate placements, nationally, over the following three years which has now occurred. While the Australian Nursing Federation was very supportive of this initiative, it believed it would not be sufficient to fill the anticipated gap that would occur when the large cohort of baby boomers, generally considered to have been born between 1946 and 1964, retire from the workforce within the next 10 to 15 years (Ilfie, 2006). It is imperative, for patient safety and fiscal accountability, that the additional places funded by the Government produce nurses who will stay in the nursing workforce to provide future safe staffing levels. In addition to increasing the

entry of new nurses to the workforce, Duffield, et al. (2007) reiterated the view that work intensity and work environment issues, required understanding and resolution to ensure viable retention of nurses within the health system.

The national literature demonstrates a commitment by government and nursing leaders to developing policies addressing the nursing workforce shortage (DoHA, 2005; Heath, 2002; Pinch & Della, 2001; Preston, 2006). The key to successfully staffing the nursing workforce will be how those policies will be implemented, and refined over time. A report from Access Economics (2004) described nursing as an occupation with very strong job security and one that will invariably be in demand for the foreseeable future. As such, it behoves nursing bodies to take advantage of such a positive characterisation in promoting nursing as a very worthwhile career.

1.2.3 The Western Australian Context

Preston (2006) estimated that WA had a deficit in the workforce of 186 RNs per 100,000 population, that is, a total deficit of 3,739 RNs. In adjusting staffing levels to baseline projections, she described WA as having the largest predicted shortfall of all Australian States. Factoring in the influence of an ageing population, RN separations and population growth (which translates to a further increase in the need for health care), it was estimated that the deficit would have increased from 186 to 377 RNs per 100,000 population by 2010 (Preston, 2006). The Nursing and Midwifery Workforce Report for 2011 (AIHW, 2012) reveals an increased supply of RNs in WA from 772.1 RNs per 100,000 population in 2007, to 882.2 RNs per 100,000 population in 2011, which suggests that, while the forecast deficit has been almost half that predicted, it is still present.

Johnstone (2007) has indicated that when numbers of RNs in healthcare facilities are fewer than required, the incidence of medical errors in patient care increases. Adverse outcomes include numerous events such as medication error, hospital acquired infection, patient falls and decubitus ulcers. In a study commissioned by the New South Wales Department of Health, Duffield, et al. (2007) found that with the addition of one RN per shift there was a reduction in the rate of decubitus ulcers of 20 per 1,000 patients, pneumonia of 16 per 1,000 patients, and sepsis of 8 per 1,000 patients. Such figures are sufficient to view any decline in the RN workforce with concern.

In a submission to the National Review of Nursing Education in Australia, the Nurses Board of Western Australia (NBWA, 2001) made several recommendations. Among these was the suggestion that by combining the delivery of core units to all health professional undergraduate students (that is, medical, nursing, allied health), the provision of efficacious treatment and interdisciplinary collegueship would be enhanced. The concept of combining core units has also been put forward by Health Workforce Australia (HWA), a recent initiative set up by the Council of Australian Governments in an endeavour to coordinate an integrated and proactive health workforce plan throughout Australia (Health Workforce Australia, 2011b). The NBWA (2001) also expressed concern that, following the shift of nurse training from industry to academia, adequate funding was not provided to enable sufficient and suitable clinical experiences for the student in the workplace. As a result, there is ongoing difficulty for universities and industry in providing satisfactory placements for the additional student positions (Dragon, 2009). Added to this, is the extra pressure being placed upon already scarce supervisory and mentoring resources (Dragon, 2009).

The NBWA also discussed a need to consider the changing context of health care in relation to the increased acuity of hospital patients and escalating complexity of nursing care of people in the community, suggesting that a paradigm shift in nurse education and placements was needed (2001). Furthermore, the Board made reference to the disparity of thought between academia and industry in relation to these changes, and how this may influence the expectations and experiences of the nurse moving between student and novice practitioner (NBWA, 2001).

As previously mentioned, one strategy for improving the current staffing levels of RNs is to increase the number of nurses graduating from universities. Following the National Review of Nursing Education in Australia, a recommendation was made for an increase in funding to secure additional undergraduate places in Schools of Nursing (Heath, 2002). Consequently, the Australian Government Department of Health and Ageing (DoHA, 2005) announced the increase in national funding for 4,000 additional nursing undergraduate places. With such extra places being made available, it is important to determine whether incumbents are benefiting from post-graduation transitional programs, and whether such are having a positive effect on workforce retention.

1.3 Nature of the Study

A comprehensive survey was conducted by the University of Western Australia (UWA) on behalf of the then Department of Public Health to evaluate graduate nurse programs in public sector hospitals in WA in 2000. The research found many graduates to be dissatisfied with the structure of the programs being offered and the attitude of other nursing staff towards them (UWA, 2000). The UWA (2000) study paralleled part of a much larger Queensland research study commissioned by the

Queensland Minister for Health in 1998. Part of that investigation was to survey RNs who had completed their graduate year in order to determine the level of Undergraduate to GRN support during their transition year (Queensland Health, 1999).

Recommendations from the UWA (2000) study are summarised below and are considered further when compared with the present research findings, in the Discussion Chapter:

- The transition program is worth continuing;
- Preceptors should be carefully screened and selected;
- Preceptors should undergo suitable training;
- Preceptors need to be accessible to the graduate nurse;
- Workload allowances need to be made to allow additional study time;
- Supernumerary time should be mandatory and of suitable length;
- Senior nurses and colleagues need to be made aware of the nature and purpose of the Graduate Nurse Program;
- More choice be made available to the graduate for specialty placements;
- Greater liaison should occur between program providers and academia regarding undergraduate clinical training.

The present research aims to study the experiences of newly graduated RNs during the transition phase, from novice to competent practitioner, to determine if there are changes to the findings reported 10 years ago in the UWA (2000) study. The results will also be used to determine what comparisons there are with similar, national studies in terms of program efficacy and professional support to the novice nurse during the transition phase. Data have been analysed to determine what effect,

if any, Graduate Nurse Programs (GNPs) have on this transitional experience and if any correlation exists between the programs and the future intentions of the newly registered nurse with regard to remaining in the nursing workforce.

1.4 Need for Research

The National Nursing and Nursing Education Taskforce (N³ET) was established in 2003 by the State, Territory and Australian Government Ministers for Education and Health in response to major reviews and reports of Australian nursing and midwifery workforce, training and education. The Taskforce is composed of nurse leaders, educators and researchers committed to progressing and sustaining the education, training and retention of the Australian nursing and midwifery workforce. The N³ET (2006) listed research into health workforce, recruitment and retention, skill mix, and service models, as areas requiring urgent investigation to help inform planning, funding and education policies that would include transition programs.

Conducting research in the Australian context of nursing programs, Gaynor, et al. (2007) suggested that:

...there is a paucity of evidence about the demographics of the future Australian nursing workforce, attrition within undergraduate nursing programs and graduate outcomes. Clearly there is a need to systematically track undergraduates and new graduates to quantify student attrition, graduate retention and career plans and begin to build this evidence-base (p. 12).

An integrated systematic review of transition support for new nursing graduates commissioned by the Queensland Nursing Council suggested that, despite

descriptive studies and many models of practice, there appeared to be no evidence of best practice for graduate nurse programs (Queensland Nursing Council, 2001).

Over the past decade or so, considerable evidence has been amassed suggesting that further transition-orientated research needs to be undertaken (Kelly & Ahern, 2009; Levett-Jones & FitzGerald, 2005; Reeves, 2007). The present study contributes to this need by examining the effectiveness of GNPs in the Western Australian context, as perceived by nurses who graduated from a university nursing degree, and who registered with the Nurses and Midwives Board of Western Australia for the first time as a RN in 2008.

This research has replicated the UWA (2000) survey using a mixed methods design to determine how well GNPs assist the transition of the newly graduated RN into the nursing workforce, and what, if any, effect the programs have in terms of decisions to remain in the nursing workforce. The research also examines if similar issues identified in the original UWA (2000) study continue to impact upon the nurse's transitional experience. The mixed method design allows for a combination of the most suitable aspects from both the quantitative (numeric) and qualitative (textual) methods to address the research questions (Creswell & Plano Clark, 2007). The survey questionnaire, study design and analysis are discussed further in the Methodology Chapter.

1.5 Research Questions

1. In what ways are novice Registered Nurses' experiences different today from those reported in the 2000 University of Western Australia study?

2. From the Graduate Registered Nurse's perception, how efficacious are graduate nurse programs in helping novice nurses to make the transition to competent practitioner?
3. What perceived effect does the Graduate Nurse Program have on predicted career longevity of newly graduated Registered Nurses?

1.6 Summary

This chapter has discussed the issues and some of the consequences of a widening gap between the demand and supply of proficient RNs in the nursing workforce on a worldwide, national and local basis. It has also alluded to the importance of effective transition programs. It is clear the matter of nursing workforce shortages are of importance in terms of providing a safe and high quality health service to the population of WA. Ensuring that novice nurses are retained within the health system and allowed to develop into proficient and productive nurses has been a regular theme in the literature and is expanded upon in the following chapter.