2012

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

Ce (Cecilia) Kealley
*University of Notre Dame Australia*

# CHAPTER 6: CONCLUSION & RECOMMENDATIONS

*Somebody asked: "You're a nurse? That's cool; I wanted to do that when I was a kid. How much do you make?" The nurse replied: "How much do I make? .... I can make holding your hand seem like the most important thing in the world when you're scared; I can make your child breathe when they stop; I can help your father survive a heart attack; I can make myself get up at 5 a.m. to make sure your mother has the medicine she needs to live; I work all day to save the lives of strangers; I make my family wait for dinner until I know your family member is taken care of; I make myself skip lunch so that I can make sure that everything I did for your wife today is charted; I make myself work weekends and holidays because people don't just get sick Monday to Friday. Today, I might save your life. How much do I make? All I know is; I make a difference." (Anon, 2012).*

Nurses do make a difference, and improve the well-being of patients, and even more so when well supported to becoming proficient and competent practitioners.

## 6.1 Introduction

The intent of this research has been to compare the findings of a survey questionnaire, sent to newly graduated RNs in 2010, with those from a similar study conducted 10-years previously by the University of Western Australia (2000). For the purpose of further expanding the data, and to aid in determining the efficacy of formal transitional programs within the Western Australian nursing context, the current study took the opportunity to elicit additional information to that requested in the 2000 study. The new data expanded on the GRNs' transition perceptions, and aided in further discerning how the programs might influence the career paths of the novice nurse, and their continuing tenure within the nursing workforce. In the convention of mixed methods research, and to acquire corroborating evidence, a small web-based survey of graduate nurse coordinators was incorporated into the

research. This allowed further validation of the research findings, and expansion of the knowledge of contemporary graduate nurse transition programs within WA.

Findings from the comparative component of the study are discussed (6.2) and include information related to the current undergraduate nursing programs. The next section (6.3) proffers the majority of the recommendations and a table of key components based on the findings is provided (Table 6.1). These findings provide evidence upon which guidelines for future RN transition programs may be established. The third research question is addressed in the section (6.4) related to career planning. Recommendations from this research are summarised (6.5) and further concepts for consideration generated from the findings are presented in section 6.6 and summarised in 6.7. An outline of the study limitations and the generalisability of the research findings are presented in the next two sections (6.8 and 6.9). Finally, a summary of the chapter provides a synopsis of the research, conclusions and recommendations (section 6.10).

## 6.2 Comparative Studies

The findings of this research have clearly demonstrated the positive influence that a supportive and well structured transition program has on the novice nurse's journey to proficiency. The comparative data suggest that graduate nurse transition programs have evolved over the past decade.

### *6.2.1 Key Findings of Comparative Studies*

The foremost findings in the comparative studies were that:

- There was a substantial increase in the proportion of the 2010 study respondents who felt their undergraduate nursing program had adequately

prepared them for their role as an RN when compared to the UWA (2000) study. However, there were still many who felt that there were deficiencies in their undergraduate program, particularly in the areas of adequate clinical practice, for example, Mental Health; some basic nursing care skills; and further clinical topics such as pharmacology and pathophysiology.

- The vast majority of GRNs in both studies believed their GNP had made them feel more confident and competent in their RN role.
- Consistency of Preceptor support continues to be variable. In the current study, satisfaction with the degree of Preceptor support provided throughout their program was generally mixed. The model obviously works well when there are strong paradigms of Preceptor training and support, however, falls short when the nominated Preceptor is unsure of the expectations and requirements of the role, or is not consistently available to the novice nurse especially in the early, more vulnerable stages of their transition.
- Supernumerary time at the commencement of new specialty units is important to ensure the GRN practices within their scope, and patient safety is not jeopardised. While there were considerable improvements in the allocation of supernumerary time between the two study periods, there were still instances of insufficient time allocation that warrant concern and require addressing to ensure patient safety is not compromised.
- Despite a greater proportion of GRNs in the current study allocated to the night shifts in less than six months of commencing their program, there was greater consensus from them that they felt adequately prepared for the experience. Prior experience as an EN appeared to mitigate the experience for the GRN.

- Undergraduate preparation of the RN would appear to fall short in some areas of meeting the needs and expectations of the graduating nurse.

### *6.2.2 Undergraduate Education*

Much has been written about the inconsistent perception of nursing that is conveyed to the student nurse during their undergraduate education and the often stark 'reality' that they experience upon entering the workplace (Crookes, et al, 2010; Dearmun, 2000; Duchscher, 2009; Wolff, et al., 2010). *Reality shock* is a term that is used to describe the disparity between what the new GRN is expecting to experience in the transition from student to graduated nurse, and what these novice nurses actually encounter when entering the nursing workforce. Cowin & Hengstberger-Sims (2006) suggest that this initial phase of the transition is when the GRN is feeling powerless and confused, and is when the novice is most vulnerable in terms of their intention to remain within the profession.

The concept of the divide between the academic arena and the workplace that is termed the *theory-practice gap* was evident in many of the responses from the GRNs, particularly among those related to causes of perceived problems and stress. Amongst the responses that related to how the GRNs believed their undergraduate education could be improved, there were a number of comments associated with insufficient opportunities for practical experience, in particular Mental Health; as well as deficits in some clinical topics such as pharmacology, and pathophysiology. Benner, Sutphen, Leonard and Day (2010), concur with the need to provide more contemporary education to the undergraduate nurse:

> *To practice safely and effectively, today's new nurses must understand a range of nursing knowledge and science, from normal and pathological*

*physiology to genomics, pharmacology, biochemical implications of laboratory medicine for the patient's therapies, the physics of gas exchange in the lungs, cell-level transport of oxygen for the acutely ill patient, as well as the human experience of illness and normal growth and development – and much more (p. 1).*

Other GRN comments implied that the undergraduate education was, at times, inadequate in preparing the nurse for their role in terms of the responsibility placed upon them; the difficulty of shiftwork; dealing with difficult personalities; and the reality of patient morbidity and mortality.

Further shortfalls in the undergraduate preparation of the GRN seemed to be insufficient exposure to certain specialties, in particular, Mental Health, Community Health, and Aged Care. The consequence of this was fewer nurses who chose these areas for specialty rotations. Benner, et al. (2010) suggest that the emphasis on acute care during undergraduate training detracts from recruitment to the areas of nursing that are increasing in focus, namely, home care, community and school health; and in Australia, Aged Care, Mental Health and the rural sector. While it is recognised that the undergraduate nursing curriculum struggles to incorporate the totality of nursing subjects, and to find sufficient and suitable clinical placements (Belardi, 2012b; Usher & Mills, 2012), broadening the scope of clinical practice to these areas during the undergraduate nursing program is a topic worthy of further consideration.

The ever increasing complexity of nursing makes it difficult for the undergraduate curriculum content to keep pace, or for educators to fit in additional contemporary components of education or clinical practice (Dragon, 2009). There

have been recent calls from professional bodies to extend the undergraduate nursing degree to a four-year program (Belardi, 2012b) and, based upon the outcomes of the current research, have merit. Such a move would allow further consolidation of the theory-practice continuum, plus it would provide for improved curriculum content in relation to those topics that both, the graduate and the nursing industry considers are currently lacking.

**Recommendation 1**: Universities that offer undergraduate nursing programs should consider extending the length of their programs to facilitate inclusion of an extended range of clinical experience; a focus on more common clinical skills; and an increased exposure to the specialties of Aged Care, Mental Health, Community Nursing and Rural Health.

Despite these apparent failings related to the theory-practice divide, there were many positive findings in relation to the GNP that suggest, on the whole, the GRNs' undergraduate experiences had contributed positively to their transition from undergraduate student to novice nurse, and ultimately, to proficient practitioner.

## 6.3 Contemporary Graduate Nurse Programs in Western Australia

This research has demonstrated that investment in a well structured, supportive transition program for newly graduated nurses is a worthwhile venture to ensure the provision of a competent and proficient RN workforce for the future of WA health. What has been made clear by the research is the need for the nursing profession to formalise guidelines and performance indicators for the conduct of transition programs. As well as providing robust program structures, such guidelines will support comprehensive improvements in areas that have been identified as lacking and provide accountability for associated government funding.

### 6.3.1 Key Findings from Contemporary Graduate Nurse Programs

The findings from the contemporary GNP component of this study include:

- Areas such as Mental Health, Domiciliary Nursing, Community Health and Rural Health are underrepresented in GRN subscription to these sectors.
- Strong and consistent support to enhance the positive experience and development of the GRN is not always available or adequate.
- Preceptor education and training appears to be ad hoc and in some cases, nonexistent, thus potentially compromising the basic support needs of the novice nurse.
- Current GNP guidelines appear to be inadequate and inconsistent in providing a framework for a robust program for the novice nurse transition to competent practitioner.
- Occasions of bullying are apparent in some areas.

### 6.3.2 Increasing Options for Areas of Need

It is evident from this research that since the UWA (2000) study, there has been a reduction in the participation rate in the specialty of Mental Health. Other sectors that were poorly represented within the GNP specialty options were Aged Care, Community Health, and Rural Nursing. Similar to the Mental Health options, collaborative arrangements to increase the opportunities for the novice nurse to experience a greater variety of these specialties should be considered. This would aid in further developing skills within these specialties and improve recruitment of the necessary nursing workforce to them. Within the urban health services there are usually associated *Population Health Units* that provide primary education and care to the populace, with the intent to improve health, and thereby reduce the burden

upon secondary health services. These primary health services are also associated with child health centres, maternal and parenting education, and school health. Aged Care and Community Health are areas with which appropriate negotiations would open up greater opportunities to improve access to the specialties and additional options for the GRN transitional experience. Feedback from the GRNs indicated that although some of their specialty rotations were not their preferred option, they did become their area of choice to continue working in following their program. This suggests that exposure to the specialties may generate a preference to work within them.

To ensure access to appropriate support resources in terms of suitable preceptors and SDNs, robust processes and shared arrangements would need to be incorporated into the development of such partnerships. More importantly, sectors that are known to be lacking in sufficient resources, such as secondary hospitals and the rural sector, ought to be provided with the means to provision that support. Hayman-White, et al. (2007) describe GNPs "as an essential strategy for the development and sustainability of the nursing profession. A central goal of these programs is to promote the recruitment and retention of a suitable qualified and experienced workforce" (p. 197).

**Recommendation 2**: Options to develop collaborative programs between sectors that experience limited recruitment should be considered with a view to improving GRN subscription to them, and thereby improving numbers of proficient nurses in the specialties. These sectors include Aged Care, Domiciliary Nursing, Community Health, and Rural Nursing.

Additionally, a greater focus on the marketing of these specialty sector programs may benefit recruitment of a larger cohort of nurses to these sectors. Rearrangement of the available program choices on the GNC website to better emphasise those sectors with the least subscription may be a worthwhile exercise.

**Recommendation 3**: Consultation should occur with the GNC consortium regarding the feasibility of rearranging the presentation order of the graduate programs available so that those sectors most in need of recruits were listed first; and to then determine if there is any effect on the choices made by the newly graduated nurses in choosing where they place their first preferences for their graduate program.

### *6.3.3 Graduate Nurse Support*

The overall feedback from the GRNs reinforced that adequate and appropriate levels of support have a positive effect on the transitioning nurse. The qualitative comments in particular, demonstrate the importance of strong and consistent support systems.

#### *6.3.3.1 Preceptor Support and Training*

Preceptor support has been described as essential to the new nurse to enable socialisation into a unit, and to help reduce the feelings of fear and trepidation that are reported by many graduates when they are first confronted with the responsibility of their new role; and in tempering their intentions to leave the workforce (Delaney, 2003; Evans, 2005; Hayman-White, et al., 2007). Increasingly, busy work units; poor staffing skill-mix; and lack of awareness of the importance of the preceptor role

to the GRN integration are some of the reasons cited why a number of preceptors are unable to fulfil their obligations to the new staff member (Levett-Jones & Fitzgerald, 2005; Patterson, Bayley, Burnell, & Rhoads, 2010). Most literature relating to the difficulty of providing suitable preceptor support describes a need to address the factors that prevent adequate fulfilment of the role and include:

- Decreasing the preceptor's workload to enable them to allocate time and energy to the novice nurse (Evans, et al., 2008; Pinch & Della, 2001);
- Specific incentives to reward preceptors for the additional impost required of them in relation to an already busy and stressful workload (Cowin & Jacobsson, 2003; Senate Community Affairs Committee, 2002); and
- Appropriate preparation for the role in terms of education (Adlam, et al., 2009).

The notion of an appropriate remuneration system to provide an incentive for preceptors including organisational recognition, workload reduction, financial or other means, has long been proposed, but seldom instigated (Charlston & Happell, 2005; Pinch & Della, 2001; Senate Community Affairs Committee, 2002).

**Recommendation 4**: The nursing industry and nursing leaders consider a model whereby preceptors are adequately resourced and rewarded for taking responsibility for guiding the novice nurse.

The preceptor must possess a suitable level of experience and clinical knowledge within the specialty to impart appropriate standards of nursing practice. Appropriate training packages might need to be developed at State level and mandated for current and potential preceptors.

**Recommendation 5**: Any organisation facilitating graduate nurse transition programs should have standardised education modules and ongoing support for the GRN preceptors. Guidelines for these modules ought to emanate from the GNC consortium to ensure that they are consistent and robust. Additionally, the consortium ought to be responsible for monitoring compliance with the guidelines.

#### *6.3.3.2 Clinical Coach*

The recent introduction of the 'Clinical Coach' model in two of the metropolitan tertiary hospitals involved in this study appears to be a very successful approach to providing consistent and exclusive support to the very new GRN. The role is implemented only during the initial phase of transition, so is a cost effective means of supporting the neophyte nurse, as well as the SDN and ward staff during this intense stage of GRN transition.

### *6.3.4 Graduate Nurse Program Guidelines*

The findings from this research have shown how imperative it is for suitable and appropriate education and training to be provided for those involved in the development of the novice nurse. Clear guidelines need to be articulated and communicated to all concerned parties, to ensure that they are fully aware of the vulnerability of the newly graduated nurse. It would therefore be prudent for health services involved in formal transition programs to develop comprehensive guidelines, as well as performance indicators for their programs. As the WA Nursing and Midwifery Office manage the GNC consortium and related funding, this Office would seem to be the most appropriate for generating guidelines and for provisioning a centralised governance framework.

**Recommendation 6**: The Nursing and Midwifery Office coordinates the development of graduate nurse transition guidelines that clearly states minimum standards for programs. These guidelines ought to contain performance indicators that would enable evaluation of program effectiveness.

Table 6.1 provides suggested guidelines that may be used as the genesis of any prospective publication. This has been conceived on the basis of the GRN feedback and the literature.

**Table 6.1. *Suggested Transition Program Guidelines***

| Component | Parameter | Comment |
|---|---|---|
| Program length | 12-months minimum | First 6-months in surgical or medical specialties to consolidate Undergraduate learning. |
| Additional options | 6 or 12 months | Available for unique specialty areas such as Critical Care – possibly linked to Post Graduate Certificate. |
| Minimum contact hours | 1,600 hours | Includes ward/unit time and study days. Any time less than this to be added to the length of the program. |
| Specialty rotation length | Minimum 4-months;<br>Maximum 6-months | Allows for unit induction and consolidation of experience. Minimises clinical stagnation. |
| Supernumerary time | Minimum 4-days;<br>Minimum 2-days;<br>Minimum 2-weeks | For first rotation, and following unique specialties;<br>For consequent rotations;<br>For unique specialties e.g. critical care, perioperative. |
| Support | First rotation 1-month;<br><br>Consequent rotations;<br>Independent advocate | Minimum preceptor 1:1 and SDN constantly available;<br>Minimum preceptor 1:1 first month; SDN available;<br>Senior and experienced person identified that is able to campaign for the GRN if necessary. |
| Supervision | For entire program | Minimum experienced RN always available;<br>First-year GRN should NEVER be the only RN on the ward/unit. |
| Preceptor | 1:1 for first month of rotation | Must be experienced and competent in specialty; have formal training and assessment in role requirements; understand GRN's competency levels and learning needs; quarantined time for clinical review; network with other preceptors; appropriate remuneration. |
| Study days | Minimum 10 per year | Early focus on personal skills building. Attention to time management; stress management; interpersonal skills including communication and assertiveness training; pharmacology and pathophysiology revision; clinical technology; basics such as complex wound dressings, IDC insertion, wound drain removal; *minimal* assignments. |
| Networking | Peers;<br>Specialty experts | Available for informal debriefing;<br>Avenue for advice, mentoring, advocacy. |
| Performance assessment | Minimum 3-monthly;<br>Collaborative approach (SDN, Preceptor, supervisor) | Ensures the GRN is progressing satisfactorily; identifies issues prior to becoming problems; confirms learning needs are being met.<br>Collaborative approach to avoid personal and subjective judgements. |

| Component | Parameter | Comment |
|---|---|---|
| GNP Coordinator | Minimum SRN level | More senior level facilitates negotiation for resources and adherence to guidelines. |
| Supervisors and Managers | Change bullying culture | Need to have adequate education and training to manage and avoid bullying cultures. Need sufficient executive support to implement change. |
| Recognition of prior learning | Previous EN or AIN experience | All GRNs ought to have the same learning opportunities and support regardless of prior roles. |
| Career Advice | Central Advice Bureau | GRNs ought to have access to comprehensive advice to assist in planning their future within the nursing workforce, inclusive of employment opportunities, further education, and pathways to senior positions. |
| Program Evaluation | At the completion of each program | All GRNs formally evaluate the GNP. Needs to be a standardised process enabling measurement of Key Performance Indicators, such as satisfaction levels with support and supervision provided, program structure and adequacy of specialty rotations and learning experiences. |

#### *6.3.4.1 Work-Life Balance*

The WA Health Department has mandated that health services consider the need to be flexible with work hours in order to accommodate people with competing responsibilities, such as child or parental care (Department of Health, n.d.). Although only a few instances were identified in this research, there were still RN graduates who felt they were disadvantaged when they were unable to secure part-time positions, and as such, more part-time options ought to be made available. Notwithstanding the need to cater for fewer hours for some graduates during their GNP, it should be recognised that a minimum duration for the transition program should be prescribed to ensure that part-time GRNs were equally exposed to the vital learning experiences as are their full-time counterparts. It is suggested that this minimum should be set at 1,600-hours clinical and study time.

#### *6.3.4.2 Supernumerary Time to Full Patient Load*

It is imperative for staff and patient safety, that organisations recognise the significance of adequate supernumerary time for new and inexperienced staff. The supernumerary times should reflect the varying degrees of complexity for specific specialties. For example, more time would be required for critical care areas than would be necessary for general nursing areas. These times would also take into account the GRN's previous specialty rotation experience, for instance, if the GRN had their first specialty rotation in a perioperative unit then their consequent rotation would require as much supernumerary time as if their following rotation were their first. This is due to the vast differences in clinical application between the two specialties, thus having fewer transferrable knowledge and skills.

**Recommendation 7**: Guidelines for graduate nurse transition programs need to be specific in the amount of supernumerary time allocated to the novice nurse for each specialty rotation to allow suitable orientation to new areas of work.

## 6.4 Career Pathways

The data from this research strongly suggested that the GNP did have a positive effect in terms of influencing the GRN to remain within the nursing workforce and in forming their intended career trajectory.

### *6.4.1 Key Findings*

- A perception of feeling supported and valued in the initial transition phase appears to have a positive influence on the GRN's career path choices.
- The GNP appears to have a positive effect in terms of influencing the GRN to remain within the nursing workforce and in particular, those areas that they have experienced during their GNP.

- Opportunities to seek advice regarding career options following the GNP appear to be lacking.

### *6.4.2 Career Advice*

While the majority of GRNs indicated that the GNP had positively influenced their choice of future career direction, there was evidence that a more formal process of consultation may have been beneficial in guiding their choices. A number of GRNs commented on either having to accept a position they were not particularly keen on, or not being able to find a nursing position following their program. A better network throughout the State would assist GRNs in identifying employment opportunities following their transition to practice.

Such a network could present alternative career path options for those areas that are less standard, but still provide exciting career development opportunities, for the GRN to consider. These may include careers in child health, remote area nursing, Nurse Practitioner roles, and a myriad more that the novice nurse may not be aware of, or know how to access the pathways that would facilitate progression to these and other options.

**Recommendation 8**: Opportunities to access career advice should be provided to the GRN towards the end of their transition, either at site, or through the Nursing and Midwifery Office. This could be facilitated by the GNC consortium.

## 6.5 Summary of Recommendations

For ease of reference, the recommendations proposed throughout this chapter, are replicated below:

**Recommendation 1**: Universities that offer undergraduate nursing programs should consider extending the length of their programs to facilitate inclusion of an extended range of clinical experience; a focus on more common clinical skills; and an increased exposure to the specialties of Aged Care, Mental Health, Community Nursing and Rural Health.

**Recommendation 2**: Options to develop collaborative programs between sectors that experience limited recruitment should be considered with a view to improving GRN subscription to them, and thereby improving numbers of proficient nurses in those specialties. These sectors include Aged Care, Domiciliary Nursing, Community Health, and Rural Nursing.

**Recommendation 3**: Consultation should occur with the GNC consortium regarding the feasibility of rearranging the presentation order of the graduate programs available so that those sectors most in need of recruits were listed first; and to then determine if there is any effect on the choices made by the newly graduated nurses in choosing where they place their first preferences for their graduate program.

**Recommendation 4**: The nursing industry and nursing leaders consider a model whereby preceptors are adequately resourced and rewarded for taking responsibility for guiding the novice nurse.

**Recommendation 5**: Any organisation facilitating graduate nurse transition programs should have standardised education modules and ongoing support for the GRN preceptors. Guidelines for these modules ought to emanate from the GNC consortium to ensure that they are consistent and robust. Additionally, the consortium ought to be responsible for monitoring compliance with the guidelines.

**Recommendation 6**: The Nursing and Midwifery Office coordinates the development of graduate nurse transition guidelines that clearly states minimum standards for programs. These guidelines ought to contain performance indicators that would enable evaluation of program effectiveness.

**Recommendation 7**: Guidelines for graduate nurse transition programs need to be specific in the amount of supernumerary time allocated to the novice nurse for each specialty rotation to allow suitable orientation to new areas of work.

**Recommendation 8**: Opportunities to access career advice should be provided to the GRN towards the end of their transition, either at site, or through the Nursing and Midwifery Office. This could be facilitated by the GNC consortium.

When compared to the Summary of Transition Program Recommendations (Table 1.1) from Chapter One, the similarity of the above recommendations suggests that implementation is a complex process. However, the opportunity to maximise the graduate nurse transition experiences, and to ultimately improve the numbers of appropriately qualified, experienced nurses in the workforce needs to be availed.

## 6.6 Further Concepts for Graduate Nurse Programs

Findings from this research also suggest that further options to improve graduate nurse transition within the Western Australian context ought to be considered.

### 6.6.1 Out of Hours Support and Supervision

It is important that senior staff consider the level of support, and the service areas that are available within an organisation outside regular hours (for example, weekend or night shift), and the impact this can have upon decision making related to unpredictable patient-related events. The graduate nurse may also be in the vulnerable position of seeking a permanent contract and may not wish to be perceived in a less than favourable light by resisting being rostered to shifts he/she is not clinically comfortable with.

**Concept 1**: Where the GRN is rostered to a shift outside regular operating hours, there ought to be adequate support, in terms of experienced preceptors and/or SDNs, to provide a safe environment for both the novice nurse and the patients assigned to their care.

### 6.6.2 Collaborative Models of Support

All metropolitan public hospitals in WA are part of an 'area' Health Service, and as such, include at least one tertiary hospital, plus the secondary, and some community and mental health units. By the nature of their size, the tertiary hospitals have access to more appropriate resources, and as such, are in a better position to offer a more collaborative liaison with their smaller 'area' sites. In addition, the graduate nurse coordinator respondents from the tertiary sites were the only ones to describe any form of transition program structures. Smaller hospitals do not have the economy of scale of the larger and tertiary organisations, however, one possible solution is to work towards developing stronger partnerships between the tertiary and other organisations. Given innovative planning, area Health Services ought to be able to provide improved partnerships and opportunities for not only the graduate nurses, but also to those involved in their transition. A suggested scenario is one whereby a GRN is able to do the majority of rotations at a tertiary site, and a single

rotation at a secondary hospital or primary health service. This will provide a broadness of experience and improved choices for future career paths. Overall coordination of these collaborative rotations would come from the better resourced senior level program coordinator at the tertiary site.

**Concept 2**: Health Services ought to consider an area-wide model of graduate nurse transition programs. This would include options for the GRN to participate in specialty rotations at both tertiary and secondary sites. Coordination of the model would come from the larger sites.

Such an initiative would enable professional development on several different levels, particularly for those coordinating and providing graduate nurse support mechanisms. The initiative might also provide improved succession planning for those areas that find it more difficult to recruit suitable personnel. In addition, such collaborations have the potential of allowing the sectors with better resources to augment those areas struggling to either attract, or provide the required clinical supports for the GRNs.

**Concept 3**: An area-wide model of graduate nurse transition programs would include options for the program coordinators and SDNs to experience both levels of health provision. Cross-pollination would provide opportunities for staff from the smaller, secondary sites to further develop their programs, personal skills and professional portfolios.

The GNC consortium provides an ideal forum for member sites to network, share concepts, contribute to program innovation, and initiate change. Additionally, those members with evidence of successful transition processes are in a prime position to offer constructive support and advice to the sectors that have less substantive frameworks.

### *6.6.3 Rural Resources*

The tyranny of distance within the WACHS impacts the attraction of suitable and sufficient medical, nursing and allied health staff. It also makes it difficult to provide specific expertise to the more rural populations when required. The advent of video conferencing may assist in this regard. As such, it behoves smaller organisations to ensure that the optimal use of communication facilities is employed to provide the GRN with the best possible opportunities to enable them to develop into a confident and competent practitioner.

**Concept 4**: Rural sites that provide graduate nurse transition programs must have adequate and constant access to appropriate communication systems to ensure that the graduate nurse is supported at all times.

The current combination of options available to the graduand nurse for rural rotations provides for a variety of experiences and generally includes a larger regional site. GRN comments indicated that, due to resource limitations in the smaller sites, there were times when support was not readily available, and the learning opportunities were limited. To overcome this concern, rural sites could be linked to a metropolitan tertiary site where the GRN would spend their first rotation, consolidating basic nursing skills, and prior to subsequent rotations at their preferred rural site. This model may also encourage a greater number of graduates to choose rural nursing as an option.

**Concept 5**: Rural sites that provide graduate nurse transition programs consider partnerships with metropolitan tertiary hospitals to provide an initial consolidation of nursing skills for the GRN, prior to subsequent rotations at rural sites.

Such a partnership might include opportunities for the rural graduate nurse coordinators to spend time at the metropolitan site to provide opportunities for further professional development. In addition, options for the metropolitan graduate nurse support staff to spend time within rural sites could also be considered. This would facilitate opportunities for providing leave relief, assist in the provision of more consistent support for the GRN, and improve exchange of program innovations and initiatives.

Comments from rural GRNs indicated that a means to better network with colleagues and senior, experienced nurses would enhance their transitional experiences. Such opportunities would allow them to participate in discussion forums and explore possible solutions to any perceived problems by informal debriefing. One such option would be a social network site that allowed interaction between the GRNs regardless of their location, as well as options to consult expert practitioners should the GRN feel the need.

**Concept 6**: Controlled networking sites are enabled with a view to making it possible for GRNs with less access to peers and support to have equal opportunities to participate in discussion forums, and to seek advice from senior nurses.

### *6.6.4 Transition Program Improvements*

While the overall impression from the GRN feedback was positive, it is evident from the variance in program models that the current nursing transition programs within WA may benefit from further reform. One option might be to model the GNP on the intern programs adopted by other professions, such as Medicine. Such a model would include robust and comprehensive guidelines, as well as a more structured and secure platform from which the novice nurse could safely develop the

required competencies and confidence. Such a concept would accord a guaranteed protective environment for the GRN's transition and provide consistency in the way novice nurses are guided to proficiency, as well as ensuring greater accountability from program providers.

**Concept 7**: Nurse leaders consider the notion of remodelling the first year of transition, from undergraduate to Registered Nurse, by recommending the first year of professional practice become a compulsory year of supervision.

### *6.6.5 Nursing Roles*

Amongst the GRNs it was evident that a greater understanding of the different nursing roles, particularly those involved in supervision, would facilitate not only a better clarity and appreciation of the roles, but would also help to reduce some of the misconceptions, and perhaps provide more realistic constructs for junior nurses upon which to base their career planning (Dearmun, 2000). Many junior nurses who aspire to promotional roles appear to have very little concept of the particular position responsibilities and may be merely attracted to the additional prestige and remuneration. Such confusion might be further exacerbated by the increase in the number and variety of nursing roles and titles; a position that accords with similar findings from other studies (Duffield, Chang, Fry, & Stasa, 2011; Reeves, 2007).

## 6.7 Summary of Concepts

As with the recommendations, the concepts for further improvements to the graduate nurse transition program are summarised below:

**Concept 1**: Where the GRN is rostered to a shift outside regular operating hours, there ought to be adequate support, in terms of experienced preceptors and/or SDNs,

to provide a safe environment for both the novice nurse and the patients assigned to their care.

**Concept 2**: Health Services ought to consider an area-wide model of graduate nurse transition programs. This would include options for the GRN to participate in specialty rotations at both tertiary and secondary sites. Coordination of the model would come from the larger sites.

**Concept 3**: An area-wide model of graduate nurse transition programs would include options for the program coordinators and SDNs to experience both levels of health provision. Cross-pollination would provide opportunities for staff from the smaller, secondary sites to further develop their programs, personal skills and professional portfolios.

**Concept 4**: Rural sites that provide graduate nurse transition programs must have adequate and constant access to appropriate communication systems to ensure that the graduate nurse is supported at all times.

**Concept 5**: Rural sites that provide graduate nurse transition programs consider partnerships with metropolitan tertiary hospitals to provide an initial consolidation of nursing skills for the GRN, prior to subsequent rotations at rural sites.

**Concept 6**: Controlled networking sites are enabled with a view to making it possible for GRNs with less access to peers and support to have equal opportunities to participate in discussion forums, and to seek advice from senior nurses.

**Concept 7**: Nurse Leaders consider the notion of remodelling the first year of transition, from undergraduate to Registered Nurse, by recommending the first year of professional practice become a compulsory year of supervision.

## 6.8 Study Limitations

Although not critical to the research per se, the researcher remained cognisant of certain limitations of the study. These are identified in what follows.

### *6.8.1 UWA (2000) data*

The raw data from the UWA (2000) study was not available, and the methodology and analysis not readily apparent from the report utilised for comparison to the 2010 data. As a result, some loss of data comparison may have occurred in relation to the UWA (2000) data that was grouped together for reporting. For example, 4.4.3.2 describes how in the earlier study a breakdown of categories of responses was given within the *disagree* and *strongly disagree* groups, but in the 'perceived confidence gained from a GNP' responses were grouped together, thus limiting the ability to fully compare the degrees of disagreement.

### *6.8.2 2010 Survey Questionnaire Response Rate*

While in general terms the response rate of 24% is considered slightly above average (Sax, et al., 2003) a higher response rate may have produced slightly different trends. Although a higher response would have been desirable, it is unlikely that this would have significantly altered the resultant outcome.

### *6.8.3 Comparative Data Time Differences*

Between the UWA (2000) and the 2010 study period various factors would have influenced the two study populations. As well as the maturation of the graduate nurse transitional programs as a result of the UWA (2000) recommendations, political and social changes will have influenced the program structures, frameworks, and funding. While such time-lag variances are inevitable when comparing groups, refinement of the question response options and processing of the data helped mitigate many of these, for example, providing individual response options for support personnel.

## 6.9 Generalisability of the Study

While the current study was confined to nurses graduating from university and registering with the NMBWA in 2008, the similarity of GNPs within Australia support the general intent of the findings, and thus the recommendations being generalised to a National nursing population. International programs have many similar concepts and, consequently, components such as minimum supernumerary time, and levels of support, ought to be easily adapted to other graduate nurse transition programs. Other characteristics, such as the suggested collaborative arrangements of programs, might require further adaptation to local requirements if they were to be considered for international programs.

## 6.10 Future Research

Data related to the undergraduate program experiences was limited in this study as it was not the focus of the research. To further determine if differences in undergraduate nursing program structure between the universities may influence the

experiences of the transitioning nurse would require a wholly different study. Such information would, however, provide valuable context to the transition experiences of the graduating nurse and is worthy of consideration for future research.

## 6.11 Summary

This chapter has identified the key findings from the research into graduate nurse transition programs within Western Australia. From these findings, eight recommendations have been developed that will provide a framework for establishing consistent and contemporary guidelines for local Graduate Registered Nurse transition programs. Further options to improve graduate nurse transition experiences within the Western Australian context have also been considered in the form of seven 'concepts'.

Limitations to the research have been considered, as has the potential for generalisation of the study findings to other populations and opportunities for future research.

The novice RNs' experiences *are* different today when compared to those reported in the UWA (2000) study, in that the GNPs are much more structured, and the GRNs are more satisfied with their efficacy. It should be recognised that due to the increase in the complexity of nursing science, the undergraduate education is no longer able to comprehensively prepare the student nurse for instant nursing practice. In such an environment, transition programs become crucially important.

The GRNs in this study have indicated that a robust GNP is conducive to a successful transition to competent practitioner in terms of improving confidence and

competence. Adequate and appropriate support in terms of suitable preceptors and knowledgeable SDNs and program coordinators has been the single most consistent theme for satisfactory transition. Development of partnerships between those sectors that have demonstrated successful transition programs, and those which have shown less success is seen as being highly beneficial. To ensure all nurses graduating from universities as an RN are appropriately supported in becoming competent practitioners, a mandatory period of transition is recommended. This transitional period requires State-wide consistency to ensure uniformity of practice and the attainment of standards.

In addition, the findings have demonstrated that the GNP positively influences the GRN career pathway, and their tenure within the nursing workforce. Nevertheless, for most novice nurses there is a deficit in knowledge of how to find appropriate advice on how best to further their nursing career, and as such, the development of a career advice network is indicated.

This research has been a rewarding process and has identified issues, and developed recommendations to facilitate continuous improvements in nurse transition programs. The research also contributes to the body of knowledge into health workforce, and nursing recruitment and retention. As such, it has the potential to inform planning, funding and education policies.