MANAGING THE TRANSITION FROM STUDENT TO STAFF NURSE
AN EXPLORATORY STUDY

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A dissertation submitted in partial fulfilment of the post-qualification Diploma in Health Services Management.

University of Malta
June 2004
DECLARATION

I, hereby declare that I myself have carried out this study and this is entirely my work.

[Signature]

Tonio Attard
ACKNOWLEDGMENTS

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TONIO ATTARD
ABSTRACT

The aim of this study is to explore the experiences of newly qualified staff nurses during their transition period from student to staff nurse. A random sample of ten newly qualified nurses selected from a large General Hospital was included in this study and this was supported by a further two interviews with two Nurse Managers. Data was collected by means of tape recorded semi-structured interviews. These were transcribed and analyzed by using thematic analysis.

Four themes emerged from this data. The findings reveal that newly qualified staff nurses encounter many difficulties during their first year as qualified staff. They recalled that they had to change their values to tally with those of the hospital system. They all experienced difficulties in fitting in and to establish a good relationship with their peers. The issue of responsibility was a major source of
conflict in these newly qualified nurses. As regards their clinical practice, the participants felt that although they were able to carry out basic nursing care, they found it difficult to deal with new and complex situations.

But overall, these newly qualified staff nurses were proud of what they had achieved and they considered nursing to be a challenging career and were happy of choosing this profession.

These findings indicate that newly qualified staff nurses, overall experience of their transition period from student to a qualified nurse are similar to experiences of newly qualified staff nurses as documented in the literature. It is suggested that further longer scale studies are undertaken and that the problem should be addressed through the provision of preceptorship and orientation programmes for newly qualified nurses.
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Chapter 1

Introduction
1.1 Background to the study

The transition from student status to a qualified practitioner can be daunting and a traumatic time for the majority of individuals. Feelings of inadequacy and the inability to cope with this change can prove extremely stressful for the newly registered nurse and place new, ill-prepared demands on them. Kramer (1974) describes this as ‘reality shock’.

As stated by Lathlean and Corner (1991), most newly qualified nurses require further knowledge and development of skills as the traditional initial training does not prepare the student adequately for their first staff nurse post.

Kelly (1996) claims that newly qualified nurses are caught in between two socialising forces, between the academic and the real world of hospital nursing.

Allanach and Jennings (1980) stated that by easing the transition into the professional practice role, preceptorships might be useful in mitigating negative effective states, which in turn may be effective to reduce the stress of new nurses from the profession.
On qualifying nurses are confronted with conflicting roles of professional and bureaucratic type. The Maltese education system is based mostly on that of the United Kingdom but there are still some differences. Soon after qualifying nurses are allocated to vacancies in the wards without any orientation programmes, so this places them in a position of responsibility, being accountable for care of the patients and sometimes for the administration of the ward. Adopting a particular role is part of the socialisation process which newly qualified nurses undergo.

Studies show that this transition period is not easy to surpass and many encounter difficulties during their first year as nurses. (Jasper 1996, Shand 1987, Lathlean 1987 and Vaughan 1980)

1.2 Purpose of the study

Although research on this subject is vast both in the United Kingdom and the United States of America one cannot merely apply the results to the situation in Malta due to differences in culture, in management and in the education
system adopted. This study would therefore be important in providing a description of the local situation.

This study therefore seeks to explore and describe the experiences of newly qualified nurses during their first year of qualification and as a consequence will identify the management strategies which can be implemented to decrease the difficulties faced by newly qualified staff. It should also help to identify any changes required in the educational sector.
Chapter 2

Literature Review


2.1 Introduction

Kramer (1974) was the first to identify the difficulties encountered by American nurses in their role transition from nursing student to staff nurse. Kramer (1974) referred to this as 'reality shock'. She observed that newly qualified nurses experienced high levels of stress, value conflict and role uncertainty.

For these past twenty-seven years this transitional period of newly qualified nurses has been the focus of many researchers who view it as a significant turning point in the career of a nurse.

A literature search was carried using the CINAHL database. The keywords 'Newly Qualified Staff Nurses', 'Transition from student to a staff nurse', 'Role Transition' and 'Nurse and transition' were used. The search included papers published in English between 1974 and 2002. This search showed that there appears to be a large number of
research studies on this area of study. A manual search was also carried out through nursing books and Journals available at the Library of the University of Malta. Primary sources of information were utilised whenever possible. Not all original studies could be obtained, however, secondary sources were included in this literature review.

This literature review will consist of a brief overview of these research studies describing the experiences described by newly qualified nurses to illustrate the transition of students at different educational levels.

2.2 Stress levels of Newly Qualified Nurses

The literature on role transition suggests that the 'step up' or transition (Lathlean 1987) from a third or fourth year student to a nurse is a major role change that all registered nurses have to make
when they commence their career. The change from being a senior student nurse, confident in their knowledge after passing their exams, to becoming a junior newly qualified staff nurse, accepting all responsibility and accountability of a registered nurse is stressful (Matthewson 1985).

A number of authors share the view that students are subjected to an unrealistic picture during their nurse training course which differs greatly from the reality of the wards (Becker 1990, Nyatanga 1991, Gelling 1992 and Yung 1996). As newly qualified nurses enter the workplace, they are faced with many stresses associated with beginning practice. The nurse manager, preceptor and nursing staff need to be aware of the specific stresses and challenges experienced by newly qualified staff nurses during their orientation period and need to plan interventions for coping with them.
Maben and Clark (1998) interviewed ten new graduates, using semi-structured interviews, about the transition from student to staff nurse. Although these nurses consistently articulated aspects of their role that they found enjoyable and satisfying, all acknowledged feelings of stress. These feelings of stress were related to increased responsibility, being tired, having to give patients and relatives bad news, working with terminally ill and dependent patients and not having support from other nurses.

Charnley (1999) conducted a similar study using semi-structured interviews. This study included a sample of 18 new graduates. The interviews revealed that new graduates had significant stress and anxiety during the first six months in practice. This stress appeared to be related to the nurses' lack of confidence in their clinical skills and to work overload which together led to them feeling unable to deliver holistic care.
Charnley (1999) contends that transitional stress is largely caused by a deficit in practical and management skills and a lack of qualified support in the clinical areas.

The small sample included in these two studies provides a limitation in the reliability of the results. Nonetheless, the studies have provided relevant considerations. Newly qualified nurses still appear to encounter difficulties during their transition into the new role as a staff nurse, regardless of their preparation for practice.

2.3 Developing confidence in Nursing Skills

In the book 'From Novice to Expert', Benner (1984; pg 13), describes the Dreyfus model and stated, that in the acquisition and development of a skill, a student, passes through five levels of proficiency: novice; advanced beginner; competent; proficient and expert. These different
levels reflect changes in three general aspects of skilled performance. These three levels are a movement from reliance on abstract principles to the use of past concrete experience as paradigms; a change in the learners' perception of the demand situation, in which the situation is seen less and less as a compilation of equally relevant bits, and more and more as a complete whole in which only certain parts are relevant. The third is a passage from detached observer to an involved performer. The performer no longer stands outside the situation, but is now engaged in the situation.

As stated by Oerman and Garvin (2001) newly qualified nurses may lack an understanding of the concepts and theories for care of patients. Newly qualified nurses may be unable to cope in particular clinical settings as they may have limited technical skills and their clinical experiences as students may not have adequately prepared them for their new role. For newly qualified staff nurses, the orientation period can
be arduous. In addition to acquiring competencies for patient care, they also need to learn about the role of the nurse and how to cope with other demands, such as organising care effectively, completing tasks in time, and working with unfamiliar staff.

Maben and Macleod Clark (1996) suggest that on role transition, the newly qualified staff nurse lacks the required skills to become a competent practitioner.

The U.K.C.C. (1999) also found that the public perceptions of nurses' skill level are often negative. This finding could be further compounded by the absence of any formal support, such as preceptorship, to ease the transition process and to 'patch up' any deficits in knowledge and skills.

Throughout the last decade, a variety of support programmes for new staff nurses have been
developed in the United Kingdom. These vary in length of time, the level of support offered and whether or not they include the opportunity to gain experience through rotation in several different clinical areas or through longer placements in one area. Many transition support schemes are completed within six months. Field (1999) however recently implemented an 18-month programme that includes a comprehensive support and development system and the opportunity to rotate in a variety of clinical areas. Very little research has, however, been carried out to evaluate the efficacy of such support programmes in the U.K.

Lathlean (1987) carried out an extensive research project in the U.K. in 3 districts (n=96). This revealed that the majority of the respondents felt ill-prepared in areas related to ward management, delegation of work and decision making. Respondents were however confident in their ability to establish interpersonal relationships
with patients and their relatives. Support for the results of this study is provided by Shand’s (1987) and Gerrish’s (1990) studies. Ward sisters and tutors in Shand’s study (1987) also felt that while these nurses were well prepared for patient care, they believed that they lacked management skills and encountered difficulties in legal aspects and delegation of duties.

A quantitative study by Dufault (1990) explored new graduate nurses’ perception of their role mastery upon completion of their formal orientation period. The methodology used included the Schwerian Six -Dimensional scale of nursing performance administered to 94 newly appointed novice nurses. A post-test was carried out three months later.

An interesting finding was that while on entry, 70 of the novice nurses felt highly competent in problem solving skills. 24 of these novice nurses showed a decrease in their total performance score.
3 months following their appointment. This decrease in total score might indicate a decrease in self-confidence once the initial ‘honeymoon period’ is over. Dufault (1990) however insists that the newly qualified nurses’ self perception of their role mastery might be more accurate after they have been given the chance to test their clinical competencies. Although reporting valuable findings, the study is limited due to conclusions being based on the novice nurses’ perception of clinical performance, which might not reflect the reality of the situation.

Whitehead (2001) describes the findings of a research project that explored the perceptions of staff nurses (who had been qualified for a maximum of one year) on the role transition from a student to a staff nurse. A convenience sample of six staff nurses employed by one N.H.S. trust was studied; using audio taped semi-structured interviews collected data. Findings revealed that the transition phase from a student to a staff nurse
is a difficult time and that a perceived lack of knowledge and support during the transition phase was a major cause of anxiety. The research has demonstrated that there is a need for support during the transition phase from student to newly qualified nurse. It was recommended that a structured preceptorship programme on qualification was essential.

A study undertaken by Amos (2001) to examine the factors that influence role transition from a student to a staff nurse considers the impact of project 2000 and reports on issues that enhance or inhibit role transition for newly qualified nurses. The study supports the U.K.C.C. findings that students are able to question and evaluate practice, and feel that they do not have the necessary clinical skills on qualifying. The evaluation showed that structured support is vital to assist role transition and can reduce anxiety and culture shock even in busy areas. The participants identified that the newly acquired responsibility
and accountability can be both enjoyable and threatening.

2.4 Relationship with peers

Nelson and Fells (1989) (cited by Kelly 1996) claim that the social climate into which the newly qualified nurse enters is of great significance. Research shows that interpersonal relations and recognition were ranked as important elements by new qualified nurses (Oeschle and Landry 1987). Several authors however report that co-worker interaction with newly qualified staff is often poor (Kelly 1996, Jasper 1996, Hickey 1996, Luker 1984)

One of the challenges facing newly qualified nurses is that of becoming part of an established team which includes nurses and doctors and staff from a wide range of disciplines. Most newly qualified nurses describe this as 'frightening' and
‘too many people to get to know’. Nursing Times Sep. 2000

A team has a sense of identity with acknowledged boundaries. It is a group where people feel they belong and can share things with others. Newly qualified nurses need to clearly understand and accept the role they will be undertaking within their new team. To become integrated into a team they need to share the same goals and objectives as other team members. The existing team needs to recognise that newly qualified nurses bring their own skills, knowledge and interests to add to the mix of the team.

Reid (1987) (cited by Kelly 1996) claims that it is widely believed that senior nurse management hold prejudicial views about newly qualified nurses. Very little current research was found to substantiate this view.
2.5 Conclusion

The research studies reviewed in this chapter utilised different approaches and methods to give insight on the transition period of newly qualified staff nurses. Although some of these studies are dated and many of the studies in the review, included a small sample size the results of these studies are supportive of each other.

The studies in the literature review showed that newly qualified nurses experience conflict in decision-making, stress and problem solving skills and lack confidence in dealing with new and complex situations.

The present study explores the experiences of Maltese nurses in the initial phase of their career.
Chapter 3

Method
3.1 Aim of study

The aim of this study is to explore newly qualified staff nurses' experiences during the transition period from student to a staff nurse and the expectations of the Ward Managers of these newly qualified staff nurses.

3.2 Research objectives.

1. Describe newly qualified nurses' feelings during their first year of work.
2. Explore newly qualified nurses' experience of shift work.
3. Explore the experience of caring of acutely ill patients.
4. Explore the views on their relationship with other nurses on their shift.
5. Explore the experiences of relating with their immediate supervisor.
6. Explore what newly qualified staff experience in their relationship with other members of the health care team.

7. Identify the factors that they felt could have made the transitional period easier.

8. Identify the factors that they felt could have made the transitional period more difficult.

3.3 Research design

A qualitative data approach using semi-structured interviews was used. One major feature of using semi-structured interviews was the fact that it focuses on naturally occurring events, ordinary events in natural settings so that we have a strong handle on what real life is like. Morse and Field (1996)
3.4 Sample and research site.

The study was carried out in a large general hospital in Malta. In order to be eligible for inclusion in this sample, nurses had to satisfy the following criteria.

- Be registered nurses with the Board of Nursing in Malta;
- Were working fulltime in general medical and surgical wards;
- Were providing direct care to patients;
- Have been working for less than a year as a qualified nurse.

In this type of study only registered nurses were included, as Enrolled nurses have different job descriptions, and as registered nurses some are responsible for the ward in the absence of the Nursing Officer.
A random sample of ten newly qualified nurses was chosen. This method of sampling was preferred as the research population consists of people with specific traits who might otherwise be difficult to identify.

Two Nursing Managers were also interviewed with the use of semi-structured interviews. They were both responsible for a surgical and a medical ward.

A room in the same ward was arranged prior to the interviews to enable an informal environment.

3.5 Data Collection

3.5:1 The Tool.

As the intention of the investigator was to explore new nurses' experiences, an interview technique was felt to be the most appropriate for this type of study. Smith (1975) claims that an interview is
well suited for the exploration of feelings, values, beliefs and motives (cited by Barribal and White 1994), on the other hand Silverman (1993) contends that the interview allows respondents to use their unique ways of defining the topic in discussion. While Cormack (1996) also claims that collecting information through direct face to face contact increases the likelihood of a fuller response to all questions while non-verbal response to questions could also be observed.

Interviews also yield a better response rate than self-report questionnaires, especially when the sample is clearly identified and accessible, Oppenheim (1992). Obtaining high response is very important because it reduces the possibility of non-representativeness. Polit and Hungler (1995) state that nonresponse is not a random sample, in that the participants who do not participate may have particular characteristics in common. Therefore, when these are excluded in
the sample, the sample is no longer representative of the whole target population.

One of the major disadvantages of interview technique, is however, the interview bias, where the interviewer may introduce his or her own attitude without being consciously aware of this, (Polit and Hungler 1995). In addition using interview techniques does not allow anonymity which could this influence the participants' response. Another major disadvantage in employing an interview technique is that interviews are very time consuming, (Cormack 1996, Polit and Hungler 1995).

3.5:2 Ethical Considerations.

Permission for conducting this study was sought from the Research Ethics Committee of the Institute of Health Care, the Manager of Nursing Services and Director of the Institute of Health Care. A covering letter was given to the
participants and this included adequate information about the purpose and nature of the study. Consent to participate was obtained in writing. Participation was voluntarily and during the course of the interview anyone of the interviewees could have decided to terminate their participation.

3.5:3 Pilot Study

Two nurses were randomly selected from the target population and made up the pilot study. Purpose of the pilot study was to ensure that the open ended questions were understood, (Quinn 1998), and the tape recorder was tested to ensure that both voices were heard without background noise interference, (Polit and Hungler 1995).
3.5:4 Validity and Reliability of the tool.

Validity refers to the degree to which an instrument measures what is supposed to be measured. (Polit and Hungler 1995)

The interview schedule appears to have ‘face’ and ‘content’ validity, since the researcher attempted to include all relevant questions which emerged after a thorough review of the literature on nursing experience regarding their first year in hospital nursing.

3.5:5 Data collection procedures.

Interviews were made through an appointment system and were carried out at the participants’ convenience. Whenever possible an attempt was made to seek a quiet environment where distractions were minimal.
Interviews were tape-recorded. The investigator informed the participants that the conversation would be tape recorded and the presence of a tape recorder was acknowledged. The tape recorder was placed directly in front of the interviewee and investigator so as to ensure that both voices were audible and recorded clearly.

Although recording is associated with several ethical disadvantages, the choice of data collection was essential for the researcher, as richness of the interviewees' experiences and exact terms could be obtained. (Patton 1990). The tape recording of interviews enabled transcripts of the verbatim interviews (Field and Morse 1995).

This allowed the interviewer to analyse the interviews in detail afterwards, thus nothing escaped the interviewer during the stress of the actual interviews.
3.5:6 Data Analysis.

Data collected were transcribed verbatim by the investigator. Field and Morse (1985), indicate that it is not possible to analyze a tape without a written transcript.

Similar topics were coded and grouped accordingly to their similarity to form the theme. Themes identified through the data analysis will be presented and discussed in the following chapter. Quotations from the interview transcripts were used whenever possible to illustrate the themes.
Chapter 4

Findings and Discussion
4.1 Introduction

The aim of this chapter is to present the findings, draw them together and discuss them in the light of the research objectives. On analyzing the data according to the procedure for data analysis outlined in section 3 four main themes emerged which characterize the experience of newly qualified staff in their transition from student to registered nurse. These were: accepted and imposed responsibility; safe but inadequate; fitting in; and discovering the satisfaction of working with patients and their families.

In the following discussion these themes are described and illustrated with the use of excerpts from the interview transcripts and are then discussed in relation to previous research in this field of study. The implications for management of the period of transition of student nurses to qualified nurses is discussed. This is done with
support from the results of the two interviews which were carried out with the Ward Managers.

4.2 Accepted and Imposed Responsibility

The issue of responsibility was a major theme identified by the newly qualified nurses and the nurse managers in this study. The participants expected and accepted that making the transition from student to qualified nurse meant having an increase in responsibility. They therefore accepted that they had to take responsibility for patients under their care and for the nursing care which they provided to these patients, for implementing change in nursing practices and acting as managers in the absence of the Nursing Officer.

This view of the reality of the change in responsibility and acceptance of this responsibility is illustrated by the following statement made by one of the participants:
“You have to accept responsibility especially during the night shift. It is my duty and I should face it!” (P 01 Male)

Although this responsibility was expected and accepted, it still resulted in stress and anxiety. This stress was a result of the sudden loss of supervision from qualified staff who protected them as students in the decisions they took. This can be seen in the following excerpts from the interviews.

“One moment you are a student........next you are in-charge of the ward...” (P 07 Female)

“As a student you still have the protection of a staff nurse. As a student, every decision you take is confirmed by a staff nurse, however now all of a sudden you are the staff nurse yourself.”

(P 06 Female)
"As a student I would never have worried in the same way." (P 02 Female)

This issue of a sudden increase in responsibility was confirmed by both Ward Managers interviewed as being an important issue for newly qualified staff. They reported that many newly qualified nurses were unaware of the full responsibilities their new role carries and the sudden change in responsibility was a source of stress.

"While they are students they are assigned to do one thing at a time, on the other hand on qualifying they are responsible of whatever is going on. So understandably they find it very stressful"

(P 11 Male)

The feeling of the participants of this study in relation to this burden of accountability is similar to that reported by Gerrish (1998). The nurses in the
latter study reported that the burden of accountability was a source of stress in the immediate period post qualification. Similarly to respondents in the current study, they reported feeling extremely worried about the consequences of committing errors. This was also confirmed by the study of Maben and Clark (1998) where the newly qualified staff nurses consistently articulated feelings of stress related to increase responsibility and not having support from other nurses.

Coupled with the volume of work is the realization of a gap between the high standards of professional practice taught at school and the different standards of patient care that are dictated by the working conditions encountered.

The stress and anxiety caused by this change in responsibility was augmented further by a certain amount of responsibility which the respondents felt was being imposed on them. They felt that the transition to staff nurse meant that they were
responsible not only for their work, but also for decisions and actions taken by others, over which they had no control. This imposed responsibility brought on feelings of anxiety, as one of the nurses interviewed related.

"Being a staff nurse you are not just part of the team, you are also responsible for the team!"

(P 04 Female)

While being interviewed it became quite evident that newly qualified nurses’ preparation for practice is necessary to reconsider what constitutes a realistic expectation of a newly qualified nurse. The difficulty reported of being accountable for actions of others is not new. It could be suggested that undertaking this task alone is an unrealistic expectation of the newly qualified nurse.
4.3 Safe but inadequate.

The newly qualified nurses interviewed felt that they were well prepared and able to carry out basic nursing care, such as wound care, administration of treatment and communication with patients and relatives and therefore felt that they were safe to practice.

"For the basic nursing care, I feel that I am well prepared." (P 03 Female)

They also felt however that they were inadequately prepared in other areas and were having difficulty in dealing with situations such as assisting medical procedures, management of the ward, advanced nursing care and caring for acutely ill patients. This resulted in feelings of inadequacy for the new role.
"To look after acutely ill patients I found that I was not enough prepared from school"

(P 07 Female)

Several authors (Neary 1997, Prowse 1996) implied that students may qualify without having learned or carried out many of the procedures that they are required to know as qualified nurses. These authors claim that this could result in unsafe practice and reflect badly on the image of nursing, as procedures carried out incompletely may give a negative image to the nurse. The nurses in the current study reported here, did not feel they were unsafe, however these deficits between what they felt they were able to do and what is expected of them could result in a negative image of nurse education and nursing in general. This also appeared in a study conducted by Charnley (1999) where the newly qualified staff nurses were lacking confidence in their clinical skills and to work overload.
The participants attributed these feelings of inadequacy to lack of experience, rather than lack of knowledge. They felt that the course content put too much emphasis on professional theory and not enough on care in practice. Since these feelings of inadequacy were related to lack of practical experience, they felt that, with time, their feelings of adequacy would increase, and one respondent stated that this was already occurring, as illustrated in the following excerpts:

"....because of lack of experience, but as time goes by experience is making a difference."

(P 03 Female)

These findings are similar to those reported by Runciman et al (2000), who suggested that although newly qualified nurses exhibit high levels of knowledge, they lacked confidence and ability in performing clinical skills during the early months of their first staff nurse posts. This is mainly due
to an inability to put knowledge into practice, which cannot be taught by formal methods of teaching. It has been described by Benner (1984) as 'that uncomfortable process of gaining experiential learning that cannot be conveyed by formal models.'..

The initial experience of newly qualified nurses is therefore an important time when learning should take place by allowing the nurse to apply what they have learnt as students into practice. This process of learning through practice however seems to have been inhibited in the current study due to the amount of work which needed to be done and which did not allow enough time for newly qualified staff to turn their practical experience into a learning experience.

"You never have the chance to learn things properly; there is always something else to be done".

(P 05 Female)
With the introduction of the European Credit Transfer System (ECTS) the new setup of the course will allow the students to work for longer periods in the same wards. This was confirmed by the two course co-ordinators of the diploma students at the Institute of Health Care. This will help to allow the students to integrate better into the team and will help them to familiarize themselves with the ward setup. This was shown in the excerpts of the newly qualified staff nurses who were assigned, after qualifying, to the same wards were they had carried out their practical work as students.

Support for the newly qualified nurses’ views on the difficulties they encounter to attain the skills which they lack was supported by one of the two ward managers who stated.

"... on qualifying nurses have to try and cope with the new role in addition to trying to catch up with all the clinical ..."
skills that they lack, and it will be very hard on them." (P 12 Male)

Charnley (1999) contends that this deficit in practical and management skills together with lack of qualified support staff in clinical areas is one of the major sources of transitional stress. The need to offer students longer practical placements to overcome this problem is an issue that has been recognized in the literature (Luker et al 1996).

Similar to the perceptions of the newly qualified nurses and the reports in the literature, the two ward managers interviewed felt that newly qualified staff nurses do not have the sufficient skills to feel confident and competent in their new role.

"They are full of theory but they need support."

(P 12 Male)
Another source of these feelings of inadequacy was the perceived inability to provide ideal care which they were taught to provide as students. They attributed this to the large volume of work. These students therefore were experiencing the gap between theory and practice and this was another source of anxiety. This is reflected in the following statement:

".....you are unable to give the patient the appropriate care...it is just impossible..."

(P 09 Female)

".....as a student I was able to sit with people and talk.....as a staff nurse I never had the time..'

(P 09 Female)

Within the hospital structure the newly qualified nurses’ practice is determined by the ward setting. The role of the newly qualified nurse is not
identified by the hospital management and therefore it does not distinguish the new nurse from the senior staff nurse. In view of the results of this study, it appears to be important to acknowledge the limitations of newly qualified nurses in order to protect the individual nurses, the patients and the organization, employing newly qualified nurses from possible litigation in the event of malpractice.

This issue was also identified in Horsburgh's (1989) study. In an attempt to reduce or eliminate this role ambiguity during the transition from student to staff nurse, rules and protocols must be implemented to guide the newly qualified nurse (Gordon 1984) and allow them to practice nursing autonomously, while still maintaining patient safety. In addition, these protocols would avoid the present problem of having newly qualified nurses shoulder responsibilities for which they are not prepared.

The local hospital does not provide a formal orientation programme for the newly qualified
nurses on entering the ward, only the intensive care unit and operating theatres offer an informal period of orientation to newly qualified nurses.

The participants claimed that they appreciated someone who helped them to fit into the system and assisted them in familiarizing themselves with the hospital policies and procedures.

"Yes they helped me a lot from the beginning our relationship was very good." (P 05 Female)

This strongly suggests that an induction programme is an important strategy that will assist the newly qualified nurses to familiarize themselves with the hospital environment. Induction programmes are helpful in aiding newly qualified nurses adjust to the work setting and their functioning within the bureaucratic structure of the hospital (Andersen 1989).
The recollections of the respondents seem to indicate that newly qualified nurses could benefit from being supported during their initial period. Receiving support through a preceptorship programme is cited as having many advantages for the emerging nurse (Goldenberg 1988). Preceptorship is a one-to-one relationship between an experienced nurse and a new nurse where the learner is guided by the preceptor in his introduction into the work role. The preceptor will act as role model for the newly qualified nurse and will assist the newly qualified nurse in linking educational and practical experiences (Goldenberg 1988). Most beneficial is the exposure of the everyday practice and opportunities to discuss and work through professional – bureaucratic conflicts with a role model (Chickerella and Lutz 1981). Kramer (1974) claimed that newly qualified nurses need to be assisted to resolve the conflict or the discrepancies in the values and norms they encounter.
The advantages of these induction programs would be to support newly qualified nurses. Thus enhancing learning and teaching opportunities at all levels and creating a more learning-centered and enjoyable clinical environment. Newly qualified staff nurses would understand better what is expected from them when they are in the ward. It would also stimulate and encourage new ideas.

The existing staff also needs to recognize that newly qualified nurses bring their own skills, knowledge and interest to add to the mix of the team and that some will integrate and develop quicker than others.

4.4 Fitting in

One of the challenges facing newly qualified nurses is becoming part of an established team, which includes nurses and doctors and staff from a wide range of disciplines. This group of newly qualified
nurses described their reactions of becoming part of
the team as frightening, since there were so many
people with whom they were unfamiliar. One
respondent briefly put it as a feeling that there were:

'....too many people to get to know'.

(P 08 Male)

This finding that newly qualified nurses felt that
they did not know the persons they were now
working with is surprising, as it is likely that they
would have previously met these persons during
their clinical placements as students. Some
respondents actually stated that they felt that having
spent a long time working in the same ward as
students helped them to get to know the staff better.

The implication of this is that as students, the
relationship with staff is on a different level to that
between colleagues. Once qualified the newly
qualified nurse must once more get to know other
team members as colleagues and try to fit in and obtain a sense of belonging with the team, which already has a sense of identity and acknowledged boundaries. Newly qualified nurses need to clearly understand their role within the new team and they need to share the same goals and objectives as the other team members in order to integrate with the team.

The staff nurses interviewed in this study felt that the nursing staff and the Nursing Officer were very helpful in making them feel accepted and helping them to feel part of the team, although there were individuals who made them feel alien to the team. The most recently qualified staff were perceived as being the most willing to help them fit in. A possible reason for this is that these junior staff members would remember what it was like to enter an established team as a new staff member. This is reflected in the following excerpt:
"Most of the staff was very helpful with me especially the young nurses. There are some that make you feel you are still not one of them, but as you get to know them by time the situation will ease, and these are only a few."

(P 08 Male)

More junior nurses could therefore play an important role in the transition process of newly qualified staff by providing social and psychological support in the orientation period.

Other members of the health care team such as health assistants, physiotherapists and junior doctors were also found to be helpful in the process of integration. The newly qualified nurses found that this acceptance by other members of the health care team was a valuable source to increase their confidence.
"It is nice when you are shown respect by others, such as doctors."

(P 09 Male)

The newly qualified nurses in this study found relating to consultants particularly difficult and they stated that they deliberately allow the Nursing Officer to initiate contact with the consultant/s. This did not result to be the case with the junior doctors, who they reported to be very helpful. The fact that the junior doctors change allocation every six months may be the reason for these differences as a newly allocated doctor needs support from the nurses of the ward.

"With the junior doctors I find that the relationship is very good especially when they start on the ward"

(P 07 Female)

Maybe the communication with the consultants can improve be a formal introduction of the consultant
to the newly qualified nurse in the presence of the Nursing Officer.

One of the most important points that can be drawn from this study is the importance of the interaction and communication that occur during orientation. Newly qualified nurses reported that when they had open communication with the manager, and when they viewed these people as supporting them on the ward, this interaction facilitated their learning and development of self confidence. Along the same lines, having to work with ‘difficult’ nurses and other personnel on the ward resulted in stress.

White (1996) claims that newly qualified nurses wish for no more than support from a person that they can talk to, about the day and the difficulties faced throughout. However, reality shock will persist until nursing services establish realistic and consistent expectations that are in line with available limited resources. Poor staff management can also contribute to damaging the delicate
infrastructure and networks that deliver patient care, exacerbating staff turnover, resulting in low morale and work based stress and exhaustion. However, factors such as authority to judge patient care and responsibility for patient care, also contribute to job satisfaction and are possible mechanisms to aid conflict resolution in their new role. Robertson and Cummings (1991)

4.5 Discovering the satisfaction of working with patients and their families

Despite these problems, becoming a staff nurse, for these nurses was a positive experience. They enjoyed their good relationship with both clients and their relatives.

"...but after all I don’t regret that I choose nursing as my profession...”

(P 08 Male)
Gaining satisfaction through direct contact with patients is to be desired, as it is the basic nature of nursing to work with people and help them recover. People choose to be nurses for this reason. Vaughan (1980), claims that nurses feel that this is what they have been trained to do because during training they spend a significant amount of time in the clinical areas working with patients.

4.6 Conclusion

This discussion gave insight into the experiences of ten newly qualified nurses of their transition period from a student to a nurse. It appears that the transition period faced by these newly qualified nurses was not easy to surpass and many participants encountered some difficulties along the way.
It is important in the light of the findings that the quest to expand and explore the areas of role transition is conducted as a matter of efficiency. It is accepted that there have been great changes in nurse education in the last fifteen years and much has been done to improve the situation. Most notable is the change in status of the student nurse from worker to learner. Ultimately, if newly qualified staff nurses do not receive support from experienced nurses on their role transition, any initial confidence will not be built upon, thus delaying learning and hindering the role transition.

There is an implicit assumption that the newly qualified nurse, unlike a graduate from any other profession should be fully equipped to deal with every possible contingency from the first day of registration, (Bradshaw 1999). This cannot be accepted and management should take this into account and provide an adequate support system for
the gradual entrance of these newly qualified staff into the multi disciplinary team.

Many of the respondents experienced stress due to imposed and accepted responsibility on entering the work scene. They felt that they were safe to practice but that they were not adequately prepared especially when dealing with new and complex situations. They felt that they were not maintaining the standards that they were taught during their studies and that they did not have enough time to learn from their experience and so improve their practice. The nurses in this study found the fitting into the new team as daunting, but reported receiving help from the nursing officer, junior nurses and junior doctors in this process. Notwithstanding the difficulties they faced, these new nurses felt that becoming a nurse was a true experience and enjoyed the challenge of a nursing career.
Acknowledging the small scale nature of this study, the findings obtained shed light to a number of recommendations, which should help to ease the difficulties encountered by the newly qualified nurses during their transition period. These recommendations will be discussed in the following chapter.
Chapter 5

Conclusion
and
Recommendations
5.1 Conclusion

The aim of this descriptive study was to explore the newly qualified nurses' perceptions of their transition period from student to qualified nurse. Qualitative data was collected from ten newly qualified nurses, and two nurse managers, who were interviewed with the use of semi-structured interview schedules. The interviews were analyzed with the use of the qualitative data analysis procedure described by Miles and Huberman (2nd Edition). Four major themes emerged following analysis of the transcribed interviews which illustrated that this period is a time of stress and apprehension for these newly qualified diplomats and graduates. These were:

- Accepted and imposed responsibility.
- Feeling safe but inadequate.
- Fitting in.
- Discovering the satisfaction of working with patients and their families.
These themes indicate that the experiences of these newly qualified nurses' are similar to those of newly qualified nurses in other countries.

The results of this study have highlighted that those in human resource management need to acknowledge that the transition from student to staff nurse is difficult, as the individual needs to adapt to new responsibilities and expectations. Management strategies therefore need to be in place in order to protect the individual nurse, the patients under their care and the organizations who employ such newly qualified nurses. Recommendations for management based on the results of this study are outlined below. Although the findings of this study have suggested that the transition remains stressful and newly qualified staff nurses feel inadequately prepared for their new role, these nurses still appear to have gained job satisfaction in their new role and that they do not regret their choice of profession. The implementation of strategies to decrease the impact of the role transition should help make the experience a more positive one and should capitalize on the newly qualified
nurses feelings of satisfaction with caring for patients and their relatives.

5.2 Strengths and Limitations of the study

The findings obtained have a number of limitations.

- The sample that was chosen for this study was small. However the investigator decided to use a random sample.

- Being a retrospective study, the accuracy of the experiences described by the newly qualified nurses, may be lacking, however, it appears that the events were recalled vividly by the qualified nurses concerned.

- As an interview technique was employed anonymity could not be maintained. The findings may also be subject to interviewer bias, where the author introduces his own attitude without being consciously
aware of it. The researcher tried not to react to comments made to avoid such a bias being introduced.

5.3 Recommendations

Despite these limitations, the study generated relevant data which gave insight into the newly qualified nurses' transition period from student to staff nurse. Acknowledging the limitations of the study the information gathered is important in presenting a picture of the transition period faced by newly qualified nurses from being student to a nurse. From the data generated by this study, the following recommendations are made:

5.4 Recommendations for further research

➢ Further research using a larger sample population need to be carried out regarding the experiences of the newly
qualified nurses with reference to the transition period from student to a staff nurse. Hence, findings will be more representative of the transition period faced by newly qualified nurses.

➢ A comparative study of newly qualified staff nurses working in specialized and general areas should be carried out to explore whether the experience of newly qualified nurses in general medical wards and specialist units are similar due to the greater responsibilities and demands made in specialist areas and the availability of orientation programs in such areas.

➢ Further research on graduate nurses’ perception versus diplomat nurses’ in their transition period from a student to a qualified nurse to explore whether differences in academic background and course of studies has an impact on the perception of newly qualified nurses on the ease of transition to qualified staff.
5.5 Recommendations for management

➢ It is recommended that a formal preceptorship program should be implemented. This would allow newly qualified staff nurses to work under the supervision of experienced nurses through the first three to six months of their careers.

➢ It is also recommended that health care organizations should include an orientation program for newly qualified nurses detailing responsibilities expected of them, support available, ward structure and routine, important telephone numbers and who to contact when help is needed. This may help in some way to make the newly qualified staff nurse feel welcomed and supported and give them a realistic picture of their responsibilities.

➢ The allocation of a junior member of staff who has been working in the area for less than two years to newly qualified nurse to allow better integration in the team as well as sharing of feelings of the transition to qualified nurse.
Support sessions for the newly qualified staff nurses whereby they are assisted in dealing with the stress they encounter in their new work role.

5.6 Recommendations for Education

- Modification of the undergraduate course whereby students are taught about decision making theories and strategies which they can employ for clinical decisions.

- Academic development must be made available to those who are newly qualified.

This study has highlighted the fact that there is a strong case for the need to support staff in the clinical environment. It clearly indicates that new staff nurses should be given appropriate support to manage the issues that arise in their early careers. If this does not occur, the time and resources that are invested in their training, will be wasted because there is evidence that these
nurses will move on or leave the profession altogether (Dearmun 1998). As a profession, we need to address the concerns and expectations of the newly qualified nurse, to ensure that our clients ultimately receive high quality dynamic care.
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APPENDICES
Interview – Newly Qualified Nurses

I’m interested in the experiences of graduate nurses during their first year as qualified nurses working in hospital. I would like to step back in time to when you qualified as a staff nurse and tell me about your experience.

1. On qualifying, can you describe your feelings, during your first year of work?

2. Can you tell me something about your experiences of working shifts?

3. How would you describe your experience of caring for acutely ill patients?

4. During your initial period as a qualified nurse in the ward, how would you describe your relationship with the other nursing staff and your immediate supervisor?

5. How would you describe your relationship with other members of the health care team?

6. Can you identify some factors that you feel have made the transition period from student to a staff nurse easier?

7. Can you identify some factors that you feel could have made the transition period from student to staff nurse more difficult for you?
Interview – Nurse Managers

I’m interested in the experiences of graduate nurses during their first year as qualified nurses working in hospital. In view of this I would like to pose some questions with regards your expectations of the newly qualified nurses assigned to your wards.

1. What are your expectations of newly qualified staff nurses?

2. What responsibilities do you expect newly qualified nurses to take on when they start working on your ward?

3. Do you feel newly qualified nurses are adequately prepared to take on these responsibilities?

4. What do you feel are the difficulties faced by newly qualified nurses?

5. What do you feel can be done to make the transition period easier?

6. What are the problems that you encounter when newly qualified nurses enter the team?

7. What do you currently do to ease the transition of the newly qualified on the ward?
Dear student

Please refer to your application submitted to the Research Ethics Committee in connection with your postgraduate dissertation entitled:

MANAGING THE TRANSITION FROM STUDENT TO STAFF NURSE.
AN EXPLANATORY STUDY

At the last meeting of the Research Ethics Committee held on 16th March, 2004, members reviewed and approved the above-mentioned Protocol.

You are kindly requested to submit to the Research Ethics Committee a brief report on completion of your research.

Yours sincerely

Professor V. Ferrito
Chairman
Research Ethics Committee
Institute of Health Care

cc: Ms R. Sammut, Supervisor
Data Protection