

Transition from Nursing Student to Registered Nurse in Singapore: Personal Experience

Presented by:

Jeffrey Woo

*RN, BN (Hons), Adv Dip Nsg (MGT),
Adv Dip Nsg (CDM), Spec Dip Nsg (DME)
Susan Wakil School of Nursing and Midwifery
The University of Sydney*

Co-Author:

Stuart Newman

*RN, Int. Care Cert, Dip Teach (Nursing),
BEd (Nursing), MHA.
Susan Wakil School of Nursing and Midwifery
The University of Sydney*



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Transition to Practice

- *Transition is defined as a passage or movement from one state, condition, or place to another (Oxford Dictionary, 2014)*
- *Transition is conceptualised as starting with an ending that leads to a new beginning (Bridge, 2004).*
- *Transition from nursing student to registered nurse = a rite of passage (Van Gennep, 1960) and ... requires a person to disengage from the familiar 'sheltered' academic environment and face the uncertainty of the practice setting (Duchscher, 2001; Dyess & Sherman, 2009)*
- *Understanding NGRNs' post-registration experiences is significant because it affects whether they can successfully integrate into their new identity, AND impacts on their immediate and long-term commitment to this profession (Delaney, 2003; Morrow, 2009; Cleary et al., 2011a).*

Reviewing Present State of Evidences

1. Experience of Being New

- **NGRNs experience certain degree of unpreparedness for practice, in view of following concerns.**
 - *Inability to reconcile differences between values and expectations of professional nursing conceptualised in theoretical preparation and the demands of practice in reality.*

Delaney, (2003); McKenna & Green, (2004); Mooney, (2007); Dyess & Sherman, (2009); Kumaran & Carney, (2014)

- *Being previously sheltered from the full extent of registered nurses' responsibilities as nursing students previously, therefore viewing transition as ambiguous and overwhelming, hence experiencing role conflict.*

Duchscher (2001); Chang & Hancock (2003)

- *Reconcile with need to undertake new responsibilities such as clinical decision making and performance of new clinical skills that was not exposed to them as nursing students previously.*

Clark & Holmes (2007); Kelly and Ahern (2008); Odland, Sneltvedt & Sörlie (2014)

Reviewing Present State of Evidences

2. NGRN Knowledge & Confidence upon commencing Practice

- **Challenged over their ability to apply their theoretical knowledge into practice despite possessing them, due to these concerns:**
 - *The need to switch from linear and rigidity mindset that predominantly concentrate on technical focus of skills mastery and being task-conscious → to possessing ability for demonstration of flexibility thinking that support clinical reasoning and decision making.*

(Duchscher, 2001; McKenna & Green, 2004; O'Shea & Kelly, 2008; Feng & Tsai, 2012).

- *Lack of knowledge and confidence is in view of lack of clinical experience, but substantial increment of them was seen following longer immersion (6 to 12 months) into the clinical environment.*

(Clark & Holmes, 2007; Maben, Latter & Clark, 2007; Feng & Tsai, 2012)

- **Dependable upon availability of skills, and supportive organizational culture to facilitate opportunistic learning.**

Newton & McKenna (2007); Wangensteen et al, (2008); Bisholt (2012)

RESEARCH QUESTION

Research Question 1

How do new graduate registered nurses in Singapore personally experience transition from nursing student to registered nurse?

Research Question 2

What are the factor(s) that impact on their personal transition experience?



Study Aim

- *To explore the experiences of new graduate registered nurses (NGRNs) in Singapore following their initial 6-12 months of transition from nursing student to registered nurse **and**;*
- *To identify the positive and negative factors that impacted their personal transition experience.*

Rationale for the Study

- *The shift of nursing education in Singapore from 'apprenticeship' to 'academic' model in 1992.*
- *Insufficient research evidence on transition from student to registered nurse in Singapore under the 'new' system.*
- *Lack of understanding pertaining to transition to practice experience could indicate the existing system to support transition might not be reflective of the real needs of NGRNs (Kelly & Ahern, 2008).*
- *Studies from overseas may not be readily transferable to local context due to cultural and linguistic diversity (Parker et al., 2014)*



Research Aims and Research Questions

- *To explore the experiences of new graduate registered nurses (NGRNs) in Singapore following their initial 6-12 months of transition from nursing student to registered nurse **and;***
- *To identify the positive and negative factors that impacted their personal transition experience.*

Research Aim

Research Questions

- *How do new graduate registered nurses in Singapore personally experience transition from nursing student to registered nurse?*
- *What are the factor(s) that impact on their personal transition experience?*

Recruitment of Participants

- Alumni from one polytechnic in Singapore.

- Email with Participant Information Sheet (PIS)+ link to online questionnaire.

- Obtained of written Consent of volunteered participants to participate in focus group.

Inclusion & Exclusion Criteria



Inclusion Criteria

1. *Have completed a pre-registration nursing programme in Singapore within the last **12 to 24** months.*
2. *Be currently practicing as a RN at any of the local acute hospital setting.*
3. *Have at least **6 to 24** months post-registration experience.*
4. *Be **over** 18 years of age.*

1. *Registered nurses who previously worked as a registered nurse in another country prior to upgrading or retraining in Singapore.*
2. *Registered nurses **not** working in an acute care health care organisation such as psychiatric hospitals, pediatric hospitals, government/private clinics*



Exclusion Criteria

Methodology

- *Mixed-method study with sequential approach: Quantitative → Qualitative.*

Recruitment of Participants

- *Nursing alumni database of the graduating class of 2015 at one polytechnic in Singapore.*
- *Email with Participant Information Sheet (PIS)+ link to online questionnaire.*
- *Eligible participants who completed the online survey were invited to take part in a focus group discussion (written consent).*

Data Collection

- *Quantitative (naïve data) - 42-item forced-choice Likert Scale questionnaire (N = 30 fully completed).*
- *Qualitative (Narrative or deeper data*) - Focus group (N = 5 participants).*

Validation of Questionnaire

- *A modified questionnaire validation tool, adopted from Polit & Beck (2006) and Parsian & Dunning (2009) was constructed to establish both face and content validity.*
- *Panel of 5 experts in Singapore: two academics; a nurse manager; and, two advanced practice nurses.*
- *Individual items assessed and evaluated, with the rated scores to compute the item content validity index (I-CVI)*
 - *41 items yielded I-CVI of 1.00, with one item omitted.*
- *All I-CVIs then computed to yield the scale content validity index (S-CVI)*
 - *Both sections of the questionnaire obtained S-CVI of 1.00.*

Data Analysis

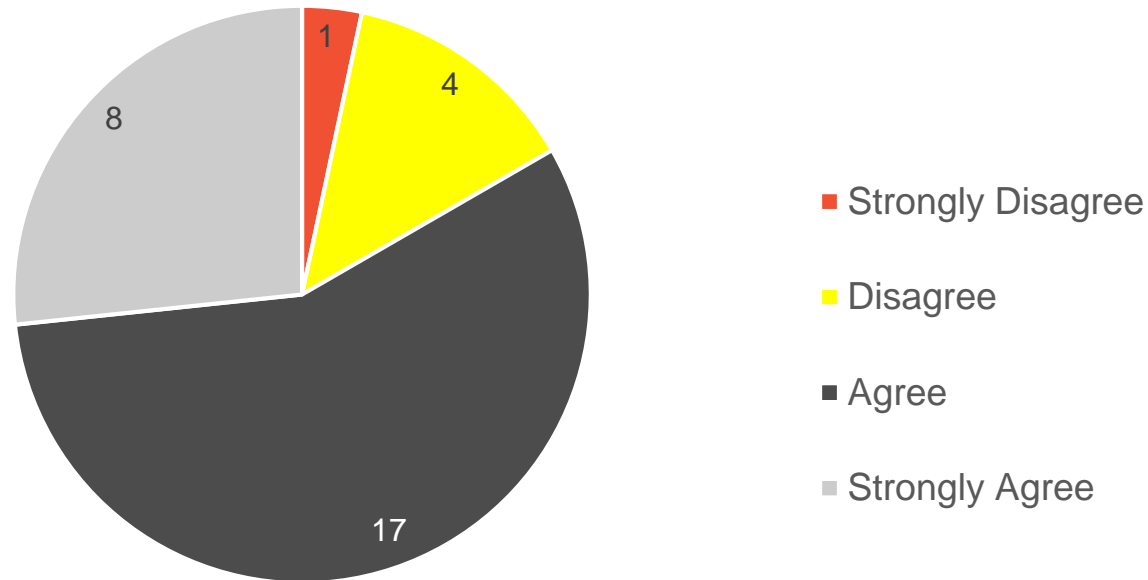
- *Quantitative*
 - *Descriptive statistic of mode to display frequency of responses of each questionnaire item to establish the level of agreement on respective items (Gaddis & Gaddis, 1990; Fisher & Marshall, 2009; Thompson, 2009).*
- *Qualitative*
 - *Data transcribed verbatim and analysed using the content analysis framework (meaningful units) (Graneheim & Lundman (2004)).*

Content Analysis of Interview Findings

Examples of Meaning Unit	Condense Meaning Unit	Sub-Theme	Theme
<p>“Stressful, yes. About myself also, because of lack of experience, affects my confidence of giving care. Not sure whether this is what I’m supposed to do or what’s expected.” (P3)</p> <p>“For me the stressful part would be mainly because after the transition from student to registered nurse right, partly we have to hold a lot of responsibility like taking care of the patient. Last time when student, when anything go wrong, we can just go to the staff nurse and say this patient got anything wrong. But now it’s full on our responsibility.” (P2).</p>	<p>Difficulty in reconciling significance differences of responsibilities learnt when as NSs previously and what was being held as RNs later.</p>	<p>TRANSITION STRESS AND INEXPERIENCE</p>	<p>PERSONAL TRANSITION EXPERIENCE</p>
<p>“It’s not the communication part that I’m fear, I feel that I don’t have enough knowledge to communicate with the doctor. I don’t have clear picture of what they plan to do with the patient.” (P3)</p> <p>“I think it’s the communication part I’m not so confident because my knowledge is not enough to support me to bring out my confident in analysing all these [laboratory & diagnostic investigation] results.” (P4)</p>	<p>NGRNs’ initial display of knowledge and confident deficit upon commencing professional practice.</p>	<p>KNOWLEDGE DEFICIT AND CONFIDENCE</p>	
<p>“At that time, student days, we just stand there and watch the operation then after that when we come out [graduated], I have to be the one standing beside the surgeon which I had no idea what they were doing.” (P5)</p> <p>“I think one of the thing I would like to suggest, I am quite “query” like, because in a ward level right, actually all of us need to do the cannulation and blood taking but I do not know why we didn’t learn it during our school time. Because like BCLS right, so called it’s like a basic skill that we need to learn and we will do it once we pass out. But I really in my doubt, how come cannulation and blood taking cannot be done in school?” (P4)</p>	<p>Challenges NGRN faced towards being expected by colleagues over the need to perform new and specialised skills proficiently</p>	<p>SKILLS PERFORMANCE : PREPARATION VERSUS PRACTICE</p>	
<p>“The stress part is how the public see us as the probation nurse. Because for us right, we have a green sticker on our nametag to indicate we’re the new nurses that’s coming into the ward. So, the public they will know that, I don’t know, not sure how they know but see us as not really experienced nurse, they will question us what we would do. So, that’s the sad part. Quite stressful for us, for them to see us quite differently.” (P3)</p> <p>“...They (Registered Nurses) want it to be fast, they will like, for example some people will really look into everything, whether there are injury or everything, some people just want to be fast. So when we’re new, there’s a hierarchy there. We’re very junior. We can’t like correct them even if we know the things that they’re doing is wrong.” (P1)</p>	<p>Perception of how NGRNs having the need to come to term with reconciling the need to face stigma from public and the demands from their more experienced colleagues as beginning practitioners.</p>	<p>THE EXPERIENCE OF BEING ‘NEW’</p>	

Subtheme 1: “Transition Stress and Inexperience”

19. *I found my transition experience from nursing student to registered nurse stressful*

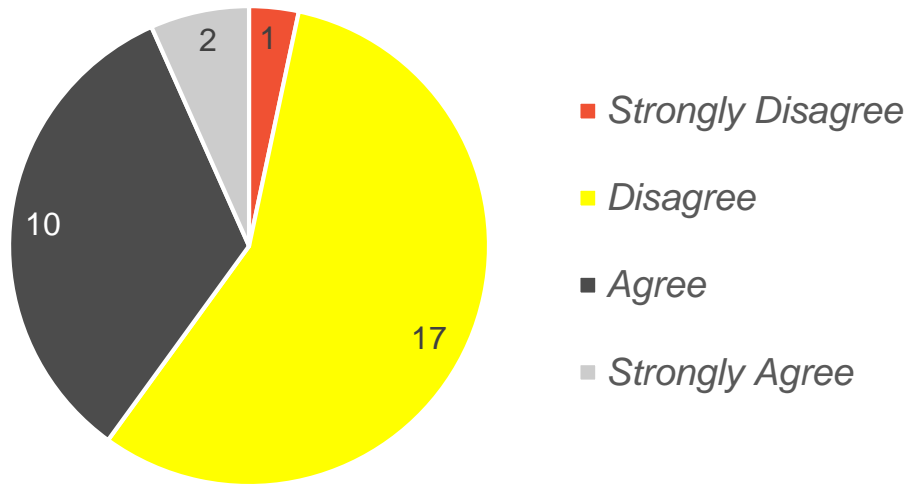


Supporting quotes from participants

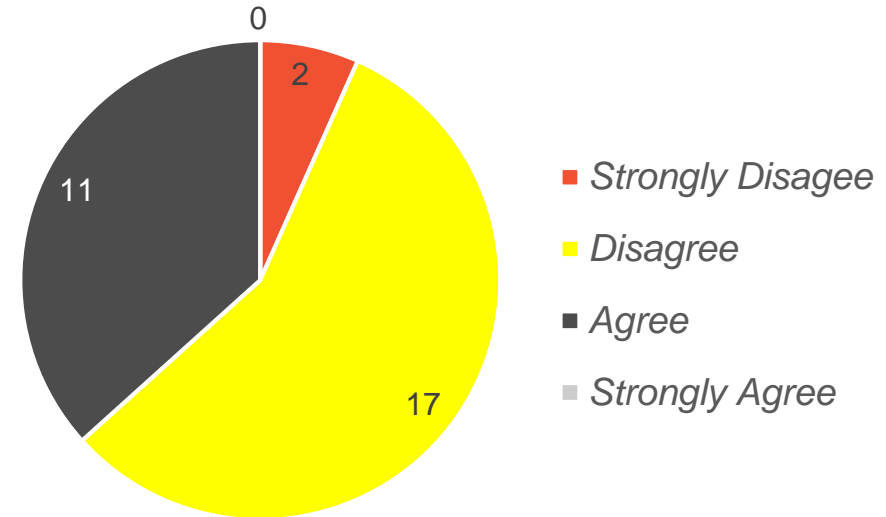
1. *“Stressful, yes. About myself also, because of lack of experience, affects my confidence of giving care. Not sure whether this is what I’m supposed to do or what’s expected.” (P3)*
2. *“For me the stressful part would be mainly because, because after the transition from student to registered nurse right, partly we have to hold a lot of responsibility like taking care of the patient...” (P2)*

Subtheme 2: “Knowledge Deficit & Confidence”

15. My level of knowledge upon graduation did not prepare me for my role as a new registered nurse.



7. I was confident with my level of knowledge once I begin my role as a registered nurse

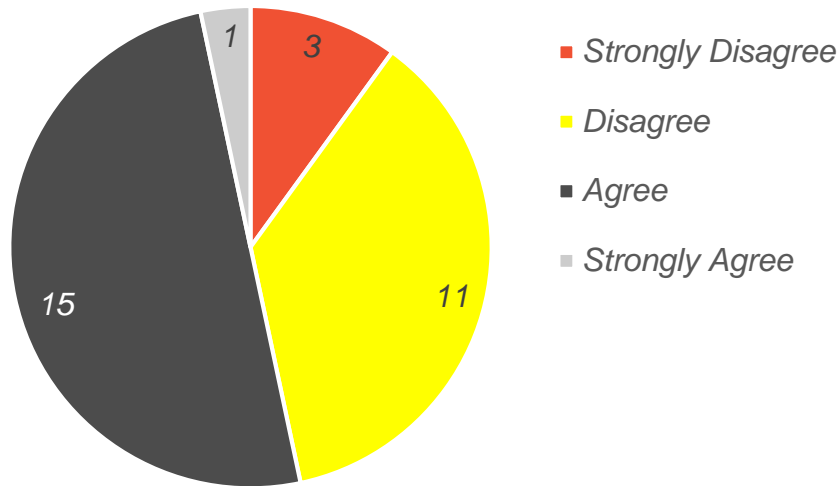


Supporting quotes from participants

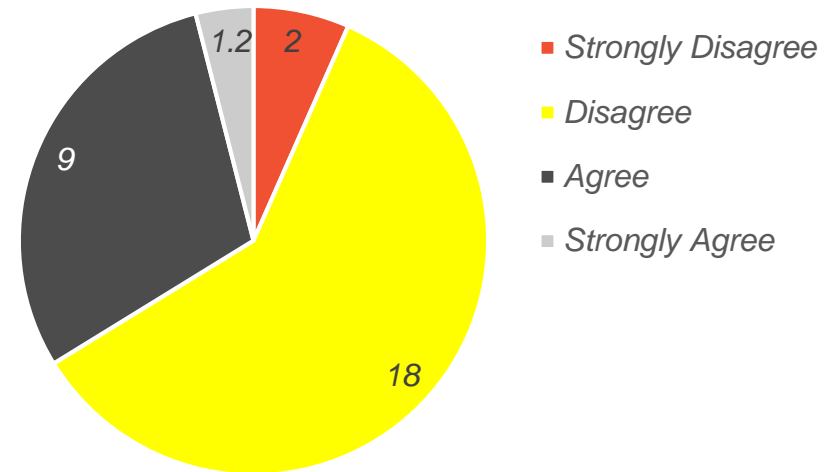
1. “I think it’s the communication part I’m not so confident because my knowledge is not enough to support me to bring out my confident in analysing all these [laboratory & diagnostic investigation] results.” (P4)
2. “I think it’s the problem of experience sometimes. Experience. Yes, that’s why I’m not so confident. Even [though] I learn something in the school.” (P4)

Subtheme 3: “Skills Performance: Preparation vs Practice”

25. *I felt competent to manage the workload assigned to me during my transition.*



11. *The expectations I had as a student about being a registered nurse matched my actual experiences.*

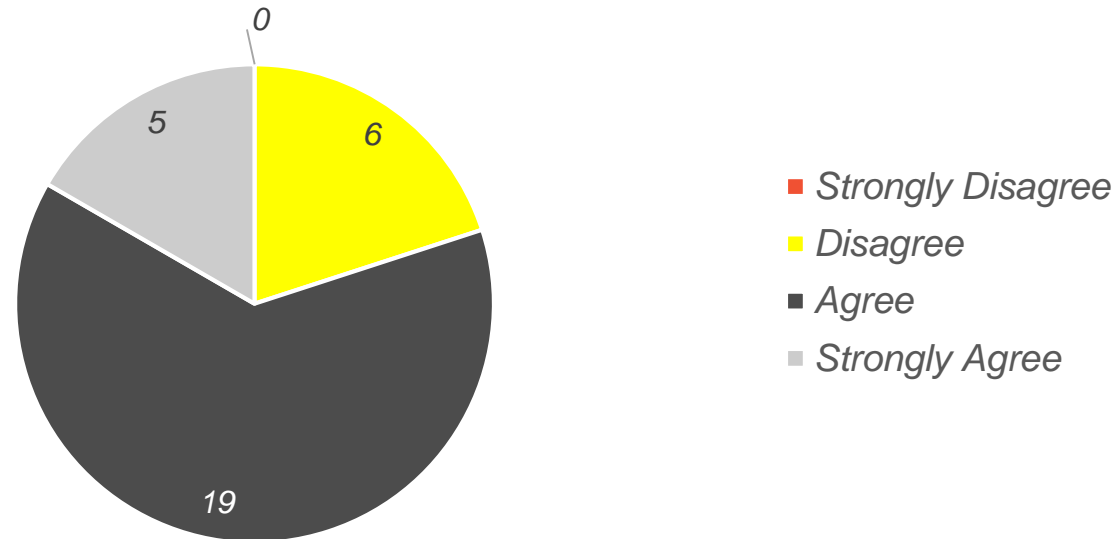


Supporting quotes from participants

1. *“And I think not everything in ward we learn in school, e.g. “trache[ostomy]”, all the things that they expect us to know, like what type of “trache[ostomy]...sometimes, school never teach us all these but they expect us to know because I’m in the “resp[iratory]” ward...(P1)*
2. *“...Sometimes they [registered nurses] think you ought to do all these things because this is all basics for them. But ... [for] ... us is these things are specialised in that area. It’s not general to us.” (P2)*

Subtheme 4: “ The Experience of being ‘new’ ”

31. *I feel satisfied with my transition to my role as a registered nurse*



Supporting quotes from participants

1. *“The stress part is how the public see us as the probation nurse. Because for us right, we have a green sticker on our nametag to indicate we’re the new nurses that’s coming into the ward. ... they will question us what we would do. That’s the sad part. Quite stressful for us, for them to see us differently.” (P3)*
2. *“Different people got different practice. For example, like sponging [showering for patients]. They [registered nurse] want it to be fast, ...so when we’re new, there’s hierarchy there. We’re very junior. We can’t correct them even if we know the things that they’re doing is wrong.” (P1)*

Research Findings & Uniqueness to the Singapore Context

What is already known?

Recurring Issues:

- *Reality shock*
- *Theory to practice gaps*
- *Unrealistic expectations of entry practice level.*
- *Inability to integrate theoretical knowledge to practice*

What this study adds?

Unique Emerging Issues:

- *Less than collegial environment to facilitate professional learning & socialisation*
- *Labeling (stigmatization) and its consequences for 'situating' NGRNs and their capabilities.*

Recommendations for Aligning Nursing Education / Practice Setting

- Need for stronger collaboration between education and practice sectors, to better prepare and support learning and the affective needs of nursing students during their course AND to better prepare them emotionally and psychologically for transition.*

- The need for academic settings to align and if necessary, revise their curriculum to reflect practices in healthcare settings, to better prepare NGRNs for what is expected of them upon transition to mitigate the impact of reality shock.*

- The need for healthcare industries to be cognisant of NGRNs' capabilities upon qualification and embrace their part in supporting initiatives to enhance their personal transition experience*

Thank You

Presented by:

Jeffrey Woo

Susan Wakil School of Nursing and Midwifery

The University of Sydney

Email: mwoo4577@uni.Sydney.edu.au



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