

Transition from Nursing Student to Registered Nurse in Singapore: Professional & Organizational Experience

Presented by:

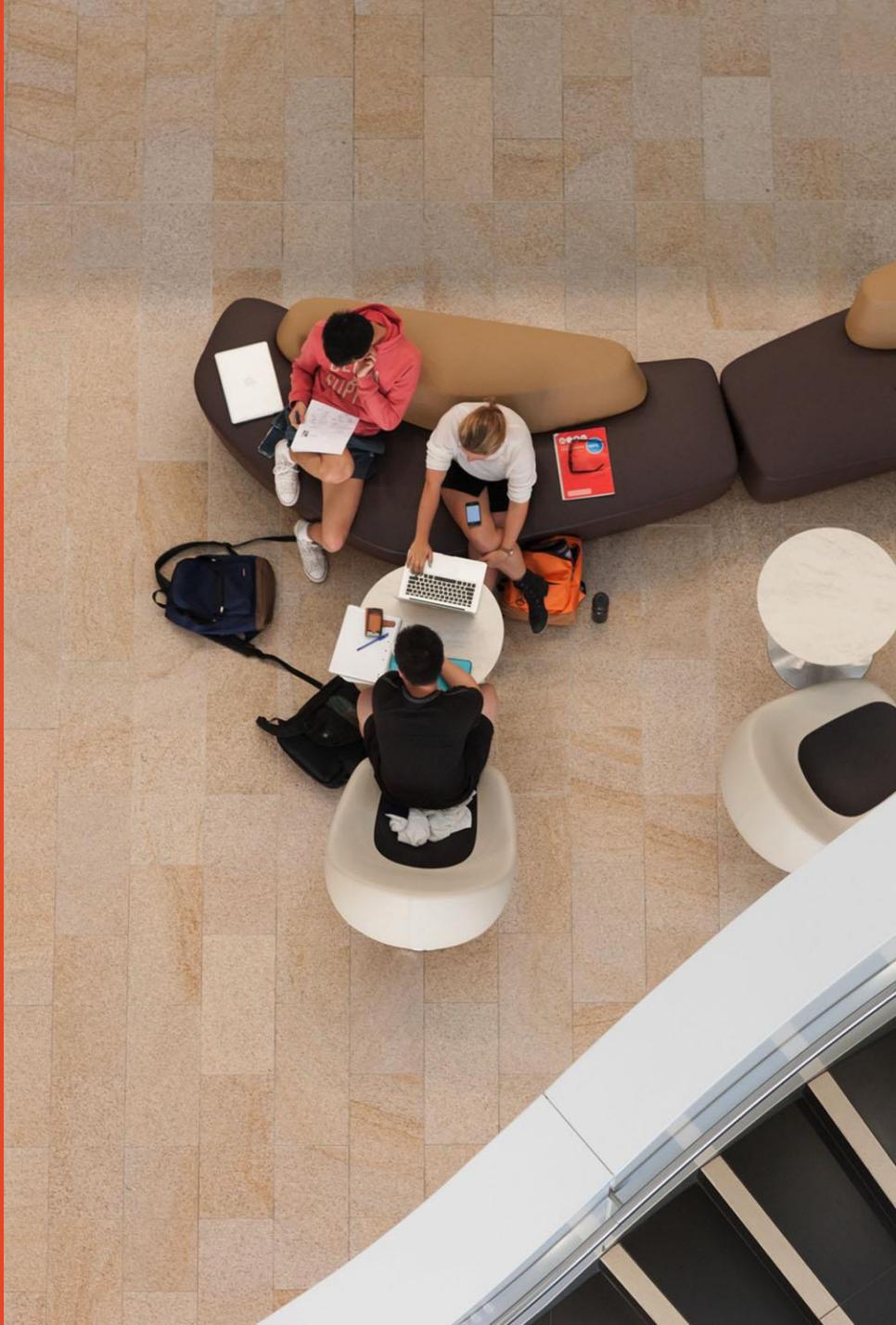
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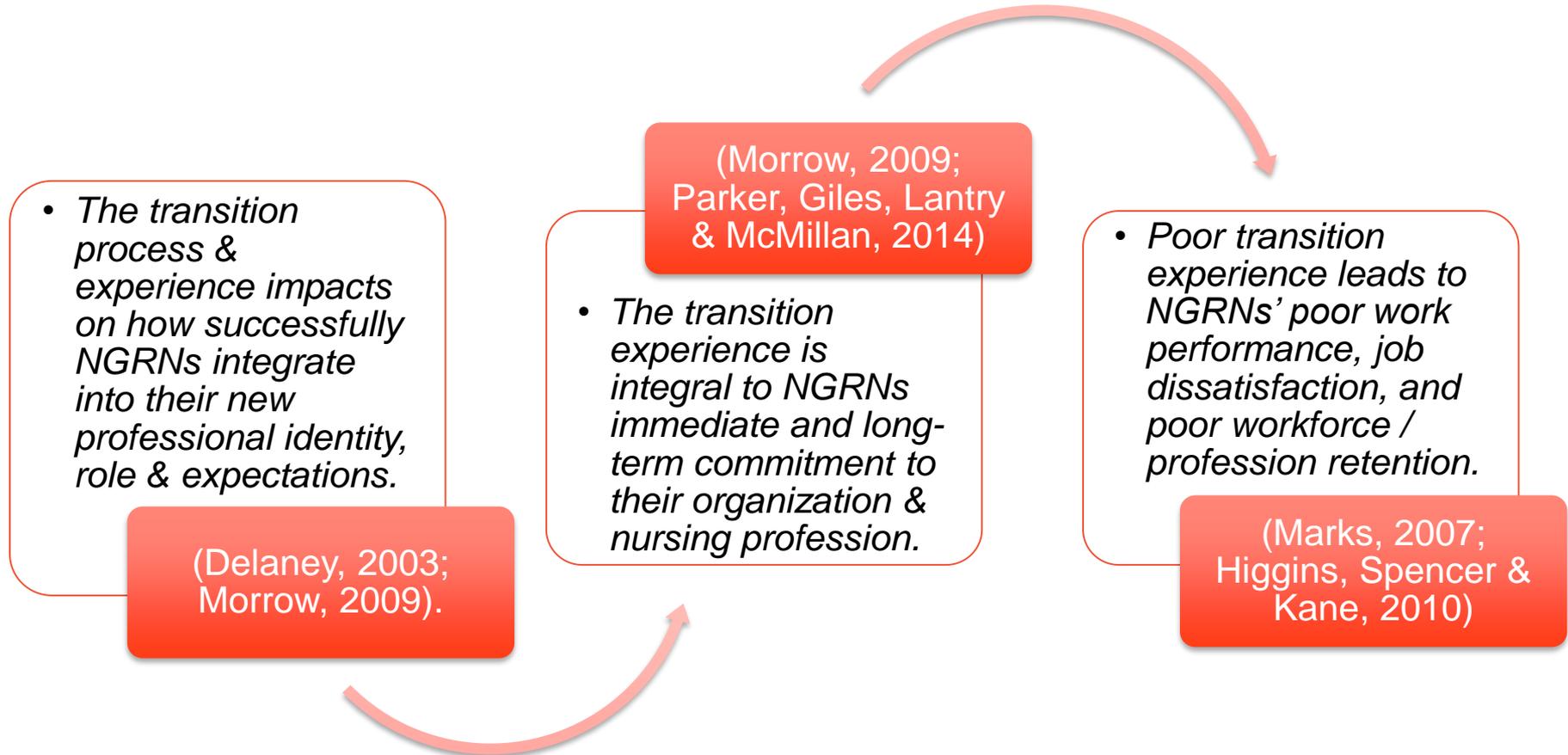
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Transition to Practice

- Transition is conceptualized as starting with an ending that leads to a new beginning
(Bridge, 2004).
- The term 'situational transition' was conceptualize to describe the professional transition from nursing student to a registered nurse.
(Schumacher & Meleis, 1994).
- Upon graduation, this professional transition requires NGRNs to integrate, assimilate, or as Myer & Arbor (1982) point out, socialize into the 'realistic world' of their working environment or organization
(Ryan & Twibell, 2002).
- Understanding NGRNs' post-registration experiences is crucial 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).

Significance of this Study (Professional & Organizational Perspectives)



Rationale for this Study (The Singapore Context)

Absence of studies in local context

- *Insufficient research evidence on transition from student to registered nurse in Singapore since the shift in nursing education from 'apprenticeship' to 'academic' model in 1992.*

Gaps of Current body of Literature

- *Infeasibility to transfer and generalize findings from the body of literature in view of cultural and linguistic diversity surrounding nursing models and delivery of care.*

(Parker et al., 2014)

Limitation of transition programme

- *There is no consistency in how NGRN transition is managed and no documented transition programme that operates across all organizations. Each health care organisation conducts its transition programme independently.*

Impetus for Study

- *Knowledge deficit suggests that organizational initiatives may not adequately support NGRNs' professional needs and expectations in the contemporary nursing workforce*

(Kelly & Ahern, 2008)

Reviewing Present State of Evidences

1. Impact of professional nursing education for transition

- **Perceived adequacy and relevancy of pre-registration nursing education in preparing NGRNs for professional practice.**
 - *A dichotomy between the values instilled through their nursing education and workplace practices from organizational perspective.*

(Maben, Latter & Clark, 2006; Feng & Tsai, 2012; Kumaran & Carney, 2014)

- *NGRNs perceived their nursing education too 'theory focusing', as well as irrelevancy of some subjects to permit its applications in 'real' clinical settings, compounded by inadequate clinical placement for sufficient practical exposure, further intensified theory to practice gap.*

(Ross & Clifford, 2002; Evans, Boxer & Sanber; 2008; Feng & Tsai, 2012)

- *Education reform from past 'apprenticeship' to 'academic' model equipped nursing students with essential higher order skills such as critical thinking and questioning techniques that better prepares them for contemporary nursing.*

(Lofmark et al., 2006; Kelly & Courts, 2007)

Reviewing Present State of Evidences

2. Idealistic Expectation vs Reality

- **Disparity between the idealistic expectations of NGRNs and the realistic experiences of being registered nurses**

- *Mismatch between idealistic expectation of professional nursing versus actual experience surrounding reality of nursing that is reflective of organizational perspectives that further intensified theory-practice gap.*

(Jasper, 1996; Maben & Clark, 1998; Delaney, 2003; Maben, Latter & Clark, 2006; Feng & Tsai, 2012; Kumaran & Carney, 2014)

- *NGRNs experienced an abrupt identity switch from supernumerary to functioning as fully-qualified staff member capable of handling responsibilities, form as unrealistic expectation mandated by organizations.*

(Delaney, 2003; Casey et al., 2004; Feng & Tsai, 2012; Odland et al., 2014)

- *Need for NGRNs to undertake increased accountabilities and responsibilities placed on various aspects of nursing care that they were not exposed to as nursing students, such as decision making skills, communication with physicians & patients further overwhelms them.*

(Maben & Macleod-Clark, 1998; Heslop et al., 2001; Casey et al., 2004)

Reviewing Present State of Evidences

3. The impact of workplace culture on NGRNs' learning ability and role socialization

- **NGRNs express concerns surrounding gaining socialization and recognition to their department and organization.**

- *NGRNs expressed concerns with their ability to assimilate or “fitting in” to their work environment and associated this with themselves gaining acceptance into their department, and sees this as impetus towards successful transition.*

(Holland, 1999; Delaney, 2003; Malouf & West, 2011).

- *Positive working environment was associated with supportive culture that emphasize on, cordial working relationship with colleagues, being shown respect and valued by colleagues for their contribution.*

(Zinmeister & Schafer, 2009; Clark & Springer, 2012; Feng & Tsai, 2012; Moore & Cagle, 2012).

- *Undesirable working environment was exemplified by NGRNs subjecting to facing degrading of their knowledge by colleagues, unsupportive, oppressive and abrasive organisational culture that demonstrates high expectation, less empathy of their learning needs and limitation and also workplace bullying (horizontal violence).*

(Mooney, 2007; Evans et al., 2008; Kelly & Ahern, 2008; Dyess & Sherman, 2009).

Reviewing Present State of Evidences

4. The impact of organizational support on transition

- **NGRNs perceived how usefulness and adequacy of various organizational support in impacting their transition**

- *NGRNs expressed significance of various organizational support, such as orientation enhances learning of new technical and socializing skills, while preceptorship serves as role model that guides hands-on practice and consolidation of skills .*

(Clark & Holmes, 2007; Kelly & Courts, 2007; Zinsmeister & Schafer, 2009; Chandler, 2012)

- *Fallacy of orientation programme reported by NGRNs were, how sessions were scheduled out of working time, and that the orientation content was irrelevant to their current practice needs, and not adequately supported by their experienced colleagues*

(Zinsmeister & Schafer, 2009; Feng & Tsai, 2012)

- *Fallacy of preceptorship were exemplified by, 1) absence of preceptors, 2) offering them in name, yet either not forthcoming in reality or lack of adequate opportunities to work with them due to different shifts, 3) offered in shorter duration &, 4) having preceptor that either is not interested in them or not acknowledging their needs.*

(Ross & Clifford, 2002; Mooney, 2007; Clark & Holmes, 2007; Evan et al., 2008; Feng & Tsai, 2012; Moore & Cagle, 2012).

RESEARCH QUESTION

Research Question 1

How do new graduate registered nurses (NGRNs) in Singapore experience transition from nursing student to registered nurse concerning their professional & organizational point of views?

Research Question 2

What are the professional & organizational factors that impacts on their transition experience.



Research Aim 1

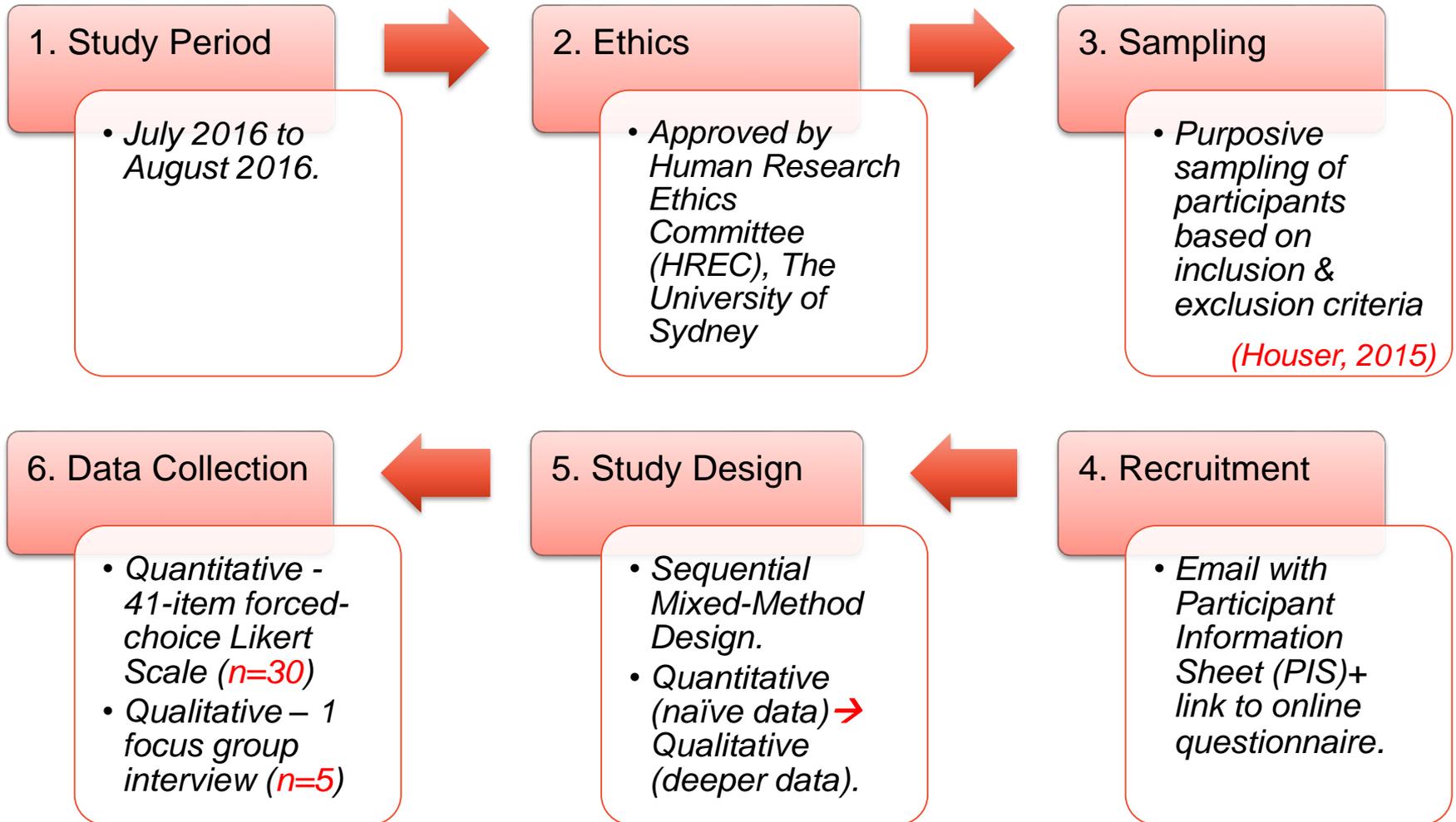
- *To examine how NGRNs view their professional education and expectations in affecting their transition experience.*

Research Aim 2

- *To explore how NGRNs perceived their organizational factors and supports towards impacting their transition experience.*



Research Methodology



(Creswell & Plano-Clark, 2011).

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

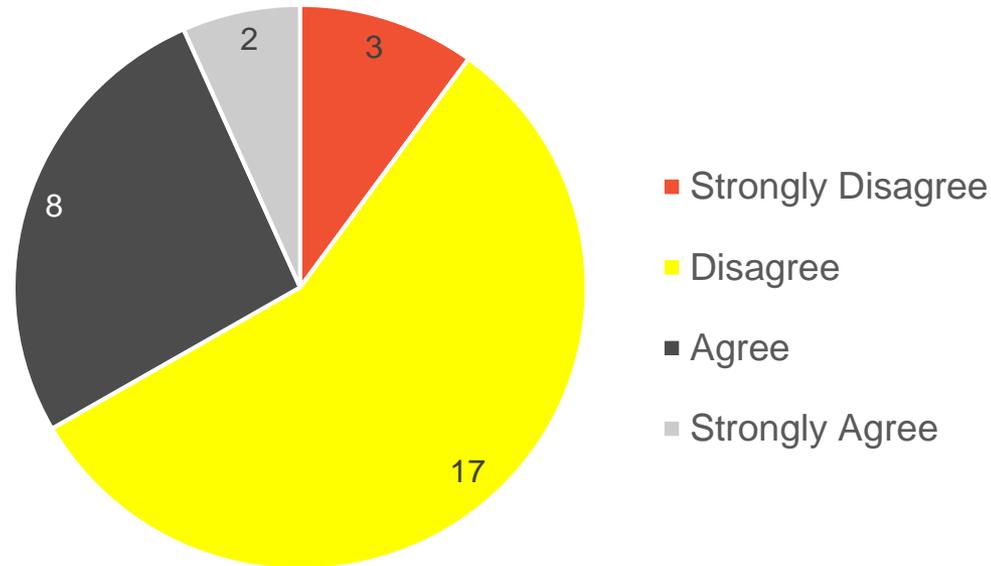
- *Quantitative*
 - *Descriptive statistic of mode to display frequency of responses of each questionnaire item to establish the level of agreement on respective items (Gaddis & Gaddis, 1990; Fisher & Marshall, 2009; Thompson, 2009).*
- *Qualitative*
 - *Data transcribed verbatim and analysed using the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

Content Analysis of Interview Findings

Examples of Meaning Unit	Condense Meaning Unit	Sub-Theme	Theme
<p>“When I’m a student nurse, I’m expected to take for 5 cases... So when I passed out, I was told I’m just expected to take more because that’s just reality.” (P2)</p> <p>“I remember on my first day of when I stepping in the ward, my manager tell me, this is not going, you’re being expected more than PRCP, this is not going to be easy for you.” (P3)</p>	<p>NGRNs perceived professional dissonance, due to a dichotomy of expectations & responsibilities between their previous experience as nursing students & present experience as RNs.</p>	<p>BEING A REGISTERED NURSE: EXPECTATIONS & RESPONSIBILITIES</p>	<p>PROFESSIONAL TRANSITION EXPERIENCE</p>
<p>“I think the school should stop hiding the reality of being a RN. They should match the expectation that we’re facing when we’re in a clinical service. Because what we’re expected to be is mostly being told by the lecturers in school. But when we in the clinical area, the expectation is been told by our manager...”(P3)</p> <p>“For example student time, the expectation of me just carry out the doctor’s orders. I won’t like think whether is it correct or not. Is it really appropriate for the patient? But now, the patient is under my care [as RN]...”(P1)</p>	<p>NGRN perceived inadequacy of their nursing education towards preparing them for reality of professional practice owing to differences in the values and expectations between academic & health care settings.</p>	<p>CONFRONTING WITH THEORY-TO-PRACTICE GAP</p>	
<p>“If like some of the staff nurses you don’t know them and you scared that whether they will scold you when you ask them questions, they will tell you like, ‘Like this also you don’t know? What you are doing during your PRCP period?’” (P1)</p> <p>“Sometimes when you’re working your senior who is very fierce. Haven’t even started work, their face already very black ... They [staff nurses] only know how to scold you and never really help you to improve. Then I scared being scolded by them, that’s why I feel very stress going to work”. (P2)</p>	<p>NGRNs experienced less than supportive working environment due to fear of facing chastisement by their colleagues for being seen not prepared and ready for professional practice.</p>	<p>FEAR OF BEING CRITICIZED</p>	
<p>“...I need to take care of 8 patients to 10 patients and then how they can assess me is that whether I can do my work timely, finish my work timely and then about the management of the work. So if my managers do not think that I’m not competent, so they will mark me down. So this is the competency I’m talking about and of course all the skill competency”. (P3)</p> <p>Maybe it’s the consequences if I do not pass the probation. So it will stress me for, to be competent within this timeframe. So, if not I have to be, like some of my friends is being sent back to the country because cannot pass the probation (P3).</p>	<p>NGRNs expressed concerns over the need to be competence in undertaking professional roles & responsibilities of a RN over a given period of time as prescribed by their institutions, in which fail to do so lead to adverse consequences.</p>	<p>EXPECTED TO WORK EFFICIENTLY</p>	

Subtheme 1: “Being a Registered Nurse: Expectations & Responsibilities”

5. Fitting into my new role as a registered nurse was easy

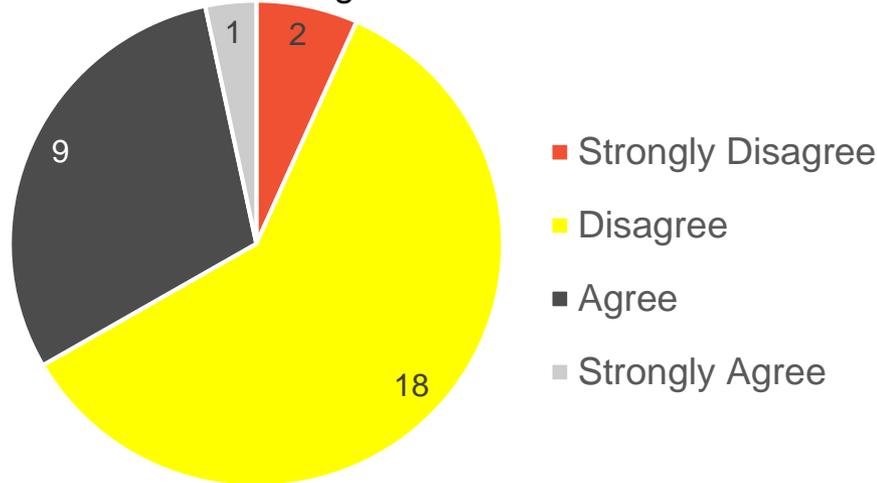


Supporting quotes from participants

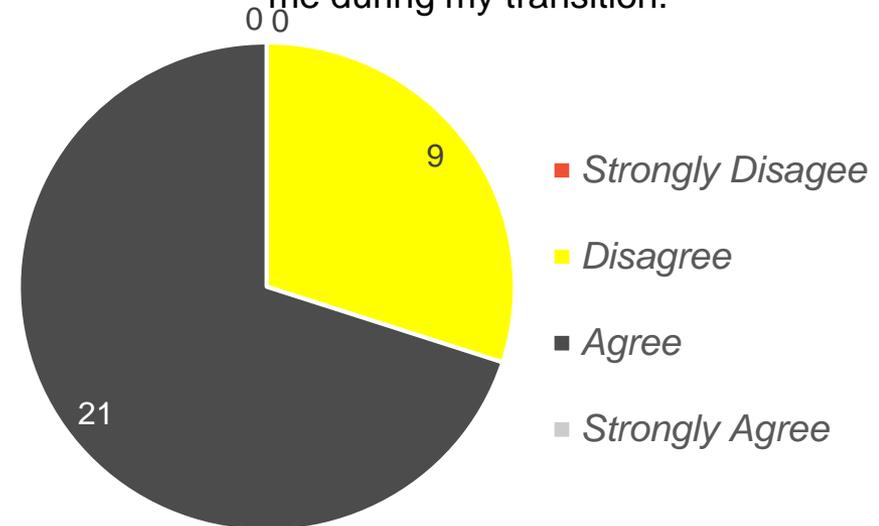
1. *“When I’m a student nurse, I’m expected to take for 5 cases... So when I passed out, I was told I’m just expected to take more because that’s just reality.” (P2)*
2. *“I remember on my first day of when I stepping in the ward, my manager tell me, this is not going, “you’re being expected more than PRCP, this is not going to be easy for you”.”(P3)*

Subtheme 2: “Confronting with Theory-to-Practice Gap”

21. I had limited opportunity to apply what I had learned during my diploma / degree to my work as a registered nurse.



22. I was happy with the level of expectation placed on me during my transition.

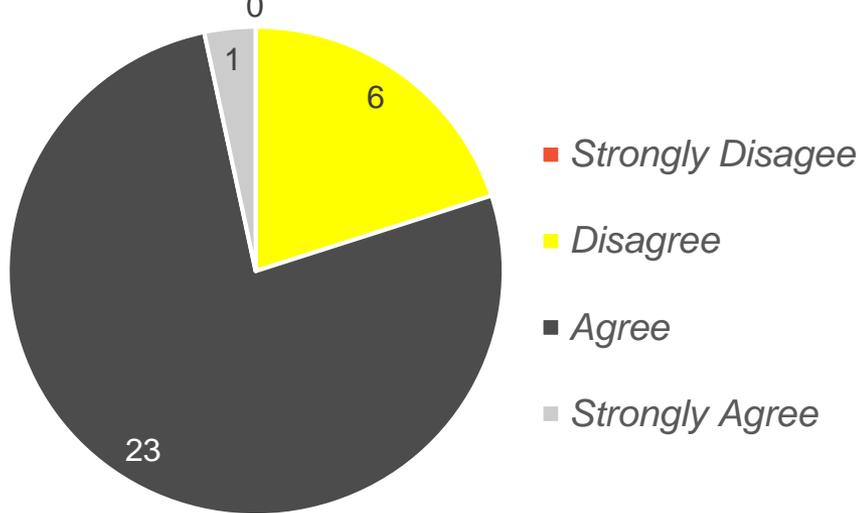


Disagreeing quotes from participants

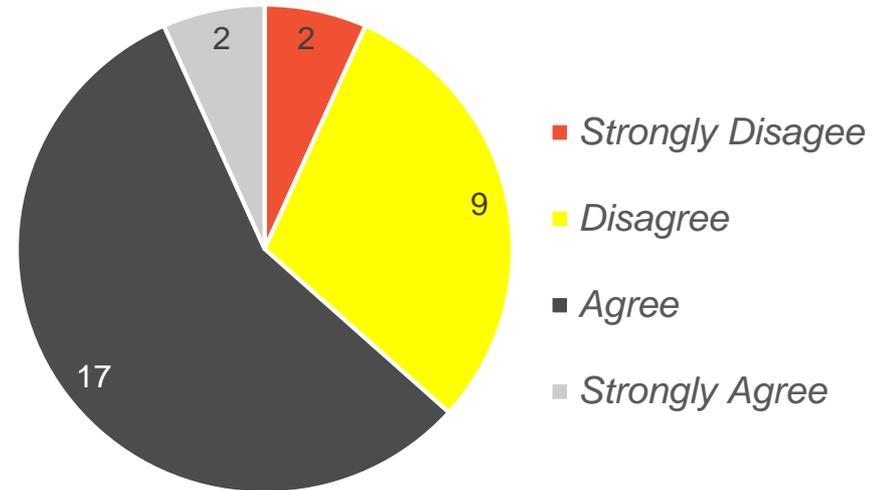
- “I think the school should stop hiding the reality of being a RN. They should match the expectation that we’re facing when we’re in a clinical service. Because what we’re expected to be is mostly being told by the lecturers in school. But when we in the clinical area, the expectation is been told by our manager...”(P3)*
- “For example student time, the expectation of me just carry out the doctor’s orders. I won’t like think whether is it correct or not. Is it really appropriate for the patient? But now, the patient is under my care [as RN}...”(P1)*

Subtheme 3: “Fear of Being Criticized”

27. The level of responsibilities expected of me matched my capabilities.



30. I was given enough opportunity to discuss my expectations and needs during my transition.

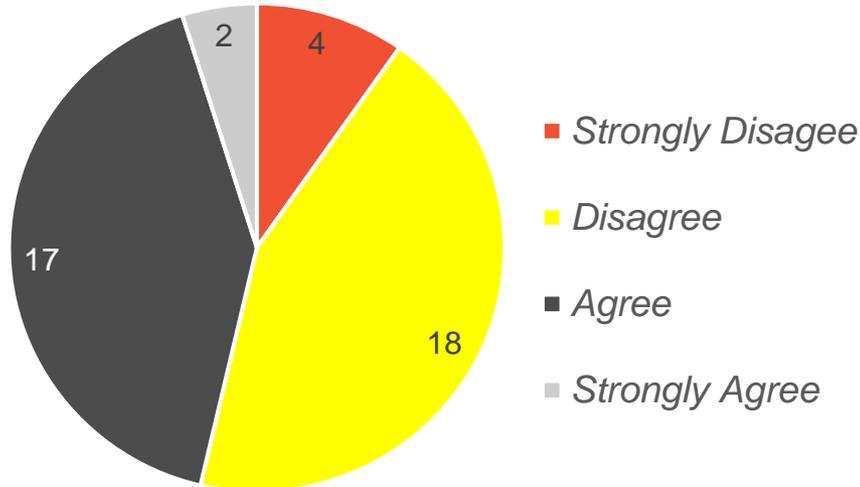


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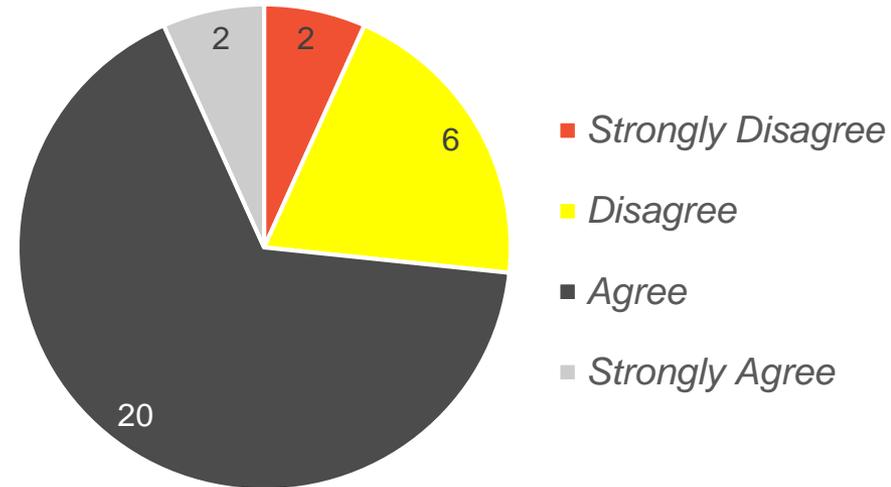
1. *“If like some of the staff nurses you don’t know them and you scared that whether they will scold you when you ask them questions, they will tell you like, ‘Like this also you don’t know? What you are doing during your PRCP [final clinical placement] period?’” (P1)*
2. *“Sometimes when you’re working your senior who is very fierce. Haven’t even started work, their face already very black [displeas expression]... They [staff nurses] only know how to scold you and never really help you to improve. Then I scared being scolded by them, that’s why I feel very stress going to work”. (P2)*

Subtheme 4: “Expected to Work Efficiently”

8. The expectations placed on me during my transition were not realistic.



28. I was given adequate time to adjust to my new role as a registered nurse.



Disagreeing quotes from participants

1. *...I need to take care of 8 patients to 10 patients and then how they can assess me is that whether I can do my work timely, finish my work timely and then about the management of the work. So if my managers do not think that I'm not competent, so they will mark me down. So this is the competency I'm talking about and of course all the skill competency.” (P3)*
2. *Maybe it's the consequences if I do not pass the probation. So it will stress me for, to be competent within this timeframe. So, if not I have to be, like some of my friends is being sent back to the country [facing repatriation and termination of employment] because cannot pass the probation.”(P3)*

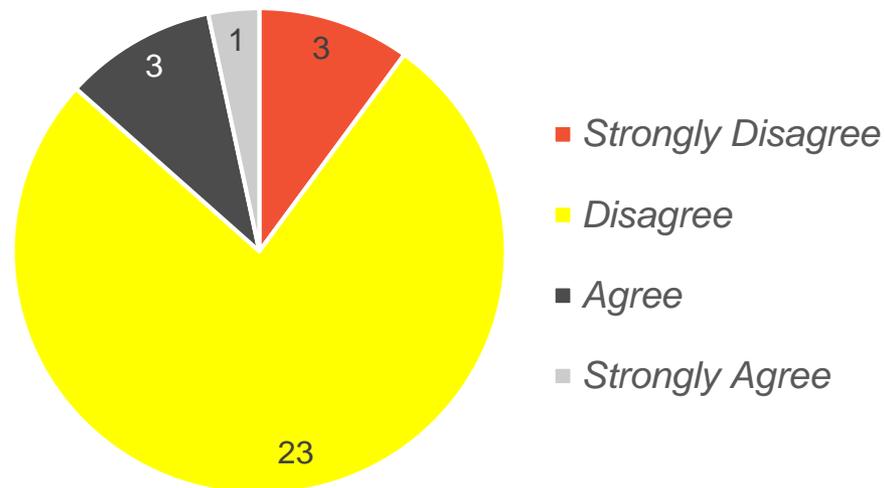
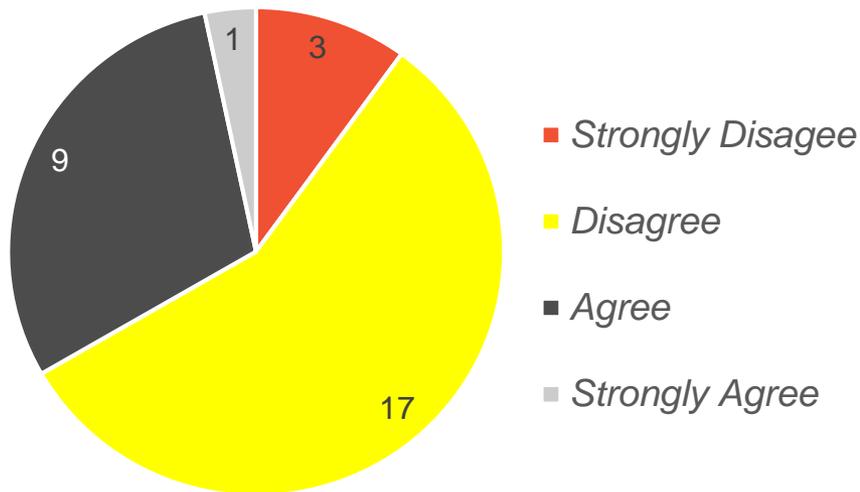
Content Analysis of Interview Findings

Examples of Meaning Unit	Condense Meaning Unit	Sub-Theme	Theme
<p>“Because ... I go back to my PRCP ward, the way I found it can be fitted in easier is the way they see me on the very first day when I started work. People are welcoming me and say, “Wow, it’s you! Welcome back to our ward, we need you”. So it definitely does make a lot of difference...” (P4)</p> <p>“I did felt so valued. My nurse manager would come to me and ask me weekly, how am I doing, how am I coping. She wants, she wants all her staff to stay you see. It’s like she value all her staff.” (P3)</p>	NGRNs perceived being welcomed and shown concerns by colleagues and supervisor imply gaining acceptance and enhances “fitting in” to their workplace	GAINING ACCEPTANCE AS MEANS OF FITTING IN	ORGANIZATIONAL TRANSITION EXPERIENCE
<p>“Because my ward is actually oncology so they actually gave us the orientation on all the oncology thing like chemo [chemotherapy] drugs... quite short for us because it’s only 4 days orientation and then all the chemo drug is quite a lot as well. You can’t really get the knowledge within the 4 days.” (P2)</p> <p>“But that time actually we started our probation first which like we function in the ward first. And then after that only the hospital manage to give us the induction program...I think that kind of orientation is important also but it should come a little bit earlier.” (P4)</p>	NGRN perceived significance of the orientation programme towards supporting their transition, yet experience inadequacy & limitation of their orientation offered by their organization.	SIGNIFICANCE OF ORIENTATION	
<p>“It [transition experience] was very good you see, until the preceptorship part when I always almost like never be with my preceptor, I felt like it was hopeless at times.” (P5)</p> <p>“I think the most important thing is the core value of the preceptor during PRCP. What is her aim? Is to lead us past PRCP or to prepare us as a registered nurse? ...If their aim is to prepare us as a registered nurse, they will tell [teach] us more...I think this does make a lot difference which I think some preceptor they will only want you to finish your part as a student but not your part as a future registered nurse.” (P4)</p>	NGRNs perceived the importance of preceptorship and the limitation and inadequacy of such organisational initiative in supporting their transition.	IMPACT OF PRECEPTORSHIP	
<p>“It [clique] is not really a good thing to have because when I’m with my preceptor, there is one clique with my preceptor. So when I’m alone not with them, there are days when I’m not with preceptors, so the other cliques will [think] I’m not really functioning well... So I don’t think forming cliques is really a good thing.” (P3) <i>Sometimes they [colleagues of various ethnicities] talk with their own language. Sometimes pass report they talk with their own language...</i> (P1)</p> <p>“...they welcome me but subsequently when they start teaching, the theatre [operating theatre] high stress level place to work, so most of them don’t talk very nicely...” (P5).</p>	NGRNs resent over their working environment that was less conducive to support their professional socialization and learning needs due to clique formation, less approachable colleagues.	IMPLICATION OF COLLEGIAL WORKING ENVIRONMENT	

Subtheme 1: “Gaining Acceptance as means of “Fitting In”

12. I did not feel valued in the workplace.

23. I did not receive adequate support from immediate supervisors.

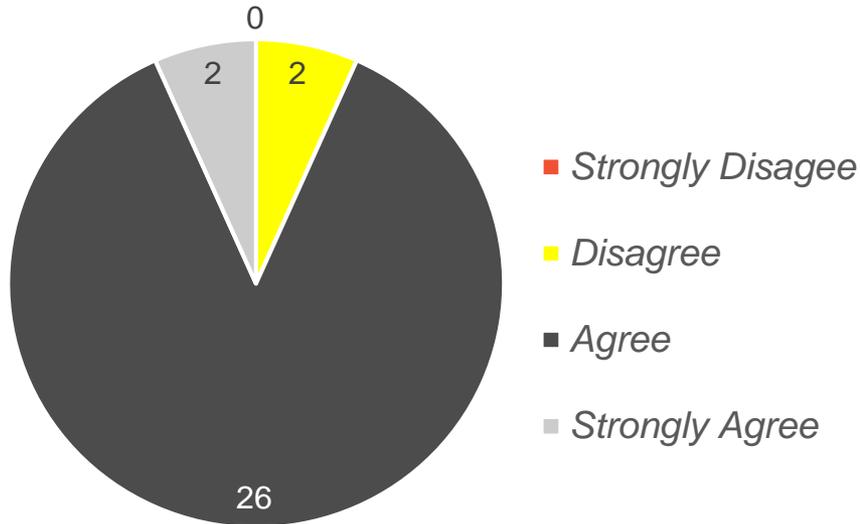


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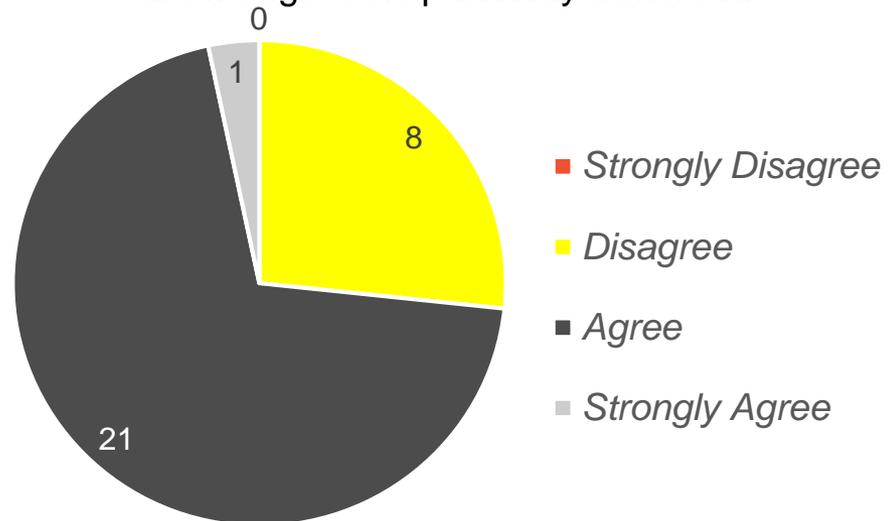
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2. “I did felt so valued. My nurse manager would come to me and ask me weekly, how am I doing, how am I coping. She wants, she wants all her staff to stay you see. It’s like she value all her staff.” (P3)

Subtheme 2: “Significance of Orientation”

3. The orientation programme offered by my unit / department was helpful.



14. During my orientation programme I was given enough opportunities to consolidate my skills and knowledge to help with my transition.

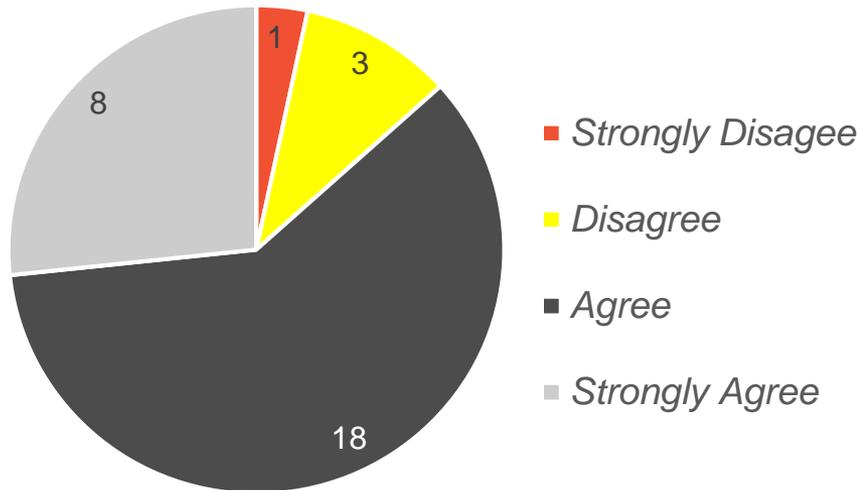


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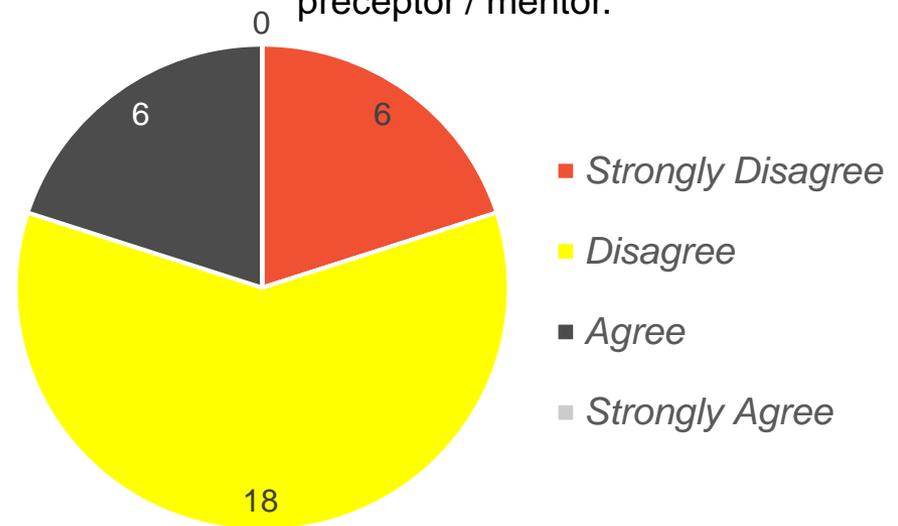
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Subtheme 3: “Impact of Preceptorship”

6. My preceptor / mentor was a positive influence in my transition.



16. I did not receive adequate support from my preceptor / mentor.

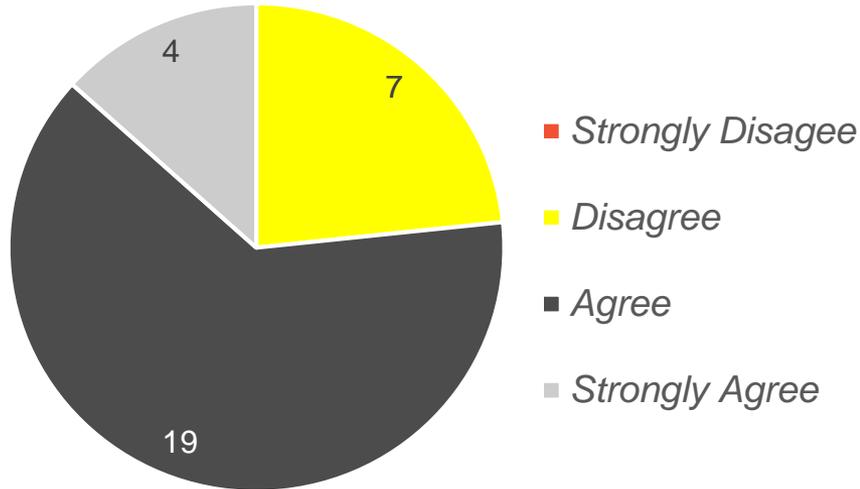


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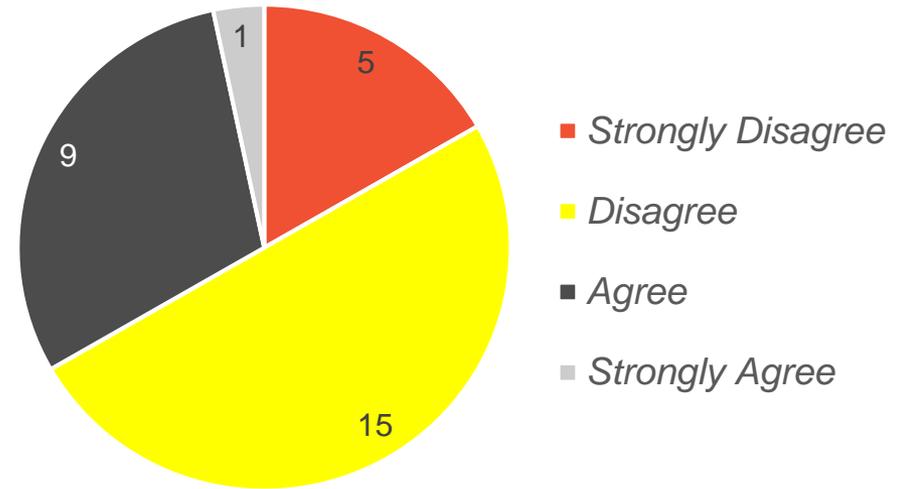
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2. *“It [transition experience] was very good you see, until the preceptorship part when I always almost like never be with my preceptor, I felt like it was hopeless at times.” (P5)*

Subtheme 4: “Implication of Collegial Working Environment”

2. My ward / department created a positive work experience for me.



29. I did not feel that I fitted in with the ward / department / unit.



Disagreeing quotes from participants

1. “It [racial clique] is not really a good thing to have because when I’m with my preceptor, there is one clique with my preceptor. So when I’m alone not with them, there are days when I’m not with preceptors, so the other cliques will [think] I’m not really functioning well... So I don’t think forming cliques is really a good thing.” (P3) Sometimes they [colleagues of various ethnicities] talk with their own language. Sometimes pass report they talk with their own language...” (P1)
2. “...they welcome me but subsequently when they start teaching, the theatre [operating theatre] high stress level place to work, so most of them don’t talk very nicely...” (P5)

Research Findings & Uniqueness to the Singapore Context

What is already known?

Recurring Issues:

- *Theory to practice gaps*
- *Mismatch of nursing values expectations between school and workplace*
- *Less than collegial working environment due to inadequacy and limitation of organizational support*

What this study adds?

Unique Emerging Issues:

- *Under-performance leading to ramification of employment termination & repatriation.*
- *Presence of racial cliques that undermines “fitting in”*

Recommendations for Aligning Professional & Organizational Transition Perspective

- *The need for educational, industry and regulatory stakeholders to collaborate more closely to shape the nursing curriculum & expectation that realistically match and support learning and emotional needs of NGRNs undergoing transition.*

- *There is need for supervisors and senior colleagues in health care organizations to advocate conducive organizational culture that better support the ability of NGRNs to assimilate into their new working environment.*

- *The need to offer more organizational support to NGRNs in familiarizing them with professional registered nurse responsibilities and the organisation's work practices, so as to narrow the theory to practice gap.*

Thank You

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