Transition From Nursing Student to Registered Nurse in Singapore: Professional and Organizational Perspectives

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BACKGROUND
Transition from nursing student to registered nurse is an exciting time for new graduate registered nurses (NGRNs). However, they can confront environments and responsibilities not previously encountered and can experience feelings of vulnerability, insecurity, inadequacy and incompetence. The importance of a positive transition experience cannot be overemphasised because the evidence highlights the extent to which the quality of the transition experience impacts on how well NGRNs assimilate into their new role and workplace. A negative transition experience can potentially manifest as a state of professional dissatisfaction and career disillusionment, and it is during the initial three to six months of the transition period that NGRNs decide to either commit to or abandon the nursing profession. Despite an abundance of international studies, NGRN transition is under-researched in the Singapore context. Consequently, there is a need to gain insight into how NGRNs experience transition in Singapore given the social and cultural differences and the peculiarities of the Singapore nursing and health systems. This paper reports on a study conducted in Singapore, and focuses on the NGRNs’ transition experience of the organizational and professional environments.

PURPOSE
The purpose of this study was to: (i) to explore the experiences of NGRNs in Singapore following their initial 6-12 months of transition from nursing student to registered nurse; (ii) to identify the factors that impacted their transition; and, (iii) to identify potential areas of improvement that could enhance the transition experience.

METHODOLOGY
This study utilised a mixed-method, sequentially phased design (quantitative approach -> qualitative approach). Data were collected in two stages. First, participants (N=30) completed a 42-item questionnaire, a newly constructed instrument that was validated for both face and content validity. This was followed by a focus group with participants who volunteered (N=5). The questionnaire data were analyzed using descriptive statistics to determine the level of response agreement among participants and the focus group data were transcribed verbatim, and analyzed using framework of content analysis to code, aggregate and determine themes.

FINDINGS
The findings from this study reveal that while NGRNs in Singapore are satisfied overall with their transition, they did feel underprepared by the pre-registration education, which increased their stress and intensified their loss of confidence. In addition, they experienced significant organizational and professional obstacles that are unique to the Singapore context. They reported the difficulties they faced in working in less than collegial environments and in unsupportive, oppressive and abrasive organizational cultures compounded by unrealistic expectations of their skills and abilities placed on them by more experienced nurses as well as allied health professionals, medical officers and patients. The existence of ethnically based cliques, a distinct feature of Singapore nursing, caused them to feel outcaste and isolated while their socialization into the organization and learning of various registered
nurse responsibilities did not follow a defined program but was determined by the agenda of their managers and assigned preceptors. The stress experienced by NGRNs was intensified by the implications of being bonded (another unique feature of Singapore nursing) and not ‘passing’ a probation period, which for non-Singapore citizens, could lead to repatriation to their home country.

CONCLUSION
This study reaffirms the concept of theory-practice gap, which is a recurrent theme in transition literature. The issues surrounding a theory-practice gap signify the need for educational, industry and regulatory stakeholders to collaborate more closely in all aspects of pre-registration nursing education. However, this study also highlights the need for nurse managers and experienced nurses in health care organizations to monitor and manage uncollegial, hostile and oppressive workplace behaviors that undermine the ability of NGRNs to assimilate into their workplace. This study also highlights the extent to which the impact of preceptorship and orientation on NGRNs’ transition experience in Singapore remains under-evaluated and that there is a need for further research on educational sponsorship and bonding on NGRN experiences of transition in Singapore because it is a unique and significant characteristic of the Singapore nursing and health care systems.

Title:
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Keywords:
new graduate registered nurse, professional and organizational perspective and transition experience

References:


**Abstract Summary:**
This is a mixed-method study reporting newly graduated registered nurses (NGRNS) transition experience to professional practice in Singapore, represented by three themes; "personal", "professional" and "organizational". NGRNs experience some degree of unpreparedness, owing to theory-to-practice gap. Likewise, degree and types of healthcare organizational supports might also impact their transition experience.

**Content Outline:**
1. Introduction

1.1 Transition from nursing student to registered nurse is an exciting time for new graduate registered nurses (NGRNs). However, they can confront environments and responsibilities not previously encountered in their role as nursing students, and subsequently they can experience feelings of vulnerability, insecurity, inadequacy and incompetence (McKenna & Green, 2004; Dyess & Sherman, 2009).

1.2 The existing research literature has identified that a positive transition experience is essential because of the extent to which a positive experience impacts on how well NGRNs assimilate into their new role and workplace. A negative transition experience can potentially manifest as a state of professional dissatisfaction and career disillusionment. Furthermore, it is during the initial three to six months of the transition period that NGRNs decide to either commit to or abandon the nursing profession (Delaney, 2003; Morrow, 2009; Parker, Giles, Lantry & McMillan, 2014).

1.3 While international studies provide valuable insight into transition to practice in nursing, their findings are not readily transferable to the Singapore context, which is characterized by cultural, organizational and practice differences not evident in Western systems. These factors consist of the presence of educational sponsorship, the inability to choose the clinical area / nursing specialty in which they will work, the poor pay rate for nurses which is not comparable with income progression in other health professions, and the extent to which nursing work is undervalued because the public associates nursing with service / servitude and nurses can be treated nurses like maids (Cleary, Horsfall, Jackson, Muthulakshmi & Hunt, 2013, p. 2908).

1.4 In Singapore, educational sponsorship is purportedly designed to maintain a sustainable nursing workforce amid retention problems. While there are no freely available statistics in Singapore that report the number of nursing students sponsored by health care organizations, reports from the pre-registration education providers in Singapore indicate that approximately 50% of students are sponsored, and therefore likely to be bonded upon graduation (Singapore Nursing Board, personal communication, April 29, 2014). However, the problem exists that maintaining a nursing workforce through educational sponsorship diminishes the need for organizations to advocate for a more positive work environment and a positive transition experience. In sum, if a NGRN does not like their workplace or is not treated well, they are not free to leave the organization because if they break their bond they are compelled to repay the cost of their education.

1.5 Consequently, these differences need to be considered to gain a deeper understanding of the context and which transition is experienced in Singapore (Parker et al., 2014) because a lack of understanding of these issues raises concern about whether the existing transition support system reflects the real needs of local NGRNs (Kelly & Ahern, 2008).
1.6 The purpose of this study was of three-fold. Firstly, to gain understanding of the experiences of NGRNs in Singapore following their initial 6-12 months of transition from nursing student to registered. Secondly, to explore both positive and negative factors that impacted their transition experience, and thirdly, to identify potential areas of improvement / action that could enhance their transition experience.

1.7 This paper reports on a study conducted in Singapore, and focuses on the NGRNs’ transition experience of the organizational and professional environments in which their transition is situated.

2. Research Design and Recruitment of Participants

2.1 This study was conducted using a mixed-method, sequentially phased design (quantitative approach -> qualitative approach (Creswell & Plano-Clark, 2011).

2.2 Descriptive qualitative design was chosen to guide the qualitative aspect of this mixed-method study because this generic qualitative approach does not pledge conformity to any paradigmatic viewpoint, nor is it confined to any methodological root (Caelli, Ray & Mill, 2003; Neergaard, Olesen, Andersen, & Sondergaard, 2009; Lichtman, 2010). This design was appropriate for the pragmatic perspective of mixed-method research because it blended well with the parallel quantitative component because of its descriptive breadth (Kahlke, 2014). Despite the descriptive nature embedded within its methodological root, it does not necessarily omit its interpretative obligation and complements quantitative data to explain and understand the phenomenon (transition) in its natural state (Sandelowski, 2010).

2.3 Data were collected in two stages. The initial stage involved quantitative data collection using a 42-item questionnaire. The second stage consisted of a focus group with participants who volunteered to participate following completion of the questionnaire.

2.4 The 42-item Likert scale questionnaire was a new instrument constructed for this study. This instrument was comprised of two sections; part one examined NGRNs’ transition experience from nursing students to registered nurse and part two examined how NGRNs’ experienced their final year clinical placement as nursing students, and the impact it had on their transition experience (Heslop, McIntyre & Ives, 2001; Ross & Clifford, 2002). This instrument took account of both linguistic and cultural uniqueness specified to Singapore nursing context. The content validity test for this instrument was established by an expert panel (n=5), comprised of nursing representatives from both educational and healthcare settings. Both sections of the questionnaire yielded score of 1.00 in scale content validity index (S-CVI).

2.5 The use of a focus group permitted the gaining of narrative data (Moustakas, 1994) as well as the deeper analysis of the quantitative data collected during initial stage. The gaining of deeper data reflects the concept of contextual data, referring to the researcher’s ability to gain more information about quantitative (questionnaire) responses to better understanding of the NGRNs’ transition experience and facilitate stronger analysis. Thus, the focus group approach complement the questionnaire because it permitted extension, qualification and clarification of data collected via the questionnaire to elicit more in-depth understanding of questionnaire responses (Bloor, Flankland, Thomas & Robson, 2001; Creswell, Plano-Clark, Gutmann & Hanson, 2003; Gill, Stewart, Treasure & Chadwick, 2008; Liamputtong, 2011).

2.6 Participants (n=30) were recruited from the nursing alumni database for the 2015 graduating class of a large polytechnic in Singapore. Recruitment of participants was by email containing an explanation of the project, a participant information statement and a link to the online questionnaire. Alumni members
who wished to participate in the study completed the online questionnaire. Following completion of the survey, participants were invited to give their consent to participate in the focus group interview (n=5).

2.7 Formal approval in writing was received from the Polytechnic and ethics approval received from the Human Ethics Committee at The University of Sydney.

3. Data Analysis

3.1 Every item of the questionnaire data were entered and summarised using the descriptive statistic of mode to display frequency of responses, thereby reflecting level of agreement on each item (Graddis & Graddis, 1990; Fisher & Marshall, 2009; Thompson, 2009). Mean and standard deviation were not used because they are not recommended for Likert scales owing to the nature of data. Likert scales are more directed towards an ordinal-level approach, whereby there was neither absolute nor relative magnitude between values to constitute meaning for computation of average and variability (Mogey, 1999; Jamieson, 2004; Polit, 2010; Boone & Boone, 2012).

3.2 The focus group session was transcribed verbatim to allow the researchers to become more immersed in the data (stay close to the data), enhancing familiarity and understanding and facilitating data analysis (MacLean et al., 2004; Ziebland & McPherson, 2006).

3.3 Focus group data were analysed through content analysis, which supports the descriptive qualitative design in mixed-method studies (Sandelowski, 2000; Neergard, Olesen, Andersen & Sondergaard, 2009). This involved the use of codes to label meaningful units drawn from the raw verbatim data. The coding process entailed utilizing language derived from the interview to present the findings to further ensure meaning is proximal to the original data (Sandelowski, 2000; Neergard, Olesen, Andersen & Sondergaard, 2009), permitting the objectivity of findings to be preserved.

3.4 The framework of content analysis recommended by Graneheim & Lundman (2004) was used in this study. Graneheim & Lundman (2004) argue that there are two types of content analysis that need to be considered: manifest content or latent content analysis. Manifest content analysis implies describing elements of data that are visible and tangible, while the latent content analysis involves uncovering underlying meaning of the existing phenomenon. In the case of this study, manifest content analysis was undertaken on the questionnaire data (NGRNs’ transition experience) using descriptive statistics, and latent content analysis was achieved through thematic analysis of the focus group (to explain and understand the phenomenon).

3.5 Once transcribed, focus group data were condensed into various meaning units. This involved reducing the comprehensiveness of the units but retaining the underlying meaning (Graneheim & Lundman, 2004). All condensed meaning units were then interpreted, matched and further grouped to form sub-themes. The sub-themes were further reviewed to unify them under a main heading or theme.

4. Findings

4.1 Professional Perspective

4.1.1 NGRNs in Singapore reported incongruity between the expectations and responsibilities placed on them in the clinical setting and their educational preparation for their role as a registered nurse. This
incongruity was intensified by the differences in values and expectations delineated in their nursing education and those experienced in the practice setting.

4.1.2 Their inexperience was reported not only in terms of the skills required for the delivery of patient care, but also their inability to and lack of confidence in communicating with patients/relatives, medical officers and the wider organisation. Their stress also stemmed from realisation that their roles and responsibilities as registered nurses are far more complex and with greater consequences than those they had as nursing students.

4.1.3 While NGRNs in Singapore initially perceived their education to be adequate in preparing them for practice, their inability to meet higher expectations placed on them by organizational mandates causes them to feel unappreciated and undervalued.

4.1.4 NGRNs in Singapore also reported experiencing additional stressors at the organisational level such as unrealistic expectations of their performance and efficiency and poor collegiality and criticism.

4.1.5 The findings also highlight the extent to which the student environment shields nursing students from learning to perform the full breadth of registered nurse responsibilities encountered in 'real' practice, which undermines NGRNs' confidence level and heightens their stress. More importantly, the findings of this study show how the stress experienced by NGRNs can escalate as they move through their transition rather than decreasing as they gain more experience.

4.1.6 NGRNs in this study were also clearly frustrated with their inadequacy and that they needed to constantly seek assistance from colleagues. This frustration was because they perceived 'not knowing' as a weakness and barrier to their contribution being acknowledged, therefore enhancing the stress of transition.

4.2 The Organisational Perspective

4.2.1 A primary finding in this study is that despite the move to higher level pre-registration education, nursing has not abandoned acts of oppressive behaviour and workplace incivility that characterised the traditional hierarchical nursing structure (Kelly & Ahern, 2008; Kumaran & Carney, 2014). Commencing transition in such a hostile environment does not augur well for promoting a positive transition experience. Indeed, the experience of NGRNs in Singapore shows that more local NGRNs are leaving the nursing profession within two years and confirms the relationship between workplace hostility and NGRNs' intentions to leave their current employer or more significantly, the nursing profession completely.

4.2.2 Participants' experienced a less than collegial working environment and in the extreme horizontal violence, which militated against feeling welcome and a valued member of the nursing team and the organization.

4.2.3 A unique finding of this study is that NGRNs' 'newness' was trumpeted by wearing name tags that specifically distinguished them as new. In the Singapore context, this process is considered to permit NGRNs to be identified and thus further supported. However, NGRNs associate the label as signifying
their deficiency of knowledge and experience, which further challenged their confidence level and feelings of being accepted thus enhancing their stress.

4.2.4 Not only are NGRNs required to cope with changing their professional identity (nursing student to registered nurse), they also face immense pressure to handle increased responsibilities, sometimes in an unfamiliar working environment. A major concern for NGRNs participating in this study was the requirement to assume an increased patient caseload to that experienced as nursing students. NGRNs also had with heightened administrative responsibilities, AKA 'managerial' and 'organisational' duties, such as communicating with physicians, other colleagues, patients and family members. What is problematic in this situation is that while NGRNs are deemed qualified for practice upon graduation, pre-registration education did not prepare them for these administrative responsibilities.

4.2.5 Apart from the increased responsibilities, NGRNs were compelled to accomplish their ‘duties’ efficiently and thus felt overwhelmed by this demand. The need for NGRNs to complete their work with the same efficiency as their experienced colleagues is unrealistic. Because NGRNs have a linear and rigid mind-set, they are predominantly focused on skills mastery and task-conscious practice. Consequently, tasks take longer and novices are unable to use discretionary judgement, which is developed through experience (McKenna & Green, 2004; Clark & Holmes, 2007; Duchscher, 2001).

4.2.6 The difficulties NGRNs in Singapore face in less than collegial environments and their subsequent responses, also goes to the issue of ‘fitting in’ (Malouf & West, 2011). While ‘fitting in’ and gaining acceptance is important, NGRNs in Singapore find ‘fitting in’ challenged by the existence of cliques within the nursing workforce based on ethnicity. While the concept of clique formation does not figure in the wider transition literature, the findings of this study show that clique formation by ethnically diverse groups is a distinct feature of Singapore nursing. NGRNs resent feeling outcaste and isolated by these cliques. It is interesting to note that the effect of clique formation was not experienced by them as nursing students, and explained by their short rotation between departments in their clinical placements and the short duration of each placement.

4.2.7 Another finding of this study not reflected in the wider literature is the ramifications of not ‘passing’ a probation period. For NGRNs who are not Singapore citizens, failing to pass probation can lead to repatriation to their home country. Latest statistics indicate that many registered nurses in Singapore are from overseas (n=1,869) (Singapore Nursing Board, 2015). However, this figure does not differentiate between those who received their pre-registration education in Singapore or in their own country. That being said, all nurses from overseas hold some type of immigration pass, which can be revoked when they no longer hold employment in a local health care institution, which means they can no longer reside in Singapore.

4.2.8 The implications of not passing a probation period also extend to NGRNs who are Singapore citizens. For many Singapore citizens, the ability to access to pre-registration nursing education is only possible through sponsorship of course fees in exchange for a bond to the sponsoring organisation upon completion. The consequence of not passing their probation may lead to the demand that they repay the costs of their education bond, which for many is a prohibitive expense and would lead to economic hardship for them and / or their families.

5. Conclusion
5.1 The NGRN experience of transition reported in this study clearly reflects Kramer’s (1974) description of reality shock, where people find they are not prepared for a work situation even though they have spent some years in educational preparation and believing they were prepared. NGRNs in Singapore perceived their education prepares them for practice and are relatively confident. However, this confidence is challenged by the incongruity between expectations and the reality of being a registered nurse, which evokes feelings of inadequacy, diminishes confidence and exacerbates the level of stress experienced in transition.

5.2 This study supports the concept of theory-practice gap, which is a recurrent theme in the transition literature (Jasper, 1996; Charnley, 1999; Ross & Clifford, 2002; Chang & Hancock, 2003; Mooney, 2007; Feng & Tsai, 2012; Kumaran & Carney, 2014). The issues surrounding a theory-practice gap signify the need for educational, industry and regulatory stakeholders to collaborate more closely in all aspects of pre-registration nursing education. This means that education providers need to monitor their prescribed curriculum and teaching strategies to ensure congruity with the practice setting and that education is based on current best practice. It also means that industry needs to be more focused on ensuring that there are consistent and realistic expectations placed on NGRNs and that there is appropriate support and learning opportunities in place.

5.3 There is need for supervisors and senior colleagues in health care organizations to monitor and manage oppressive workplace behaviors that undermine the ability of NGRNs to assimilate into their workplace.

5.4 Educational, industry and regulatory authorities need to investigate the feasibility of implementing a unified transition program for NGRNs to ensure consistency in such things as time, clinical rotation, learning opportunities and assessment. However, it is noted that all transition programs need to take account of organizational differences.

5.5 Further research is required to more comprehensively investigate:

- the impact of current educational sponsorship and bonding arrangements on NGRN experience of transition to professional practice in Singapore because it is a unique characteristic of the Singapore nursing and health care systems; and,
- the impact of preceptorship and orientation on NGRNs’ transition experience in Singapore because it remains under-evaluated.

5.6 This paper has reported on the professional and organizational transition experiences of NGRNs in Singapore. The overall significance of this study is that it will add depth to the body of knowledge concerning NGRN transition in Singapore. In doing so, managers and educators in the local context will be better able to plan more focused transition programs which will take account of and be responsive to NGRNs experiences and needs, supporting a healthy working environment that promotes work satisfaction and retention of nursing staff in Singapore.

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