A REVIEW OF GRADUATE NURSE TRANSITION PROGRAMS IN AUSTRALIA

Tracy Levett-Jones, RN, DipAppSc(Nurs), BN, M(Ed&Work), Director of Clinical Education, Lecturer, School of Nursing and Midwifery, The University of Newcastle, New South Wales, Australia

Tracy.Levett-jones@newcastle.edu.au

Mary FitzGerald, RN, DN, CertEd, MN, PhD, FRCNA, Professor of Nursing, School of Nursing Sciences, James Cook University (Cairns Campus), Queensland, Australia

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Key words: new graduate nurse, neophyte, collaboration, learning environment, recruitment and retention, transition to practice

ABSTRACT

Background:

Despite nearly two decades of experience with graduate transition programs in Australia little evidence exists regarding the effectiveness of these programs as interventions that enhance the transition from nursing student to professional practitioner. There is general acknowledgement that this is a crucial time for people entering the profession and yet there is little agreement on what constitutes best practice for nurses' transition to the workforce.

Aim:

This paper challenges the status quo through a review of current programs and questions whether primacy should be given to formal transition programs or to the development of educationally supportive clinical learning environments.

Conclusion:

There is sufficient doubt in the efficacy of formal transition programs to at least investigate potential alternatives such as concentration on the development of a supportive practice culture conducive to learning. Indeed, the type of learning environment suitable for graduate nurses is likely to be one that will also facilitate the continued development and enhanced job satisfaction of the rest of the nursing team.

INTRODUCTION

Common sense dictates that some form of support for graduate nurses in their first year of health sector employment is essential. In Australia this belief has translated into the provision of graduate transition programs. There is a range of formal and informal programs available that aim to boost the confidence and competence of new graduates, enhance professional adjustment and, improve retention in the nursing workforce. What is not evident is whether transition programs are effective in achieving these goals, or indeed whether they are as effective as a sustained period of practice in a supportive and stimulating clinical environment.

In this paper we explore the arguments that have developed regarding preparation for practice and the apparent dissonance between the views held by universities and health sector organisations, in other words, the theory practice conundrum. In reality these viewpoints are not polemic but are useful points of discussion that may help to clarify the present dilemma. The current state of graduate transition programs throughout Australia is mapped and obvious anomalies highlighted.

The effectiveness of these programs is questioned in relation to their stated goals and, in particular, recruitment and retention. The central question to arise from this paper is whether educationalists should concentrate on the development of formal transition programs or work in collaboration with clinicians to develop educationally supportive clinical cultures in practice settings.

Transition support programs: Current situation

In 1984, after decades of deliberation and intensive political lobbying the watershed decision to transfer nursing education in Australia from the hospital setting to the tertiary sector was finally announced. The difficulties in transition from university to the clinical environment and the apparent lack of graduates' clinical preparedness soon became a contentious issue.

In order to bridge what was described as the theory-practice gap, a plethora of graduate transition programs emerged and have since become accepted as the most appropriate way for registered nurses (RNs) to enter the workforce. However, programs for new graduate employment have continued to develop over the years based on little if any research (FitzGerald et al 2001; Clare et al 1996). Transition programs share three primary goals: (a) to develop competent and confident RNs; (b) to facilitate professional adjustment; and, (c) to develop a commitment to a career in nursing.

In Australia transition programs provide the initial sustained exposure to clinical contexts and an opportunity for the application of the theory learnt in the undergraduate degree. The first three to six months is considered to be the most critical time for professional adjustment and for creating a commitment to a career in nursing (Greenwood 2000).

Evidence suggests, however, that graduate transition to practice continues to be problematic and stressful in Australia as it is internationally (Greenwood 2000; Charnley 1999; Kelly 1998; Fisher and Connelly 1989). Graduate programs have been criticised for being unnecessarily long, expensive and repetitive (Madjar et al 1997; Reid 1994). There is consistent evidence that suggests there is a lack of consensus about the requirements of new graduates as well as an inadequate degree of involvement and support from the higher education sector (Clare et al 1996; Johnson and Preston 2001; Moorhouse 1992; Reid 1994).

Since nursing education transferred from hospitals to the tertiary setting there has been ongoing discussion and debate about the preparedness of new graduates. The Reid Review (1994) undertook an extensive analysis of the related issues, as did the more recent National Review of Nursing Education 2002 (Heath et al 2002).

What is evident is that in the decades since the transfer the contentious issues have changed little. The disparity between the expectations of graduate employers and universities figures as highly on the present agenda as it did nearly 20 years ago. Heath et al (2002) suggest that the current nursing shortages and difficulty in working environments may have in fact exacerbated the tension between employers and universities, at times placing the graduate nurse in an untenable position.

Health care, and therefore the environments that graduates are expected to work within, has become increasingly complex and difficult. As one senior nurse stated in the DETYA (Department of Employment, Training and Youth Affairs) reports:

'The people now in general wards were in intensive care 15 years ago, many people cared for in hospital are now cared for in the community, and the people who are now in intensive care would have died 15 years ago' (Johnson and Preston 2001, p.6).

Nursing is more stressful, intense and technological than ever before and graduates are expected to cope, even as some of their more senior colleagues struggle with contemporary health care.

Current programs in Australia offered to support graduates in their first year of practice are inconsistent across health care organisations with the level of funding provided to support graduate transition varying significantly between states and territories (see table 1).

Johnson and Preston (2001) suggest that some of the funding allocated by Australian state governments for the support of graduate nurse programs is not being s pent for the purpose for which it is intended, questioning the degree of accountability and equity across these programs.

Currently, transition models across Australia differ in duration, structure, financial support and content. The length, number and type of clinical rotations vary as do the range of interventions within the programs. These interventions may include formal or informal preceptorships or mentorships, extensive supernumerary time, study days, and formal orientation programs to name a few.

For many graduates the transition process is difficult and stressful (Goh and Watt 2003) and there remains an unrealistic expectation for graduates to be able to 'hit the decks running'. While surveys reveal that new graduates are acutely aware that they need a high level of support to successfully make the transition from graduate to competent and confident nurse (Kerston and Johnson 1992), Kelly (1998) reports that the real world experience of the new graduate is often unsupportive and extremely traumatic. For many the transition experience is typified by fear of failure, fear of responsibility and fear of making mistakes. Clare et al (2002) report that conflict and bullying of graduates in the workplace remains a national problem, with up to 25% of graduates reporting negative experiences and a lack of support from clinicians. Little wonder then that attrition of new graduates remains a significant problem in Australia.

Recruitment and retention

Successful transition programs are said to encourage new nurses to remain in the workforce and maximise the community's investment in the education and training of nurses (Heath et al 2002). The extent to which this is achieved by existing graduate transition programs is contentious. While the transition from student to RN is

Table 1: Graduate transition program funding, 2003

State or territory	Number of graduates employed in 2003	Amount of government funding per graduate nurse	Stated purpose of funding	Program specifics
New South Wales	1200 (on average)	$900 (for the first period of employment as an RN)	To maximise employment of graduate nurses; To provide a meaningful and supportive period of employment; To encourage retention of graduates; and, To develop an experienced nursing workforce.	Varies between hospitals both public and private. Most programs of 12 months duration.
Australian Capital Territory	30-40	Nil	N/A	
Victoria	1641 in public and private health care facilities, 1250 funded by DOH	$12600	To cover direct and indirect costs associated with the teaching and training of graduate nurses, including a theoretical program of not less than 40 hours coordinated by a nurse educator.	Varies between hospitals. Most programs of 12 months duration.
Tasmania	110	Nil	N/A	12-month program. Standardised program across all government hospitals. Preceptor support is provided. Three paid study days per year as well as in-service sessions. Program provides rotations between clinical practice settings including acute and rural settings.
Northern Territory	80	$4000	To maintain sustainability of program and to ensure that supernumerary weeks and study days continue.	12-month program. Standardised and equitable program across all government and some private hospitals. Three rotations. Four weeks supernumerary time in first placement and one to two weeks in subsequent placements. Offers rural, mental and community health specialised placements, as well as acute. Graduate nurses supported by CNEs and preceptors. Includes mandatory and optional learning packages.
Queensland	600	$1600 – metropolitan hospitals $3000 – rural and remote hospitals	To provide 'backfill' for preceptors and supernumerary time for graduates, particularly in rural areas.	Both structured transition programs and informal support is evident, however, the Queensland Government supports individualised programs claiming that there is no proven benefit from formalised structured programs.
South Australia	250-300 (public sector)	$11000 – public sector		Varies between hospitals.

All information is correct at the time of submission. This information is not available from one source. It was collected for the purpose of this paper from state health department personnel via email correspondence.

reported to be 70-90% (Heath et al 2002), with an average of 4000 graduate nurses currently recruited and employed each year throughout Australia (see table 1), some studies suggest that a significant number will leave the profession within 12 months of employment post registration (Johnson and Preston 2001).

The media also report rates of attrition though they are harder to substantiate. For example, in an interview with Mohamad Khadra, University of Canberra's Pro Vice Chancellor, Lucus (2003) reported that as many as one in five nurses leave the profession in the first year following graduation. Dr Brendan Nelson, Federal Minister for Education, reported that at least one third of nurses leave within the first five years (2003). When these statistics are viewed against the backdrop of a workforce crisis recognised globally as the worst nursing shortage in the last 50 years it is evident that poor retention of graduates is an issue worthy of serious concern.

As the current shortage bites Johnson and Preston (2001) predict that by 2006 Australia will have only 60% of the RNs it needs, and New South Wales less than 50%. This translates to a shortage of 40,000 RNs in Australia by the year 2010. In order to meet future demands the number of new graduates recruited and retained in the workforce would need to increase by 60-120% (Johnson and Preston 2001). In light of these alarming statistics and the dissatisfaction expressed by many new graduates it is imperative that the process of graduate transition is thoroughly researched and its impact on retention rates understood.

Criticism or collaboration

Even 20 years after the decision to transfer nursing education from hospitals to the higher education sector it is common for clinicians to suggest that nurses graduating from universities do not assimilate into the clinical environment as quickly and easily as had their hospital trained counterparts (Burns 2004; Johnson and Preston 2001; Madjar et al 1997), complaining particularly about the perceived lack of graduates' clinical and patient management skills.

The transfer to the tertiary sector, the much-anticipated panacea for the problems of the nursing profession continues to be questioned, particularly by clinicians (Heath 2002). In fact, some venture to suggest that in reacting to the rigid hospital-based training system the pendulum has swung too far in the opposite direction, supporting a system of liberal education that produces poorly prepared nurses who are often unable or unwilling to practice in the clinical setting.

Conversely, universities claim to provide a broad and comprehensive preparatory education that develops 'beginning' rather than competent or expert practitioners who are critically reflective and committed to lifelong learning. Greenwood (2000) suggests a more positive and realistic alternative to both of these strongly held viewpoints, is a collaborative model that views nursing education as a joint 'health sector'-'education sector' enterprise. Greenwood asserts that each sector is primarily, but not exclusively responsible for differing components which occur at differing points in nurses' educational continuum: 'Education' - being primarily responsible for the pre-registration component; and, 'health' - being primarily responsible for the post-registration component which critically includes transition to practice.

A shift to the type of collaborative venture described by Greenwood would require rational debate rather than adversarial argument and the encouragement of nurses from both sectors to contribute to the development and implementation of both pre-registration programs and transition to practice.

As Crookes (2000) suggests, this type of model would encourage the closure of the so-called 'theory-practice' gap by an approximation of the two parts. Unfortunately there currently exists little collaboration between hospitals and the tertiary sector with regard to graduate transition (Johnson and Preston 2001; Greenwood, 2000) and while Greenwood is perceptive in identifying the problem she is less successful in determining a solution.

Clare et al (2003) suggest that although there are a few excellent examples of collaborative structures where optimum clinical learning environments have resulted, the precise structures and practices in those environments that contribute to their success have not been studied in detail.

The culture of universities and health services, as well as the relationships between all the stakeholders with a vested interest are cited as significant determinants of the success of the clinical partnership and the degree of collaboration that does occur (Chalmers et al 2001; Davies et al 1999), as is the right leadership. Linden (2002) and Waddock (1988) suggest that leaders who have credibility and clout and who make collaboration a high priority will positively influence the partnership between universities and health services. It is hoped that with the growing awareness of the importance of partnership models potential benefits to graduate nurse transition will be realised.

Research

Although a number of researchers (Crowe 1994; Currie 1994; King and Cohen 1997; Madjar et al 1997) suggest that graduate transition programs successfully 'smooth' the transition process, there is minimal evidence to support efficacy, particularly in terms of improved retention. Certainly it is acknowledged that there is at least anecdotal evidence to suggest that formal programs, or more particularly the interventions utilised therein may have a positive impact on graduates' transition to practice. Mentorship and preceptorsip have been described as the most common form of clinical supervision and support. Both interventions are said to have the potential to reduce the reality shock experienced by graduates as they leave the relatively sheltered world of academia and enter the health service environment with all of its contemporary challenges and pressures (FitzGerald et al 2001; Kramer 1985; Pigott 2001; Smith and Camooso-Markus 2002). However, the forces in contemporary practice, such as staffing shortages and increased casualisation of the workforce, mitigate against these supportive relationships being sustained.

What becomes evident in reviewing the literature is the paucity of research data on transition support models (Clare et al 1996; Goh and Watt 2003; Madjar et al 1997). Both the programs as a whole and the various interventions employed within them have not been studied in a systematic, comprehensive or objective manner to determine their efficacy or cost-effectiveness (FitzGerald et al 2001). Certainly there has been little research focused on the Australian context, or on graduates' perceptions of either the value of transition programs or the interventions utilised. FitzGerald et al (2001), in a

systematic review completed for the Queensland Nursing Council, determined that most studies are small scale and descriptive. Although small studies may indeed shed some light on the pertinent issues, conclusive evidence cannot be drawn, thus restricting the validity of the results and the capacity to generalise outcomes. Additionally, most of the studies regarded by FitzGerald et al to be of sufficient quality were between 10 and 20 years old.

The question of whether structured formal transition programs are actually required to facilitate the transition to a competent and confident practitioner or whether a period of supported clinical exposure would suffice has been the subject of a small number of studies. Dear et al (1982) discussed a non-randomised trial in which a group of graduates completing an organised internship in the USA were compared to a group undertaking a traditional orientation and work immersion model. Competency was measured using a validated scale and no statistical difference was identified between either group.

An Australian study by Baker and Liwu (1991) could show no clear difference between graduate groups receiving formal preceptoring and a control group who received none.

Clare et al (2002) in a study commissioned by the Australian Universities Teaching Committee proposed that the key goals to be achieved in the transition year include increased intrinsic motivation, socialisation into the role and job satisfaction. Whilst this study suggests that these goals may be partially realised by a structured transition program, the authors advocate that they are better addressed by creating a supportive work environment.

The question arises, therefore, as to whether or not graduates require a formalised transition program or as Clare et al (2002) propose, a better use of resources that create a warm, cohesive and graduate friendly clinical environment, with access to clinicians that are competent role models willing and able to share their knowledge and expertise with novices. Resources should be directed toward alleviating the tension currently experienced by clinicians to get 'the work done' thus allowing time for experienced nurses to reflect on practice and maximise clinical learning opportunities for their new nursing colleagues.

It is evident there has been a great deal of discussion regarding graduate transition yet little consensus regarding what constitutes best practice. The limited research that does exist suggests that a clinical learning culture that is supportive and nurturing is at least as effective, if not more effective, than formal programs in facilitating the transition process and improving retention (Clare et al 2002; Dear et al 1982). In addition it has become evident that graduates consider the most important aspect of the graduate year to be the level of support they received from the clinical environments (Clare et al 2002), although the features that define a supportive work environment are complex.

CONCLUSION

This paper has demonstrated that there is enough doubt in the efficacy of formal transition programs to at least investigate potential alternatives such as concentration on the development of a supportive practice culture conducive to learning. We could also envisage that the type of learning environment suitable for graduate nurses is likely to be one that will also facilitate the continued development and enhanced job satisfaction of the rest of the nursing team.

These ideas are ideologically sound and have been expounded since learning environments were first researched in the 1960s and 1970s. The challenge remains to identify and analyse the features that are evident in contemporary practice environments that are recognised as conducive to the transition from student to RN. Moreover, the means to recreate these environments across the health service should become the focus of future research, research that is persuasive because the evidence is grounded in practice exemplars.

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