FROM 'DEPENDENT ON' TO 'DEPENDED ON': THE EXPERIENCE OF TRANSITION FROM STUDENT TO REGISTERED NURSE IN A PRIVATE HOSPITAL GRADUATE PROGRAM

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ABSTRACT

There has been increasing interest in the issues around the transition from university student to registered nurse (RN). This transition period is acknowledged as a time of significant stress as graduates endeavour to consolidate their nursing knowledge and gain mastery of clinical skills in a working environment. They require support and guidance to effect a successful transition. There has been little published research on the transitional experience of graduates in Australian hospitals.

This study explored the transitional experiences of nurses who had completed their first year of clinical practice after graduation in a Victorian private hospital graduate nurse program. A qualitative approach using techniques of the Grounded Theory method was utilised. Five volunteer graduates were interviewed using a semi-structured format. Interviews were transcribed and analysed to identify emergent themes and categories.

Three major themes were identified that described the transition experience for the participants. These were: 'developmental first steps' which described the unexpected shock and feelings of being unprepared on entry to the work setting along with the reality of the unrealistic expectations of colleagues; 'developmental stumbling blocks' which described the multiple role and personal stressors that challenged the participants; and 'striding ahead' which described the factors that facilitated the participants adaptation to the RN role.

INTRODUCTION

Since the transfer in Australia of nurse education from hospital based schools of nursing to universities, there has been an increasing focus on the issues around the transition from university student to RN. This is a time of adjustment to a new work environment, shift work and working as part of a team, as well as acquiring new skills, knowledge and accepting increased responsibilities (Nurses' Registration Board of New South Wales, NRBNSW 1997).

While there is little uniformity of approach across Australia to graduate nurse transition, there is general agreement that new graduates need supportive entry to the clinical setting of some kind (Commonwealth Department of Education, Science and Training, DES&T, 2001; Winter-Collins and McDaniel 2000; Victorian Department Human Services, DHS, 1997).

The discussion in nursing literature about the experience of graduate transition mostly originates from overseas. Little published research focuses on the experiences of Australian graduates in structured graduate nurse programs (GNPs) and even less focuses on those who experience transition in a private hospital. This study provides a beginning exploration of the transitional experiences of a group of Australian graduates who participated in a structured private hospital GNP.

LITERATURE REVIEW

The period of graduate nurse transition is characterised by rapid self-development, high anxiety and reality shock (Greenwood 2000; Godinez et al 1999; Cobal 1998; Buckenham 1994). This is due in part to the educational values conflicting with those in the workplace (Winter-Collins and McDaniel 2000; Tradewell 1996; Buckenham 1994). There is general agreement in the literature that if graduates do not receive adequate support they experience

reduced job satisfaction which has significant influence on professional commitment, staff retention, turn-over rates and ultimately the cost of quality patient care (DES&T 2001; Greenwood 2000; Duncan 1997; DHS 1997).

The first year after graduation has been examined from a number of perspectives including: reality shock (Phyland 1994; Moorhouse 1992); the implications for staff turn over (Munro 1983); socialisation of the beginning professional nurse (Buckenham 1994); the perceived stressors experienced by graduates (Schultz 1994; Phyland 1994; Buckenham 1994); expectations of beginning RNs in the workforce (NRBNSW 1997); the effectiveness of preceptored GNPs (Oermann and Moffitt-Wolf 1997; Smith 1997); student pre-entry and first year of employment and graduate satisfaction (Winter-Collins and McDaniel 2000; Franklin 1997); the nurse's experiences of a graduate year (Cobal 1998; Buckenham 1994; Phyland 1994); role transition (Godinez et al 1999); and, a critique of the graduate nurse from an international perspective (Greenwood 2000).

A theme in much of the literature is that graduates expect support from experienced nurses but many did not receive it. Indeed, many graduates actually perceived they were badly treated by their nursing colleagues and that the transition was significantly stressful, or a negative experience (DES&T 2001; Cobal 1998; NRBNSW 1997; Buckenham 1994; Phyland 1994). The importance of a positive graduate transition experience was noted in the current *National Review of Nursing Education Discussion Paper* (DES&T 2001).

Various views of transition from student to RN are offered in the nursing literature, some of which are conflicting. However, a supportive environment, the ability to fit in and positive constructive feedback appear to be significant factors that influence the graduates' experience. It is therefore necessary to seek ways to improve their experiences and help the profession encourage and retain nurses to provide future health care.

METHOD

A qualitative method informed by the work of Glaser and Strauss (1967) was utilised in this study. The aim was to present some initial categories and codes that described how the graduates who were interviewed perceived the transition experience and to identify some directions for future research on the subject.

Method

The mode of data collection was that of semi-structured interview. Areas that were explored during the interviews included the participant's expectations of the graduate program, the transition experience, and their perceptions of the support they received. One person conducted all the interviews. This person had been in contact with the participants in their graduate year in a support role and as program coordinator. The interviews lasted approximately one hour and were audio-taped with the permission of the participant.

Data analysis started within the transcription of the first two interviews. Transcripts were examined for emerging themes and coded to assist in the analytic process. Comparison of the early data yielded some initial codes that gave further direction to the subsequent interviews (Strauss and Corbin 1998). As the interviews progressed and analysis continued, similar codes became beginning categories which were then grouped together under three themes. The interviews were completed within three months.

Ethical issues

Ethics approval was obtained from La Trobe University. Institutional approval was also obtained from the hospital at which the research was conducted. Each participant was fully informed verbally, and through use of a consent form. Confidentiality for the group of participants was maintained by conducting interviews away from the ward location in a private office and no discussion was entered into regarding the participant's participation.

The participants

The participants were drawn purposefully from a group of RNs who had recently completed their GNP. The study site was a large Melbourne metropolitan private hospital that had conducted GNPs for a small cohort of nurses for 10 years. Meetings were organised to inform the nurses about the study and the potential nature of their involvement in project.

Four female nurses and one male nurse volunteered to participate in the study. Their ages ranged from 22-28 years. Three had previous work experience as casual nurse assistants in nursing homes during undergraduate studies, one had retail experience and one had worked in the hospitality industry. One participant had completed an undergraduate clinical placement at the research venue. The participants gained their nursing qualifications from two Victorian universities.

Participants completed a 44-week full time graduate program (in a group of 10). Preceptors were available on every shift in all four rotations offered. Two weeks of the initial rotation consisted of orientation and supernumerary clinical practice followed by a gradual increase in nursing workload to full case load by the end of the first month. Six paid study days were spread throughout the program.

FINDINGS AND DISCUSSION

Participants commented on the stresses involved in the lead up to finishing their nursing degree, including decisions about the venue for their graduate year. There

was a perception that this decision would affect the rest of their careers, as a supportive transition via a graduate program was considered necessary to facilitate future progress in the workplace. This belief was also noted by other authors (Glover et al 1998; Reid 1994).

Participants carried out extensive investigation into the various GNPs through advice from colleagues who had completed programs, tours and open days at the prospective facilities, printed matter and attendance at a Royal College of Nursing, Australia 'Nursing Expo'. The most significant factor in the decision making process for this group of nurses, however, was based on prior positive or negative undergraduate clinical experience in the workplace. Positive private hospital experiences compared favourably with negative undergraduate clinical experiences in public hospitals. Another significant factor was the opportunity for several rotations to different ward and specialty areas. They all believed the variety of experience increased their awareness of potential career prospects. This concurs with studies by the NRBNSW (1997) and Duncan (1997) who found the opportunity for graduates to choose specialty placements achieved the highest rating on a job satisfaction rating scale in the first year of employment.

Most of the participants wanted a program that treated them as individuals. To this end, they actively sought programs in smaller sized hospitals with smaller graduate intakes. A supportive environment primarily through the contribution of preceptors was a factor highly valued by the participants when making program choices. Additionally the support of clinical educators, in-service education opportunities, peers and supportive general staff willing to teach were viewed favourably and expected, a finding also noted by Heslop et al (2001). The participants all felt they began their graduate year with high expectations of their ability to competently perform the role of a beginning RN.

Themes

Three major themes that describe the experience of transition from student to RN were identified: developmental first steps; developmental stumbling blocks; and, striding ahead.

Developmental first steps

This theme describes the feelings of surprise or in some cases shock the participants experienced as they tentatively, but nevertheless confidently, entered the work setting for the first time. Three categories in this theme were identified:

a) 'Feelings of being unprepared' - the realities of the work as a graduate.

b) 'Unrealistic expectations' - the participant's perceptions of the expectations that some hospital staff had of them and the expectations the participants held of themselves which initially impacted negatively on their personal and professional development.

c) 'No time to care' - the frustration and disillusionment experienced when the participants were confronted with a system of work values incongruent with those learned and internalised at university.

a) Feelings of being unprepared: Of major concern for the participants on entering the work setting was overwhelming workload. Despite the fact they were initially optimistic about their ability to undertake the RN role, after commencing their graduate position, they felt inadequate and ill-prepared for the realities of the nursing role. One participant stated: *'It hits you like a ton of bricks'.*

Several of the participants felt their clinical experience as a student had not aided them in the transition and reality of working as an RN. Others felt they had contributed to their own feelings of inadequacy. As one participant stated: *'Gee I wish I had listened more in that lecture or... more in that class'*. It would, however, be unrealistic to expect new graduates not to feel anxiety some of the time as they settle into a new environment (Gerrish 2000). A point highlighted by one participant: *'I think I was anxious, the whole thing in general just starting a new job'.*

b) Unrealistic expectations: A number of participants reported feeling stress generated by the expectations of more experienced nurses, a topic extensively discussed in the literature (DES&T 2001; Cobal 1998; Brown and Olshansky 1997; Tradewell 1996; Buckenham 1994). There was a perception that experienced nurses expected them to 'hit the ground running' and be a fully functional and competent RN very quickly after entry to the workplace. As one participant commented: *'As a student you are there to learn something, but when you start as an RN they expect you to work as well. To put that all into practice in the real situation is a bit of a challenge because the expectations are high'.*

Brown and Olshansky (1997) make the point that industry expects new graduates to move directly from student to the RN role. This expectation increased the participants' feelings of inadequacy and guilt that they were not up to expectations. Feelings about the adequacy of support by experienced staff were, not surprisingly, dependent on the particular ward allocation and their supernumerary status in the first month. The allocation of a 'realistic' workload by senior colleagues gave them a feeling of confidence and acceptance that their needs were being taken into account. A study by Gerrish (2000) also found a gradual increase in workload over four weeks was beneficial by increasing graduate confidence and facilitating independence.

c) No time to care: All participants commented on the stress created by dealing with competing work demands. This aspect of their work was variously described as: *'very difficult', 'stressful', 'too busy', 'challenging',* and *'frustrating'*. As one participant commented: *'You start your graduate year and you'll have five or six patients in the morning and say three of them may be full feed and all require assistance in the shower; they might be*

incontinent, they may require regular toileting, you name it, as well as three pages of medications and stuff like that, and at the end of the day you have done all of that basic care for them. I just found that, I didn't feel that I was meeting their needs and providing adequate care'.

This excerpt described a typical participant experience. Williams (1998) describes quality care as providing physical, psychosocial and 'extra' care needs. Basic nursing care on the other hand is defined as the provision of physical care needs only. In the current work context these beginning nurses struggled to achieve their goal of providing quality nursing care, feeling they were only able to provide very basic care. The inability to provide quality care presented the participants with a value system incongruent with that learned in university (Winter-Collins and McDaniel 2000). While very stressful, the participants appeared to accept the situation as normal, potentially leading to dissatisfaction and guilt. This is in keeping with the findings of Cobal (1998) that the socialisation process leads novice nurses to believe everyone else does it - so must they. The participants felt they were not in a position to make any changes.

The first three months of the first year have been identified as particularly stressful for new graduates (DES&T 2001). In the current health care context increased nursing efficiencies are expected to help offset burgeoning health service costs related to increasingly expensive medical technology, increased patient throughput, and increasing patient acuity. Thus, there is growing pressure on graduates to be fully functional as soon as possible. However, the health industry needs to understand role transition requires guidance, practice and most importantly, time to care, so that new graduates can gain confidence, leading to professional development and job satisfaction (Gerrish 2000). Nurses may perceive they do not have a lot of control over their work environment. However, all RNs have the ability to provide adequate and unconditional support to the new graduate during this important transition period.

Developmental stumbling blocks

This theme describes the challenging experiences after entry to the work environment. The three major 'stumbling blocks' identified are the stressors the participants believed effected their development:

a) 'Assimilation anxiety' - the need to 'fit in' as part of a team, the need to 'prove' to themselves and their colleagues that they are worthy of the being called a 'good nurse', and the need to conform.

b) 'Role stress' - management of time and fear of personal accountability.

c) 'Personal stress' - the fear of making mistakes and asking questions, power relationships, and negativity of colleagues.

a) Assimilation anxiety: Fitting into the ward team was identified by most of the participants as an overwhelming need: *'you just want to fit in comfortably'*, and: *'I need to be part of the team'*. Indeed, one participant perceived it was: *'the key* [to successful transition] *for me'*.

Becoming part of a ward culture and fitting into the team was contingent on adopting 'socially acceptable' behaviour. This required time in order to learn ward routines and build professional working relationships. Rotating to new departments interrupted this process creating concern for some participants, a finding also identified by Cobal (1998). As one participant said: *'I loved my first rotation, I loved it, and you feel at the end of it, you feel confident then you move. That's the bad thing about rotations; you have to move'*.

Another felt: *'I'd just be feeling comfortable and just coming to work and not worrying and then I would be moved to another ward and starting all over again'*.

The relationships that helped to build confidence were suddenly terminated on rotation, leaving participants yet again feeling alone and isolated (Moorhouse 1992). This finding is interesting in light of the high value the participants placed on a graduate program that offered several rotations when choosing a program. While the rotations were perceived as long enough to feel comfortable and confident by some participants, one felt that: '*...you need longer* [than three months] *to be able to prove what your capabilities are and what your strengths are to the team'*. Adopting socially acceptable behaviour was contingent on proving themselves as *'good nurses'* and conforming or *'not rocking the boat'*.

The pervasive feeling of needing to prove they were good nurses to themselves and their colleagues to gain professional acceptance created stressful situations. This was compounded by the belief that future employment opportunities depended on professional acceptance. The following excerpt illustrates the constant threat to self these new graduates experienced: *'… that sick feeling I had every morning I went to work, not sick [literally] but the worry I experienced every day about what type of patient I would be looking after and whether I'd be able to prove myself. I felt like I had to prove myself all the time'*.

In fact in an attempt to impress ward staff, when asked if they needed help participants would frequently say *'... oh no I'll do this, I'll do that, and so you take everything on'*. It is not surprising the perception of constantly needing to 'do everything' at a high level of competence was damaging to the graduates' professional development leaving them emotionally and physically drained: *'... you need to prove yourself and that's one thing that got me down'*.

The concept of a 'good nurse' or the 'idealised nurse' is, according to Moorhouse (1992), a composite image of many nurses that the novice regards as worthy of emulation and is internalised during the student nurse

role. Images of how others regard their performance makes up a major part of their professional self-perception. The participants were well aware that those who somehow did not fit the image expected of them by others in the group risked being labelled as 'bad nurses' or worse 'troublemakers'. These new graduates spent considerable time and energy trying to prove they were 'good nurses' in order to gain acceptance within the social milieu of the ward (NRBNSW 1997; Buckenham 1994).

One way in which the participants found they could 'fit in' to the ward environment, was to conform and *'not rock the boat'*. Performing procedures their preferred way, as opposed to the ward way of doing things was not always viewed favourably. *'Staff put down my ability in front of other staff... I knew how it was done, I'd done it safely but I hadn't done it the way they do it'*. Rather than risk being labelled a 'bad nurse' or a 'troublemaker', the participants conformed to the wishes of the department staff. The NRBNSW (1997) report also found new graduates tend to perform procedures the way the ward does rather than the graduates' preferred way in an effort to fit in.

Graduates have few alternatives with regard to socialisation. They either fit in and assume the beliefs and behaviours of the organisation, or they can leave or tolerate rejection (Godinez et al 1999). Despite this pressure, Buckenham (1994) found graduates did not forfeit their professional values in the work environment, but that this is a major issue in the transition period causing high anxiety and emotion, often damaging the graduate's personal and professional self-concept. This potentially results in a reduction in satisfaction and professional commitment that has implications for new graduates' careers and of the nursing profession in general.

b) Role stress: There were two major sources of role stress identified: time management and fear of personal accountability.

Time management is discussed at length in the nursing literature (DES&T 2001; Gerrish 2000; Godinez et al 1999; NRBNSW 1997). Despite recognising their lack of experience in time management, participants constantly compared themselves with experienced nurses. This magnified feelings of inadequacy, reducing their self-esteem and confidence. Time management was often perceived as overwhelming: *'there were times when I first started I thought, "I don't know how I will get through this shift"'*. All felt pressurised to complete routine ward tasks constantly racing against the clock to finish before the next shift, *'I had to push myself beyond, making sure that absolutely everything was done before 3pm'*. They were reluctant to hand over tasks to the next shift for fear of being labelled incompetent.

The second major role challenge for the participants was adjusting to being legally and ethically responsible for someone else's life. This was identified as an *'extremely scary'* and overwhelming experience. In particular, these participants were afraid the condition of the patients under their care would deteriorate and they would *'overlook something'* important. The implication of not recognising deteriorating patient conditions is in itself terrifying. Add to this the legal implications and the potential you *'could end up in a court of law'*, it is not surprising this is an issue that causes considerable stress for new graduates.

c) Personal stresses: There were three major personal stressors in the transition experience. These were the fear of making mistakes and asking questions, not wanting to be seen as a troublemaker and the negative attitudes of nursing colleagues.

Many studies show that new graduates report a fear of making mistakes and being seen as incompetent or stupid (Gerrish 2000; Cobal 1998; NRBNSW 1997). The following comments highlight participants experiences: *'I would have a fear of finishing... and there will be something I've missed. The more I got anxious and uptight about it the worse it got'*, and: *'If something went wrong… I was quickly seen as a bad nurse'*.

Not surprisingly, any rebuffs from staff, even when unintentional, were demoralising and led to self-doubt and a questioning of their ability. The fear and anxiety was based on a lack of clinical experience: *'I hadn't had the experience to pick up on what others picked up on'*.

As Moorhouse (1992) explained, when unsure about patient care, graduates are confronted with a choice between the safety of the patient and revealing their shortcomings by asking questions of staff who might embarrass them or remember the incident for future reference. The participants did not risk patient safety, they preferred appearing stupid rather than risk making a mistake: *'I still ask questions that I think may sound stupid'* and: *'I also learnt that no question is stupid'*.

The participants were very aware of the power structures in the workplace and saw themselves as being *'at the bottom of the ladder'*. One said: *'…some nurses did things to patients that I wouldn't do'*. It was difficult for the graduate to address the issue: *'It's difficult to speak up because you don't want to be seen as a troublemaker or cause waves'*. Another simply stated: *'You have to be careful'*.

Buckenham (1994) found that despite the imperative to comply with the hierarchical culture of the ward, graduates maintain their professional values on important matters such as patient advocacy. One participant commented: *'If it hurts people or if it makes people upset then I will speak up, but if it it's more to do with skills I wouldn't really mind unless I had a deep reason to raise the issue'*.

Trying to ignore issues engendered feelings of guilt and disappointment and undermined professional self-image. Such situations potentially prevent the exchange of new ideas and raising of professional nursing standards (Cobal 1998; Kelly 1996).

Nurses' negativity is seen as one of the most significant issues in unhappy transition experiences (DES&T 2001). This includes the attitudes of nurses to their new graduate colleagues and the negative attitudes of experienced nurses to nursing as a profession. As one participant commented: *'I did not expect to encounter nurses who did not enjoy what they were doing. I guess it's a naïve view but I just assumed everyone would like nursing and I know it's naïve to think that, but I guess I thought coming out of uni, I love nursing so I thought everyone else who does it must as well. To encounter negative people, I had not thought about that'*.

Clearly participants were shocked to find 'negative nurses' who openly stated they did not enjoy nursing as their chosen career. Graduates, who are still 'outsiders' in the profession, perceive nurses who express cynical views about nursing as betraying the nursing profession. Therefore, as good nurses are caring, by association nurses who do not care are in the eyes of the new graduate 'bad nurses' (Moorhouse 1992). These 'trade secrets', which are not usually made public, are learned early in the workplace and quickly destroy the ideal view of nursing and can potentially damage professional commitment.

Striding ahead

This theme describes the factors that facilitated the transition and adaptation from student being 'dependent on' to the RN role and being 'depended on'.

Preceptor support was identified as a significant factor in assisting the participants to cope with learning and adapting to the beginning RN role. As one participant commented: *'there is always someone there you can ask... a lot of them are fabulous resource people'*. Preceptors varied in the way in which they provided support by: *'encouraging me and giving me the right sort of support needed'* or: *'by treating me more like a friend'*. There were also several preceptors who did not perform the role as well as expected.

On balance, the participants saw their preceptors as supportive. Research by Gerrish (2000), Godinez et al (1999), and NRBNSW (1997) also reported that the vast majority of graduates were very positive about the support they received from their preceptors. Several studies (Cobal 1998; Franklin 1997; Dolling 1997; Buckenham 1994) identified inadequate support as a major source of anxiety and stress during the first year of practice. This is an interesting finding, as it could be postulated that many of the other stresses identified by the participants in this study should have been minimised by a supportive preceptor.

The need for feedback from colleagues was highlighted by the participants as not only important, but essential, for self-development and adaptation to their new work role. One participant felt: *'As a graduate I needed them to say "you did well"... you need constant feedback'*. The participants valued any form of feedback, one stating: *'I am the sort of person who needs to be told how I am going whether it be good or bad'*. Positive informal feedback and encouragement was the most frequent form of feedback referred to by participants in this study. *'In my first placement I was always being told "You've done a fantastic job"'* or: *'they always gave great feedback and I got a huge card at the end saying thank you for your hard work, you've done well'*. But negativity exists: *'In one placement I did not get that positive feedback. There was no acknowledgment for the good work you'd done. It was always an acknowledgment of what you hadn't done'*.

Negative feedback of this nature does not provide an environment that nurtures new nurses. However, positive feedback has significant impact in raising graduate confidence and helps them learn and adapt to the new role adding to job satisfaction (Cobal 1998; NRBNSW 1997).

Outcomes of a supportive transitional process included: consolidation of skills taught and learned at university; gaining self confidence; becoming a respected and trusted member of the nursing team; gaining competence in clinical and technical skills; and, being able to initiate, plan and deliver safe care for clients. Not withstanding the stressful challenges faced by the nurses, the overall graduate year experience was a positive one:

'I think it surpassed what I expected overall. I didn't have specific expectations but the main expectations were to practice as a safe nurse to learn as much as I could and to take it from there. I had a fabulous year, I was well supported, I was looked after...'

CONCLUSIONS AND IMPLICATIONS

The acute shortage of RNs currently being experienced in Australia and overseas has highlighted the need to retain RNs within the profession. Levels of job satisfaction in the first year of clinical practice is documented in current nursing literature as a major influence on professional commitment and staff retention.

In light of this, it is essential health care organisations provide an environment that meets the needs of the health industry and satisfies new graduates. The first year of nursing clinical practice is a period of rapid self-development, high anxiety and reality shock. This study has contributed to our understanding of the experience of transition from student to RN in a private hospital graduate program.

It is clear the experience of transition was greatly affected by the participants' expectations of themselves, although often unrealistic, in the performance of the RN role. Their transition experience was also affected by their expectations of the RN role itself, the consequence of the 'reality shock' they experienced, their ability to cope with stress especially in the first three months and the individual participant's capacity to adapt to new circumstances and the environment. These participants experienced similar stresses that have been found in other studies of graduate transition.

LIMITATIONS OF THE STUDY

The main study limitations relate to retrospectivity, the small sample size from a single venue, and single mode of data collection, all of which restricted the level of analysis. The fact the interviewer had been in contact with the participants during their graduate program also may have affected the findings. The participants had the opportunity to look back on the first year in its entirety which may have resulted in enhanced feelings of satisfaction (Franklin 1997).

IMPLICATIONS AND RECOMMENDATIONS

Improvements to GNPs may assist graduates to experience greater satisfaction during the transitional year, enhancing professional commitment and retention of nurses. Further studies are needed to examine the possibility that continuity of both clinical undergraduate and graduate experience may prevent or alleviate 'reality shock'.

There appears to be disagreement in the literature as to the effectiveness of the preceptor experience in giving the new graduate positive support and appropriate role modelling. Some participants reported a positive and supportive preceptor experience but still felt overwhelmed by unrealistic staff expectations, the need to prove themselves as 'good nurses', a fear of making mistakes, and the negativity of some colleagues. Clearly, the preceptorship model of support was not always protecting them from these stressors. This issue needs further investigation.

The nursing profession and the health system in general needs motivated and committed nurses. A successful transition experience has the potential to be a powerful motivator for the graduate nurse as is the nurturing and encouragement by RNs. There is evidence that adequate support leads to confidence and satisfaction with the RN role.

REFERENCES

Brown, M. and Olshansky, E. 1997. From limbo to legitimacy: A theoretical model of the transition to the primary care nurse practitioner role. *Nursing Research*. 46(1):46-51.

Buckenham, J. 1994. *Socialisation of the beginning professional nurse.* PhD thesis. University of Melbourne. Department of Social and Educational Studies. Melbourne, Australia.

Cobal, A. 1998. *Graduate nurses: Exploring the transition from student to registered nurse.* Honours thesis. LaTrobe University. Faculty of Health Sciences. School of Nursing. Melbourne. Australia.

Department of Education, Science and Technology (DEST). 2001. *National Review of Nursing Education: Discussion Paper.* December. Canberra. Australia.

Department of Human Services. 1997. Graduate Nurse Program Guidelines. Melbourne: Victorian Government Department of Human Services.

Dolling, C. 1997. *Graduate nurses: Are they given adequate support?* Honours thesis. LaTrobe University. Faculty of Health Sciences. School of Nursing. Melbourne. Australia.

Duncan, K. 1997. Student's pre-entry experience and the first year of employment. *The Journal of Continuing Education in Nursing.* 28(5):223-230.

Franklin, S. 1997. *An examination of graduate nurses on their experiences of satisfaction in the first year of clinical practice.* Honours thesis. LaTrobe University. Faculty of Health Sciences. School of Nursing. Melbourne. Australia.

Gerrish, K. 2000. Still fumbling along? A comparative study of newly qualified nurses' perceptions of the transition from student to qualified nurse. *Journal of Advanced Nursing.* 32(2):473-480.

Glaser, B.G. and Strauss, A.L. 1967. *The discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine.

Glover, P., Clare, J. and Longson, D. 1998. Should I take my first offer? A graduate nurse survey. *Australian Journal of Advanced Nursing.* 15(2):17-25.

Godinez, G., Gruver, J., Ryan, P. and Schweiger, J. 1999. Role transition from graduate to staff nurse: A qualitative analysis. *Journal for Nurses in Staff Development.* 15(3):97.

Greenwood, J. 2000. Critique of the graduate nurse: An international perspective. *Nurse Education Today.* 20(1):17-29.

Heslop, L., McIntyre, M. and Ives, G. 2001. Undergraduate student nurses' expectations and their self-reported preparedness for the graduate year role. *Journal of Advanced Nursing.* 36(5):626-634.

Kelly, B. 1996. Hospital nursing 'It's a battle': A follow up study of English nurses. *Journal of Advanced Nursing.* 24(5):1063-1069.

Moorhouse, C. 1992. *Registered nurse: The first years of a professional nurse.* LaTrobe University Press: Bundoora. Melbourne. Australia.

Munro, B. 1983. Job satisfaction among recent graduates of schools of nursing. *Nursing Research.* 32(6):350-355.

Nurses Registration Board of New South Wales. 1997. Project to review and examine the expectations of beginning registered nurses in the workforce 1997. New South Wales Government: Sydney. Australia.

Oermann, M. and Moffitt-Wolf. A. 1997. New graduates perceptions of clinical practice. *The Journal of Continuing Education in Nursing.* 28(1):20-25.

Phyland. A. 1994. *The experience of the graduate nurse taking part in a preceptorship program.* Honours thesis. LaTrobe University. Faculty of Health Sciences. School of Nursing. Melbourne. Australia.

Reid, J. 1994. Nursing education in Australian universities: Report on the national review of nurse education in the higher education sector 1994 and beyond. Canberra: Australian Government Printing Service.

Schultz, A. 1994. *The first six months of professional nursing practice: An assessment of the perceived stressors experienced by tertiary prepared nurses during their first six months in a graduate nurse program at a major metropolitan hospital.* Honours thesis. LaTrobe University. Faculty of Health Sciences. School of Nursing. Melbourne. Australia.

Strauss, A. and Corbin, J. 1998. *Basics of qualitative research: Techniques for developing grounded theory.* Thousand Oaks: Sage.

Tradewell, G. 1996. Rites of passage: Adaptation of nursing graduates to a hospital setting. *Journal of Nursing Staff Development.* 12(4):183-189.

Department of Human Services. 1997. Graduate Nurse Program Guidelines. Melbourne: Victorian Government Department of Human Services.

Williams, A. 1998. The delivery of quality nursing care: A grounded theory study of the nurse's perspective. *Journal of Advanced Nursing.* 27:808-816.

Winter-Collins, A. and McDaniel, A. 2000. Sense of belonging and new job graduate satisfaction. *Journal for Nurses in Staff Development.* 16(3):103-111.