

# HITTING THE FLOOR RUNNING: TRANSITIONAL EXPERIENCES OF GRADUATES PREVIOUSLY TRAINED AS ENROLLED NURSES

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## ABSTRACT

### **Objective:**

The aim of this study was to explore the transitional experiences of graduate nurses who had previously trained as enrolled nurses (ENs).

### **Design:**

A small survey design was utilised to collect data using semi-structured in-depth interviews.

### **Setting:**

Data was collected by the use of telephone interviews.

### **Participants:**

The participants consisted of four male and two female Bachelor of Nursing graduates, who had previously qualified as ENs. All graduates were aged between 23 to 27 years of age and had worked as ENs in the clinical practice area for two to three years. The graduate nurses in this study came from the same university in which the researchers were employed. They provided an 'opportunity group' for selection.

### **Main outcome:**

Transition is stressful for all new graduates, including those with previous qualifications as ENs.

### **Results:**

The findings indicated that the transition from student to registered nurse is as stressful and labile for this student cohort as has been reported with regard to graduate transition generally.

### **Conclusion:**

Industry expectations of these graduates must be aligned to their perceptions and abilities. Nursing graduates who previously trained as ENs require the same degree of guidance, support and understanding afforded other graduates upon entry into the workforce.

## INTRODUCTION

Student nurses undertaking their Bachelor of Nursing (BN) who previously qualified as enrolled nurses (ENs) represent a significant cohort within undergraduate programs both in Australia and overseas (Senate Community Affairs Committee 2002). The motivation for enrolled nurses to upgrade their qualification to registered nurse (RN) appears to stem from three sources: an intrinsic drive for self-development; a reaction against the restricted nature of the existing EN role; and a decline in employment opportunities (Allan and McLafferty 2001; Parry and Copley 1996). In the United Kingdom, for example, the general lack of employment opportunities for ENs is exacerbated by the present phasing out of the role within the health care and education systems (Francis and Humphreys 1999). In Australia, even though the role remains well supported by both systems, the employment of ENs has declined by over 20% since the late 1980s largely due to the restructuring of aged care services (Shah and Bourke 2001). In addition, many universities offer ENS shortened and specifically tailored undergraduate programs in recognition of their previous education (Greenwood 2000a; Yates 1997).

### **Literature review**

In general, it is reported that nursing graduates face a period of transition (socialisation) where their university acquired values, ideals and expectations are adjusted to meet the culture and reality of the clinical setting. For the new graduate, transition is commonly experienced as a series of emotional highs and lows where feelings of stress and anxiety are said to be commonplace (Kelly 1996; Maben and Macleod-Clark 1998; Kramer 1974). This role conflict experienced during transition was first portrayed in the seminal work by Marlene Kramer in the 1970s, as a period of reality shock and more recently by Bridgid Kelly as a process of 'moral distress' - it seems that the transitional period for many graduate nurses is characterised as a time fraught with anxiety and stress (Kelly 1998; Kramer 1974).

Many new graduates feel there has been a lack of preparedness in their BN programs for the heavy workloads, shiftwork, and managerial responsibilities associated with the role of the RN (Duchscher 2001; Chang and Daly 2001; Baillie 1999; Kelly 1998; Maben and Macleod-Clark 1998; Kramer, 1974). This finding is also confirmed by a more recent Australian study which found that during early transition graduates were highly stressed by their lack of understanding of what was expected of them in their role (Chang and Hancock 2003). This lack of satisfaction in meeting workload expectations and maintaining what they consider to be excellence in nursing care often leads to feelings of guilt and disillusionment for some graduates (Kelly 1998; del Bueno 1995; Ambler 1995; Horsburgh 1989).

Hence, for a significant number of newly registered nurses the expectation of a welcoming workplace environment is not always realised. One study undertaken in New South Wales, Australia, reported that many nurse graduates felt unsupported by the employing organisation and their colleagues upon entry to the nursing workforce (Madjar et al 1997). Of major concern is the possibility that the personal cost of unsupported adjustment is so high that new graduates abandon their profession, or lose their university held values and ideals to the point that nursing becomes simply technical, task driven and largely unsatisfying (Kelly 1998; Walker 1998).

The onus is on the tertiary sector and industry to understand the process of transition more fully, to make further attempts to improve the continuity between sectors, and to effectively meet new graduates' needs for preparation and support (Clare et al 1996; Benner 1984). This would include meeting the special needs of graduates who previously trained as ENs.

### Study aim

While studies indicate that ENs benefit from conversion and report positive changes in their nursing knowledge, skill acquisition and attitudes towards practice (Allan and McLafferty 2001; Yates 1997), little is understood about how they experience transition. The aim of this study was to explore the early workplace experiences of new graduates who had originally qualified as ENs. Collecting information about these graduates during transition is an important step in facilitating their effective preparation for transition whilst at university and for improving industry receptivity to their needs on employment.

### Method

A small survey descriptive design was utilised for this study (Roberts and Burke 1989; Polit and Hungler 1995; Arber 1998). Semi-structured in-depth telephone interviews were conducted with each of the participants (Polit and Hungler 1995). In-depth interviews as such, can be used to augment existing understandings about

nurses' transitional experiences (Kvale 1996; Streubert, Speziale and Carpenter 2003). Each participant in this study was interviewed following approximately three to four months employment as an RN in a major metropolitan hospital. The reason for this time interval is that it is generally agreed that after this length of experience nursing graduates are able to critically reflect and report on the process of transition (Kramer 1974; Kilstoff 1993; Godinez et al 1999; Greenwood 2000b).

Participants in the study consisted of four male and two female BN graduates who had previously qualified as ENs. All participants were aged between 23 to 27 years and were experienced ENs with two to three years of clinical practice at this level. The graduate nurses surveyed came from the same university at which the researchers were employed and as such, provided an 'opportunity group' for selection and study. The participants were recruited to the study just prior to completing their BN. Ethics approval was received from the tertiary institution where the participants were enrolled and where the researchers were employed. Written consent was collected from participants prior to the interview sessions.

Participants were interviewed using a questionnaire developed for an earlier study on transition that was found to be valid and reliable (Kilstoff 1993). The questionnaire contained 52 items in six categories each of which focused on the experience of nursing role transition. The length of interview for each participant varied from one to two hours.

## DATA ANALYSIS

Content analysis of the transcriptions was conducted initially by the use of a general review of the data in order to locate patterns or themes in the text of each interview (Baxter, Eyles and Willms 1992). The interviews were then coded according to these themes using the NVivo software analysis program for qualitative data (Richards 1999). The coding process allowed for frequencies and patterns to be observed and analysed. All graduates were allocated an identification number consisting of two sections, for example 1:12, where the number 1 indicated the participant and the number 12 indicated the line in the transcript from which the quote was taken.

### Findings and discussion

Two major themes emerged from the data namely 'values dissonance' and 'role adjustment'. Interestingly, despite the previous workplace exposure of these graduates in an aligned nursing role, these themes closely mirror findings from other studies on transition (Duchscher 2001; Chang and Daly 2001; Baillie 1999; Kelly 1998; Maben and Macleod-Clark 1998; Kramer 1974).

## Values dissonance

Following their employment as RNs the graduates in this study realised that the value system operating in the workplace differed from their own. This value system had to do with completing a set routine of tasks within a certain time frame and managing a busy workload. Graduates reported that this often prevented them from carrying out individualised patient care according to the holistic nursing principles they had internalised at university.

*...the biggest problem the university taught me... they taught me a perfect world for nursing and of course now I work in an imperfect world... I just know the ideal way I should be working and I can't because of the health care system... it frustrates me every day. That's what frustrates me every day because I don't have time to treat my patients holistically (4:24).*

Initially, these graduates expected to have enough time to care for their patients' total needs and spend quality time with their patients. This preconception may have been strengthened by the graduates' enrolled and student nursing experiences, where increased time for patient contact is the norm.

*...I had a lot more time for spending with a patient. While I was a student I didn't have eight patients I needed to do everything for in eight hours. When I was a student I had one or two patients and I could spend some quality time with them (1:78).*

*It's not the same as when I worked as an enrolled nurse, even though I was often busy I felt I still was able to have more time with my patients (5:85).*

Not being able to spend enough time with their patients or organise their work autonomously emerged as a major source of dissatisfaction and distress for respondents. Many times graduates voiced their frustration at not being able to provide the level of practice they felt their patients required.

*...Like the other day I was talking to a mother, giving her a bit of counselling right and I was told not to do it, as it was the social worker's job. The nurse told me that we have social workers to talk to the mothers. Like I was the only one there at the time and there were no social workers around... (5:59)*

A clash of values eventually occurred that led graduates to feel they did not match up to their personal ideals of what an RN should be. Nor did they feel they measured up to the expectations of their colleagues. In other words, they were dissatisfied with themselves and felt their colleagues were also dissatisfied with them. Furthermore, the graduates seemed confused about what was expected of them and suffered similarly to other graduates - the stress associated with role ambiguity (Chang and Hancock 2003). They often mentioned

feeling different to the other nurses on the ward and not feeling like part of the team.

*For me it's difficult. Even though I have been an enrolled nurse it's still a hard transition. You still feel as if you are a student and you feel inadequate still (4:11).*

*I miss spending that time and sitting down and talking with them, but you still try and fit in, try to be part of the team... (1:178).*

Knowledge of the inadequacies of the present hospital system did not prevent graduates from feeling they were personally responsible for their inability to provide holistic care. They felt they were letting their patients down and were expecting far wider recognition by other nursing staff of the importance of emotional support for patients. It seemed to surprise the graduates that communication with their patients was not given precedence in the workplace.

*...I don't have enough time to deal with my patients who are crying, I don't have enough time to hold my patients' hands, I don't have the resources to get my patients help. That's the most frustrating... (4:23).*

*...The politics, mainly budgeting as people always turn around and say you shouldn't use that because it costs too much. Well, hang on a second you should use that because it is better for the patient... (2:42).*

Graduates who were ENs were just as unprepared for the inflexibility of the hospital system as other graduates (Chang and Hancock 2003; Duchscher 2001; Chang and Daly 2001; Baillie 1999; Maben and Macleod-Clark 1998; Kramer 1974). They had believed they would be able to organise and plan their work autonomously around patient needs and their work could be more individually organised (Chang and Hancock 2003; Duchscher 2001; Chang and Daly 2001). However, the reality was that they had to complete most aspects of their work within a predetermined routine and little time was left for providing the level of nursing care they thought was important (Kelly 1998). Despite considerable exposure as ENs to the contemporary health care environment, feelings of disillusionment were evident. Graduates realised the values they had developed while ENs, and over the course of their university studies regarding the RNs role, were not consistent with workplace norms and required a period of adjustment.

## Role adjustment

It would seem that before transition these graduates generally held a superficial understanding of the role of the RN. They largely saw the acquisition of the role as adding skills to their existing EN repertoire rather than a role change. These notions may have contributed to a more difficult transition for these graduates particularly in relation to providing the broad range of prioritised clinical activities that are required of the RN (Australian Nursing Council 2000). Trying to complete the routine tasks of the

hospital RN role. left these graduates feeling stressed, stretched and fatigued.

What compounded their difficulties was that most of the graduates were allocated a high number of patients each shift and five out of the six graduates felt this was too heavy a responsibility for them to carry as relatively inexperienced RNs. Prior to transition these nurses had believed their earlier qualification as ENs would benefit them during transition in carrying out the basic responsibilities of an RN. They felt they would be able to carry out their role like the other members of the nursing team. However, even with their previous nursing background four of the six graduates experienced stress and role conflict in adapting to the RN role during transition.

*...But suddenly having the responsibility of 12 people's lives or 14 people's lives in your hands ... (4:11).*

*Well I'm dissatisfied in part with the workload... In some ways being an enrolled nurse made it easier and in some ways it made it harder to adjust. It did because me and another enrolled nurse, we just said to each other that we wanted to go back to the enrolled nurse role. It's so much easier. We weren't tired at the end of our shift, we didn't have all this responsibility and we could actually walk around and look fluffy (4:48).*

*...I was put in charge of a night duty once. I had to do night duty and there was me and only an agency nurse... Even though you are an enrolled nurse... (3:22)*

One graduate found that the only way to manage the high number of patients in the busy ward environment was to provide a lower standard of care. This created further disillusionment with aspects of the RN role as the graduate recognised that he was not practising in accordance with the national competency standards for RNs (Australian Nursing Council 2000) that were emphasised continuously during his university education.

*...You really have to do it. It's a huge workload physically and mentally, but you have got to learn how to cope with it. Well, that's the problem. What you have got to do is you have got to turn around and you have got to find short cuts for yourself that you feel comfortable with. The only way is surviving, some shortcuts you do and you think okay I'm happy doing that shortcut, other shortcuts you won't do and you think well okay I'm not doing that shortcut. That's fine and I'll live with the consequences of that...there's no time with staffing levels so low, no time on the ward to help any one else out... its hard work, no pay and no rewards... (4:6-8).*

Workload and coping difficulties were compounded by the level of tiredness experienced by four of the six new graduates as they tried to cope with the requirements of their hospital work role. Problems adjusting to shift work occurred even though graduates had previously worked a rotating roster in the final semester of their BN.

*...Shift work is horrible. I think just doing the shift work, it's harder to socialise with your friends out of work*

*and working weekends. That's the only thing - to finish work late at night and be back at work by early morning... it's trying... (3:2).*

*...For the first three months most people in my group had what we call 'new grad sleeps'. New grad sleeps - that means no life for three months, you have to come home and have a sleep before you do anything else and you are just totally exhausted the whole three months basically. It's a huge steep learning curve for a lot of us... (4:17).*

All respondents in this study found the working role of an RN quite complex, broad and more mentally and physically trying than they had anticipated. Like other new graduates these beginning practitioners reported a lack of preparedness for the workload, shiftwork, teamwork and managerial responsibilities associated with the role of the RN (Commonwealth Department of Education Science and Training 2001; Baillie 1999; Kelly 1998; Clare et al 1996; Moorehouse 1992; Horsburgh 1989). The responsibility associated with being an RN and the fact that for the first time there was often no one to turn to, appeared to be a major role adjustment.

## LIMITATIONS OF THE STUDY

Generalisation of this study's results will depend upon the correspondence between the experience of these particular nursing graduates from one BN program and beginning RNs with other nursing experiences. That is, the interpretation of the findings should be undertaken in relation to the specific context in which the data was collected. The small size of the sample may also decrease generalisation.

## CONCLUSION

In general, the nursing literature describes transition as a series of highs and lows where graduates characteristically experience periods of anxiety and stress (Kilstoff and Rochester 2001). It would appear from this study that transition is no smoother for graduates who had previously trained as ENs. The benefits of clinical dexterity and familiarity that these graduates previously possessed as ENs, were undermined by a superficial and incomplete understanding of the breadth of their new role. Likewise, other studies have demonstrated that graduate variables such as: employment history, age and previous nursing experience appear to make little impact on relieving the stressful nature of transition (Dixon 1996; Dufault 1990; Oechsle and Landry 1987). Dixon (1996) goes even further by suggesting that the negative aspects of transition may be amplified by these variables and that they should attract greater research attention.

In light of the findings from this study, intuitive notions that graduates who previously trained as ENs are more prepared than other graduates to adopt the role of the RN need to be reassessed. These graduates should not be considered 'streetwise' or able

to 'hit the floor running' (Greenwood 2000a). Furthermore, misconceptions of this kind are likely to be compounded in times of acute nursing shortages, which have resulted in declining working conditions and increased workloads for all nurses (Chang and Daly 2001; Walker 1998). Industry expectations of graduates who were trained as ENs need to be aligned to their perceptions and abilities, and recognition needs to be given to the unique aspects of their transition. These graduates require the same degree of guidance, support and understanding afforded any other nursing graduate entering the health care sector.

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