Professional Role Transition

New Nurses Entering the Workforce

Dr. Judy E. Boychuk Duchscher RN, BScN, MN, PhD
Associate Professor
Thompson Rivers University
Kamloops, BC
Sometime in your life you will go on a journey. It will be the longest journey you will ever take....

.....it is the journey to find yourself

Katherine Sharp
“I’ve come to the conclusion that it’s the hardest thing I’ve ever had to do was to make the transition from being a student to being a professional nurse”

Research Participant July 1996
NGs TRANSITIONING

What does the research say?

• NGs transition into acute-care (67-85%);
• Workplace is increasingly acute with a focus on turnover;
• NGs not experienced working in ‘teams’;
• Opportunities for learning delegation and supervision of unlicensed staff are limited;
• Clinical care is now synchronously complex and chaotic – knowledge is episodic/incomplete;
• Education is about PHC and advancing the caring narrative, while the transition environment remains ‘biomedical’ and fiscally driven.

DOING BEING KNOWING

1-4 Months 4-8 Months 8-12 Months

STAGES
“Strange. I don’t really feel like I am finished school. Like I walked to work one morning and...

...as I was walking, I was thinking ‘I’m getting paid to do this’, cause it’s like I was still in clinical”
“Within my orientation week I was told that the staff had just run off this nurse who wasn’t doing very well. They told me that they had made it so miserable for her that she would leave and so it’s definitely one of my fears that I won’t be accepted. That if I am failing they won’t come alongside me, but will show me the door. So that’s a little frightening....”
TRANSITION SHOCK

• overwhelming fear
• emotional upheaval
• physical exhaustion
• task distraction
• professional disorientation
• role confusion/stress/strain
• identity disruption
• doubt and loss
“I’m thinking to myself – can I do this? And that’s new for me cause up to this point is has been...’I can do this’ – it’s just HOW am I going to do this. Now it’s CAN I do this at all?”
“I’m just trying to get through my shift without killing anyone”

Research Participant July 2001
“People would say to me, “you’ll do fine, you did so well in school”. Well that doesn’t help me now when I’m struggling just to keep my head above water. I don’t need to hear that. I need something to make this easier ....”

“I’d say for the first three months I went to work scared every day”
“It’s almost like I’m waiting for something bad to happen and I’m not exactly sure of how I’m going to deal with that. It’s just the anticipation….

To me, it feels like being a new graduate is sink or swim…. I hope I’m floating but I had one bad night when I felt that I was drowning.”
“I was doubting myself. Everything was happening so fast....I felt like I was on the edge and was losing control. I thought maybe these feelings and these emotions were going to overcome me and I wouldn’t be able to get out. It felt like I was drowning....”
“I was so focused on knowing the routine, knowing what I’m doing, getting things done, knowing the way different nurses like things done, knowing where I fit in, what I’m supposed to be doing, when I’m supposed to be doing it. I had total tunnel vision. I was just focused on getting the job done and getting out of there on time. Then I would go home and I would feel guilty for not being more”
Stage 1 - DOING

- Focused on tasks
- They will do what they ‘know’
- Some things are different than they were in school!
- Don’t know colleagues yet
- Doubt themselves ++ - NORMAL
- Who am I ???
- Is this what a NURSE does ??
- Likely feel overwhelmed
Successful Transition of New Graduates

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Quality Work Environment

CONSISTENCY

PREDICTABILITY

SUCCESS

STABILITY

FAMILIARITY
### New Graduate Entry To Practice Support Framework

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#### PREPARATION
- Professional socialization curricula
- Final practice in unit to which graduate will transition
- **Mentor and Clinical Coach**: introduction and terms of relationship
- Professional role transition knowledge (stages/shortcuts)
- Preparatory socialization exercises
- Healthcare/education transition facilitation partnerships
- Workplace engagement strategies
- Student work experience
- Self-appraisal development

#### ORIENTATION
- **Clinical Coach focus**: fundamental skill assessment, initial skill familiarity and performance confidence, and understanding work role expectations
- Mentor to facilitate personal connection q1-2 weeks with a focus on encouragement, support and professional embrace
- Career intentions assessment
- Transition-framed orientation approaches
- Peer support programs
- Feedback/performance appraisal by manager/educator/clinical coach

#### TRANSITION
- **Clinical Coach focus**: progressive skill acquisition, time management, conflict resolution/coping skills training
- Mentor to facilitate discussion of professional culture, work relationships
- Clinical support team education of transition stages/transition shock
- Interdisciplinary knowledge sharing program initiation
- Supernumerary employment
- Creative scheduling options
- Feedback/performance appraisal move toward ‘self’
- Optimize utilization of nursing clinicians and charge nurses

#### INTEGRATION
- **Clinical Coach focus**: development of advanced clinical judgment/reasoning/DM through experiential case study learning (debriefing)
- Mentor to facilitate discussion on coping strategies, self-care, ‘big picture’ thinking about healthcare system and relationship of micro-environment (workplace) to macro (healthcare system)
- Inter-institutional employment program initiation (option)
- Coasting and recovery strategies – focus on personal balance
- Optimize utilization of nursing clinicians and charge nurses

#### STABILIZATION
- **Clinical Coach focus**: ‘guiding’ decisions and experiences through ‘clinical consultation’ – graduate driven and directed – multiple coaches
- Mentor to facilitate professional development, practice introspection and professional perspective seeking
- Charge orientation >12 mos
- Advanced practice rotations (i.e. high-acuity rotations into ICU/ER)
- Career assessment update – professional trajectory planning
- Professional organization engagement – committee work
- Workplace committee work

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**Framework for Transition Support Strategies © Judy Boychuck Duchscher 2012**
STAGES

4-8 Months

BEING

312x230

PAGE 83
“I really am getting a reality check as to what nurses do. There is an idealistic view of the nurse as Florence Nightingale, and then there’s what I do. There’s endless paperwork, there is the waitress aspect (I actually had someone ask for their roast beef ‘au jus’), and then there is the servant to the doctor crap to deal with”
How you feel about your nursing knowledge when you graduate

How you feel about your nursing knowledge after 6 months of practice
“I think it’s real heavy....really heartbreaking a lot of times. You can have horrible days because I mean people are completely changed when something happens to them....”
I just need to rest awhile.....
• Total exhaustion
• Sometimes people pull away
• “YIKES, what have I done??”
• 6-7 month another crisis

• They will gradually ‘re-enter’
• They are learning who they are as a nurse and what nurses do!
• They need time to recover now
“After a few months, I wasn’t interested in making friends at work. I just wanted to come, do my job, and leave....It was too much work to try and build new relationships with the strain I was under from being a new grad”
New Graduate Entry To Practice Support Framework

EDUCATION

1. Learning
2. Performing
3. Concealing
4. Adjusting
5. Accommodating

PROFESSIONAL EMPLOYMENT

DOING
BEING
1. Searching
2. Examining
3. Doubting
4. Questioning
5. Revealing

KNOWING
1. Separating
2. Recovering
3. Exploring
4. Critiquing
5. Accepting

PREPARATION

Education and socialization to one's professional role within the healthcare system.

ORIENTATION

Introduction to workplace structure and function including orientation to professional roles and responsibilities within a work environment.

TRANSITION

Facilitation of a transition from learner to professional practitioner with responsibility and accountability within the context of a work environment.

INTEGRATION

Development of increasingly advanced and enhanced workplace and professional skills including clinical reasoning and judgment, decision-making, communication, workload and crisis management, inter/intra-professional negotiation, conflict resolution and clinical collaboration.

STABILIZATION

Maturation of professional identity, with a focus on career plans and trajectory, the honing of professional goals and ambitions for the purpose of building professional engagement and work commitment.
“I must admit that I still have a lot of like…” Oh shit, what do I do now’ moments.....”
My mind seems to be much more sharp and my memory has very much improved. I am able to keep track of so many more things in my head...I’m able to keep track of my patient’s conditions, their progress, symptoms, tests, important medications, lab values, problems....Things are falling into place. I guess from my last journal, the baby is finally learning to walk, maybe I’ll be a toddler next, or the terrible two’s.
It was just that hard on me emotionally and mentally that I just felt that I couldn’t do it. I thought I don’t want to be here…I should go back to school and do something else that I’m not going to hurt anybody, like Commerce or something….I’ve been trying to decide what else I could do with my life that wouldn’t be nearly so stressful. A job where I could still be around people, but not have to work 12-hour shifts, get up at 0600 in the morning, or deal with excrement every hour of the day.
8-12 Months Transition

- Things are settling out
- Their mind is working better
- They see THEMSELVES in comparison to OTHERS
- Start to see the ‘bigger’ picture
- They feel more a part of things
- They might want to make plans – learn more, see more
New Graduate Entry To Practice Support Framework

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Conceptual Model of Transition Support © Judy Boychuk Duchscher 2012
**New Graduate Entry To Practice Support Framework**

**EDUCATION**

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Framework for Transition Support Strategies © Judy Boychuk Duchscher 2012
NGs TRANSITIONING
Are THEY ready?

Fig. 1. The El Haddad (2016) substantive theory. Practice Readiness: A Nebulous Construct.
Sources of NG ERROR

- 75%-88% of NGs commit medication errors (Smith & Crawford, 2003; Ebright, 2004);
- 30% of these errors due to errors in critical thinking (Ebright, 2004);
- 20-40% of NGs will be involved in errors resulting in patient falls (Kenward & Zhong, 2006; Smith & Crawford, 2003);
- Delays in patient care (recognizing and responding to changes in conditions or level of need) as high as 37% (Smith & Crawford, 2003; Morrow, 2009).
Sources of NG ERROR

- Error rates are related primarily to DM in complex diagnostic contexts (Hickey, 2009) with errors increasing exponentially with 5.7 patient vs 4 (Ebright, 2004) and TIME being the primary factor in 80% situations;

- ‘being off kilter’ accounted for most error in recent study by Koehn, Ebright & Burke Draucker (2016):
  - Conditions that ‘challenged’ or 'flustered’ them – hectic or highly demanding workloads

- Error is PERSONAL – vivid and detailed descriptions accompanied by high levels of emotion w anguish persisting for days:
  - “...It just hit me – I could have passed out”
  - “....It made me sick to my stomach”.
“As the economic implications of failure (e.g., patient falls, skin breakdown, wrong-side procedures, re-admissions) have increased in recent years, more attention has been paid to **holding individuals accountable** and identifying and dealing with **risky behaviors**.

Less attention has been paid to the complexity that individuals encounter in the midst of care situations or the attempts they employ to manage the complexity. “

“It’s chaotic! I have five patients; often, one or more need care at the same time. How do I decide which patient is more important? What is the ‘right’ thing to do? If it’s life and death, no problem. It’s chaotic then, too, but not because of different patients needing something, rather the same patient needing multiple things at the same time. I feel bad, very unprofessional when I have to consciously decide to withhold needed care to a patient... Several times, I’ve thought about leaving nursing....I’m scared to death I will harm or kill a patient when I have to make choices between patients!”

NLRN 6–8 months post-hire

The New Nurse Navigating Complexity

STAGE ONE
- EXPERIENTIAL LIMITATIONS
- RELATIONAL DYNAMICS
- PROCESSING POWER

STAGE TWO
- TERMINAL EXHAUSTION
- SOCIOCULTURAL AWARENESS
- PROFESSIONAL GROWTH
- BALANCE SEEKING

STAGE THREE
- FAMILIARITY > CONFIDENCE
- DESIRE FOR ‘EXERCISE’
- EXPLORE/CRITIQUE

TRANSITION SHOCK

EMOTIONAL FEEDBACK LOOP
The integration of theory within complex practice scenarios is subtle.

The maturation of one's political, economic, organizational, cultural and socio-developmental relationships takes time.

Know 'how' and 'why' requires collaborative practice relationships.

Turning the wild fire of chaos into the controlled burn of complexity evolves over time, with conscious infusions of increasing intensity and complexity.
What does the research recommend?

- Partnerships between education and practice are essential
- Formal program versus spontaneous/trial and error
- Attention to phases and stages (different strategies)
- Bundling of strategies is best
- Individualize to NG when possible
- Structurally and functionally empowered workplaces
- A sense of community/belonging
- Village mentoring – ‘it takes a culture’
- Peer networking
- Progressive and evolving responsibility - DM, PS
- Feedback++
- EVOLVE the NG into complexity – CONTROL the chaos

Bicultural Immersion as a Strategy to Promote A Healthy Professional Role Transition for NGRNs

Team Members:
- Judy Duchscher (PI)
- Andrea Burrows (Co-Lead)
- Madison Cook (Lead Research Assistant)
- Robyn MacDonald (Research Assistant)
- Julia Lowe (Research Assistant)
- Renee Anderson (CoI)
- Tracy Hoot (CoI)
- Mateen Shaikh (Collaborator)
- Tracy Scott (Collaborator)
- Chelsea Holmes (Partner)

THOMPSON RIVERS UNIVERSITY
Cluster Health Grant 2019-2021
Potential demographic shift → casual approaches to initial employment appear to alter transition experience – delays or mitigation?
Scheduling of NGN interviews based on hours worked rather than months post-orientation;
Traumatic events early on (i.e. code blue) can influence a new nurse’s transition experience;
Previous placements on the same ward hired as a NG may have multiple influences on their transition experience (i.e. added pressure and/or familiarity advantage);
Impact of coping strategies/approach to stress on experience;
Mentors knowledge of NGN transition is imperative;
Structured meetings drive an evidence-guided support process;
Preliminary Findings

- Relationships are CRITICAL - support is as much emotive as it is pragmatic (NO JUDGEMENT ZONE);
- Social contacts serve as facilitators of belonging/acceptance;
- NGN level of energy is predictive of coping – stability, consistency, predictability, familiarity and success;
- PACING – if you don’t, I will....;
- Workload challenges and overtime are being NORMALIZED;
- Acute-care is intense, fast, dynamic, chaotic, complex and unstable – adaptability is acquired/learned;
- Day versus nights shifts – workload and relationships;
- Problem solving, conflict and time management IN chaos;
- Data acquisition is one thing – processing and responding is another;
- Are we preparing students for the environment they are entering?
“Dr. Duchscher’s book represents a living example of the 2010 IOM’s vision as she makes the journey of professional role transition for new nurses ‘come alive’. This book offers the newest members of our profession insight into what to ‘do’ to optimize this journey for themselves, and equally important, she affords those of us who support them a framework by which to do so. This is a MUST READ for anyone working with new nurses!”

Dr. Marlene Kramer
Author: Reality Shock: Why Nurses Leave Nursing
Orvis Chair in Nursing Research
University of Nevada
Former Dean
University of California School of Nursing
Vice-President Health Science Research Associates
Magnet Environments in Nursing
Nurse Residency Programs
Phoenix, AZ

With 40 years of professional nursing experience and over 16 years working with new nurses and researching their initial transition to professional practice, keynote speaker Dr. Judy Duchscher offers rare but power insights into what it is like to move from being a student to being a professional practitioner in the nursing discipline. The theory contained within this book not only ACCURATELY illustrates the experience of thousands of newly graduated nurses, but reveals that experience through POIGNANT and sometimes humorous stories told by the new nurses themselves. Dr. Duchscher is pleased to offer signed copies at the conference cost of **$20.00 – cash only please.**