



The lived experiences of newly qualified children's nurses

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The nursing care of children and their families is a unique speciality and has been recognized as such since 1802, when the first children's hospital was opened in Paris (Bradley and Wood, 1999). Children's nursing in Ireland also dates back to this time illuminated by the opening of the Pitt Street Institution in 1821, which became the very first teaching hospital for sick children in Great Britain and Ireland (Doyle et al, 2008). In Great Britain, the opening of the Hospital for Sick Children in Great Ormond Street, London in 1852 combined with the active role of Catherine Wood confirmed the establishment of children's nursing as being distinctive and specialized (Miles et al, 1996). The hospitalization of children causes considerable stress and disruption for both the children, and their families. Children's nurses are equipped with specialist knowledge and skills that enable them to care for children in hospital, along with their families. Children's nursing recognizes the uniqueness of each and every family by using a family-centred approach to care delivery and in doing so, embraces the primacy of the family in the child's life.

Background

Children's nurse education in the Republic of Ireland has undergone remarkable change in the past decade. Currently the route to becoming a registered children's nurse (RCN) involves a 12-month postgraduate higher diploma in children's nursing or alternatively, an undergraduate integrated general and children's nursing degree programme. A shortage of appropriately educated children's nurses has been highlighted in the literature (Johnson and Copnell, 2002; Almada et al, 2004; Andersson et al, 2005; Yancey, 2005; Gaynor et al, 2006; Candela and Bowles, 2008) and in the media. The Department of Health and Children (DOHC) (2005) have also recently identified a crisis in the shortage of trained RCNs in the Republic of Ireland.

The newly qualified nurse is a very special resource; these are the nurses that will form and lead the future of the nursing profession.

Abstract

Aim: This paper reports a study that explored the lived experiences of newly qualified registered children's nurses (RCN) in their transition from postgraduate student nurse to staff nurse. **Research question:** What are the experiences of newly qualified RCNs in their transition from postgraduate student nurse to staff nurse? **Methods:** A qualitative phenomenological approach was chosen for the study and six newly qualified RCNs were interviewed. Data analysis was based on the work of Colaizzi (1978) who devised a seven-step approach to assist the analysis within phenomenological inquiry. **Results:** Findings indicate that support is the most important aspect of the transition experience for these nurses. Mentorship and preceptorship programmes facilitate support during the transition period and previous experience prescribes the amount of support required by the newly qualified RCN. **Conclusion:** In highlighting the experiences of newly qualified RCNs in their transition from postgraduate student nurse to staff nurse, this study raises awareness among children's nurses, children's nurse educators and children's nursing managers about this unique group of nurses.

Key words: Children's nurse ■ Transition ■ Newly qualified ■ Postgraduate ■ Children's nursing

Almada et al (2004) suggest the transition experience of the newly qualified nurse directly influences staff retention rates and therefore, a greater understanding of this experience is crucial to the profession. The transition experiences of newly qualified general nurses has been extensively represented in the literature (Gerrish, 2000; Amos, 2001; Evans, 2001; Levett-Jones and FitzGerald, 2005; Newton and McKenna, 2007; O'Shea and Kelly, 2007; Evans et al, 2008; Higgins et al, 2010). Transition experiences of newly qualified midwives (Begley 1999; 2002) and newly qualified psychiatric nurses (Cleary et al, 2009) are also evident in the literature. However, although the unique role of the children's nurse (Price et al, 2006; O'Brien and Duffy, 2010) is represented to a degree within the literature, there is a clear deficit of published material pertaining to the transition experiences of the newly qualified children's nurse.

The study

Research question

What are the experiences of newly qualified RCNs in their transition from postgraduate student nurse to staff nurse?

Study aims

- To explore the transitions of newly qualified RCNs from postgraduate student nurse to staff nurse.
- To highlight the positive and negative experiences of this unique group.
- To raise awareness among children's nurses, children's nurse educators and children's nursing managers in relation to the experiences of newly qualified children's nurses.

Method

The nature of the research question led to the selection of a qualitative design. Qualitative research adopts a person-centred and holistic perspective and in doing so, helps to develop an understanding of the human experience (Holloway and Wheeler, 2010). A phenomenological approach was chosen for

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Box 1. Participant criteria

- All participants must be registered children's nurses (RCN) with An Bord Altranais (Irish Nursing Board).
- All participants must have a minimum of 6 months and a maximum of 18 months clinical experience working as an RCN.

the study because the goal of phenomenological enquiry is for the researcher to understand the meaning of experience as it is lived by the participant. The participant experience was the focus of this study therefore, this approach was deemed the most suitable to answer the research question.

Phenomenology is a philosophy, approach and method (Oiler, 1982). Hermeneutic phenomenology is a research method that is based on phenomenological philosophy (Cohen et al, 2000). For the method of this study, the researcher utilized the stance of German philosopher, Martin Heidegger (1889-1976). Heideggerian phenomenology is sometimes referred to as existential phenomenology or philosophical hermeneutics (Koch, 1995). Fundamental to Heideggerian phenomenology is to examine what it means to be a person (Farley and McLafferty, 2003). Heidegger believed that interpretation is built on fore-structure. Fore-structure is what is known or understood in advance of interpretation (Geanellos, 1998) and is formulated as a result of experience in the world. Heidegger referred to such experiences as 'background' and believed that it is this that presents a way of understanding the world (Koch, 1995). Heidegger believed that people understand in terms of what they already know, and without that, there would be no understanding at all (Geanellos, 1998). Heidegger therefore, rejected the idea of bracketing, which involves examining one's beliefs and detaching from

Box 2. The seven steps

1. Acquiring a sense of each transcript.
2. Extracting significant statements.
3. Formulation of meanings.
4. Organizing formulated meanings into clusters of themes.
5. Exhaustively describing the investigated phenomenon.
6. Identification of the fundamental structure of the phenomenon.
7. Validation: returning to the participants.
(Colaizzi, 1978)

them to avoid researcher bias. He believed that it is impossible for researchers to separate themselves from their own past experiences.

LeVasseur (2003) acknowledges that some authors equate the technique of bracketing exclusively with all phenomenology, regardless of fittingness to philosophical framework. For this study however, bracketing was not used because the researcher is an RCN and has experienced the transition experience from postgraduate student nurse to registered children's nurse in the past. Many authors believe the technique of bracketing within a hermeneutic approach is both questionable and inconsistent (Lopez and Willis, 2004) and that it is simply impossible to 'eliminate' life experiences as they are intrinsically linked to interpretation (Whitehead, 2004).

Setting and sample

The setting for the study was one of the three children's hospitals in the Republic of Ireland. A purposeful volunteer sample, recruited via poster advertisement, was utilized for the study. Polit and Beck (2008) advocate eligibility criteria should be 'spelled out' for potential participants and preferably in writing. Therefore, specific criteria for participant inclusion were set out on the recruitment poster (see Box 1) so it was clear for all potential participants. Eight RCNs contacted the researcher to participate in the study, six were interviewed and two did not meet the eligibility criteria.

Ethical consideration

A detailed study plan was presented to the Hospital Ethics Committee and ethical approval was granted. Access to the research site was granted by the Director of Nursing of the hospital. Anonymity was maintained through the use of pseudonyms and confidentiality was upheld as only the researcher had access to the data. Participation in the study was entirely voluntary and participants were assured that they could withdraw at any time without specification of reason.

Data collection

Six RCNs were interviewed for the study. Interviews were conducted at a time convenient to the participants in a quiet private room within the hospital. All interviews were conducted by the same researcher. Participants were informed of the purpose of the study and permission was sought to tape record the interviews. The researcher also engaged each participant in light conversation prior to interview to ensure participants felt at ease.

Data analysis

Data analysis was based on the work of Colaizzi (1978) who devised a seven-step approach to assist with analysis within phenomenological inquiry. The seven steps (see Box 2) provided the researcher with a methodical structure and also allowed the researcher to reflect upon and interpret emerging themes. O'Shea and Kelly (2007) suggest that an interpretive process is paramount in the process of analysis and reflection within phenomenology.

Findings and discussion of findings

Five primary themes emerged from the data and were organized into a cluster. This paper presents two of the themes from the cluster (See Box 3).

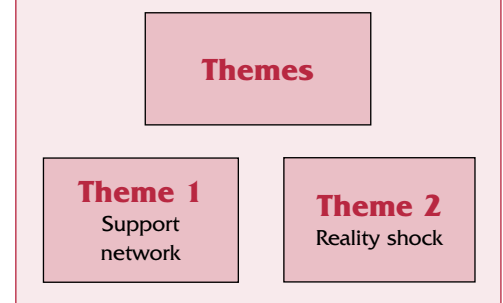
Theme 1: support network

Participants were asked about how they felt during the first week of their new role. All participants spoke about the presence of, or the absence of, support they felt during that time. The phenomenon of support emerged as being directly linked to participants' experience of being a newly qualified RCN in their first week. One participant commented on the value of the support she experienced on her ward:

**'.. here especially on this ward there was a lot of support you know, there was always senior staff members on, so and they were good you know.'
(Orla*)**

The presence of support facilitated a smooth transition period for participants and the staff nurses working on the ward were identified as being the primary support to the newly qualified RCNs. One participant described feeling 'lost' and 'thrown in' during her first few weeks as a staff nurse. However, the support she received from the staff

Box 3. Cluster themes



*Names have been changed



working on the ward helped alleviate these feelings.

‘I suppose I felt a bit lost and a bit thrown in’...‘I wasn’t like terrified or thrown in at the deep end and like that the staff here were good and they were the support really.’ (Patricia*)

Another participant concluded that the support network she experienced during her first week as an RCN was ‘the key’ to alleviating much of her fear and anxiety during the first week of her new role.

Contrarily, another participant spoke about the lack of support she experienced during her first week as an RCN and how she felt during that time.

‘Disillusioned. Totally. God, this is what I trained for just to be left on my own?’ (Bridget*)

It is clear from this excerpt that feelings of fear and disillusionment were amplified when support was not available during the initial transition phase. Participants were asked what would be of help to future newly qualified RCNs during their first week and all cited the existence of a ‘good support network’. This finding concurs with the findings of similar studies concerning new nursing graduates around the world. Ross and Clifford (2002) in the United Kingdom, Zinsmeister and Schafer (2009) in the United States and Cleary et al (2009) in Australia all found that the level of support experienced by newly qualified nurses had a direct effect on their transition experiences. In addition to this, another study from the United States by Nugent (2008) found the presence of a supportive clinical environment for newly qualified nurses improved their transition experiences significantly.

Findings from the study indicate an intrinsic link between staffing levels and support. Participants openly highlighted that the amount of support they received was a direct reflection of how well the clinical area was staffed.

‘...had a lot of support and there were a lot of senior staff nurses on. And you were never left to do things that you weren’t comfortable with.’ (Orla)

Two participants reported that because of poor staffing levels, they had nobody to ask questions to, or clarify information with during their first week as staff nurses. One

participant described how poor staffing levels left her feeling alone and isolated.

‘There was literally nobody to ask anything to on the ward.’ (Bridget)

This lack of support caused participants to feel abandoned and anxious in their new role. The finding that staff shortages influence the transition experiences of newly qualified nurses is extremely significant especially in light of the embargo on staff recruitment, which is currently in place in hospitals in the Republic of Ireland.

Sub-theme: ‘finding your own way’

The absence of support experienced by some participants caused them to feel lost and placed them in a position where they had to find their own way. The phenomenon of ‘finding your own way’ is unique to this study as it has not been uncovered within the current literature. Participants expressed positive aspects of finding their own way. One in particular stated that it motivated her to study further and build upon her knowledge of children’s medical and surgical conditions. Another explained the retention benefit of firsthand experience.

‘There’s something about learning things yourself, you know, you definitely won’t forget it.’ (Yvonne*)

This was reiterated by another participant who found herself in a position where she ‘had’ to find her own way.

‘Life would have been made a lot easier if I didn’t have to find my own way’...‘I suppose it does make you feel a little bit vulnerable but when you learn it your own way, you won’t forget.’ (Patricia)

Similar to the findings of studies by Evans (2001) and Jackson (2005), both in the United Kingdom, participants reported feeling anxious, lost and uncertain in their new role. However, unique to this study is that despite these feelings, they quickly reported their ability to ‘find their own way’. This may be owing to the fact that it was their secondary transition experience. All participants were ‘dual-qualified’ nurses meaning they had experienced a primary transition in their original nursing discipline.

In addition to helping them find their own way, many participants acknowledged their previous nursing discipline’s influence on the amount of support they required during their transition from post-graduate student nurse to

RCN. This finding will be explored further under the sub-theme, previous experience.

Sub-theme: mentorship/ preceptorship

Preceptorship programmes are advocated by the Irish Nursing Board (An Bord Altranais (ABA) 2003). The Nursing Education Forum (2000:15) recommends that, ‘each student whilst on clinical placement should be assigned a named preceptor who is a registered nurse’. This recommendation was made in relation to undergraduate students and it is not clear if newly qualified nurses are meant to be included in it.

All of the study’s participants linked mentorship and preceptorship with the phenomena of support. The terms mentorship and preceptorship were used interchangeably by the participants. Some participants conveyed positive experiences of mentorship and preceptorship programmes reporting that they felt more confident in their practice as a result of the programmes. One participant commented:

‘You’d have competencies then as well done up and you go through them and you have to pass them they’re ticked off as you do them and you feel confident.’ (Grace*)

This finding is in line with the consensus in the literature that mentorship and preceptorship aid role transition (Heslop et al, 2001; Whitehead, 2001; Rosser and King, 2003; Salt et al, 2008).

For some participants however, although the staff on the ward were friendly to them, there were no formal mentorship or preceptorship programmes:

‘I think there was this buddy system, wasn’t there? I’m not too sure.. the staff were all very good anyway and all very friendly but there was no strict formal protocol for induction or anything like that.’ (Paula*)

For others, mentorship or preceptorship did not materialize at all:

‘We were supposed to have a preceptor but that didn’t materialise really you know.’ (Bridget)

Participants used the terms mentor and preceptor interchangeably. This suggests a lack of understanding and clarity surrounding the terms amongst participants and possibly, among others in the clinical setting. It

could be this lack of clarity that contributed to the lack of formal preceptorship and mentorship programmes for some of these newly qualified nurses.

O'Malley et al (2000) have put forward that preceptorship programmes should be standardized in an attempt to provide a quality package for new staff nurses. Salt et al (2008) concur with this idea however, suggest that any retention strategy will result in a positive retention outcome for newly qualified nursing staff.

These proposals do not concur with the findings of this study because participants conveyed a more positive experience of preceptorship programmes when they were made 'specific' to their area of work rather than standardized.

In addition to the above, the findings from the study also indicate that the most significant problems associated with mentorship and preceptorship pertained to staff shortages. Participants reported that staff shortages were the main reason their preceptorship programmes did not materialize or 'work out'.

**'There just wasn't enough staff.'
(Bridget)**

The literature acknowledges that 'time constraints' experienced by mentors and preceptors influenced the effective implementation of programmes (Ohrling and Hallberg, 2001). The literature does not however, acknowledge the effect of staff shortages.

Sub-theme: previous experience

Findings from the study indicate that RCNs who do not come from a general nursing background may need more support during the transition period.

'Well I think first of all you have to identify what background they (newly qualified RCNs) came from because, a lot of the nurses here would come from a general background. I didn't so I found that people who don't come from a general background, you know, might need a bit more support, I think, than people who do.' (Orla)

All participants who commented that more support is needed for people who do not hold a general nursing qualification were from an intellectual disability background. One participant provided a rationale for their comment:

'I suppose it's more medicalised and

obviously you have sicker children where as in my old job they were not sick people, it was just dealing with the activities of daily living rather than the sick child and caring for them.' (Paul*)

There were no participants from a psychiatry background in the study. However, because psychiatric nursing is not as medically or surgically orientated as children's or general nursing, their experience may be similar to that of the nurse who comes from an intellectual disability nursing background.

The finding that a person's previous experience of nursing work influences the level of support that they require post-qualifying as an RCN concurs with the findings of other studies such as Smith (2004) and Rosser and King (2003), who found that people entering hospice nursing having come from unrelated nursing disciplines required more support during their transition than nurses who had previous experience of palliative care. Similarly, this study indicates that participants who come from an intellectual disability background require more support than participants who trained as general nurses.

Theme 2: reality shock

The term 'reality shock' was coined by Kramer (1974) to describe how nurses felt when they experienced the reality of practice. When participants of this study were asked how they felt during their initial experience of transition, they reported feelings of anxiety, fear and stress which are all affiliated with the phenomena of 'reality shock'.

'A lot more nerve wrecking and sort of scary I suppose you could put it, as in, you know, you don't want to make mistakes and you're a lot more fearful of making a mistake at the start.' (Grace)

Participants expressed anxiety in relation to the staffing levels of the ward, being responsible for other students and their own practice. Fear was also reported in relation to the possibility of making a mistake. Many participants felt uncertain in their practice and some participants reported feeling 'stupid' in situations when they were unsure of what they needed to do for their patient.

'Stupid (laughs) You sort of feel like an idiot. You're standing back and you sort of don't know the routine so everyone else is running around and grabbing this and grabbing that

and doing this and doing that and you just feel a bit, I don't know, you just sort of feel like you don't know what's going on and you're just sitting back and watching everyone and you try to go over and get something and I suppose you don't know the routine so you can't muck in as much as anyone else.' (Grace)

Participants found the period of transition into their new role stressful. These findings concur with the plethora of literature which exists in relation to the transition experiences of newly qualified nurses. The literature does however, fail to make explicit when exactly the transition experience begins and ends for newly qualified staff nurses.

Participants reported that it took between two and twelve months before they felt comfortable in their new roles. Participants in specialist areas such as theatre, accident, and emergency experienced a longer period of transition than participants who practised on general medical and surgical wards. The author believes that the transition experience of the newly qualified RCN is concerned primarily with the specific 'role' of the children's nurse. As discussed earlier, all participants would have experienced a primary transition in their original nursing discipline. Participants would be familiar with the healthcare system and the structure of the organization.

Charnley (1999) found that learning the system of the health environment was one of the leading causes of stress and anxiety amongst newly qualified nurses. The nurses that Charnley (1999) studied did not however, have prior experience of transition within nursing. This reason coupled with the findings of this study have led the author to believe the transition experiences of newly qualified RCNs are different than they would be for nurses who have no prior experience of transition.

Sub-theme: professional accountability

Accountability in nursing is a multifaceted and complex issue with key implications for the profession. Accountability carries with it ethical and legal implications as well as implications for patient care (Sorensen et al, 2009). The reality of professional accountability had a significant effect on the transition experience of the newly qualified RCNs. Snowdon and Rajacich (1993) suggest that although the term accountability is ill-defined, it is most frequently described in terms of its interrelationship with the concepts



of responsibility, authority and autonomy. One participant explained her view of professional accountability:

'I suppose as a post-grad you can try and answer as much as you can but at the end of the day it falls back onto the staff nurse in charge but you're the staff nurse so I suppose the buck stops with you. You have the responsibility.'
(Patricia)

Luhanga, Myrick and Yonge (2010) suggest that accountability entails responsibility and therefore, anyone who is responsible is ultimately accountable for his or her actions. Participants reported both positive and negative aspects of their newfound feelings of responsibility. This finding is similar to that of Amos (2001) who found that the feeling of responsibility became a 'double-edged sword' for newly qualified nurses.

For some, the heightened sense of professional accountability experienced on qualification gave them back 'ownership' of

their practice. Participants reported feeling a loss of control over their practice when they were post-graduate student nurses because the care aspects they identified for their patients could only be carried out by an RCN. On qualifying as an RCN, participants explained how they enjoyed feeling responsible for their patients once again:

'Just getting back and having more responsibility you know. Like as a student you know in some areas you had to do this, this and this, but like you couldn't because you weren't a staff nurse or things like that.' (Orla)

This finding is significant because according to the literature, the experience of professional accountability on qualification is reported as being stressful and anxiety-provoking for newly qualified nurses (Charnley, 1999; Whitehead, 2001; Delaney, 2003; Lofmark et al, 2006). The author believes the past experiences of transition and of gaining professional accountability of the participants

in this study, enabled them to embrace their regained professional accountability upon qualifying as RCNs.

For some participants, becoming an RCN led them to feel additional responsibilities. One participant reported feeling responsible, not only for herself, but for everyone on the ward including new postgraduate students.

'Just that most of the responsibility (pause), but like you'd feel responsible for everybody and even for students. Maybe you didn't think that you had enough knowledge to teach students because you're only just qualified but you might have been allocated maybe two students that might have started.' (Yvonne)

This participant expressed feeling that she did not have enough knowledge upon qualifying to teach new students. The finding that newly qualified RCNs feel overwhelmed with the professional accountability associated with student supervision is similar to the



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Support during the student to staff transition is key to ensuring high standards of care

findings of a Swedish study; Lofmark et al (2006) found that newly qualified nurses rated informing and teaching colleagues and students lower than any other area of nursing.

The study has uncovered that reality shock is experienced by the newly qualified RCN. The most significant facet of this reality shock is in relation to professional accountability. This aspect of reality shock has been embraced by the newly qualified children's nurse and the author attributes this to their past experiences of role transition. It is however, clear from the study, that the professional accountability associated with

the supervision of new postgraduate students is an aspect of professional accountability that should be savoured for the more experienced nurses, rather than being allocated to the newly qualified RCN.

Study limitations

Owing to the economic constraints of this unfunded study, the researcher did not have access to the entire population. Despite this obvious limitation, the author believes the selected population was representative of the target population.

Conclusion

Findings indicate that support is the most important aspect of the transition experience for newly qualified RCNs. Mentorship and preceptorship programmes facilitate support during the transition period and previous experience prescribes the amount of support required these nurses. The absence of support leads to participants 'finding their own way'. Their ability to do this may be attributed to previous experience obtained during primary transition experience.

It is clear from the study that further research is needed into the transition experiences of newly qualified nurses who have past experience of transition. It is also evident that the area where the newly qualified nurse practices greatly influences their transition experience. The author suggests there is a need for preceptorship programmes that are designed specifically for every ward and speciality to enhance the transition experiences of newly qualified children's nurses.

If children's hospitals are to have adequate numbers of appropriately trained nurses, it is

KEY POINTS

- Transition from student to staff nurse: support is the key!
- Mentorship and preceptorship programmes facilitate support during the transition period
- Absence of support lead to the newly qualified registered children's nurse (RCN) 'finding their own way'
- Previous experience prescribes the amount of support required by the newly qualified RCN
- Newly qualified RCNs experience reality shock upon qualifying



imperative that this group is supported and guided carefully. Enhancing the transition experience of this minority group will encourage newly qualified RCNs to continue caring for children and their families in hospital, and in the community. BJN

Conflict of interest: None

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