

Transitional programs

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LEARNING OBJECTIVES

When you have completed this chapter you will be able to:

- ✓ understand the historical situatedness of transition facilitation programs in the recruitment and retention of newly graduated nurses;
- ✓ develop a conceptual knowledge of workplace integration as it relates to current research on new graduate transition;
- ✓ experience a broad range of potential transition facilitation techniques and approaches;
- ✓ understand the basic criteria for selection of a successful transition facilitation program;
- ✓ appreciate the nature of transition facilitation as a collaborative and synergistic responsibility of both undergraduate education and the healthcare service industry.

Key words: transition, socialisation, supportive environment, role adjustment

Introduction

The healthcare workplace can be intimidating and overwhelming to a new nurse. No longer the outsider or the observer, this young professional is now a fundamental part of the healthcare system. A structured support program can provide the new graduate nurse with a gradual introduction of responsibility and workload that allows them to 'ease' into their new role. This chapter explores the development, function, and structure of new graduate nurse transition programs. The essential elements of a good program are examined and discussed. A shopping list approach is introduced as one method for seeking out the elements of support that are valuable in a transition program.

Transition facilitation programs

A transition facilitation program is defined here as a set of resources aimed at assisting newly graduated nurses with their adjustment to contemporary professional practice. While the strategies used—such as formal mentoring and preceptor programs, new graduate transition orientation and educational units, buddy shifts, residency, internship or supernumerary employment—may vary, elements of any formalised transition program should:

- gradually and progressively increase the confidence and skill competence of the novice practitioner;
- foster supportive intra- and inter-professional relationships between new graduate nurses and their multidisciplinary colleagues;
- create and maintain a healthy work culture that values creativity and collegiality;
- encourage the advancement of nursing knowledge that is grounded in evidence-based clinical practice; and
- optimise the transfer of expert practical nursing knowledge through the development of programs that encourage and support a culture of mentoring.

A transition program can take the new graduate nurse from beginning work in the healthcare workplace to being an integrated part of the healthcare system.¹ The broad aims are to assist the new graduate to develop confidence and competence, and to facilitate a healthy professional adjustment and long-term career commitment.² While transition programs can assist with developing clinical skills and increasing self-confidence, they also help the new graduate nurse become familiar with the employment facility and assist them in adapting to the healthcare environment as a part of a team.^{3,4} Transition programs continue to evolve and differ from one state or territory to the next. Looking back at the impetus and development of these programs can assist us in understanding the key aspects of a good program.

A history of transition programs

The genesis for the types of transition programs that can now be found at healthcare services throughout Australia is not well documented in nursing literature. To understand the logic behind the development of transition programs, one must first gain a sense of how the education of nursing in Australia has changed in the last 25 years.

Briefly, nursing education was previously the domain of hospital training schools that were most often attached to larger hospitals. Within this framework, the objective of the student was to learn about nursing through their formal education and to develop nursing care skill and practical knowledge through a close working relationship with senior practising nurses. Referred to as the

apprenticeship model, this method of undergraduate education served both the hospital and the student. While providing the necessary staffing to adequately care for the existing patient census, this approach also facilitated the evolving competence and professional socialisation of the student over the course of the three-year educational period. Transition from third-year student nurse to registered nurse was a less distinct process, and was often reflected in the students' successful passing of both a hospital and a state registering body examination.

Stepping forward in time, nursing education is presently the domain of the higher-educational system rather than the healthcare workplace. It is clear that overt and often covert conflict may continually arise between the healthcare workplace and the educational sector as to who is responsible for the development of the registered nurse.⁵ Although little is written about this ongoing conflict, transitional programs are generally presumed to be a responsibility of the healthcare industry rather than one that is shared with educative institutions.

The need for more formalised structures that can support a successful transition from student to registered nurse may be more apparent in a system where education and work are separate. In her thesis on the value of transition programs, Evans⁵ notes that:

tension arises due to this mismatch between the educational preparation and the reality that new graduate nurses find in the workplace. On the one side, the professional status of nursing is thought to be enhanced by tertiary education away from the demands of the workplace while on the other, the service side of nursing requires that the job be carried out without the emphasis necessarily on quality outcomes for the patient. One of the problems facing the new graduate nurse is that at some stage they must make the transition from educational ideal to workplace practice reality.

The overall purpose of a transition process is to bridge the potential gaps between theoretical conjecture and practice reality. In the perfect world, a professional transition process would commence early in the undergraduate education of the student with introductions to the culture and workplace expectations of professional practice, and continue progressively and sequentially through graduation and the novice's introduction to the workplace. The result would be a smooth course of professional socialisation that both prepares the student and supports the practitioner who is learning to accept new responsibilities and understand the full scope of their professional accountability. In essence, the 'ideal' transition process would eliminate the need for a formal transition program all together.

But we don't yet live in a perfect world, and until such time, the onus for facilitating the transition experience continues to fall primarily within the realm of the healthcare institutions employing new professionals, and therefore begins at the end of the formal educational period.

Transition facilitation program models

Transitional programs are often structured within a conceptual model of deficit, compensation, praxis consolidation, or internship. These models are abstract and intended to coherently represent the distinctive elements of a reasonable transition program. As such, the application of these models in the construction of transition programs vary according to the availability of resources, personnel, expertise and the focus of the particular health service.

In recent years a number of transition program models have been developed. Several of these models are discussed here with a focus on what makes a good program, such as being graduate centred, and containing flexible and forward-thinking elements.

Deficit model of transition

A *deficit model* of transition is where a shortfall or a lack of knowledge, skills or abilities is assumed.⁶ According to Ward,⁷ these deficits can be targeted by transition programs that focus on increasing skills, ability and knowledge. Transitional programs that utilise the deficiency model assume that the new graduate nurse is 'deficient in some aspects of nursing practice'.⁵

Limitations of the deficit model include that it is too simplistic and does not help to explain or explore the multifaceted relationship that exists between the acquisition and application of knowledge.⁷ Benner⁸ also claims that a deficit model allows us 'to see only the gap' in nursing knowledge and skills and ignores the synergy between knowledge and the complexities of clinical practice.

The proponents of the deficit model assume that new graduate nurses are at risk of making clinical errors due to a lack of experience and clinical knowledge.¹ Accordingly, transition programs are designed on the basis of a lack of clinical education. Research on clinical errors, however, does not support the idea that new graduate nurses require further clinical education in order to decrease the risk of clinical errors.¹ The question, then, is why are transition programs based on this 'deficit model'? Does the healthcare workplace not trust the higher-education system to develop beginner competence for newly registered nurses? In their study of clinical risk management, Johnstone and Kanitsaki¹ found that what was most influential on new graduate nurses' abilities was a lack of 'corporate knowledge', and not a lack of nursing knowledge and skills as assumed most often by the healthcare workplace.

Consolidation transition model

The second model, and one that is commonly used for transitional programs, is the *consolidation model*. This model is based on the assumption that new graduate nurses possess knowledge and skills but would benefit from both supervision and exposure to the 'culture' of professional nursing issues that exist within the workplace.⁵ Taking this a step further, Snyder and Feldman⁹ proposed a variation

of this approach, entitled the *consolidation transition model*. Duchscher¹⁰ suggests that this modified transition model fits best with the new graduate nurses' descriptions of their graduate year experiences.

The consolidation transition model was developed to help explain and explore the cognitive development of the newly graduated nurse.⁹ The model is based on the notion that the novice or beginner will enter stages of consolidation (strengthening their existing knowledge base by combining theory with practice) and stages of transition (evolution of the professional self and expansion of tacit knowledge). The beginner will alternate between consolidation as equilibrium and transition as disequilibrium.¹¹ The consolidation transition model takes into account that development is not a linear (straight-line) progression, nor is it a constant process. Rather, development tends to proceed in phases.¹² The consolidation transition model has been tested on the development of moral judgment and may be a useful model for new graduate nurse transition programs in that the complexity of the healthcare workplace is more likely to be taken into consideration within this model.¹¹

Internship model of transition

Although not common in Australia, *internship model* programs are utilised in a number of overseas countries including North America. This model is based on the idea that educational and career experiences are melded together to help develop a sense of working in the profession.¹³ Workplace mentors, supervisors and supportive staff are important elements in the internship program.¹⁴ Experiences gained in the workplace can help the 'intern' to acquire a true and realistic sense of employer expectations, the workplace environment and the 'habits, skills and attitudes needed, valued, and rewarded'.¹³

Usually having graduated, but not yet competent and confident to function in a fully responsible practitioner role, internships provide the opportunity for the novice practitioner to test their skills and try out ideas in a temporary job situation while working side-by-side with experienced professionals. During the course of this novice-experienced nurse partnership, the inexperienced nurse is afforded opportunities to observe and participate in the professional culture while still being given permission to be in a learner role. Internships offer time for the new professional to create and develop a network of contacts that can assist them with career development while at once allowing them to earn a professional wage.

Not all internship programs are full time and several models are based on a volunteer or student role (see externships, below). Programs may involve some monetary compensation, may provide credit for work experience through an acceleration in the students' educational program, or simply provide exposure to work culture for the student or new graduate.^{15,16} The flexible structure of an internship may not be suitable if the goal is for the new graduate to become a part of the nursing workforce as quickly as possible. In addition, internships tend to be based in one clinical area, and rotation through a variety of clinical areas

may not be part of the program. Many baccalaureate nursing programs offer a type of internship or consolidation period towards the end of the education program, at a point where the student has not yet graduated and registered as a nurse but has completed all theoretical aspects of the program. These roles tend to be supernumerary and generally do not offer wages.

Externship model of transition

The *externship model* of transition is an example of a role that aims to prepare the student for the workplace and, as such, occurs just prior to graduation.¹⁷ Although externship programs aim to lessen transitional stressors and pressures, they were initially developed to assist with recruitment and retention problems by hospitals, particularly in the US.¹⁷ The structure and format of externships frequently resemble the internships described above but target senior nursing students looking for specific employment positions.

Transition practice model

The *transitional practice model* is another example of evolving models that can be utilised by healthcare settings for new graduate nurses and by more experienced nurses who are moving into new speciality areas.¹⁸ This model is based on Benner's theory of experiential learning and critical thinking,⁸ and the program includes orientation, preceptors and competence assessment.¹⁸ A developmental transition model from Schoessler and Waldo¹⁹ utilises Benner's theory of experiential and critical thinking, framed within Bridges' transition theory.²⁰ These authors further infuse concepts from Kolb's experiential learning model²¹ to illuminate the evolving cognitive process that occurs for new graduate nurses as they enact and reflect upon increasingly complex clinical situations. In Schoessler and Waldo's model, the transition period is suggested to extend over an 18-month period and progress through previously determined stages that are generic to all professionals,²⁰ but uniquely influenced by and expressed within the nursing context.

Speciality transitional programs

Some new graduate nurses may prefer a transition program that incorporates a particular clinical speciality. For example, various health services may operate a new graduate nurse transition program that specifically orientates the novice practitioner in mental health or paediatric nursing. Such speciality programs do exist throughout Australia and can be advantageous to a new graduate who has decided on a speciality before graduation. It should be noted, however, that a transition program designed for a particular speciality would not provide the new nurse with the more generic experience that can be gained from a wider variety of experiences. For example, a transition program in mental health nursing will not necessarily improve or consolidate proficiency in medical or surgical nursing

care. It may be of advantage to the new graduate nurse to begin their clinical career without the limitations of a speciality field. A general transition program that allows for access to a variety of more generalist workplaces can provide a good clinical grounding to base a more specialised program on at a later date.

A considerable number of hospitals throughout Australia have begun to offer programs that extend out to the second and even the third year after initial registration. Such programs can provide an in-depth experience in a clinical speciality that the student may have briefly experienced during the first-year transition program. The second- and third-year programs might incorporate, but may not be limited to, clinical specialities such as critical care, intensive care, operating suite, cardiac care, emergency nursing, oncology and community nursing. The advantages of extended transition programs are that in the first year of these programs, the new graduate nurse is provided with a generic range of nursing experiences (for example, medical–surgical placements) while being ultimately supported to gain experience and expertise in the preferred, more intensive clinical setting.

Before completing the first year of the transition program, the graduate nurse can elect to join an Entry into Speciality Practice (ESP) course. This is a 12- to 24-month course designed to expand the graduate's experience in these specialised areas with similar supports such as extended orientation, study days, mentoring, preceptoring, supernumerary time and access to nurse educators. The advantages to graduate nurses are that their interest in a speciality area is nurtured in a supportive environment while they learn more about the area of their choice. The advantages to the hospital is that the graduate nurse enters into a longer contract (up to three years instead of one) and that the graduate nurse who enters the ESP course is already professionally and locally socialised to the nuances of that organisation.

Are all transitional programs equal?

It may seem logical to provide new graduate nurses with some type of support during their first year. The availability of transition programs has, however, tended to vary considerably. In Australia, while there is increasing momentum in support of the development of transition programs, there continues to be considerable differences in both the defined period of time over which the transition program is implemented, and the structure and content of the programs. This is perhaps partially due to varying levels of state governments' investment in these programs and may also be determined by the nature of the healthcare service and available resources. A lack of national commitment to standardised new graduate nurse transition programs may reflect state government values rather than the basis of a foundational Australia-wide commitment to new graduate nurses.

In a landmark national enquiry into the nursing profession,²² the federal government reviewed all aspects of education and practice for nurses and reported that:

- the programs offered to support new graduate nurses into their first year of practice are inconsistent from one healthcare organisation to another;
- there is no consistent amount of funding in Australia to hospitals for these programs;
- these programs may consist of formal and informal preceptorship, mentoring and orientation that vary greatly in quality and length of time;
- there have been increasing instances of graduates who have been employed on a casual basis with an agency or an emergency 'pool' where they are expected to practise in a range of clinical settings without having any appropriate orientation process.

Structure and function of programs

The structure and function of transitional programs varies significantly. The authors suggest you carefully and thoroughly examine each transition program for what it has to offer. By asking questions and reviewing transition program profiles, new graduate nurses can determine:

- *how* the program is offered (does it contain a mix of content and application in a complementary relationship over the entire transition program?);
- *what* content the program offers (does the program provide information on all aspects of transition such as dealing with conflict and managing your workload, as well as offer you opportunities to practise what you have learned alongside an experienced practitioner?);
- *who* teaches the program (are experienced nurses who practise currently participating, and does the program offer access to advanced educators, managers and professionals from across the disciplines?);
- *how long* the support extends over (is there a minimum of 6 months formal education and graduated introduction into the workplace?).

What your program contains, how it is implemented and evaluated, and the length of time over which you are integrated into your new practice role will greatly influence your transition experience and ultimately your early impressions of nursing and the healthcare system. Understanding the culture of both the institution within which you will be employed, and the nursing unit where you are going to work, are critical elements to any transition program. Ensuring that all staff are encouraged and supported to participate in your orientation and integration can be a clue as to how well the institution functions as a whole. Make sure that you feel welcomed and nurtured—there is a direct relationship between your job satisfaction and your ability to practise the professional values you have come to know in your education.

Figure 21.1 offers a comprehensive template of the structure and function of a transitional program. The details of the template construction are drawn from

Duchscher's evolving theory of the stages of new graduate nurse transition²³ and build on the tenets of Kramer's²⁴ reality shock theory and bicultural training program.²⁵ The functions of transition programs detailed below are based upon Chandler's model of empowerment,²⁶ and Kanter's theory of organisational work,²⁷ both of which have been tested by Chandler,²⁶ Laschinger, Finegan & Shamian,²⁸ and Fineout-Overholt.²⁹

TRANSITION SUPPORT PROGRAM STRUCTURE

A 3-month Professional Role Socialisation Program (PRS)

Note: Program provided to senior nursing students

I Content (1 day/week for 1 month then 1/2 day/week for 3 months)

Provided to senior students during their final educational term.

- a. Transition as a process:
 - i stages and experience of transition
 - ii reality and transition shock
 - iii stages of skill acquisition.
- b. Bureaucratic organisational culture theory.
- c. Change theory related to organisational dynamics.
- d. Death and palliation education.
- e. Code protocols.
- f. Conflict management, role negotiation, and multigenerational theory.
- g. Stress, empowerment, and burnout in the workplace theory.
- h. Issues related to nursing practice in bureaucratic organisations.
- i. Workload management and delegation.
- j. Nursing culture.
- k. Facilitating transformational change and promoting biculturalism in the workplace.

II Application (1/2 day/week with latter 3 month period of above content)

- a. Present possible dimensions of professional–bureaucratic polarisation and professional values challenge with use of scenarios to demonstrate.
- b. Mediate responses to scenarios through experienced nurse and new graduate partnerships.
- c. Facilitate experienced nurse and new graduate partnering for transformational change in the healthcare workplace.
- d. Apply intradisciplinary and multidisciplinary approaches to collaboration in the workplace.
- e. Utilise managers, clinical educators, experienced nurses, and multidisciplinary panels.

Figure 21.1 Transition program template (continues overleaf)

B 12-Month Role Transition Program (RTP)

Note: Program provided to new nursing graduates

III General orientation (4 full days)

- a. Institutional culture and expectations.
- b. Familiarity with institution physical structure.
- c. Institutional policies and procedures.
- d. Reporting structures.
- e. Occupational health resource and staff assistance program availability.

IV Nursing unit orientation (8 weeks)

1 Week One (3 days content/two 8-hour clinical day shifts)

- a. Unit culture and work-role expectations.
- b. Role distinction – two 8-hour day buddy experiences shadowing senior nurse – role partnering reduced workload.
- c. Familiarity with physical layout of unit.
- d. Nursing unit policy and procedure review.

2 Week Two (3 days content/two 8-hour clinical day shifts)

- a. Overview of unit clinical-case portfolio.
- b. Review of unit-based pathophysiology as well as interventional diagnostic and procedural preparation expectations.
- c. Role distinction – one 8-hour day buddy experience with unit clerk (4 hours in p.m.) and unit-aide or nursing assistant (4 hours in a.m.).
- d. One 8-hour day NG taking 50% workload with senior nurse (25% reduced workload for experienced nurse) – ongoing planning and evaluating throughout shift.

3 Week Three (1 day content/two 12-hour clinical day shifts)

- a. Day 1 – issue identification (i.e. physician communication and team relations) and strategy identification in classroom.
- b. Day 1 – classroom teaching by allied health: expectations and role relationships.
- c. Role distinction – one 8-hour day buddy experience with pharmacy and one 4-hour partnering with senior RN.
- d. One 12-hour day NG taking 75% workload with senior RN (25% reduced workload for experienced nurse) – ongoing planning and evaluating throughout shift.

4 Week Four (1 day content/three 12-hour clinical day shifts)

- a. Day 1 – issues that have arisen in clinical setting discussed in classroom setting.
- b. Role distinction – one 8-hour day buddy experiences with nutritionist and one 4-hour partnering with senior RN.

Figure 21.1 (continued)

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- c. Two 12-hour days NG taking 100% workload with senior RN on standby (25% reduced workload for experienced nurse) – ongoing planning and evaluating throughout shift.
 - d. Organise a non-scheduled mock code – new graduate shadows mentor.
- 5 Week Five** (*three 12-hour clinical shifts*)
- a. Day 1 – issues that have arisen in clinical setting are discussed in clinical setting.
 - b. Role distinction – one 8-hour day buddy experiences with social worker and one 4-hour partnering with senior RN.
 - c. Two 12-hour nights with NG taking 100% workload (no reduction in workload allotted) with senior RN shadowing – ongoing planning and evaluating throughout shift.
- 6 Weeks Six–Eight** (*1st week = three 12-hour days / 2nd week = three 12-hour nights / 3rd week = 2 rapid turnover shifts of two 12-hour days followed within 12 hours by two 12-hour nights*)
- a. Working alongside *consistent* (same person as above) mentor to take 100% of nursing load; senior nurse acts in supernumerary role as assistant to all staff.
 - b. Mentor available for troubleshooting and clinical decision making throughout shift.
 - c. Organise a mock code with full unit response – new graduate takes on role of recorder with mentor standby.

TRANSITION SUPPORT PROGRAM FUNCTION

I Support

- Ongoing formal feedback utilising educators, managers and senior nurses who can, are, and have mentored the new graduate.
- Peer-support groups of newly graduated nurses:
 - storytelling and sharing
 - group problem solving of NG issues.
- Content component with expert clinical issue instruction (i.e. assessing labwork).
- Access to competent and proficient nurses in compensation-based mentoring and preceptoring programs:
 - skill-based guidance
 - cultural mentoring
 - clinical leadership training and modelling.

Figure 21.1 (continued)

II Resources

- Utilisation of Transition Facilitation Teams that encompass undergraduate nursing educators, clinical experts, experienced direct-care nurses, mentors, managers, and clinical educators.
- Blurring of resources through PRS and RTP – use of both educational and industry-based mentors.
- Educational sessions interspersed with clinical application periods.
- Supernumerary orientations.
- Consistent mentors.
- Tangible functional supports – parking passes, uniforms, NG handbook, career counselling, skill tutorials, performance appraisals, scheduling options, inter-institutional transfer potential, critical incident debriefing.

III Information

- ASP training.
- Communication and conflict management skills.
- Organisational structure information.
- Unit policies, procedures, structure, and culture.

IV Opportunity

- Career pathway counselling.
- Peer support networks for online and onsite support.
- Web-based discussion groups.
- Supernumerary staffing.
- Trained mentors in compensation-based program.
- Access to transition facilitation coordinator.

V Relationships

- Culture of mentoring and social cohesion.
 - Multidisciplinary resources.
 - Recognition events for mentors and mentees.
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Figure 21.1 (continued)

Choosing a transition program

The first three months of full-time employment as a registered nurse can take a heavy physical and psychosocial toll. This anticipated outcome should be taken into consideration when choosing a transition program. Having recently researched the effects of our current high-paced workplace and the effects on sleep quality and recovery from strain, Winwood and Lushington³⁰ recommend stress management education and mentorship as management tools. It could be worthwhile assessing the transitional program for details of these issues before entering into any contract.

Issues including the time and distance travelled to and from work, and access to work such as parking, may be important points to consider when deciding on a transitional program. In many job-satisfaction studies on nurses, on women and on semi-professional careers, ease of access to work is considered a high priority particularly for those women with young families.³¹

Mentors and preceptors are significant aspects of successful transitional programs⁵ and details of mentors and preceptors are defined and discussed in Chapter 19. A good mentor and or preceptor can make all the difference between ongoing professional and confidence development and the re-evaluation of a nursing career choice. Not all health services may provide mentors and or preceptors, and not all of these people are specifically trained and resourced for the role and responsibility. The availability of a mentor and/or a preceptor is a vital aspect in a quality transition program.^{5,32} Building a professional and collegial relationship with a mentor/preceptor, particularly early in the transitional program, will assist the new graduate nurse to make the most of the transitional period.

Table 21.1 lists some of the issues to consider when investigating transitional programs. There are advantages to taking a 'shopping list' approach in that what is important for the individual in a program can be seen at a glance, and items

Table 21.1 Transition program shopping list				
Issues to consider	Very important	Somewhat important	Not very important	Not an issue
Familiarity with the health service				
Distance for travel to and from work, including parking and public transport				
Length of transitional program				
Reputation of transitional program				
Health service contains the speciality of interest				
Friends and/or colleagues are also employed by the service				
A vacancy exists in the transitional program				
Program has a mid-year or staggered entry point				
Program offers mid-point 2 weeks holiday				
Program offers both mentorship and preceptorship				
Program has a dedicated new graduate nurse coordinator				

that are deemed important can be simply checked off the list. This approach can also provide easy comparison between transition programs, thereby making the choice of program a simpler task.

Once an offer of a transition program place has been made, the hospital or health service may require the new graduate nurse to sign a contract for the period of employment. There are no standard transition program contracts and each health service may have a different approach. For example, some health services may offer employment for the length of the transitional program only, whereas other health services may offer 'open contracts' with the transitional program being just the first year. New graduate nurse coordinators can offer assistance and advice on a range of issues. For example, if a new graduate nurse has to leave their transitional program because of untoward unexpected events or is considering transferring to another health service, the coordinator can provide specific information, advice and support.

The future of transitional programs

The value of transition programs is almost universally positive; however, evidence in support of this outcome is very difficult to source. New graduate nurse research from Newton and McKenna⁴ suggests that the value of transition programs is recognised, but the issue of professional socialisation continues to cause dissent amongst nurses. The authors state that:

The year following graduation is one of immense personal and professional development. Despite nurse education being in tertiary settings for many years, preparation of undergraduate students still appears unable to reduce reality shock and ease transition for graduates into their working lives.

Nurses and authors continue to underestimate the impact of the workplace directive of 'getting the job done' on the transition experience, energy level, and ultimate job satisfaction of the new graduate nurse. For example, Levett-Jones and Fitzgerald² claim that there is a realistic alternative to transition programs. The idea of 'educationally supportive clinical cultures in practice settings'² as an alternative to transition programs does not appear to take into account the often chaotic, under-resourced, often understaffed, and sometimes patriarchal and hierarchical nature of current clinical nursing practice and the healthcare workplace. Without a firm structure such as a transitional program in place, workplace demands are likely to supersede the needs of the new graduate nurse.

Where to look for information on programs

Apart from a simple phone call to the health service of choice, details regarding transition programs can be accessed in several ways. For example, information on the specifics of a program may be accessible while the student nurse was at a clinical placement during the undergraduate nursing course. A new graduate

nurse may have been previously employed at a health service in the capacity of Assistant in Nursing or as an Enrolled Nurse and therefore plan to enter the health service program. Information may be made available from the course coordinator before the completion of the Bachelor of Nursing degree. Alternatively, information may occur through word of mouth from colleagues and other students.

Websites are also good places for information on transition programs and there are a few levels to consider. First, state health department websites may provide more generic information about transition programs throughout Australia. These websites may also link to individual hospital websites or health service areas. A search of the internet using the hospital or health service name as a search term may also provide information about a particular program. It is worth noting the date on these websites as they can become defunct yet still accessible via the internet.

Different states offer different access points to transitional programs, although most will offer various centralised bodies. For example, in New South Wales, the New Graduate Nurse Consortium (<http://www.nursecon.org.au/>) provides extensive details of participating hospitals and health services as well as detailed descriptions of the health service or hospital. This site also includes current details on how many new graduate positions are available at the participating health services and when the intakes for the transition program will occur throughout the year. In some courses, information may be accessed from the final-year coordinator as a part of the professional development studies. For example, the University of Western Sydney (New South Wales) conducts a unit called Transition to Graduate Practice. The aim of the unit is to explore:

the transition to graduate practice from undergraduate nursing student to graduate professional registered nurse focusing on the role, responsibilities, accountabilities and options for the registered nurse.

Flinders University (South Australia) conduct a similar unit, entitled Transition to Professional Practice, in the final semester of their Bachelor of Nursing program; as does The Queensland University of Technology's Bachelor of Nursing program. Universities such as Curtin University (Western Australia) offer transitional units attached to a clinical placement as a final semester unit. Many undergraduate programs around Australia offer a final semester unit usually titled Professional Practice, and within these units will be issues relating to transition to new graduate nursing.

Conclusion

New graduate nurse transitional programs have developed from a need to provide structured support during the all-important first year of the new nurse's career. Various models for transition have been reviewed and the structure and function of an ideal program have been detailed. Choice in transitional

programs is highly valued as not all programs are alike, and individual wants and needs should be taken into account when shopping around for a program. This chapter has highlighted the evolving nature of transitional programs and how professional support is vital to nurture the next generation of nurses. The following list of references can provide greater details on issues that were only briefly covered in this chapter.

REFLECTIVE QUESTIONS

1. How can the concept of transition serve as a bridge between education and industry?
2. What political, social and professional pressures are exerted on the development and continuation of transition programs?
3. Should new graduate nurse transitional programs be standardised across Australia, and will the notion of 'one size fits all' work for all health services?

Recommended readings

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