

Research Article

The Nebulousness of Practice Readiness: The ‘Engagement Jump’ between Nursing Education and Clinical Practice

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Abstract

As a priority of their education, student engagement is stimulated and maintained during their formal education. As nursing school graduates, they enter a very challenging and complex work environment. How can we best solidify their learning, support their various transitions into clinical practice, and readily develop these novices into strong clinical leaders?

Some strategies are presented to assist in maintaining and perpetuating productive levels of engagement of new nursing staff.

INTRODUCTION

How do we maintain engaged students within and after the transition from ‘student’ to ‘practicing nurse’?

“Graduate nurses (GNs) enter a profession that sits within a progressively complex healthcare system, the discourse seems to be vociferous, GNs expected to be practice ready and contributing to this is the growing complexity of an ever changing healthcare system, widespread fiscal constraints, the growing healthcare demands of an aging population, and a projected looming nursing shortage [1].”

Graduate nurses enter a very challenging and complex work environment. Here are some strategies to lighten the barriers to a solid practice, ponder the following...

Background

Engagement is a critical component of current nursing education. Nurse educators strive to ensure student nurses maintain and are further stimulated to keep their interest and motivation within diverse class work and clinical activities. Educators plan their students’ routines to be stimulating, challenging, rewarding, and certainly beneficial. The overall focus is on learning useful technical information and psychologically supportive strategies to help patients and their families as the move through the phases of illness and wellness. These standards are university based and may not fit well within the realities of practice.

Subsequent to this, nurse managers work hard to determine the best new graduates to hire. Nurse managers want well-

rounded students that are motivated to continue their learning and gain quick competency within the specialty, be dedicated to the unit and organization, and of course, show up to work consistently- and with a great attitude. Certainly not an ‘unreasonable request’.

Once hired, students- *now nurses* - establish and maintain a continuous motivating link between their new clinical practice and the growing specialty they are practicing within. These new nurses are *committed to their specialty and ‘pull in’ new practices* to proactively advance their care and care standards [2]. It is wonderful to have staff that are committed to their learning and seek out new knowledge. The important role as nurse managers is to reward, early on and continuously, the seeking and implementation of this *‘new-est’* knowledge. Ingraining new staff to be transitioning from former practices to new practices is key to maintaining in a long-term fashion a *premiere unit or division*. This learning environment is a never ending cycle and is mandatory for excellent practice environments.

RECOMMENDATIONS

Mutual sharing

How do you make new nurses welcome to the unit? One way is for new staff members share their recent learning with current staff. This should help both sides. It allows new staff to become a part of the unit and share knowledge that is applicable for the unit and able to advance the care provision. It allows experienced staff to listen and incorporate the newest advances into their practice. This should be framed so both sides feel appreciated and valued as team members. Both sides have value to stimulate

and maintain best practices for their nursing unit or division. *These events can be framed as 'how to make care even better' and include 'improvement' celebrations.* Nurses appreciating nursing and their fellow workers are exciting and rewarding components of job satisfaction missed on many units today.

Graduated learning

Small, frequent learning is an exciting way to stay engaged with your practice, to be stimulated by recent advances or practice changes, and to assess how best to assimilate the changes into routines care efficiently. Efficiency and effectiveness should always be focused on and staff will engage with the changes. Ensuring staff have a welcomed (and paid) opportunity to participate in staying current and being responsible for bringing advances into their practice. This is how we engage new nurses and also experienced nurses with their care by always look for improvements. Of course, celebrating each advance is warranted *so change can be better perceived as welcomed and important for care delivery.*

Engagement

Another component for new nurses is having opportunities along the way to assimilate and solidify new nursing skills into their practice. This transition occurs best when new staff can have 'fun' and short meetings about their learning. What has been accomplished well and not so well can be openly discussed and acclimated into the current working knowledge of all included staff. Experiential knowledge from other staff can help solidify one's own perspectives and lower one's apprehensions about 'yet to be completed' new skills. These discussion groups become '*unit learning groups*' and you can keep nurses in nursing when this type of support is provided. No one person every knows *all* about nursing, no *one person* can best 'provide care' for all patients- it is the team approach that will deliver valuable care for the diverse range of patients that are cared for daily. Encouraging the team approach with learning as an inclusive team activity should stimulate staff to participate and come along with the journey into better practices.

Formal resources

Another support strategy for new nurses is to have a formal relationship with two other nurses within the unit in the form of a '*facilitator-ship*'. One person is never enough, as this can fall down at any point due to scheduling, illness, or other unavoidable circumstances. At least two formally designated people can provide both consistency and some diversity in the manner and style of support, and a certain level of belonging for the new nurse. Ensuring the selection of proper support nurses is critical for the successfulness of the relationships. These support nurses need to receive rewards for their participation in assisting the new nurses. This can take the form of assistance with obtaining clinical ladder steps, time off or leaving work early, or other desired strategies for the experienced nurses. These relationships can be enduring and provide a secure 'connectedness' within the unit. These relationships also contribute to team formation and smooth function which are fundamental goals for nursing units today.

Well structured and organized unit

Another valuable focus for new and experienced staff is the *comprehensive organization* of the unit. This entails everything on the unit being organized, prioritized, available, welcoming, labeled, neatly presented, current (removing outdated items), 'best practice', well maintained, and readily obtainable. This takes coordination and cooperation within and outside the unit. Supply lists need to be maintained and effectively responded to when low. Labeling needs to be correct and readily distinguishable, with items placed in readily discernable locations. This type of coordination should be similar to like units so when nurses float they can readily locate needed items. Having the tools readily available to do the job properly is a great satisfier for all staff. When trying to find things instead of providing patient care, quality care cannot be delivered. Disorganization is a huge nursing dis-satisfier.

High standards of the ethical role models

Engaged student nurses become engaged staff registered nurses. Registered nurses with higher levels of engagement have higher ethical standards and a more prone to '*best practice ethical behaviors*'. As nurses, we have and desire to maintain the overall best ratings for ethical behaviors in comparison with other professionals. Over time, new nurses will likely imitate the nursing care they observe on their clinical units, good and bad. It is better to have sound and ethical practices within nursing care units, where questioning of fellow workers habits and care practices is rarely necessary. Specifically, ethics and moral distress are a threat to a nurse's wellbeing and continuation within nursing practice. When nurses experience moral distress, they,

'Engage in avoidance behavior when faced with impediments to perceived moral practice. For example, working with nurses who are perceived to be not as competent as a patient's care requires had a high mean score for intensity of moral distress, in addition to working with the levels of nurse staffing that was considered unsafe had a high mean moral distress intensity score [3].'

Unit stress management strategies

Distressed nurses can disengage from many of their peers, and provide less than optimal care, and may leave that unit or their nursing practice altogether. However, when nurses are satisfied with their profession and pleased with their and their fellow team members' care, they are more likely to remain working within their specialty.

Formalized support of the transitions

[4] Support '*graduate transition programs* as an effective strategy for providing support for new graduate nurses during their first year of practice.' The driver for this includes inconsistent theoretical and practical foundations, clinical experiences without consolidation, and variances between the overall competencies of educators on both the education and clinical side. *This gap, however, exists and is measured or unmeasured, still needing to be constructively addressed by both sides of the nursing workforce.* Getting together the local nursing schools with the practice settings can start a working dialogue to

assist new graduates and returning students seeking advanced nursing degrees to gain the most from the time they commit to their studies in better preparation for practice settings. [1] describe this as working between nurses '*inhabiting disparate realities*' - meaning the university expectations and the practice expectations both with their unique and strong viewpoints and realities. This involves trying to get the university's 'top notch ideal nurse' into the reality-based local constrictions of highly complex and stressed work environments. This chasm did not happen overnight, thus it will take time and effort to dissemble the gaps between these two wonderful and admirable nursing forces.

Goal: Well-rounded ethical nurses

The success of new graduates is complicated by many factors, many mentioned here. A *top down* (large systems looking at preparing nurses for practice) and a *bottom up approach* (each new nurse being individually and comfortably transitioning into their chosen specialty) need to occur simultaneously as the need is desperate for qualified, capable, ethical, and engaged nurses. Each step toward this goal, inclusive of consolidating the two-sided discrepancies transitioning into one smooth process, will eventually prepare bedside-ready, well-rounded technologically and psychologically prepared, caring, capable, ethical nurses.

CONCLUSION

Student nurses transitioning into new nurses are fresh faces to bring renewal and fresh, energetic ideas into practice. By *working together*, despite our sources of employment, we

can make efforts to develop these new nurses to provide caring care. The process can be targeted to developing clinical expertise within committed supportive and caring environments. Taking care of these developing students and transitioning nurses are great steps toward developing essential, indispensable, high quality healthcare '*care providers*'. These students are our future nursing leaders and care providers. Providing excellent learning, transitioning, and well-prepared practice settings will ensure their journey is rewarding, stimulating, and gratifying. This is important today as many competing work options are available and can be enticing when the going gets rough. Well engaged nurses will make a critical difference on both the quality of the healthcare's outcomes, and, importantly, on the wellbeing of both other health care providers and the organization.

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