

Developing strategies
to facilitate transition
to professional
practice nursing e...



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Graduating from the nursing degree is not the end but a beginning of a new journey. There are a lot of pressures and stresses in shifting from a student nurse into a full pledged practicing registered nurse. As new nurses enter the real world of professional nursing, they have to deal with the actuality that the nursing practice does not usually coincide with scholastic ideals taught in the academes (Goh and Watt 2003, p. 16). They are overwhelmed and astonished with the demand load which they have to meet head-on. The situation is not hopeless, needing only to employ tactics in overcoming it. Strategies should be available to facilitate the burden of transition of nurses into their professional role. Customarily, employers offer programs that address this issue, such as job description and orientation, mentoring and preceptorship program. As a professional, he/she is responsible for his/her own actions and faces a lot of adjustments towards her colleagues and the new milieu. It does not only require a good theoretical foundation and reliable technical abilities and skills but also requires social and emotional stability in order to survive this new realm. Being part a team is important ('Teamwork is good for your health care' 2001, p. 19) and in this regard, beginners will be confronted with issues that include: awareness of responsibility and accountability, understanding interpersonal relationships, recognizing conflicts and resolving conflicts.

Responsibility and accountability

The main goal of a nurse is to render safe, competent and quality care to its clients (Australian Nursing & Midwifery Council [ANMC] 2008, p. 2 of 15 and ANMC 2008, p. 1 of 10 and ANMC 2005, p. 3 of 8). The scope of practice of nurses is in part dictated by their education, competence and which the law

has authorized them to perform. The actual coverage is also influenced by the environment and demands of where they practice, the health needs of the client, and the policies of the institution and state (Queensland Nursing Council [QNC] 2005, p 3 of 18). Accountability is defined as 'the preparedness of the nurse to answer to others for their actions and responsibilities inherent in their position and this cannot be delegated' while on the other hand, responsibility means 'that a person has an obligation or duty to perform or function to an expected standard and can be delegated to someone competent to carry out the activity' (QNC 2005, p. 15 of 18). In the beginning practice, one is initially expected to demonstrate beginner level capabilities as determined by their education (QNC 2005, p. 10 of 18). New nurses must be undergo self audit, reflective practice and develop a decision making capability to discern what they have the capacity to do, what skills they are confident to perform in order to contribute to the maintenance of high standards of client care. Reflective practice allows beginners to ponder and contemplate and resolve discrepancies in the ideal and academic concepts and actual practice that creates clinically effective professionals. Schön (1983) suggests that to undergo continuing education process, reflecting and applying it is an essential quality of professional practice (Schon 1983, cited in Daly, Speedy & Jackson 2006, p. 185). When working in a team, the new nurse extent of responsibility is determined when they have accepted or consented to the accountability of the care. If it was ascertained that the responsibility falls under the nurse, then the task is considered as delegated and accountability associated with it. As registered nurse (RN), it is inherent to have the authority to delegate. Once again a decision making process must be employed to determine its appropriateness. All of these are <https://assignbuster.com/developing-strategies-to-facilitate-transition-to-professional-practice-nursing-essay/>

done in line with the policies and standards that are relevant to the profession and to meet clients' health needs and to improve health outcomes. At any time, the client's well being should never be compromised (QNC 2005, pp. 3-5 of 18).

Interpersonal relationship skills

Goh and Watt (2003, p. 16) uncovered that the new graduates experience doubt in their preparedness because of the feeling of inadequacy in knowledge, deficiency in skills and the discrepancy of what was learned does not measure up with the real working arena. These negative emotions should not be an impediment but must serve as a challenge for the beginners to improve the situation and be assimilated in the work field. One develops interpersonal relationship skills through getting to know more about the team and feel one is part of it. A team is characterized by common objectives, mutual support, cooperation, coordination of activities, division of labor and good communication (Arthur et al 2003, cited in Daly, Speedy and Johnson 2006, p. 185 and Jefferies & Chan 2004, cited in Daly, Speedy & Jackson 2006, p. 185). Collaboration is a key factor for a team and it is important that new members be familiar with the responsibility and worthiness of each participant and have mutual efforts for realization of goals of the multidisciplinary team. A nurse works collaboratively with other members. One essential part a nurse assumes is the role of a communicator where she acts as an intermediary between the different members of the team (Daly, Speedy & Jackson 2006, p. 185-186). Developing interpersonal relationship skills is one important element to team effectiveness. It is characterized by extending help and encouragement to one another, sharing

and imparting knowledge, listening to sentiment and cues of others and seeing the significance and value of each member (Stewart 1998, p. 430).

Whenever there is poor communication, conflict arises. Conflicts crop up when members of the team do not meet the terms or expectations that the group has set. It ensues from incompatibility, opposing views, personal biases or mere misunderstanding ('Conflict Resolution for Nurses' 2006 and Daly, Speedy & Jackson 2006, p. 194). Familiarizing and relating to each member is vital. It is anticipated that nurses should be able to foster open professional communication. Nurses should respect the views of one another as they share valuable information to keep each other updated (Crisp & Taylor 2005, p. 366). Interpersonal relational skills will help a new entry nurse so that she will be an important component of the team. It can be done in various ways. Getting to know each member in a more personal note and being more observant of the behavior and attitudes of coworkers. A new nurse should learn how to be adaptable and flexible and focus on the needs of others. To develop a good rapport and trust amongst the members of the team, a new nurse must make an effort to know the personal beliefs, values, culture and biases of other participants. Meaningful Communication is identified as impartial listening, sensitive interaction, and non-biased inquiry (Hamilton 2003). These will avoid miscommunication and misinterpretation that may be construed as insensitivity (Wywiałowski 2003, p. 155-160). A nurse should be able to monitor various phases of adjustments. A well organized and good team is one that knows that they can rely and depend on each other particularly when circumstances call for it. It is integral that each element work to achieve a unified and formidable team. An empowered

team brings out the best in every member (Crisp & Taylor 2005, p. 366).

Effective communication is undoubtedly the major reason that begets team's success (Daly, Speedy & Jackson 2006, p. 194). All of these will translates more confident new recruit and an embraced member of the team.

Conflict resolution

In a fast paced working environment, new entry nurses are faced with myriads of challenges that range from the incongruity of theoretical knowledge and real practical and clinical practice, communication gap between colleagues and to the bizarre new environment. It is inevitable that conflicts will arise and it is essential for nurses to resolve this issue to generate positive results.

Conflict resolution is defined as an endeavor to settle a conflict by reconciling apprehensions, inconsistencies and discrepancies through problem solving and decision making processes until a satisfactory resolution is achieved (Lipe & Beasley 2004, p. 153, Hitchcock, Schubert & Thomas 2003, p. 244 and Daly, Speedy & Johnson 2006, p. 196). Resolving conflicts is an asset and capability that every new entry level staff ought to have to allow them to assimilate in the team smoothly and handle client care effectively (Stanhope & Lancaster 2006, p. 312). As a new nurse, there are occasions that one feels powerless and unsupported by the senior staff. Because of pressure in the ever-changing healthcare environment it is inevitable that conflicts shall result. The anxious beginner with a lot of questions to ask does not match up with colleagues who are sometime unapproachable and are oblivious for the assistance needed by the newcomers. Most of the time, beginners employs the techniques of avoidance, which does not address the problem but just postpones it. Others are competition, accommodation and compromise (Hamilton 2003). When new entry nurses have queried, they occasionally put give the brush-off and will just figure out what to do all by themselves which might endanger or compromise the patient. This negative attitude may yield grave disappointment, frustration and dissatisfaction on the reluctance to mentor of the senior staff and consequently lead to job cessation, quitting or transfer (Hamilton 2003). As Daly (2006, p. 195) puts it, 'Resolution of conflict requires clear procedures for communication and decision making, commitment to team building, and consideration of factors such as personalities.' That is why it is important to

have an open communication for clarification and settlement (Marquis & Huston 2008, pp. 488-501).

New graduates can handle the situation by developing a positive self concept, improve socialization, addressing interpersonal relationship conflicts and create a supportive workplace environment. Self concept is how a person looks at oneself that affects her way of thinking, the way she feels and her behavior (Bryne 1996 as cited by Cowin & Sims 2006, p. 59). It is integral for a person to put value and self worth because it translates to high level performance. Being optimistic allows someone to look at obstacles and trials as opportunities and takes advantage of the situation, by experiencing and learning from it and results in self improvement. It is a fact that in the transition year of new nurses, a lot of adjustments and disappointment will be experienced such as high stress and burnout. Having a positive outlook will help resolve these conflicts. As opposed to giving up and quitting, these will translate to job satisfaction, self fulfillment and workplace retention (Cowin & Sims 2006, p. 59).

It is common that new entry nurses feel that their theoretical skills does not transmute to readiness in the workplace yet early in their career they are already expected to take on the leadership role. Professional socialization for new nurses includes adjusting to the new demands, anxiety for the increase in accountability for client care, the fear in committing errors and apprehension of communicating with other health professional (Newton & McKenna 2007, p. 1231). Experiencing role ambiguity is stressful therefore nurses have to undergo different phases of adjustment. The first phase where the nurse concentrates is balancing skills, theory and demands of

work. Nurses initially employ self reflection, self improvement and are dependent. Then they develop to be more comfortable with the situation and are more self confident and have establish rapport and trust of coworkers. Lastly after sometime they transform to an independent and interdependent individual, able to practice critical reasoning and practice delegation and stand as an equal professional. Once they have improved then that is when they work outward. (Newton & McKenna 2007, p. 1232).

Interpersonal conflicts stems from overt behavior and non supportive environment. The consequence of this is devastating especially to a novice. On the other hand, as a professional nurse this has to be overcome as it will have an effect on the management of client care. According to Wywualowski (2003, p. 160), this is achieved by collaborating with the other team members to get the facts straight, recognize the problem, gather suggestion of possible resolution, and choose the decision that with best settle the disagreement positively and note the effects and lastly appraise the success and failure of the conflict resolution. A conflict not addressed or postponed with later turn from bad to worse. Inherent in new nurses are their authority and leadership function and therefore are expected to be discerning in order to recognize conflicts and find a solution that will be beneficial to the clients who are consistent with the policies and standards of the organization.

A supportive environment will contribute to resolving conflict. Orientation, internship, mentoring and preceptorship will definitely help new recruits to assimilate into the team and the workplace. As new nurses, they have to take advantage of these opportunities that gives an initial positive

experience. If the management can lessen the tension and pressure on the
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beginners then self and work satisfaction will be developed (Scott, Engelke & Swanson 2008, p. 75-83). Benner (1984) said that boosted self confidence and improved competence are important factor for job satisfaction. (Benner 1984, cited in Scott, Engelke & Swanson 2008, p. 75-83). QNC (2008, p. 1 of 2) came up with a position statement on transition support processes that provides new entry nurses, with a safe and effective transition into a new practice area. Many hospitals in Australia now offers nurse graduates a supplementary course that intends to ease up the adjustment of beginners to their expected role as professional nurses. (McKenna L & Newton J 2008, p. 9-15).

Bullying and harassment in the workplace

Clare and van Loon (2003, p. 28) reported that a great percentage of new nurses in the transition stage of their career have experienced indifference and unsolicited behavior from their colleagues such as 'horizontal violence, bullying and bitchiness'(Clare & van Loon 2003, cited in Newton and McKenna 2007, p. 1235) . Bullying and harassment covers all incidents where someone is subjected to ill treatment or destructive behavior from another over an extended period where the former cannot retaliate and create a risk in health and safety or physical or psychological harm, (Kiesecker, R & Marchant, T 1999. p. 25). It may involve badgering, verbal abuse, intimidation and humiliation, racial or sexual harassment and lack of respect, physical attack and hostility and abuse of authority (Australian Nursing Federation [ANF] 2000, Koch & Sally 2000). Usually this stems from the disappointment of the feeling powerless and low self esteem. Bullying in

the workplace is not new yet most of the victims are not aware that they are experiencing it (ANF 2000).

It is implicit in the code that rudeness, apathetic, scheming, controlling, oppressive, and bullying are fundamentally lack of respect, immoral and ethically intolerable (ANMC 2008, 4 of 15). Bullying is a major offense and critical conflict that must be resolved (Sunderland & Hunt 2001, p. 32). The victim can start by familiarizing herself with the organizations rules and policies to make sure she knows her rights and responsibilities. If bullying or harassment happens, then one should document the occurrence in a diary and make a formal written complaint (Sweet 2009, p. 9 and ANF 2000). If one does not stand up for oneself then nobody else will. Employers should be aware of these events so management must create policies to deal with bullying at work in participation with employees and occupational safety representatives because the extreme stress involved in bullying and harassment is detrimental A training program should also be enforced so that everyone will be aware of such conflict and know the existence of new policies and procedures. There should be a zero tolerance policy on bullying and harassment and this should be explicit to everyone. (ANF 2009, ANF 2000 and 'Quality workplaces for nurses' 2007, p. 6)

Conclusion:

New nurses should see the integral purpose of teamwork. Nurses work in a cooperative manner to create a culture of safety. An environment that is supportive of one another in order to be an integral component of the team's entirety. The acceptance of the differences in culture, value and beliefs and the understanding of attitudes, behaviors, limitations and strengths of each

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member are important. Coupled with open communication and clarification, these will create less tension and foster trust, rapport and cohesiveness. Being able to work side by side, independently or interdependently, these will achieve the primary objective of the nursing profession in providing safe, quality and effective care. Though conflict is inevitable, the team should address this promptly in a collaborative manner in order to create a positive working environment and generate favorable results. All of these intend to relieve the pressure and stress on the transition of the new entry nurses into the workforce.