

How transition theory  
can be used to  
prepare you for your  
evolving practice as a  
...

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The majority of new nursing graduates (NGs) make their initial transition to professional practice when they step into the hospital environment. This poses many challenges, which include clinical errors, nervousness, demoralization, and difficulty in adapting to the socio-cultural changes (Bowles & Candela, 2005). Duchscher's Transition Theory (2008) helps students to structure student thinking on their transition from nursing student to professional practitioners such as Registered Nurses (RNs) or Registered Practical Nurses (RPNs). Duchscher (2008) includes three reflection choices in her transition theory. Of the three, I shall focus on reflecting and describing how the transition theory can be used to prepare me for my evolving practice as a graduate nurse.

In my current role, I work on the stroke floor 4C. I take over all of the patients; I am responsible for 4 patients during the day and 8 patients during the night. This is very different from when I first started. I was responsible for one patient during the day and 2 patients during the night. I find this to be an evolving role and in future I might find myself caring for more patients and I need to be prepared to fit in this role. The transition theory by Duchscher (2008) focuses on the aspects of a new graduate's role, relationship, responsibilities and knowledge and especially help in the early stage of professional role. In settling down as an RPN and caring for more patients and handling several roles, I have applied the Duchscher's transition theory.

According to Duchscher, " during the transition period, one has to make personal and professional adjustments which can go on through the first 1-4 months post-orientation" (P. 1105). While I started hesitantly initially, the

more time I spent on work, my confidence level grew and with the constant encouragement from my preceptor, the four months of my time in transition went off very well. I am now used to caring for all my patients and in a period of less than four months I have been in a better position to handle more patients, regular working shifts, more working hours, more challenging and diverse patient needs, diverse patients and colleagues with varying personalities and temperaments. In this regard I have learnt to handle irritable people, introverts, extroverts, among many more types of people. I have had an experienced preceptor help me settle down as a RN and I believe that I shall need an experienced nurse to help me handle evolving nursing roles. The critical reflections that I have had so far have not been judged and I have had supportive people and I believe that with increasing responsibilities, I shall get more assistance and support just like I have got as I have cared for more patients over the last few months.

In my early days as a RN, I underwent an early phase of the orientation and induction program which created a conducive atmosphere that allows for sharing and expression of views and ideas without restraining. This has facilitated my familiarization with the expanded roles of caring for more patients and increased nursing responsibilities. Effective interactions would ensure openness and willingness to grasp new ideas vital in enabling me handle evolving nursing roles effectively.

In her theory, Duchscher (2008) states that transition shock manifest itself as confusion, disorientation, loss and doubt. She also states that there are emotional, developmental, physical and social-cultural changes that are expressions of and mitigating factors within the experience of transition.

Having familiarized myself with this transition theory in advance, I have managed to overcome challenges such as poor nutrition, maladjustments to shift-work, sleeplessness, loss of control among others.

The transitional conceptual framework addresses knowledge, roles, responsibilities and relationships. In light of my evolving roles and responsibilities, I gauge myself against the listed problems that come with increasing roles and responsibilities rather than those relating to college-work transition. The transition problems that I experienced include lack of skills in leadership and delegation, getting more tired by physically having to take care of more patients, difficulty in handling diverse patient needs simultaneously among others. By being well aware of the problems to expect, I was in a position to discuss them with my mentor and a more experienced nurse helped me avoid those pitfalls.

Moreover, I have been in a position to develop a scorecard against which I have always evaluated my performance as I handle increased roles. While I have and might not be in position to avoid all the problems and challenges that come with transition, the Transitional Conceptual Framework can help me to draw a list of the challenges and pitfall that I would find very debilitating in my career. For the time I have been RN, I have found out that I perform best when I have minimal emotional challenges. I am always therefore on the lookout for the onset of emotional strain as I handle more roles and responsibilities.

I have found out that I would rather endure physical strain such as being tired and feeling sleepy instead of being moody and sensitive. In accordance with this observation that I have made with time, I strive to engage in

activities that keep me in a buoyant mood. The transition framework is inclusive of all the transition challenges and this has continually helped me to analyze how something like an intellectual challenge can affect my emotions. I am sure that if I lack adequate theoretical knowledge on a certain issue I am bound to feel inadequate and incapable to perform as a RPN. I will consequently judge myself as being incompetent and therefore feel guilty. This will give me a bad mood and I can consequently deliver poor service to my patients. By studying the transitional conceptual framework, I get opened up to the possible chain reactions that can complicate my transition professional practice in the face of evolving nursing responsibilities.

Duchscher (2008) urges nurses to balance between personal lives and professional work. In this regard I take time to engage in my hobbies so as to regain emotional balance. The socio-cultural challenges also involve relations with other professionals. I have managed to build stable relations for the time I have served as a RN and in the face of evolving challenges I have been compelled to deal with my workmates in a different way. I might need their assistance more and I should not shy away from asking for assistance in those tasks that I cannot handle alone. Relationships with colleagues are critical forecasters of transition shock experience (Beecroft et al, 2006). With time I have established a good rapport with more professionals, gained their acceptance and built relationships that are beneficial to the organization, the patients and to my personal development.

## References

- Beecroft P. C., Santner S., Lacy M. L., Kunzman L. & Dorey F. (2006) New graduate nurses' perceptions of mentoring: six-year programme evaluation. *Journal of Advanced Nursing* 55(6), 736-747.
- Bowles C. & Candela L. (2005) First job experiences of recent RN graduates. *Journal of Nursing Administration* 35(3), 130-137.
- Duchscher, J. (2008). Process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, 39 (10) 441-450.