

# TRANSITION SHOCK: IS YOUR GRADUATE NURSE AT RISK?

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## ABSTRACT

The term 'Transition Shock' <sup>(2)</sup> is a relatively new concept used to describe the experience of moving from the comfortable and familiar role of the pre-registration nursing student to the professional Registered Nurse (RN). <sup>(2)</sup> The initial and most dramatic stage in this role adaptation theory occurs over the first 4 months of professional practice. <sup>(2)</sup>



## WHAT DO THE GRADUATES NEED?

### CLEAR ROLE EXPECTATIONS

Graduates need;

- clear role expectations; both technical and non-technical,
- a support network of peers with whom they can normalise their unique situation,
- solid anatomical and physiological knowledge,
- role and medico legal perioperative knowledge,
- 'professional socialisation' - induction to the culture, the non-technical and communication skills they will be expected to display.



## WHAT IS TRANSITION SHOCK?

Over 10 years of research, Dr Judi Duchscher found that transition to professional practice takes a significant emotional toll on the graduate nurse. She cites statements such as 'drowning' 'terrified' and 'scared to death' alongside feelings of exhaustion in trying to "stabilize the emotional roller coaster" the new graduates find themselves on in the first months. <sup>(2)</sup> Her research goes beyond the four original phases of transition as outlined by Kramer, and looks further into the emotional, intellectual, socio-developmental an physical issues. She found that graduates nurses fear:

- being 'exposed' as incompetent,
- providing unsafe care and causing harm inadvertently,
- not being able to cope with their responsibilities,
- rejection by new colleagues. <sup>(2)</sup>



## HELP WITH PHYSICAL EXHAUSTION

Duchscher <sup>(2)</sup> found graduates were exhausted by fulfilling the tasks associated with their role, and hiding these difficulties from colleagues. <sup>(2)</sup> This was often coupled with life changes such as altered living arrangements, new debt and the work life challenges of shift work. <sup>(2)</sup> This can potentially be lessened by;

- The preceptor group discussing pre-emptively the physical symptoms of a long day of perioperative nursing, and offer supportive measures as required.
- The network disallowing graduates to 'pick up' extra shifts during transition.
- Regular debrief and reflection with preceptors and/or CNE.

## STAGES OF TRANSITION

1. The **Honeymoon stage**. Graduates are generally excited about having secured paid employment, <sup>(1)</sup> and commencing in their chosen career. <sup>(8)</sup> As the 'reality' of nursing work sets in, graduates find themselves with a disparity between what they have taught and expect to do, and the reality of actual nursing practice in the workplace. As the honeymoon phase ends...

2. **Transition shock** <sup>(2)</sup> sets in. At the commencement of the shock phase, the graduate will display "a deliberate withdrawal from the intensity of the shock period." <sup>(2)</sup> "Emotions such as withdrawal, rejection, hostility toward others, fatigue and illness are displayed." <sup>(7)</sup>

3. "New graduates equipped with the tools to successfully navigate through the shock phase progress to the **recovery**" <sup>(8)</sup> phase. This is evidenced by decreased anxiety <sup>(1)</sup> and improved coping mechanisms.

4. Kramer's final phase of **resolution** can be either positive or negative, as the graduate will either transition confidently and go on to become, as per Benner <sup>(8)</sup> a competent practitioner, or they may exhibit symptoms of burnout and potentially leave the profession altogether. <sup>(1)</sup>

## REDUCING THE BURDEN OF STRESS

- Debriefing regularly with a CNE, or with a preceptor.
- Reflective tools (mandated reflective journaling during the transition process).
- Providing the time, support and space to share experiences with peers. <sup>(5)</sup>
- Provision of regular feedback; clear role and responsibility guidelines. <sup>(3)</sup>
- A comprehensive pre-reading package prior to introductory orientation, with educator facilitated reflection and discussion.
- Specific study days for the unique areas of perioperative nursing. Key to this theoretical foundational knowledge would be active learning, and simulation, both task trainer and immersive.
- Adequate supernumerary time is vital.

## THE BEST POSSIBLE START!

In a perfect world, graduates would spend sufficient time in one specialty before moving to the next (following through with the 'mastery theory' of adult learning); be kept away from emergency cases initially, work only 'in hours' and commence with less instrumentation-intensive cases, or in the peri-anesthetic arena, less complex patients.

## CONCLUSION



The practical and logistical challenges of running an operating theatre remain. Time for education is limited, as is allowable time off the floor for debrief. Time appears to still be granted generously for medical colleagues, but is still largely absent for nurses. Much further research is required in the perioperative arena in order to help our graduates have the best start and pave the way for improved retention.

## PERIOPERATIVE SOLUTIONS

### • NURSE UNIT MANAGER (NUM)

A supportive and positive NUM provides a great work environment <sup>(6)</sup> and a culture of collaboration, while also fostering personal and professional growth. <sup>(5)</sup>

### • CLINICAL NURSE EDUCATOR (CNE)

A committed CNE must support the graduates through facilitation of theoretical, technical and non-technical knowledge, and provide emotional support.

### • PRECEPTORS

A caring preceptorship team creates positive working relationships with the graduates, <sup>(6)</sup> enabling them to feel part of the team and emotionally supported. <sup>(4)</sup> The important (often unrecognised) role of this team must be highlighted. A generous preceptorship team is necessary, as is their regular education. This benefits the team in many ways; improves their own knowledge, provides time to debrief, and to consolidate individualised education plans.

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