Please help! I’m newly qualified

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Summary

Newly qualified nurses often think they have been thrown in at the deep end. This article examines the reasons why, and looks at how preceptorship can help.

It has been known for many years that the transition from student to staff nurse is a particularly stressful experience. In 1974, Kramer wrote of ‘reality shock’, describing the experience of newly qualified nurses during their first few months of practice. More recent research has also shown that the first six months following qualification are, indeed, particularly stressful for new staff nurses (Charnley 1999).

There are several reasons for this. First, the present nurse education system delivers courses at a higher academic level than the old-style certificate courses, but student nurses spend less time working in the hospital environment than in previous training schemes. They usually qualify, therefore, with less experience of the clinical situation and potentially with some clinical skill deficits (Luker et al 1996). These skills need to be learnt during the first weeks or months of practice as a staff nurse (Macleod Clark 1996).

Second, the present shortage of trained nurses often leads to newly qualified nurses being responsible for their own section of a ward, or group of patients, very soon after starting their first job as a staff nurse. Greater patient throughput in recent times has led to increased nursing workloads and, coupled with newly acquired accountability, this can lead to the recently qualified nurse feeling overwhelmed and extremely vulnerable.

Preceptor preparation

For new preceptors to fully understand the needs of newly qualified nurses, it is necessary for them to have some appropriate training. This is an explicit requirement of the UKCC: ‘Preceptors will require specific preparation for their role’ (UKCC 1995). The expected outcomes of preceptor preparation are shown in Box 1.

However, the present shortage of qualified nurses and workload pressures result in preceptorship not always being as effective as originally intended. In 1996, Castledine asked: ‘Is preceptorship really the answer to reality shock?’ and Parry (1999) wrote of the reality of preceptorship failing to meet the expectations.

Preceptorship survey

At Walsgrave Hospitals NHS Trust, a small-scale survey was undertaken to assess newly qualified nurses’ personal experience of their induction and preceptorship. Anonymous questionnaires were completed by 15 nurses at approximately six months post-qualification.

The survey found variations in the support pro-
vided by preceptorship throughout the trust. In some clinical areas it was very effective and nurses felt very supported, but in other wards, preceptorship was little more than a concept on paper. The survey also found that, generally, the new nurses felt unprepared for at least some aspects of their role as a staff nurse. The skill deficits they most frequently cited are shown in Box 2. However, there were often non-specific deficits, such as time management and prioritising of workload – skills that are difficult to teach in university but are better learnt through experience in the clinical area. One nurse wrote: ‘They can’t teach you in college how to do ten jobs at once, or how to decide which is most important.’

Makepeace (1999) wrote of his transition from student to staff nurse: ‘The biggest change was the sense of responsibility.’ These feelings were also displayed in the survey, with several nurses saying they had felt stressed by what was being expected of them. Two phrases used were: ‘thrown in at the deep end’ and ‘baptism of fire’.

Attendance by the newly qualified nurses at mandatory study sessions and the provision of an initial supernumerary period for them were also found to vary across the trust. One nurse wrote of her supernumerary time: ‘It gave me reassurance and enabled me to build my confidence’ while another said: ‘It would have allowed me to shadow my preceptor, become accustomed to my new role and ask questions as new situations arose.’

Most of the newly qualified nurses were positive about the commitment shown to the role by their preceptors, but the limitations of preceptorship were evident. One nurse wrote: ‘I think the idea of preceptorship is a good one in theory. However, in a busy ward environment, with staff shortages, it is still limited in practice.’ Another nurse commented: ‘I think it was a good idea, but I didn’t really feel that supported. I felt that my preceptor had her own job to do, and wasn’t there for me all the time.’

Unfortunately, due to the minimal number of trained nurses working on each shift, even if preceptor and preceptee were rostered to work together, they frequently had to work in a different area of the ward, or with a different group of patients. This minimises the benefit of the preceptor-preceptee relationship. However, working with a newly qualified nurse inevitably creates more stress for the more senior nurse and the question whether it is fair to repeatedly roster the same two nurses together arises. Even when preceptors are keen to fulfil their role, they are limited by workload pressures and the lack of time available for discussion with the preceptee.

**The clinical facilitator role**

At the Walsgrave Hospitals NHS Trust, the director of nursing created a ‘clinical facilitator’ post to provide newly qualified nurses with extra support and development opportunities during their six-month preceptorship.

**Box 1. Outcomes of preceptor preparation**

The preceptor will:
- Have sufficient knowledge of the practitioner’s programme leading to registration to identify current learning needs
- Help the practitioner to apply knowledge to practice
- Understand how practitioners integrate into a new practice setting and assist with that process
- Understand and assist with the problems in the transition from pre-registration student to registered and accountable practitioner
- Act as a resource to facilitate professional development (UKCC 1995)

**Box 2. Skill deficits identified by the newly qualified nurses (most common first)**

- Drug administration
- Insertion and care of nasogastric tubes
- Female catheterisation
- Assisting at a cardiac arrest
- Care of a dying patient and family

The new nurses are initially seen by the clinical facilitator in their university student group to explain the role and address any pre-qualification queries they might have. The clinical facilitator then organises and hosts their interview day, offering support and encouragement at an important and stressful time.

The clinical facilitator sends each new nurse a welcome letter with her telephone and pager numbers, assuring them of her help and confidential support with any problems he or she might have. When they start work as staff nurses, each newly qualified nurse is allocated a preceptor within the ward team. In addition, the clinical facilitator arranges to work alongside newly qualified nurses in their ward, teaching and assessing as the opportunity or need arises.

During the initial meeting, an informal assessment identifies the new nurses’ need for additional clinical support, according to the ward they are working in and their own confidence and ability. This indicates which nurses need to see the clinical facilitator most frequently. At subsequent visits, the newly qualified nurse and clinical facilitator discuss progress and review the new nurse’s short-term personal development plan, including any in-house education that is appropriate. The newly qualified nurse then agrees attendance at study days with his or her ward manager.

In addition, the clinical facilitator provides a confidential ‘listening ear’ for any professional concerns the newly qualified nurse might wish to discuss. Once the initial rapport has been developed, the newly qualified nurse is often keen to voice concerns which he or she would not discuss with other members of the ward team, for fear of feeling stupid. The clinical facilitator is often able to help in these situations by offering reassurance.
Box 3. Standard statements included in the preceptorship framework

- Registered nurses willing to act as preceptors for newly qualified nurses will be trained.
- Each newly qualified nurse employed by Walsgrave Hospitals NHS Trust will have supernumerary status for the first two weeks of their employment, to facilitate orientation to the clinical area, induction and mandatory training.
- Each newly qualified nurse employed by Walsgrave Hospitals NHS Trust will receive effective preceptorship of six months’ duration.


The shortage of trained nurses also makes the provision of an effective clinical learning environment difficult. Charnley (1999) quotes one nurse: ‘You never get the chance to truly learn things properly. It is always rushed. There is always something else to be done.’

Managers are not always aware of the level of support needed by newly qualified nurses. To offset the shortage of trained nurses, they need to employ new nurses who are able to ‘hit the ground running’ (Luker et al 1999), and this can lead to unreasonable expectations of the newly qualified nurse’s abilities.

Preceptorship survey

One of the first tasks undertaken was the preceptorship survey. This was devised to gain objective information about the support currently being provided for newly qualified nurses and make any necessary recommendations for future practice.

While working alongside the newly qualified nurses during the first few months in post, the clinical facilitator also observed the variations in the standard of preceptorship throughout the trust.

Problems in delivering effective preceptorship arise from two main factors: staff shortages and lack of understanding of the newly qualified nurses’ situation.

There is an overriding need to be sensitive to the feelings of newly qualified nurses. For example, there was inevitably much criticism of the Project 2000 education scheme. This can prove very upsetting for a new nurse who has just spent the previous three years studying on such a course.

One tearful nurse said: ‘I wish I’d never done the Project 2000 course. I thought it was quite good, but this lot... (meaning her nurse colleagues) make me feel useless.’

Similarly, overheard comments such as: ‘She’s never even seen a cardiac arrest before’ can instantly damage the fragile confidence and self-esteem of a newly qualified nurse. Statements from other staff nurses about ‘When I qualified...’ do not usually take into account the multiple changes that have occurred in the delivery of health care and nurse education since that time.

The survey results and clinical facilitator’s observations indicated a need to raise the standard of support provided by preceptors in some clinical areas, to that already being delivered in other areas. In an attempt to do this, the Walsgrave Hospitals NHS Trust introduced a framework for preceptorship to raise the profile of preceptorship and ensure a consistent standard of support is provided throughout the trust.

The framework is based on the following recommendation from Bain (1996): ‘There should be a collaborative interest in the success of preceptorship, incorporating educational establishments, clinical practitioners, managers and professional bodies. It is therefore the responsibility of those within nurse education and clinical practice to increase their awareness of the concept of preceptorship and take informed decisions how it should be implemented in practice.’

The framework includes three standards (Box 3) and the main points of the process for achieving them (Box 4). The document also incorporates audit forms to be completed at one and six months after commencement of each newly qualified nurse’s employment. The document was introduced to staff in an article in the trust newsletter and in person by key members of staff.

Audit forms were completed by 31 newly qualified nurses. Initial results are very encouraging as they represent a great improvement in the preceptorship experience of newly qualified nurses, compared with the previous survey.

The preceptorship study day is very popular, with steadily increasing attendance and very positive evaluations. All of the nurses except one were allocated two weeks’ initial supernumerary time, and attendance at mandatory study sessions also improved. Twenty six of the nurses knew who their preceptor was on their first day.

Introduction of a single nurse drug administration assessment was welcomed by the newly qualified nurses, as it relieves them of the responsibility of administering drugs without supervision until they are competent and confident.

The nurses also felt the clinical facilitator’s role had been beneficial for them. Comments included:

- ‘I felt I had someone unbiased to talk to and reflect with’.
Box 4. Framework for preceptorship

- A twice-yearly preceptorship study day, to prepare nurses taking on the role of preceptor
- Clinical facilitator role
- Newly qualified nurses will be allocated a preceptor on their first shift
- Newly qualified nurses will have supernumerary status for the first two weeks of their employment. Preceptor and preceptee will be rostered to work together (‘shadowing’) for a minimum of three shifts per week. The new nurse will complete all mandatory training covering fire, handling and moving, health and safety, cardiopulmonary resuscitation, infection control and food hygiene
- During the six month’s preceptorship, preceptor and preceptee will be rostered to work together for a minimum of two shifts each week
- Initially, the new nurse will administer drugs under the supervision of another trained nurse. When the ward manager or preceptor and the newly qualified nurse feel he or she is ready, they will undertake a single nurse drug administration assessment
- Within the preceptorship period, the newly qualified nurse will attend study sessions on subjects such as tissue viability, continence promotion, nutrition and pain management. Thus, each nurse will easily be able to meet the UKCC’s PREP requirements for continuing education
- The trust will provide each nurse with a personal professional profile

Individuality

Each newly qualified nurse will begin employment with different skills, knowledge and interests, and some will overcome any deficits and develop more quickly than others. They will also have differing development needs according to the clinical area they are working in. For example, a nurse working in a critical care area might need to undertake training and assessment to give intravenous drugs sooner than a nurse working in a rehabilitation ward. Therefore, each newly qualified nurse is assessed individually and the various differences taken into account when planning their development programmes.

Conclusion

Introduction of the preceptorship framework has raised awareness of the need to provide effective support and development opportunities for newly qualified nurses throughout the trust. The audit results have demonstrated the many areas of improvement and highlighted where further improvement is still possible. It has also proved very beneficial for recruitment and retention in the trust—although several nurses have moved wards, only one nurse from the last three intakes of newly qualified nurses has left altogether.

However, Kramer (1981) stated it will never be possible to totally eradicate ‘reality shock’. Efforts need to be made to ensure it is minimised, so that individual trusts and the profession will have fewer newly qualified nurses leaving due to disillusionment, and reduced recruitment difficulties.

Changes to nurse education systems in the future could reduce the problem, but at the present time it is very important to retain all newly qualified nurses by offering maximum support and development opportunities, through effective preceptorship. At Walsgrave Hospitals NHS Trust the clinical facilitator post is proving to be successful in fostering a culture that recognises this need and provides appropriate support for newly qualified nurses.

REFERENCES