



THE CHALLENGES FACED BY NEWLY GRADUATED NURSES

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Abstract

The duty for security of patients should not be confined just to the bedside nurses, but rather should be shared by all individuals throughout the healthcare system. Prior studies have found deficiencies in safety within the healthcare system, particularly among newly trained healthcare professionals. Comprehending these discrepancies and identifying effective measures to address them is crucial for guaranteeing the safety of patients. To thoroughly evaluate existing literature and provide a concise summary of the knowledge and practices related to patient safety among newly graduated registered nurses. The review used key phrases and Boolean operators to search for research publications related to the field of investigation in CINAHL, Medline, psycINFO, and Google Scholar during a period of 5 years. A total of 84 articles satisfied the criteria for inclusion, with 39 being excluded owing to including irrelevant content. Consequently, a total of 45 papers were incorporated in the literature assessment. This evaluation recognizes that nursing encompasses several phases of understanding and practicing skills. There is a discrepancy between theory and practice for new graduate nursing students, and the transition from classroom instruction is a crucial phase of learning that helps new nurses become skilled practitioners. The literature showed a lack of recognition about the newly certified nurse's understanding of patient safety. Concerns that were brought up in the 1970s are still relevant for newly graduated registered nurses today. Multiple elements influencing the transition from being a nursing student to being a newly graduated registered nurse have been identified via research. These characteristics are exposing inexperienced practitioners to possible mistakes and jeopardizing patient safety.

Keywords: newly graduated nurses, literature review, nursing students, difficulties.

1. Introduction



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The duty for patient safety should not be restricted to the nurses at the bedside, but rather, it is the collective responsibility of all individuals within the healthcare system (World Health Organization [WHO], 2015). Prior studies have found deficiencies in safety within the healthcare field, particularly among inexperienced practitioners (Benner, 1984; El Haddad, Moxham, & Broadbent, 2013; Myers et al., 2010). Gaining insight into these discrepancies and identifying effective strategies to mitigate them is crucial for safeguarding patient well-being. The research recognizes the disparity between theoretical knowledge and clinical abilities, but it remains uncertain how well NGRNs comprehend and apply patient safety principles (Twigg & Attree, 2014). Given the susceptibility of the population under the care of nurses, it is crucial that nurses adhere to the highest clinical practice standards in order to guarantee excellent patient outcomes and safeguard patient safety. Examining the patient safety knowledge, understanding, and behaviors of our newly graduated nurses and their supervisors will have advantages for the nursing field as a whole. It will also establish a starting point for patient safety education in university courses in the future.

2. Patient safety

Patient safety has gained global attention due to the findings of Kohn, Corrigan, and Donaldson (2000), who revealed that medical mismanagement in American hospitals leads to more fatalities each year than motor vehicle accidents. The financial impact of these negative incidents reaches billions of dollars at a national level, including missed earnings, reduced household productivity, medical expenses, and disability (Kohn et al., 2000). The Australian Patient Safety Council was established in 1987 in order to advocate for patient safety and do research on the advancement of patient safety (Runciman, 2002).

According to Kohn et al. (2000), incident reporting systems were implemented globally and were well-received. However, incident reporting is still not widely used internationally, particularly within the medical field. Both nurses and physicians still face a negative perception when it comes to reporting occurrences or unpleasant events (Hor et al., 2010; Kohn et al., 2000). Australian hospitals have experienced patient safety issues, leading to significant investigations at Bundaberg Base Hospital in Queensland, Campbelltown and Camden Hospitals in New South Wales (NSW), King Edward Memorial Hospital in Western Australia, and the Canberra Hospital in the Australian Capital Territory (Dunbar, Reddy, Beresford, Ramsey, & Lord, 2007).

According to the NSW Ministry of Health (2016), medical mistakes at St Vincent's Hospital in Sydney have resulted in the administration of insufficient doses of chemotherapy. Similarly, in South Australia, a study conducted over a period of 10 years has shown mistakes in the administration of chemotherapy. The investigation results highlighted issues in governance, noncompliance with policies and procedures, and doctors who lacked sufficient knowledge, experience, care, and judgment (Marshall et al., 2015).

The issue of patient safety gained significant attention in 2000 with the publication of a study by the Institute of Medicine (IOM) in the United States. The report, authored by Kohn et al. (2000), emphasized that medical mistakes were responsible for more fatalities in the healthcare system than motor vehicle accidents. This research identified shortcomings in the quality and safety of healthcare on a global scale. Following the IOM report, research has mostly examined the variables that increase the likelihood of compromised patient safety (van Beuzekom, Boer, Akerboom, & Hudson, 2010). Additionally, there is a growing worry among newly graduated registered nurses (NGRNs) about their ability to provide safe patient care (Myers et al., 2010).

Van Beuzekom et al. (2010) conducted a literature study on the hidden risk factors of patient safety. They identified that a person's knowledge, its application to processes, and technical abilities are all risk factors for human error. Myers et al. (2010) conducted focus groups to ascertain the safety issues that nurses, specifically NGRNs, link with their capacity to provide secure patient care. Both of these research enhance each other by finding crucial domains linked to medical mistakes and jeopardized human safety. Furthermore, Montgomery, Killam, Mossey, and Heerschap (2014) conducted research using Q methodology to gather the perspectives of final year nursing students. This research revealed that the students identified a lack of preparedness, misguided practices, and disregard for professional boundaries as significant risks to their safety practices. In a multimethod qualitative research conducted by Steven, Magnusson, Smith, and Pearson (2014), it was shown that undergraduate nursing students see patient safety as a fundamental aspect of nursing practice, despite the fact that it is not consistently emphasized in their undergraduate curriculum.

In order to tackle the global concern of patient safety, the World Health Organization (WHO) took the initiative in 2015 to implement measures such as the surgical safety checklist and the Hand Hygiene Initiative. These programs have proven effective in reducing death rates. Hughes, Pain, Braithwaite, and Hillman (2014) conducted an assessment of the "Between the Flags" quick response system in Australia. This patient safety program was introduced in NSW Hospitals in 2008 with the aim of improving the level of care for patients who are experiencing a decline in their health. The Australian Commission for Safety and Quality in Health Care was established in 2006 with the aim of nationally coordinating efforts to improve the quality and safety of healthcare. This is done through collaboration with clinicians, consumers, patients, managers, and healthcare organizations, with the ultimate goal of achieving a sustainable, safe, and high-quality health system.

3. Preparedness for professional work

The literature extensively discusses the key issue of readiness for practice. Benner (1982, 1984) conducted important studies in the 1970s on how nurses acquire skills. This research influenced later studies by Burger et al. (2010), Casey et al. (2011), Duchscher (2001, 2003, 2008), Duchscher and Cowin (2006), El Haddad et al. (2013), Watt and Pascoe (2013), and Wolff, Regan, Pesut, and Black (2010). This study included a range of qualitative investigations,

including exploratory and interpretative studies, as well as descriptive studies that used a combination of qualitative and quantitative methods. The research was conducted in several locations throughout Canada, Australia, and the USA. The concept of readiness for practice has been consistently recognized and deliberated upon across different nurse training approaches over the last four decades. The concept of readiness for practice is often mentioned in conjunction with the theory-practice gap.

4. Discrepancy between theory and practice

In 1976, Bendall performed an observational research involving 321 student nurses from 19 hospitals. The study recognized the presence of a theory-practice gap, which refers to the disparity between the theoretical knowledge possessed by student nurses and the actual clinical care they give. This study is supported by previous research that has revealed the similar gap between theory and practice among nurses today (El Haddad et al., 2013; Flood & Robinia, 2014; Maben, Latter, & Macleod Clark, 2006; Monaghan, 2015; Nematollahi & Isaac, 2012; Roth, Mavin, & Dekker, 2014; Scully, 2011). These scholars endorse the importance of transition programs or mentoring programs in closing the gap between theoretical knowledge gained in academia and practical application in the job. A study done by Casey et al. (2011) found that nursing students struggled with competencies that newly graduated registered nurses (NGRNs) also had difficulties with when they started working. Nevertheless, their ready Survey, which assessed the perspectives of baccalaureate nursing students in their final year about their ready for practice, revealed that these students had a sense of preparedness for practice that differs from the perceptions of newly graduated registered nurses (NGRNs).

5. Implementation of practical application

The idea of transition to practice has been extensively studied, and this study focuses on Benner's (1982) use of the Dreyfus model of skill acquisition to elucidate the process by which nurses go from being novices to being experts. Recent research has utilized various qualitative methods to support new graduate transition programs. These methods include hierarchical regression modeling (Chappell, Richards, & Barnett, 2014), phenomenology (Duchscher, 2001), concept analysis (Nematollahi & Isaac, 2012), longitudinal naturalist inquiry (Maben et al., 2006), and interpretive paradigm (Ostini & Bonner, 2012). Over a period of 10 years, Duchscher (2001, 2003, 2008, 2009) gathered a comprehensive understanding of qualitative research on role adaptation. This led to the creation of the transition shock model, which identifies the transition process and the demands and thinking patterns of newly graduated registered nurses (NGRNs) during their first year of practice.

6. Leadership

The significance of the connection between leadership and patient safety has been acknowledged, however leadership has traditionally been associated only with the responsibilities of senior nurses. Research in the field of literature has shown that leadership

skills may be cultivated by nurses at any level of seniority. In their study, Hendricks, Cope, and Harris (2010) examined the incorporation of a leadership program into an undergraduate nursing course. The program produced beneficial outcomes for the participants, enabling them to enhance their understanding of leadership and apply it to their future jobs. Hendricks, Cope, and Baum (2015) conducted a content analysis with Master's degree students to examine the relationship between leadership and patient safety among postgraduate nurses. Only a small number of people made a connection between leadership and patient safety.

Künzle, Kolbe, and Grote (2010) conducted a systematic review on the topic of "ensuring patient safety through effective leadership behavior." Their findings highlight the crucial role of leadership in sustaining patient safety. A cross-sectional study conducted by Lievens and Vlerick (2014) has provided support for the notion that transformational leaders have a beneficial impact on safety knowledge and actions. In their study, Chappell et al. (2014) using hierarchical regression modeling to determine that newly graduated registered nurses (NGRNs) who participated in a graduate transition program had superior clinical leadership abilities compared to those who did not participate, or those who merely completed a brief program. Ekström and Idvall (2015) conducted a qualitative descriptive research study and discovered that newly graduated registered nurses (NGRNs) perceive leadership qualities as the capacity to acknowledge personal weaknesses, manage emotions, and take accountability for self-improvement. Furthermore, they possess a comprehension of the essential attributes required for effective leadership.

7. Conclusion

Ensuring patient safety requires a comprehensive approach that encompasses governance, education, and other aspects of care, both directly and indirectly. Research in the field of nursing indicates that ensuring patient safety starts with the education of nurses at the undergraduate level and should be maintained throughout the postgraduate nursing education. This review recognizes that in the field of nursing, there are many levels of knowledge and skill in practice, as defined by the collected works of Benner. NGRNs face a theory-practice gap, and the transition to practice is a crucial learning phase that propels them towards becoming experts according to Benner's framework. Although the literature recognizes that newly graduated registered nurses (NGRNs) possess a restricted range of skills that might potentially jeopardize patient safety, there is a lack of acknowledgment of the patient safety knowledge of these newly qualified RNs.

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