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### Graduate registered nurse practice readiness in the Australian context: an issue worthy of discussion

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## Graduate registered nurse practice readiness in the Australian context: an issue worthy of discussion

### Abstract

An ageing Australian population coupled with declining nursing numbers is predicted to have a significant impact on the Australian Healthcare industry, with numbers of nurses expected to be in greater demand at a time when the need for nursing care is on the rise. The report released recently by Health Workforce Australia predicted a potential short-age of approximately 110,000 nurses by 2025. In Queensland alone, the Queensland Nursing Union estimates the shortage of nurses to be closer to 10,000 positions by 2016 and 14,000 positions by 2020 based on the anticipated Queensland Health hospital expansions. The Commonwealth Government has responded by increasing funding to train more registered nurses across Australia. Hence a significant number of graduate registered nurses are expected and required to join the workforce. However, an analysis of the literature reveals that opinions differ between clinicians and education providers as to whether recently graduated registered nurses are adequately prepared for the challenges of the current healthcare system. Even though much research has been done in Australia on the issue of transition support programmes, graduate registered nurses' transition to practice remains problematic and is perceived to pose a significant challenge to healthcare industry. This paper contributes to the contemporary discourse on graduate registered nurses' practice readiness at a time when a forecasted nursing shortage, the difficulties in accessing sufficient quality clinical placements and the need for fiscal responsibility pose added challenges to education providers and the healthcare industry.

### Keywords

Nurse Education, Transition to Practice, Practice Readiness

### Disciplines

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## **Graduate registered nurse practice readiness in the Australian Context: An issue worthy of discussion**

El Haddad, M, Moxham, L & Broadbent, M 2013, 'Graduate registered nurse practice readiness in the Australian context: An issue worthy of discussion', *Collegian*, vol. 20, pp. 233-238.

### **Abstract**

An aging Australian population coupled with declining nursing numbers is predicted to have a significant impact on the Australian Healthcare industry, with numbers of nurses expected to be in greater demand at a time when the need for nursing care is on the rise. The report released recently by Health Workforce Australia predicted a potential shortage of approximately 110,000 nurses by 2025. In Queensland alone, the Queensland Nursing Union estimates the shortage of nurses to be closer to 10,000 positions by 2016 and 14,000 positions by 2020 based on the anticipated Queensland Health hospital expansions. The Commonwealth Government has responded by increasing funding to train more registered nurses across Australia. Hence a significant number of graduate registered nurses are expected and required to join the workforce. However, an analysis of the literature reveals that opinions differ between clinicians and education providers as to whether recently graduated registered nurses are adequately prepared for the challenges of the current healthcare system. Even though much research has been done in Australia on the issue of transition support programmes, graduate registered nurses' transition to practice remains problematic and is perceived to pose a significant challenge to healthcare industry. This paper contributes to the contemporary discourse on graduate registered nurses' practice readiness at a time when a forecasted nursing shortage, the difficulties in accessing sufficient quality clinical placements and the need for fiscal responsibility pose added challenges to education providers and the healthcare industry.

**Key Words:** Nurse Education; Transition to Practice; Practice Readiness

## Background

The combined impact of a predicted nursing workforce shortage and the growing health care demands of an aging Australian population 'who will consume larger numbers of healthcare services, compounded by ... an increasing prevalence of chronic conditions' pose significant challenges for Australian authorities (Health Workforce Australia [HWA], 2012, p. 35). Consequent to these challenges, the Australian health system is undergoing reform with the Commonwealth Government signing a national health reforms package in August 2011 (Roxon, 2011). This package allows for an extra \$19.8 billion (\$AUD) to be invested in 'public hospitals through to 2019-20, rising to a total extra \$175 billion to 2029-30' (Roxon, 2011, P. 1). In future the Commonwealth and State and Territory Governments will share future funding growth for hospitals.

Embedded within such reform is the recognition of the significance of the forecasted nursing shortage. The Commonwealth Government of Australia responded by increasing funding to train more nurses and implement programmes to enhance nurses' recruitment and retention (HWA, 2010). According to the Department of Education, Employment and Workforce Relations (DEEWR, 2009), 39,659 students were enrolled in undergraduate nursing programmes across Australia in 2009. At the end of 2010, the Australian Health Practitioner Regulation Agency (AHPRA, 2010) estimated that up to 30,000 graduates will be seeking registration nationally. These estimates indicate that a significant number of graduate registered nurses (GRNs) are increasingly required to join the workforce each year to respond to the growing healthcare demands of an aging Australian population.

Hogan, Moxham and Dwyer (2007, p. 189) contend 'it is paramount that there is an adequate nursing workforce supply for now and in the future, to achieve equitable and quality health outcomes and consumer access to healthcare'. However, the perception of employers generally is that today's GRNs are not practice ready (Evans, Boxer & Sanber, 2008; Cheeks & Dunn, 2010; ICN, 2009; Mannix, Wilkes & Luck, 2009; Oermann, Poole-Dawkins, Alvarez, Foster & O'Sullivan, 2010). Discussions regarding the theory-practice gap and the inadequate preparation of nurses continue to be prominent in contemporary nursing discourse especially since the mass transfer of nursing education to the tertiary sector in the mid 1980s in Australia (Evans, Boxer & Sanber, 2008; Cubit & Ryan, 2011; Greenwood, 2000; Levett-Jones & FitzGerald, 2005; PhillipsKPA, 2008). Nonetheless, the current forecasted nursing shortage and the need for fiscal responsibility highlight the significance of this perceived gap in preparing registered nurses (RNs) for the realities of the job. Therefore, this paper contributes to the discourse on practice readiness by examining GRNs' practice readiness at a time when a forecasted nursing shortage, the challenges in accessing sufficient quality clinical placements and the need for fiscal responsibility pose added challenges to education providers and the healthcare industry.

## History of nurse education in Australia

Prior to the mid 1980s Australian nurses 'trained' within hospitals in apprenticeship style programmes (McGrath 'et al.', 2006). In this preparatory model, the needs of the training hospital took precedence over the educational needs of students (Sellers & Deans, 1999). After decades of lobbying by Australian nurse leaders, the commonwealth government authorised the transfer of nurse education *en masse* from the health sector to the tertiary sector in 1985 (Sellers & Deans, 1999). Nurse education within some jurisdictions started to move to the higher education sector in the 1970s. However, it was not until a decade after the original decision that the mass movement to the tertiary sector occurred. Consequently, the last intake of nurses into the hospital-based training system in Australia was in 1990 (Moxham, 2010).

This major nursing education reform confirmed the significance of tertiary education in raising the professional status of nursing and recognising nursing as a profession. A national survey undertaken by Sellers and Deans (1999) a decade after the transfer of nursing education to the tertiary sector, revealed that most Australian academics believed that nurse preparation would not revert back to hospital-based training in Australia and that workforce requirement rather than disciplinary development and academic standards would be the drivers of nursing curricula.

Following the change in undergraduate nurse education, a ministerial taskforce was commissioned by Queensland Health (QH) in 1998 to investigate nursing recruitment and retention issues in Queensland as a response to the predicted nursing shortage. QH also recommended a review of nursing education to match industry needs (QH, 1999). Despite this recommendation it was not until April 2001, that the Victorian Centre for Nursing Practice Research was commissioned by the Commonwealth Department of Education, Training and Youth Affairs and the Commonwealth Department of Health and Aged Care to undertake a national review of nursing education. This review identified recent and predicted changes in health care services and the types of skill and knowledge the RN requires to best manage these predicted changes (Heath, 2001). This review also generated a discussion paper which revealed that contemporary nursing practice has become increasingly complex and that 'the demands of new technology, the level of acuity of patients in acute care and aged care settings, and the demands for management skills' places GRNs in a difficult and precarious position (Heath, 2001, p. 16). The *National Review of Nursing Education 2002: Our Duty of Care* determined that in response to changes in healthcare services, the provision of nursing care has become highly specialised and technologically demanding, leading to the emergence of new nursing roles (Heath, 2002). The review highlighted how contemporary RNs require broad based clinical knowledge and skills to enable them to provide personalised care while working with a fast developing wide range of technology; to critically consume and partake in relevant research and to be self-directed and involved in ongoing learning to remain conversant with the ever changing, technologically diverse health care provision (Heath, 2002). Hence, the original decision to transfer nursing education to the tertiary sector was reaffirmed by the findings of the *National Review of Nursing Education 2002: Our Duty of Care* (Heath, 2002) and again endorsed in 2006 in the *National Nursing and Education Taskforce Final Report* (Australian Nursing and Midwifery Council [ANMC] 2008). According to the ANMC (2009), 'the establishment of the bachelor degree as the minimum qualification for RNs brings national consistency to nursing education in Australia' (p. 25).

Undertaking a Bachelor of Nursing (BN) in Australia provides opportunities to develop skills in the area of nursing that can be applied in many different contexts (Moxham, 2010). In its most current position statement regarding RNs in Australia, the ANMC (2008) considers the role of the RN to be a professional function that encompasses a broad range of clinical expertise such as the ability to think critically about patient care, to accurately assess patients and safely carry out evidence-based nursing interventions. Australian universities formulate their BN curricula based on the ANMC competency standards, which are recognised as the minimum professional standards for the role of the RN in the Australian context (ANMC, 2010). McGrath 'et al.', (2006) add that with the award of registration, the GRN is declared to be practice ready as a safe and competent practitioner, but the proviso is at a novice level.

The debate about university education versus hospital based training surprisingly continues to linger. In 2007, the response to the 'electioneering promises to introduce a return to hospital schools of nursing' was rather controversial (Jackson & Daly, p. 1). Jackson and Daly explain that while some people are

hankering for the nurses of old, many nurses are hankering for the public health system of old – a health system that while having its flaws, provided longer average length of stay, more manageable patient acuity and casemix patterns, more adequate resources and greater opportunities to learn-on-the-job. This meant that nurses were better placed to be able to provide the sort of care that patients expect to receive, and nurses want to supply. While there may be debate about the causes of the current crisis in the health system, it can't be laid at the door of nurses education (2008, p. 2).

### **International trends regarding nurse education**

The transfer of nursing education to the tertiary sector in Australia is consistent with international efforts to enhance the educational qualifications for RNs. Several North American and European studies, reports and position statements (Canadian Nurses Association [CNA], 2004; Cowan, Norman & Coopamah, 2007; Lofmark, Smide, & Wikblad, 2006; United Kingdom Central Council [UKCC], 1986) have recognised that higher levels of education i.e. BN programmes, were regarded positively and were expected to deliver better nursing performance and improved levels of critical thinking and decision making. For example, since 1982 in Canada, it has been well recognised that a baccalaureate degree in nursing should be the entry requirement for the profession (CNA, 2004). In 1986, the UKCC for Nursing, Midwifery and Health Visiting, embarked on a comprehensive review of educational preparation of nurses across the United Kingdom (UK). This resulted in strong recommendations to transfer nursing education to the tertiary sector with an emphasis on keeping nursing students supernumerary to staffing establishments throughout the whole period of preparation (UKCC, 1986). It was anticipated that these changes would allow academics to liaise with their counterparts in other education sectors and help in achieving higher standards of education (UKCC, 1986). The UK government supported the recommendations of this review. As a result 'a radical new and costly change in nursing education programmes, Project 2000 was launched in 1989 with increased theory and a change to supernumerary status of students' (Deans, Congdon & Sellers, 2003, p. 146). Watson, R. (2006, p. 626) argued in favour of the role of higher education in preparing nurses in the UK because 'nurses are required to act beyond the level of mere competence, but also to be capable of adapting to unfamiliar circumstances in unfamiliar contexts'. This has been affirmed by Cowan, Norman and Coopamah (2007) who stated that the preparation of nursing students in the UK in higher education institutions rather than apprenticeship style programmes within hospitals, instigated improvements in nurses' analytical thinking and contribution to evidence-based practice.

### **The concept of practice readiness**

Prior to transferring Australian nurse education to the tertiary sector, student nurses were recruited directly by hospitals where they usually resided (in nurse's quarters) and also undertook their training there in an apprenticeship model (Mannix, Wilkes & Luck, 2009). According to Mannix, Wilkes and Luck (2009, p. 60), these student nurses 'grew to know the ways and the idiosyncrasies of their training hospitals ... and were accepted as being an integral part of hospital life and central to the nursing workforce'. Interestingly, the *Inquiry into Nurse Education and Training to the Tertiary Education Commission* in the 1970s, asserted that the theory-practice gap and the inadequate preparation of nurses were perceived as limitations associated with hospital-based training programmes (Sax, 1978). Greenwood (2000, p. 18) added that 'the apprenticeship model also failed to equip nurses with the skills required to respond to changing health-care needs'. These same perceived limitations continue to be prominent in contemporary nursing discourse despite the



movement of nursing education in Australia to the tertiary sector (Cubit & Ryan, 2011; PhillipsKPA, 2008). So, why haven't things changed? Has the theory-practice deficit been replaced by practice readiness deficit?

Evidence suggests that GRNs transition to professional practice since the transfer of nursing education to the tertiary sector remains problematic (Greenwood, 2000; Levett-Jones & FitzGerald, 2005). As part of the review of nursing education commissioned by the Commonwealth Department of Education, Science and Training (DEST), Johnson and Preston (2001) suggest that the funding allocated by Australian state governments for the support of graduate transition programmes has not been implemented consistently on an adequate scale. Several studies have revealed that the retention of GRNs is usually linked to the quality of their first year experience (Casey, Fink, Krugman & Propst, 2004; Cowin & Hengstberger-Sims, 2006; Cubit & Ryan, 2011; Halfer & Graf, 2006; Johnson & Preston, 2001; Kelly & Ahern, 2008). Some contributors to job attrition of GRNs are bullying of graduates in the workplace (Clare & van Loon, 2003), inadequate training (Marcum & West, 2004), inadequate socialisation processes (Kelly & Ahern, 2008) and also inadequate support while experiencing the different phases of what is classically referred to as *Reality Shock* (Casey, Fink, Krugman & Propst, 2004; Cowin & Hengstberger-Sims, 2006; Cubit & Ryan, 2011; Johnson & Preston, 2001; Kramer, 1974). In an Australian study by Evans, Boxer and Sanber (2008), graduate and experienced RN participants expressed dissatisfaction with the level of preparation of GRNs and their ability to function upon graduation. Despite the fact that transition support programmes were also offered within the hospital-based training system, current opinion is that they are considered necessary to bridge the alleged theory-practice gap (Casey, Fink, Krugman & Propst, 2004; Cubit & Ryan, 2011; Greenwood, 2000; Levett-Jones & FitzGerald, 2005;) and 'to redress the perceived inadequacy of university preparation for registered nurses' (Evans, Boxer & Sanber, 2008, p. 20). This is an interesting position given that hospital trained graduates were also accused of not being practice ready. Cowin and Jacobsson (2003b) assert that GRNs require formal support programmes provided by nurses who have had enhanced preceptorship training and who are appropriately compensated for their role. Conversely, Levett-Jones and FitzGerald (2005, p. 40) question the effectiveness of formal transition programmes and whether more emphasis should be placed on developing 'educationally supportive clinical cultures in practice settings'. Measures to boost GRNs' confidence and support their transition from the role of student nurse to RN are thought to enhance their job satisfaction and therefore reduce attrition rates (Aiken, Clarke & Sloane, 2000; Chang & Hancock, 2003; Cowin & Jacobsson, 2003a, 2003b; Gavlak, 2007). Cowin and Jacobsson (2003b) caution against blaming new graduates' high attrition on the education system for their purported lack of work-ready preparation, and suggest that retention strategies should focus mainly on workplace reforms.

It is well recognised that professional experience placement is a crucial 'component of nurse education that allows students to put theoretical knowledge into practice within the consumer environment' (ANMC, 2009, p. 4). However, Watson, M (2006) warned that education providers across Australia have expressed their concerns regarding the escalating difficulties in accessing appropriate clinical placements for their nursing students. The limited availability of appropriate clinical placements in response to the substantial increase in nursing student enrolments has been identified as a major concern leading to 'constraining growth in the supply of nursing and midwifery graduates in response to the workforce shortages' in Australia (PhillipsKPA, 2008, p. 15). Evans, Boxer and Sanber (2008) recommend that education institutions improve clinical exposure of student nurses to real work situations in order to gain a genuine understanding of the role of the RN. Mannix, Wilkes and Luck (2009) concur and maintain that education institutions, health professionals and regulatory bodies all play a major role in preparing GRNs by optimising the clinical learning opportunities student nurses are exposed to while on clinical placement.

High attrition rates of GRNs have significant financial implications for healthcare services. Cubit and Ryan (2011, p. 65) suggest that 'the cost of replacing a GN in Australia with a base salary of \$48,000 is estimated to be \$100,000' taking into account costs such as loss of productivity, advertising, interviews and orientation. Given the current forecasted nursing shortage and the need for fiscal responsibility, it seems imperative to develop effective transition support programmes that would contribute to enhancing retention strategies for GRNs (Zinsmeister & Schafer, 2009). Despite the evidence that effective transition support programmes enhance the recruitment and retention of GRNs (Chang & Hancock, 2003; Cubit & Ryan, 2011; Halfer & Graf, 2006; Kelly & Ahern, 2008; Marcum & West, 2004), Levett-Jones and FitzGerald (2005) warn that there is still a lack of understanding of the GRNs' needs and requirements.

The International Council of Nurses (ICN 2009, p. 6) acknowledges that the perception of employers generally is that today's GRNs are not 'prepared for the realities of practice nor do they have the competencies needed by current health care services'. Moreover, the ICN (2009) considers education institutions and healthcare organisations as significant stakeholders and warns that the persistent lack of appropriate clinical role models, overcrowded clinical placement areas and ineffective clinical teaching models continue to impact on the GRN practice readiness.

Several recent North American studies also acknowledge that GRNs are not adequately prepared for the challenges of clinical practice from the perspective of nurse managers (Oermann, Poole-Dawkins, Alvarez, Foster & O'Sullivan, 2010) or from the perspective of GRNs (Candela & Bowles, 2008; Cheeks & Dunn, 2010). In another recent study in Canada, Wolff, Pesut and Regan (2010, p. 190) argue that 'with the movement away from the shared accountabilities between the education and practice sectors, it is no longer clear who plays what role in ensuring that nurses are practice ready'.

## **Discussion**

As highlighted earlier, the literature is suggestive of a tension between industry and education providers with regard to GRNs' practice readiness. Despite the fact that much research has been done in Australia since the transfer of nursing education to the tertiary sector regarding GRN transition and their preparedness for the challenges of the current healthcare system, to date, the transition process from student to RN role remains problematic.

Australian universities formulate their BN curricula based on the ANMC competency standards, which are recognised as the minimum professional standards for the role of the RN in Australia. Such programmes are accredited on the basis of preparing a generalist nurse who is able to work in any nursing context albeit at a novice level. BN programmes 'never intended to produce nurses who could hit the ground running' (Greenwood, 2000, p. 21). Greenwood (2000, p. 19) adds that BN programmes aim to prepare nurses as 'thinkers' not just 'doers' who are committed to lifelong learning 'given that skills become obsolete in the time it takes to learn them'. GRNs are declared competent practitioners at a novice level with the award of registration (McGrath 'et al.', 2006). Hence, the argument that a GRN should be prepared to work in a variety of healthcare settings such as aged care, mental health, medical, surgical, paediatrics, community, emergency departments, intensive care units, theatre, rural health, forensics, school nursing, palliative care, remote area.

Should Australian nurse leaders be deliberating whether it is realistic to expect new graduates to be able to "get the job done" like an experienced RN? Or whether it is in fact realistic to expect new GRNs to be able to work in any nursing context, even as novice practitioners? Given that the provision of nursing care has become highly specialised and



technologically demanding (Heath, 2002), it is apparent that “practice readiness” is a complex and highly contextualised concept. The question remains “practice ready” for what?

The debate published in the *Nursing Review* (Belardi, April 2012, p. 18) regarding whether nursing should be a four-year degree in Australia is welcomed. The varying views of Australian nurse leaders Ryan, Newman and Levett-Jones were all convincing. In this debate, Newman raised the view that ‘nurses need to receive an equitable education to physiotherapists, occupational therapists, teachers, social workers and rehabilitation counsellors, who all undertake a four-year bachelor program’. However, it is significant to mention that even though Canada requires a four-year degree to practice nursing, Canadian nurse leaders, just like their Australian colleagues, continue to debate and to be challenged by the issue of graduate practice readiness (Wolff, Pesut & Regan, 2010).

Greenwood (2000) argues that nurse education should be viewed as a joint enterprise and responsibility between both health and education sectors. She adds that ‘education is primarily responsible for the pre-registration component and, health, for the post-registration component which, critically, includes new graduates transition into the nursing workforce’ (Greenwood, 2000, p. 18). Perhaps though, this apparent delineation of educational responsibility is contributing to the problem, or possibly even driving it. A shared responsibility for nursing education between education providers and industry from the start of the BN programme to the end of the graduate year may be part of the solution. Turner, Davies, Beattie, Vickerstaff and Wilkinson, (2006, p. 8) invite leaders in education and health service sectors to ‘engage in dialogue and explore shared visions for the future health care workforce’. This viewpoint is shared by Watson, M (2006), the ICN (2009) and Mannix, Wilkes and Luck (2009) who contend that education institutions, health services and regulatory bodies all play a major role in preparing GRNs. Holland and Lauder (2012, p. 63) from the UK recently suggest that education providers and health services are equally responsible in providing evidence-based education and practice opportunities for future GRNs given that ‘the context of care environments is continually changing’.

## **Conclusion**

What is known is that graduate RNs’ transition to practice remains problematic and a topic of much discourse. The literature suggests that there is a tension between health industry and education providers in Australia with regards to the expectation of graduate RNs’ practice readiness. The current forecasted nursing shortage, the challenges in accessing sufficient quality clinical placements and the need for fiscal responsibility highlight the significance of this debate. In the interest of sustaining a quality health care system, an in-depth exploration of the conflicted meanings of GRN practice readiness from the perspective of industry and education sectors is warranted to address this knowledge gap within the Australian context. Findings could lead to the development of better transition programmes and perhaps a review of BN curricula in which all stakeholders have an equal voice.

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